

# **White Paper on Advocacy in Public Health**

In advance of Science into Action: A High-Level Forum on Public Health Advocacy on  
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## Summary

This white paper begins with a call to action and the backstory of how the idea of the high-level forum originated. Then, we offer an understanding of how advocacy is defined and discussed in the public health field. Next, we outline what we consider to be key questions surrounding evidence-based advocacy, with specific emphasis on the teaching, research and practice of advocacy within public health academia. Lastly, we summarize the needs in light of the upcoming high-level forum.

## Introduction: A Call to Action

Public health advocacy is a crucial element of public health practice. As research and discovery are translated into policy and programs, accurate interpretation and use of evidence is essential to political leaders, providers and potential clients and the public at large; from tobacco control to injury prevention to reproductive health and access to care, advocacy has brought about significant changes in public health, yet it is not a well-studied field. If one needs to study the intersection of advocacy and public health in a systematic way, where does one go?

We surveyed the course offerings of leading schools of public health and consulted with prominent advocacy organizations and practitioners. We found a huge gap in this area. Colleagues in and out of academic settings expressed the need to fill this gap in part by establishing a state-of-the-art advocacy institute at a leading university that could provide leadership and serve as a focal point to advance research and evaluation, teaching and training, and application and practice.

In his open letter to the Johns Hopkins University Bloomberg School of Public Health (JHSPH) in the fall of 2011, Dean Michael J. Klag wrote the following, after listening to a speech by Melinda Gates at the University:

“The Bill & Melinda Gates Foundation is perhaps the most well-known advocate for global health, global development and education. Bill and Melinda Gates leverage their reputation and dollars to do good and make a terrific positive impact worldwide. After receiving the award [JHSPH Global Health Leadership Award], Ms. Gates made a passionate and knowledgeable speech that led me to reflect on advocacy’s role in advancing public health.

The history and culture of advocacy runs deep at our School. William Henry Welch, our first dean, was a leader in both medicine and public health who advocated for research, education and a host of other important issues. E. V. McCollum, the first department chair of what is now biochemistry and molecular biology, set the standard for the scientist-advocate. After he discovered vitamins A and D, McCollum took time from his research to pen columns about nutrition for *McCall’s* magazine. He urged people to avoid starches and refined sugars and to eat more eggs, fruits

and vegetables. “Dr. Vitamin” knew his science, and he spoke up to improve the national diet.

Now, as then, advocacy must rest on a solid scientific foundation. At the School, we gather data according to rigorous standards and then analyze them to allow unbiased inferences. When the evidence is clear, we advocate for change that preserves health and prevents illness and injury. Generating new knowledge is the lever by which we move mountains.”

In the interest of being better able to move those mountains, we proposed to convene a high-level forum on public health advocacy; its primary purpose will be to learn from public health advocacy experts the best ways to study, teach and improve the practice of advocacy to promote the goals of public health.

This brief white paper was developed to explain and clarify the impetus for and intent of the high-level forum, planned for October 9, 2014 at JHSPH. This document sets the stage for discussion of some of the major questions in the field of evidence-based public health advocacy. It also serves as a call to action to the field, explicating the need for a center or institution that can act as a focal point for taking the science, teaching and practice of public health advocacy into a new phase.

Members of JHSPH advocacy working group include Oying Rimon, Beth Fredrick, David Jernigan, Robert Blum, Duff Gillespie, Peter Van Dyck, Laura Hinson, Juliana Zuccaro, Pierre-Gerlier Forest, Stephen Teret, Duff Gillespie, Bob Lawrence, Doug Storey, Robert Black, Andrea Gielen, Joanna Cohen, Kate O’Brien, Susan Krenn, David Holtgrave, Jeffrey Grossi, Claudia Vondrasek, Bill Glass, Sara N Bleich, Arzum Ciloglu, Henry Mosley, and Sabrina Karklins.

## Background

In the summer of 2013, a group of JHSPH faculty and students in the Department of Population, Family and Reproductive Health began to ask questions about how science and advocacy can more rigorously coexist. This turned into a formal landscape assessment process, which was carried out through the end of 2013. The landscape assessment involved understanding how advocacy is taught within JHSPH and other prominent schools of public health, capturing the thoughts and opinions from our own JHSPH colleagues on the topic, and researching what other institutions and universities were doing in order to bridge the spheres of advocacy and science.

In the fall of 2013, we collected and reviewed the titles and syllabi of all courses taught across the ten JHSPH departments. Few courses formally offered lectures or assessments related to advocacy. In addition, we interviewed 17 JHSPH faculty who were identified as having some level of expertise or interest in public health advocacy. They were asked about their definitions of advocacy, how research and advocacy are and should be related, and whether they considered themselves “advocates.” After interviews concluded, a larger advocacy working group met to review the existing opportunities and gaps for advocacy work at JHSPH, and discuss how to move forward.

We also investigated what various public health institutes were doing in terms of advocacy. We spoke with the directors of Hopkins-affiliated institutes such as the Malaria Institute, the International Vaccines Access Center, the Institute for International Programs, the Center for Injury Prevention and Research, and the Center for a Livable Future. We informally discussed advocacy with local advocacy organizations such as the Aspen Institute. We also reviewed what the other top schools of public health were teaching related to advocacy by exploring course listings offered across various departments.

## Defining Advocacy

The following working definition of advocacy is the result of reviewing a multitude of definitions from other organizations in the field of public health. Our definition builds on these definitions and incorporates the three pillars of JHSPH—research, teaching and practice:

Advocacy aims to influence policy and practices in ways that benefit people’s health and well-being and the societies in which they live. Advocates within government, civil society and academia use evidence and other rationales to improve the social good by:

- encouraging positive changes to the law, and to government and service policies;
- improving access to scientific data and evidence;
- increasing financial support for interventions that improve health; and
- altering or shifting public attitudes and behaviors.

## Major Questions in the Field

Interviews with key experts in advocacy and a review of the seminal articles identified three major questions:

1. The science of advocacy: what do we know and what do we need to know?
2. What knowledge and skills are needed for effective advocacy?
3. What are best practices for increasing our engagement and impact?

These central questions frame the discussions that will take place at the high-level forum.

### **Question 1: The science of advocacy: what do we know and what do we need to know?**

There are three key issues here. The first concerns the science of advocacy itself. What do we know? Are there core theories or theoretical concepts that can guide hypotheses and testing of different forms of advocacy? How do we measure and evaluate advocacy? To the degree that advocacy occurs collaboratively or behind the scenes, how do we accurately evaluate its impact, understand where it came from and provide attribution?

Second, how and when does advocacy partner with science? In many cases, evidence to inform advocacy on a specific issue may be incomplete, yet we begin advocacy efforts. At what point is there “enough” evidence to make policy recommendations or seek budget increases?

Third, what is advocacy’s role in shaping science? Advocacy can do more than simply act as a vehicle for the translation of science into action. What is the role that advocacy should play in setting public health research priorities?

### **Question 2: What knowledge and skills are needed for effective advocacy?**

If public health academic institutions are to build the next generation of evidence-based advocates, what is the best way to do this? What knowledge, training and skills do advocates need to be successful? There is little standardization in the teaching of advocacy-related skills to public health students. Teaching approaches and skills are disparate and under-recognized in terms of academic and career advancement.

The role of advocacy in evidence-based policy and program development is not well understood. An institute could harmonize various approaches to this process and thus help to standardize the process across the board, while still allowing for flexibility and creativity. Service learning opportunities could be better adapted to the teaching of advocacy, providing students with “hands-on” experience and the ability to reflect on and learn by doing. Research findings could be better applied to answering policy questions and driving programmatic progress.

### **Question 3: What are best practices for increasing our engagement and impact?**

Advocacy has numerous manifestations and approaches, from grassroots organizing to lobbying. Some thought leaders have provided guidelines on which approach works best in which circumstance, but this has not been universally applied in the field. How do we capture and catalog various advocacy approaches and begin to develop taxonomies of best practices for different situations?

## **Conclusion**

Public health is at a critical crossroads. We have increasingly relied on advocacy to move from research to practice, to build resources for evidence-based intervention, and to shift public attitudes and opinion. But in contrast to other areas of public health, there has been relatively little effort to bring science to advocacy, and there are questions and tensions in the relationship between them. There is both a need and an opportunity for more systematic thought, research and action around the role of serious advocacy in public health, and a need for the development of a focal point or institute devoted to building and systematizing knowledge about, principles of and skills in using advocacy to advance and promote well-being and the public's health.

## Further Reading

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