

TED-style Talk for Norway Healthy Cities Conference Oslo. 23.10.17

The Power of Narrative - Leadership in Public Health must be able to win hearts and minds.

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The power of narrative in achieving transformational change has been understood since the earliest of times. The Old Testament is punctuated with stories and advice on health, wellbeing and good living. These were based on inference and observation, not all of which has turned out to be scientifically accurate.

Biblical subject matter included plague, blindness, childlessness and leprosy; menstruation and a wide range of issues of everyday life.

We are told that ‘ Calamity will come upon the evil man and he will be broken beyond healing’, that ‘ A wife who brings shame is like rottenness in her husband’s bones’ and that whilst ‘ A cheerful heart is good medicine’, ‘a downcast spirit dries up the bones’.

For most children, the words ‘Once upon a time’, will be among their earliest memories.

In public health, it is likely that the story of John Snow

and the Broad Street pump will be many students introduction to their studies. The account of how the 1854 epidemic of cholera was concentrated in the Soho district of London; of Snows demonstration that it killed more workers in Ely's gunpowder factory than those in the nearby brewery; and how all this pointed towards faecal contamination of the water pump adjacent to a cess pit in which local mothers cleaned their babies nappies, is engrained on the memories of generations of public health professionals. The "killer" evidence was provided by the death of Mr Ely's widow in Hampstead, whose fondness for the sweet tasting water from the street pump of her childhood , led to her receiving a regular supply. The account of multi-disciplinary shoe leather epidemiology with Snow collecting the data, the local priest with his knowledge of his parish households and the professor of organic chemistry who used chemical dyes to demonstrate the tracking of contamination into the water makes for a gripping detective story . Snow's success in persuading the parish council to remove the handle off the pump underlines the importance of effective use of data to achieve action in the face of entrenched opposition.

Almost 200 years after John Snow's historic intervention

we live in a world of scientific orthodoxy which Snow could only have dreamed of 20 years before the germ theory of disease . However recent world events in which so-called ‘ fake news’ has been able to literally ‘Trump’ evidence-based facts is making us aware that whilst data and intelligence may necessary to win arguments for public health , they may not in themselves be sufficient .For that, something else is needed.

There is a story about a new prisoner who finds that the prisoners no longer tell jokes in full because they are so well known. Instead they use numbers to identify which joke they wish to share. When he tries this himself there is silence. Confused, he asks somebody why there has been no response. ‘Well’, he is told, ‘Its not so much the story as the way you tell it’’. As with prison life so with public health.

To be effective in public health you need not only technical skills, but also to be an excellent communicator , to be able to take people on a journey , ‘to be able to fill a room’’, by capturing attention, being credible and persuasive.

The determinants of health and wellbeing lie mostly outside of health services , the imperative of Story telling skills and the ability to influence others outside of health services into recognising their contribution is

pressing.

The author Mark Twain, said he had been writing prose for 20 years before he knew it , because he hadn't known what prose was. Many of those responsible for the protection and promotion of health don't realise that they are health workers. To achieve Health in All Policies, to get upstream of the determinants , it is necessary to make their contributions explicit and to make the invisible visible . Story telling makes that possible.

In the 1980's I was a regular visitor to Alicante in Spain helping colleagues re-establish public health training and a new public health system post Franco. Three stories, proved to be an effective way of capturing and communicating the New Public Health:

- In the first, two men are travelling in a train in Africa. One is throwing powder out of the window . 'What are you doing asks the other'. ' Throwing powder to keep the elephants away', says the first. ' But there are none', says his friend. ' There you are it works' comes the reply.

Consider the challenge today of persuading new parents of the benefits of childhood immunisation against previously fatal diseases, unseen for decades. We have to make the threat visible, something which is more difficult now that older generations with their memories are passing away. The loss of oral history is not inevitable but it is important to capture it while you can. In the Swedish work on teenage pregnancy in the 1970's a booklet produced by a midwife on the island of Gotland was very powerful in enabling community wide discussions on the issues involved. She was able to describe from her personal experience how the lives of three generations in the same family had changed. From the oldest generation with a large family and a birth each year, characterised by

marital rape as the woman tried to avoid further pregnancy, to the contemporary situation with the advent of the contraceptive pill, where a teenage girl was having a sexual relationship with a steady boyfriend, protected from unplanned pregnancy. This Swedish work, together with imaginative approaches in the Netherlands, led the way in responding to the sexual revolution that had started in the 1960's. A popular poster in Holland at that time featured a picture of a hedgehog with the legend that asked 'How do hedgehogs make love?'. The answer being 'very carefully'. Humour is important in effective communication.

- In the second story an international development agency is working in an Asian village with high death rates from infant diarrhoea associated with poor hygiene and sanitation. The agency is building communal lavatories. When they have finished they leave, returning later to see how things are getting on. What they find is unused and crumbling buildings. On investigation they discover that the villagers do care about the babies' deaths, but that their main concern is with the elephants. Every year when the sugar cane is ready the elephants come and trample it down so the villagers are unable to harvest it. Once the agency has helped the villagers to keep the elephants out of the cane fields, they can turn their attention to hygiene and sanitation. In public health it is no use outsiders coming in and imposing interventions on people. It is necessary to start from where people are at.
- And in the third story we need to understand that the important thing about eating an elephant is that you have to start somewhere. It helps to know the shape of the animal and to start on an easy part. In public health, action requires a full picture and a strategy that prioritises where to start in accordance with local concerns and appropriate evidential criteria.

In public health work, practitioners must ask ourselves not only what we must do but also what we must do with others and what we must get others to do. Story telling can play an important part in each of these domains of action.

In his book ‘ The Tipping Point’’, Malcolm Gladwell uses a number of practical examples to explore how trends take off. In discussing both how the unfashionable ‘ Hush Puppies’, suede shoes became popular again in the 1990’s , and how New York reduced crime levels in the 1980’s, starting with low impact crime first, Gladwell proposed a model based on the context, the actor and the stickiness of the idea. This can be seen as a behavioural version of traditional public health concepts of environment, host and organism.

In the behavioural context the public health actor needs a more sophisticated range of skills and behaviours. This includes the ability to start a rumour and to gate crash somebody else’s agenda.

Epidemiological and qualitative data may be necessary, but is rarely sufficient , to launch 1000 ships . To do that requires something else, what Pertschuk has called ‘ The DeMarco factor’ in his description of the campaigning work of Vinny DeMarco in the United States.

Pekka Puska , the Finnish epidemiologist, whose work on the WHO ‘ Seven Countries Heart Disease Study’ in 1971 led to the celebrated Karelia project had that factor. Puska took the WHO data, which

showed that Helsinki had a mortality rate four times that in Sofia, and exploited the Finnish finding that Karelia had the highest rates in Finland to motivate the population to petition the government. They demanded that action be taken to stop their men from dying prematurely. The rest is history and the Karelia Project has had major global influence . “ Killer data can save lives”.

In my own work over 40 years in public health, I can point to several examples where the combination of the right data at the right time and place has enabled me to get a result:

- In the early 1980's in Liverpool faced with de-industrialisation, mass youth unemployment and an epidemic of heroin on the streets , the HIV virus arrived in the city. Using the advice of San Francisco Public health director ,Glenn Margo, we were able to implement the first large scale syringe exchange programme in the world.Glenn's advice when asked what he wished he had done earlier in the epidemic guided us. The Bible tells us that ‘ Prophets are never recognised in their own country’. We also know that the definition of an expert is ‘ ‘Somebody who comes from a distance and brings their own slides’. By acting on Glenn's advice we were able to keep the HIV virus out of the drug injecting population in the region and established the philosophy of harm reduction internationally . In so doing we probably contributed to saving the lives of thousands of people. “ In Public Health learning from others and plagiarism are to be encouraged”.
- Also in Liverpool in the 1980's we were able to draw on the environment which had been developed in relation to the challenge of high teenage pregnancy rates by copying the Swedish work which had been begun on Gotland. A workshop involving the main leaders from the worlds of education, youth work, the churches, health services and the media together with the voices of young people themselves , had

started the conversation. I was given the opportunity to present a one page summary of comprehensive research into the matter to the Local Health Authority. Each year in Liverpool 81 out of each 1000, 16-19 year old girls were becoming pregnant of whom 7 were getting married, 24 were having an abortion and 50 were having a child outside marriage. The Guttmacher Institute in New York had recently showed that whilst this rate was much lower than in the United States, it was much higher than in Scandinavia or the Netherlands. This shocking data, presented in the right place at the right time led to concerted action which resulted in the first systematic reduction in UK teen pregnancy rates in any city. “ Killer data can prevent unwanted pregnancy”.

- In 1999, whilst embedded in the British Humanitarian Delegation during the Kosovo emergency there was another opportunity to use ‘killer’ data to deliver a result. With the peace agreement signed and the international delegations packing up to go home there were still large numbers of refugees in camps who required medical assistance not available locally. Over a weekend I was able to capture the bottom line that almost 1000 people still needed medical care. Armed with this data, my stethoscope round my neck and a tee shirt proclaiming that ‘Everything is Possible, I was able to gate crash the Washington compound and engage with President Bill Clinton who was visiting. Two and a half minutes later he had agreed to evacuate half the remaining 311 most serious casualties to America. “ Killer data together with props and thinking on your feet can save human misery”.
- And the following year a protest by British farmers against the price of motor fuel brought the country to a standstill. Our contingency team, set up to monitor the impact of the dawning of the new millennium on our computer systems, was able to generate an impact assessment of the farmers action. Hospital operating theatre lists cancelled, terminally ill patients unvisited in their homes and deceased patients uncollected from hospital mortuaries painted a grim picture. Wearing a high visibility jacket, I was able to confront the protesters outside the oil refinery in front of the SKY television cameras and shame the protesters into going home. ‘ Coup de Theatre’ my headmaster wrote to me. “ Killer statistics, props, thinking on your feet and the occasional piece of drama can prevent anarchy”. They all have a place in the modern practice of public health.

Which brings me to the role of narrative and leadership in the work of Healthy Cities. Our work in Liverpool in the 1980's had been based on the WHO Health For All Strategy with its emphasis on a whole systems approach. We engaged fully in the public arena working extensively with the local newspapers and media but also exploiting other opportunities for activities in public places that included an International Garden Festival , used film, other cultural forms such as poetry and music, sculpture , public lectures and extended as far as renaming and theming of one of the cities pubs after the first city medical officer William Henry Duncan who had led the fight against cholera in 1848.

When the small group of people sat around a table on a snowy day in January 1986 in Copenhagen to plan the Healthy Cities Project , some of these experiences and those from Trevor Hancock's work in Toronto were at the heart of our thinking. Especially influential was public health story teller, Len Duhl from California , who had been an adviser to President Kennedy's ' Model Towns' initiative in the 1960's.

The first statement of vision for the work to come was that Healthy Cities was to be about ' the places where people live, love, work and

play'. It would be about how we 'take the WHO Health For All Strategy off the shelves and into the streets of Europe'. I shared my own vision piece for Liverpool 'Esmedune 2000: vision or dream', based on William Morris's 'News from Nowhere'.

Early on in Healthy Cities we discovered that we were not the first on this journey, that over 100 years before even President Kennedy's Project, The Health Of Towns Association in the UK and similar organisations in other countries had led the way in campaigning for sanitary reform and to improve the condition of the urban slum dwellers. There were already a wealth of stories from the past to inform the present and the future. 30 years after the beginnings of Healthy Cities there are many more. These stories have the potential to motivate, inspire, guide and direct. I hope that here in Norway you can become a network of story tellers and collectors as you continue to put down the roots for 21st century Healthy Cities, Places and Communities throughout the country and beyond.

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The Nine Components of a TED Talk (after Carmine Gallo).

1. Passion
2. Story telling
3. Conversational
4. Something new
5. Surprise
6. Humour
7. 18 minutes maximum
8. Mental pictures
9. A consistent theme.

