



Center for Public Health Advocacy

From Research to Results

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JOHNS HOPKINS BLOOMBERG SCHOOL OF PUBLIC HEALTH

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I. Overview

The history and culture of advocacy runs deep at our school ... 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.
Johns Hopkins Bloomberg School of Public Health Dean Michael Klag

Advocacy—working for policy change and better implementation of existing policies—is crucial to public health. As research and discovery are translated into policies and programs, accurate interpretation and use of evidence are essential to political leaders, health care providers, potential clients, and the public at large. All over the world, people wear seatbelts, have better access to health, smoke less in public, drive less frequently under the influence of alcohol, and so on—and advocacy has played a key role in bringing these changes to pass. From increased availability of vaccines to tobacco control to injury prevention to reproductive health and access to care, advocacy has brought about significant change in the public’s health. Former Johns Hopkins School of Public Health (JHSPH) Dean Al Sommer’s landmark research showed that providing vitamin A to young children reduced childhood mortality by 34-45 per cent. But it was his tireless advocacy that ensured his research had global impact, saving millions of lives.

Yet the advocacy aspects of this and similar public health success stories are not well studied. Public health advocacy is less about a specific point of view and more about research translation—how do major discoveries and insights from research become policies and programs? Schools of public health, both as generators of new scientific knowledge and as the training ground for the public health workforce, have an essential role to play in public health advocacy. Yet if one wants to systematically study and advance understanding at the intersection of advocacy and public health, where does one go?

The Center for Public Health Advocacy at the Johns Hopkins Bloomberg School of Public Health is the response, an opportunity for pioneering leadership that builds on the School’s three pillars of research, teaching and practice. The Center’s starting point is the WHO definition of advocacy as “a combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or programme.” Specifically, the Center will pioneer in training the public health workforce in effective advocacy; in serving as a core resource for faculty, students and external stakeholders around effective advocacy; and in conducting research into advocacy methods to develop new and more effective ways to translate public health research into actions that can save lives. It will be a central hub, transcending individual departments and disciplines, and bringing together not only JHSPH faculty, staff and students, but also the greater advocacy community, to share and generate expertise in research, teaching, and practice in the field of advocacy.

II. Vision, Mission, and Objectives

The vision

Advocacy that leverages knowledge to move mountains in public health.

We envision a world where evidence is generated, translated, disseminated and placed into the hands of well-trained advocates who use it to create lasting change for the public's health and well-being. In this context, the Center for Public Health Advocacy supports a culture of evidence-based advocacy that changes social norms and improves public health for all. Through excellence in research, teaching, and practice, the Center can:

- Improve policies and laws and their development, adoption, and implementation;
- Increase and influence better use of resources for interventions and scientific inquiry;
- Set agendas in policy circles and the media environment through higher visibility and understanding of issues; and
- Shift public attitudes, behaviors, and social norms toward better public health.

The Mission

Mission statement: The Center for Public Health Advocacy brings science to advocacy and advocacy to science to improve and enhance health and well-being for all persons.

The Center will address multiple public health issues through research, strategic policy interventions, evaluation, and leadership development. By leveraging talent from faculty and staff across all JHSPH departments, institutes, and centers, we build on the enormous assets already in place at JHSPH. The Center will be trans-disciplinary, working with existing centers at JHSPH already addressing issues such as vaccines, nutrition, tobacco, alcohol, guns, injury prevention, food safety, reproductive health, maternal and child health, family planning, HIV, TB, malaria, water and sanitation.

Through the Center, we strive to: connect thought leaders; facilitate innovation in research, teaching, and practice; and generate future leaders in public health who are as skilled in advocacy as they are in science and public health practice. For JHSPH faculty, staff, and students, the Center will harmonize lessons learned from the advocacy activities already taking place, such as the International Vaccine Access Center's work to build an enabling vaccine environment in India, the Center for Injury Research and Policy's research investigating innovative dissemination strategies for child safety products, and the Gates Institute's work on advancing family planning in nine countries worldwide. It will connect faculty and staff looking for specific advocacy resources, tools, and skills; encourage cross-departmental opportunities and collaboration; and facilitate networking and the sharing of best practices through documentation and residencies.

Beyond the rich advantages it will provide for JHSPH, the Center will also help the School carry out its commitment to the greater community. Ultimately, it will serve as an organizing hub, creating synergies and maximizing public benefit accruing from the critical mass of faculty

members, advocates in residence, and staff who teach, research, and practice advocacy. It will play a critical role in connecting research to policy and practice, ultimately leading to larger, more positive cultural shifts and effects on public health outcomes.

Objectives

Short Term

- (1) Establish the Center for Public Health Advocacy (Fall 2015)
- (2) Establish a Certificate in Public Health Advocacy for students (Fall 2015 or Spring 2016)
- (3) Launch the Center for Public Health Advocacy Speakers Series (Spring 2016)
- (4) Convene the first Center for Public Health Advocacy Summer Institute (Summer 2016)
- (5) Establish a Center for Public Health Advocacy Residency/Internship program and select a first advocate in residence (Fall 2016)
- (6) Finalize a set of case studies for teaching advocacy (Fall 2016)
- (7) Convene global experts meetings in advancing a) research and evaluation in advocacy, b) teaching, and c) practice and training.
- (8) Foster communication among public health advocates within JHSPH and more broadly

Long Term

- (1) Establish the premier research, teaching, and training Center for Public Health Advocacy within five years, measured by numbers served and national and international prominence and influence;
- (2) Advance research and evaluation of effective advocacy, by creating and taking advantage of opportunities to inventory, document, and evaluate advocacy approaches and techniques;
- (3) Develop a full public health advocacy curriculum, including case-based and experiential learning, participation and leadership from advocacy practitioners, and incorporation of findings from advocacy research;
- (4) Build a global leadership corps of science-based public health advocates equipped with the knowledge and skills needed to create and maintain changes in norms, policies, and practices that improve public health and well-being.

III. Background: the need and the response

Evidence-informed advocacy is increasingly integral to public health teaching and practice. Yet few, if any, academic institutions have rigorously incorporated advocacy training, teaching, and evaluation into their curricula and degree requirements. These skills and knowledge about effective strategies for advocacy are in demand. Consultations with a number of major philanthropic organizations, nongovernmental organizations (NGOs), and corporations who practice advocacy

have confirmed the need for such a center in an academic setting. They are willing to partner with Johns Hopkins University in sharing their expertise and providing residencies or internships.

A Center will help provide coherence to various actors within the University and across JHSPH. It will enhance the ability of students to apply their research and programmatic capabilities in real-world settings; maximize the strengths and experience of faculty in influencing policy; and advance the ability of public health organizations to use evidence and best practices in pursuit of policy change and programmatic improvements. It will also draw on expertise from related disciplines—such as law and journalism—that can advance advocacy capacity and knowledge.

A landscape assessment completed in January 2014 showed that evidence-based advocacy is active within JHSPH departments. Faculty members are teaching courses about how to connect research to policy and program change; they are providing technical expertise for policy initiatives; and they are focusing attention and action on practices that harm the public's health. There is significant appreciation within the University and JHSPH in particular for the potential of a center such as this. There is a growing network of faculty committed to becoming more involved in evidence-based advocacy, and students are yearning to learn advocacy skills and engage with partner advocacy institutions and organizations for short- or long-term residency/internship programs. Based on extensive discussions with governmental organizations and NGOs, we conclude that the “market” (organizations interested in hiring to increase the effectiveness of their advocacy practice) is eager for such a center that would help advance the training, evaluation, and practice of advocacy.

In October 2014, in the interest of understanding the state of the advocacy field and informing the building blocks of this Center, and with support from the Bill & Melinda Gates Foundation, JHSPH hosted an event entitled “*Science in Action: A High-Level Forum on Public Health Advocacy.*” Its primary purpose was to engage a wide-ranging group of public health researchers, advocates, practitioners, and students in a dialogue about the best ways to study, teach, and improve the practice of advocacy to promote the goals of public health. The event did not focus on any single public health issue; rather, it explored advocacy efforts across a broad range of issues locally, domestically, and internationally.

The event underscored how JHSPH is uniquely positioned to take a leading role given the School's long history of pairing research and advocacy.

IV. Primary functions of the Center for Public Health Advocacy

The Center will build its structure on the School's three pillars of excellence: research, teaching, and practice. Affiliated faculty, staff, and students will be united under the Center as researchers and scientists devoted to developing, strengthening, and disseminating the science and evaluation of advocacy.

Excellence in Research

Through research, we learn about what does and does not work in addressing public health issues. Research focusing specifically on public health advocacy can also point to the most effective advocacy interventions, the ways in which advocacy partners with science, and advocacy's role in identifying new areas of inquiry.

Faculty, staff, students, and visiting practitioners associated with the Center for Public Health Advocacy, in partnership with nonprofits, philanthropic organizations, governments, corporations, and allied academic institutions, will actively engage in research related to advocacy and public health.

Specifically, research will focus on:

- **Evaluating advocacy efforts:** Affiliated members will be leaders in developing the methodologies of evaluation for advocacy efforts and policy interventions. The Center will be the world's leading institution in the advancement of advocacy evaluation, sharing findings with the advocacy community and incorporating knowledge in the teaching and training of a new generation of leaders in public health advocacy.
- **Testing advocacy models and frameworks:** Models and frameworks for how to do public health advocacy exist—such as Vincent DeMarco's six-step process, the Spitfire Strategies approach, the Industrial Areas Foundation model of organizing—and the key parts or tools of advocacy efforts are known. However, there is a need to further refine and test them. It also is unlikely that any one framework will fit every situation. While there is a body of knowledge to build on, there is no comparative research that identifies models or tools that will work in specific situations or the circumstances required for them to succeed. Faculty, students, and staff affiliated with the Center for Public Health Advocacy will conduct and promote comparative research and share information on workable advocacy models and frameworks.
- **Generating research and evaluation activities based on advocacy needs:** The Center will pioneer research activities to generate research questions and designs as they emerge from current advocacy needs.
- **Synthesizing and sharing lessons learned in advocacy:** Currently, many advocacy efforts are *ad hoc*, with little theoretical and conceptual guidance available. The Center will seek systematically to understand various theories and stages of change, and to create a foundation for further study and model development. There is much that could be learned from other fields and from compiling a database of research from diverse disciplines to inform advocacy efforts.
- **Conducting cognitive, affective, and formative research to inform effective advocacy communication.** Framing public health problems as issues for public action is a critical advocacy skill. Analyzing the target audiences for advocacy messages is also essential to tailoring messages, recommendations, and requests for action. Cognitive and formative research can aid in the development of new narratives and provide insight into how to share them persuasively and with authority.

Excellence in Teaching

Teaching is of the utmost importance in public health. Currently, teaching approaches and advocacy skills are disparate and under-recognized in terms of academic and career advancement. Because teaching and training in public health advocacy must immerse public health professionals in the realities that advocates face, it cannot be limited to the classroom; practical, experiential learning should complement more formal training to develop the craftsmanship that effective advocacy entails.

Faculty, staff, and advocates in residence will promote and enhance teaching and training efforts by drawing on a range of teaching approaches to build skills in advocacy research and practice. The best thinkers and practitioners in the field will be brought into the Center's teaching and training activities, and a Residency/Internship Program will be organized as part of the teaching and training experience. These efforts will be cross-departmental, and will facilitate collaboration between and across departments.

The Center will focus on:

- **Teaching advocacy:** Affiliated faculty and staff will work to boil down the essential elements of advocacy that can be taught, and share them with faculty, staff, students, and other advocates. This includes skills related to:
 - The “art” of advocacy, including adaptability, patience, and shaping a message through personal stories and storytelling;
 - How to assess a situation, develop strategy, and choose appropriate tactics;
 - How to analyze decision-making structures and the self-interests of those occupying key positions, as well as key stakeholders and constituencies;
 - How to build the appropriate vehicle for a campaign, be that an organization, a coalition, a network, a political entity, etc.;
 - How to tell a clear story to and frame an ask for a policy-maker;
 - How to mobilize resources (fundraising, community action, etc.);
 - How to communicate persuasively to a wide range of audiences;
 - How to use tools such as political mapping to understand political landscapes, including the ability to recognize opportunities for advocacy.
- **Providing technical assistance:** Affiliated faculty and staff will be involved in teaching and providing technical assistance to faculty members on how to incorporate advocacy into their courses.
- **Facilitating cross-disciplinary learning:** The Center for Public Health Advocacy will be a hub encouraging cross-disciplinary learning and sharing among institutes, centers, faculty, and practitioners within and outside of JHSPH.
- **Coordinating the Certificate in Public Health Advocacy:** The Center will be the primary coordinator of the cross-departmental Certificate in Public Health Advocacy. Master's or doctoral students can receive this certificate if they complete all required courses for the certificate, which are either currently being taught in various departments or are under development.

Whenever possible, experiential teaching and learning methods will be utilized. Advocacy is best learned by doing: opportunities to hone advocacy skills and test models can be maximized through practical experiences in government at federal, state, and local levels; at foundations; with the news media (for instance, turning research briefs into op-eds); or in NGOs, where much of public health advocacy occurs. Mentors based at JHSPH, in other academic settings such as journalism and law, and in the public health field will guide students as they strive to put these skills into practice.

Excellence in Practice

One of the most critical aspects in any field is practice. Significant change—in policies, in the environments in which people make their decisions about health behaviors, and in those behaviors themselves—rarely occurs without pressure. Best practices in advocacy entail building relationships, connecting with people on an emotional as well as on an evidence-based level, and, often, encouraging people to step outside of their “comfort zone” to alter the relations of everyday power and practices to promote health.

The long-term strategies needed for change require short-term objectives. Initial activities often need to focus on issues that bring a community together or are of greater importance to that community. Subsequent work should focus on building capacity for advocacy, increasing the ability of individuals and organizations to address larger issues and achieve overall goals. Success in advocacy means not only achieving change in policy or the environment in which change occurs, but also achieving improvements in the processes by which people advocate and their skills in advocacy.

Faculty, staff, advocates in residence, and students associated with the Center will be actively engaged in the practice of advocacy, whether domestically or internationally.

In the practice realm, essential functions include:

- **Convening regular events related to advocacy:** The Center will offer seminars, workshops, and the Center for Public Health Advocacy Speakers Series on specific issues and functions that advance the practice of advocacy. These events will be open to JHSPH-affiliated individuals as well as the general public.
- **Supporting professional development:** The Center will use funds to support faculty, staff, and students to attend advocacy-related trainings, conferences, and meetings; in special cases, visiting scholars will be invited to focus on particular issues of advocacy that will advance the field.
- **Coordinating the Center for Public Health Advocacy Residency/Internship program:** Affiliated faculty and staff, through their partnerships with local, national, and international advocacy agencies, will coordinate residency programs for students or faculty interested in learning new advocacy skills. Residency/internship programs may be offered at, for example, the Guttmacher Institute; Aspen Institute; Save the Children; the World Health Organization and its regional offices; foundations such as the UN Foundation, Packard, and Hewlett; or government agencies; as well as at the Center itself. The Center for Public Health Advocacy will support leadership development programs in advocacy for

practitioners in the field as well as residencies for advocates who can contribute significant expertise and scholarship to all aspects of the Center’s work. Potential candidates for the advocate in residence program include Vincent DeMarco, Health Care for All; Barbara Mikulski, U.S. Senate; and Jagdish Upadhyay, United Nations Population Fund. The residency program will build on similar initiatives such as the Robert Wood Johnson Health Policy Fellows Program.

- **Providing training in advocacy:** The Center will position itself as a go-to organization that the advocacy community and donors can engage to conduct customized training programs, or train staff in regularly offered courses linked with the JHSPH Summer Institute. Specifically, the Center for Public Health Advocacy Summer Institute will conduct intensive training and connect individuals in the field through an interactive learning forum.
- **Documenting public health advocacy successes and failures:** It is important to look at intermediate benchmarks and to celebrate successes along the way to help keep advocates engaged. Even in failure there are lessons to be learned. Success can be highlighted by identifying, supporting, and amplifying accomplishments made through the personal voices or stories of individuals who have experienced first-hand the negative or positive impacts of a proposed policy.

V. Inherent benefits of the Center for Public Health Advocacy

First and foremost, the Center will serve the public’s health domestically and internationally through its dedication to promoting the translation of evidence-based science into action. It will be a place where students, organizers, educators, researchers, and policy-makers around the world can come to learn, exchange experiences, and receive training.

The Center, through its faculty and staff, will directly serve JHSPH’s own scholarly community. Faculty and staff—as individuals, departments, or centers—will bring their expertise, resources, tools, and skills to others.

The Center will develop and promote standards for and recognition of faculty who incorporate advocacy into their coursework, their research, or their practice. Through the creation of a robust network of affiliated faculty and staff, the Center will enhance and support work that currently occurs primarily within departments and centers. It will attract new students, which will in turn support growth within the departments. It will seek to disseminate promising practices within the JHSPH community, building the School’s ability across the board to keep up with changing tools and approaches that can contribute to policy change and implementation.

Students who receive the Certificate in Public Health Advocacy or complete the Residency/Internship Program with an advocacy organization will receive focused and high-level preparation for public health advocacy careers, as well as careers in any aspect of public health where successful advocacy is critical. Through its foundations in research, teaching, and practice, the Center will build the next cadre of public health advocates.

The Center will also serve those beyond JHSPH, including other academics, donors, policy-makers, community organizers, practitioners, and individuals interested in gaining competencies in the field of evidence-based public health advocacy. Across all three pillars of excellence, individuals can use the Center to gain advocacy-related competencies. Potential competencies to be gained include:

- Problem analysis/policy assessment
- Agenda setting and strategy development
- Advocacy research and evaluation
- Coalition and relationship building
- Framing and message development and delivery
 - Development of tailored advocacy asks for decision-makers
 - Policy-oriented writing: briefs, memos, news releases, op-eds, proposals, social media
- Policy enactment and implementation
- Translation of research into practice
- Leadership development
- Media advocacy and use of social media
- Advocacy proposal design and development

VI. Structure of the Center for Public Health Advocacy

The Center will be physically and administratively housed in the Department of Population, Family, and Reproductive Health (PFRH). However, associated faculty and staff will represent multiple departments. The following are a list of expected roles and their primary responsibilities at the Center:

- **Director:** The Director of the Center (to be recruited through a national search) will be responsible for the governance and development of the Center, overseeing all programs and coordinating activities across the School and the University.
- **Co-Directors or Deputy Directors:** At least two Deputy or Co-Directors, recruited from diverse departments of the School, will form a leadership team with the Director and share responsibility for the development and implementation of the Center for Public Health Advocacy's activities.
- **Senior Program Officer (SPO):** The SPO will provide full-time day-to-day coordination of the Center's functions and activities. As funding allows, the SPO will be supported by full-time technical experts in the areas of research, training, and practice.
- **Associated faculty and staff:** Various faculty and staff with strong experience and skills in advocacy working at JHSPH will serve as associates of the Center, participating in and informing its activities and ensuring a trans-disciplinary and cross-departmental approach.
- **Consultants:** Consultants may be hired on a short- or long-term basis to assist with specific projects associated with the Center, including conducting advocacy workshops, assisting with a particular advocacy effort, or providing technical assistance.

- **Interns and advocates in residence.** The Center will seek to create visiting positions suited for various stages in advocacy careers, including the advocate in residence position for advocacy professionals senior in their fields, “folding chairs” (temporary, named-chair positions) for mid-career advocates, and internships for students and others wishing to build experience in advocacy research and training.
- **Advisory Board:** The Advisory Board will include founders of the Center, selected faculty representing different departments, professors of the practice (a new faculty category being pioneered at the Bloomberg School and focused on public health practice), and students, as well as leading advocacy practitioners and other experts external to Hopkins from related disciplines and institutions, both domestic and international.

VII. Indicators of success

Specific and measurable objectives have been developed for the Center’s first two years as well as for the longer term. The objectives, which appear on page 4, will be assessed and revised at least annually, providing clear benchmarks for monitoring progress towards the goal of excellence and prominence in public health advocacy research, training, and practice.

VIII. Conclusion

Public health in the 21st century is at a critical crossroads. We increasingly rely on advocacy to move from research to practice, to build resources for evidence-based interventions, 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, to learn from experience and build a knowledge base. In the absence of such exploration, there are questions and tensions in the relationship between academia and advocacy, even as the serious need for a science of health advocacy is clear. 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 there is a need for the development of a focal point devoted to building and systematizing knowledge about principles of and skills in using advocacy to advance and promote well-being and health at the population level. The JHSPH Center for Public Health Advocacy is that focal point. It will be a pioneer in a nascent field, working to link science and advocacy to promote the public’s health and well-being worldwide.