# CDoH Essentials

General facilitator notes

## What is in these notes?

These notes provide some ideas, reflections and tips from the experiences of running the trial workshops. They also include some of recommendations based on initial analysis from the research – which is subject to further refinement and as yet unpublished.

## What do they include?

There are four broad sections:

1. Getting started as a working group
2. Purpose: how to approach facilitation based on the overall purpose of the workshops
3. What works: indications of what is most likely to be effective in content and delivery
4. Other general tips and reflections

## Getting started as a working group

### Who should be in your working group:

* Who has capacity to drive the development of the sessions?
* Who will deliver and facilitate the sessions?
* Who will sign off decisions about the sessions?
* Co-creating the workshops means they are more likely to work for participants – you may want to expand your working group over time
* How can you use the process to develop networks that build support for action?

### How to work together:

* We recommend that early in the process you read this document and schedule time as a group to think through the issues it raises
* Build in time throughout the development and delivery to reflect together as a group
* Work through the step-by-step process in the overview and introduction document
* Come back to this document just before you run your session/s

## Purpose: how to approach facilitation based on the overall purpose of the workshops

As set out in the overview and introduction document, these workshops aim to help public health teams engage colleagues across their organisations in action on the commercial determinants of health.

We recognise the importance of support from across organisations in achieving policy and practice adoption and implementation and the need for wider and deeper understanding about the commercial determinants of health to facilitate action in this area. These workshops aim to introduce people to the evidence on the commercial determinants of health and to do so in such a way that builds support for action.

### Building confidence to facilitate and deliver

Having a working group should help with this. We also recommend doing CPD as a working group to help build your knowledge and confidence for delivering presentations and facilitating exercises.

### Questions & challenges

In developing these workshops concerns were sometimes expressed about being confronted with challenging questions or not having sufficient knowledge to respond to questions posed. Not everyone will feel like this, but our suggestions if you are feeling this way are:

* Before the session, think about the audience and anticipate questions that might be asked
* Pause to ask yourself why this question is coming up, what might be going on for the person asking it
* Think about whether the discussion will work in a public setting or whether it would be better picked up individually
* Acknowledge and appreciate the question and curiosity and interest it demonstrates
* Listen to understand first, then, if necessary, judge how best to correct any misinformation / misunderstanding of evidence
* If it seems appropriate, embrace the discussion – if you have allowed slippage time in your agenda it can be really helpful to start to explore the different perspectives – you can think about reflecting questions back, for example ‘where did that idea come from?’
* Planned follow up – if you don’t have time to get into discussion you can acknowledge that these kinds of issues take some time to think through and express the hope the workshop is the start
* Be prepared to acknowledge that we’re all learning and we can go away and check information

In the trials we ran, our initial analysis of the contextual data suggests most participants already believed improving public health to be important and most already believed structural approaches were important. However there were some differences of perspective and some content & delivery was tentatively suggested as important for engaging people with differing prior beliefs in the agenda:

* Up front acknowledgement and justification for the focus on harms
* The evidence quest and case studies allowed discussion based on an external stimulus
* Tone and approach of facilitators – as above an inclusive approach to ensure people feel able to ask questions and engage in the work with healthy disagreement

### Help people understand how these sessions can contribute to action and what their role is



Key tips from the trials were:

* Help participants see clearly how the sessions can contribute to action: state this explicitly at the outset and at the end (we have given pointers for this in Section 1 and Section 6b)
* Ensure you set expectations about what individuals can do and what will be done collectively and how people can stay involved (see Section 6a and 6b)

## What works: indications of what is most likely to be effective in content and delivery

The initial analysis from the research – which is subject to further refinement and as yet unpublished – identifies the following aspects of content and delivery as important ingredients for an effective workshop:

* Locally grounded
* Case studies, stories and illustrative examples
* Stories of possibility and challenges overcome
* Concrete next steps with clear timescales and setting out who and how the follow up will happen (could be via the working group or at the next module for example)
* Varied delivery
* Discussion & interaction
* Time and different methods for processing and digesting and applying information
* Practicalities need to be in place – time, pace, flow, balance of activities, room layout, comfort, refreshments, breaks

Each of these is explained a bit more below with information about what we’ve already done to ensure it is easy for you to include each ingredient and what we recommend you do to strengthen as appropriate.

We have also highlighted later in this document what seemed important for achieving different learning objectives. Please note again that this is an indication based on our initial analysis and will be context specific.

| **Action research initial findings: what was effective in general** | **What have we done already to help you achieve this?** | **What more could you do?** |
| --- | --- | --- |
| It is important to have **a clear pitch** for why potential participants should attend and what they will get out of attending.  *‘something quite black and white about what they’re coming to and why’* | * Drafted invite text and indicated where you can localise it | * Be really clear up front about your purpose and objectives * Localise the invitation * A tip from some research sites was: if the invite comes from the DPH this shows commitment to and value placed on the CDoH |
| **Ground this work in the local context** and in what is most relevant to participants’ work and remit (including inequalities and connections to the Wider Determinants of Health)  *‘made personal to their context within their communities’* | * Given a suggested structure for the local context setting introduction (section 1 delivery materials) * Suggested throughout the facilitator guides where it would be ideal to add local statistics and stories * Included a slide making clear connections to WDoH in the introductory slides (section 2) * Included locally relevant examples and illustrations throughout | * Make really clear links to your local priorities in the introduction * Add your own local statistics and stories throughout |
| **Case studies and stories** were considered vital (by local action research partners and academic participants) to bring every part of this to life  *‘those case studies that bring it to life that are key’* | * Included case study exercises as options in understanding commercial practices and public health actions, we also included them in the evidence quest (sections 3, 4, 5) * Provided illustrative examples for all aspects of theory in the overview presentation speaking notes (sections 2 and 5) | * Develop and use your own case studies where possible and feasible * 2 areas did this in the trials and they were very well received * You could consider offering participants a choice about which case study area they would like to hear about to make it relevant to their work |
| **Stories of possibility and challenges overcome** - cover action planning and case studies, reflection & discussion of roles and stories to build possibility  *‘people like us have done this, and it's made a difference’* | * Included section 6 on planning next steps * Developed templates for planning and ideas for inspiration handouts * This was an area that was identified for strengthening in our interim analysis. We have developed some strategies to try (noting these are not fully tested) including indicating where positive statistics and stories could be woven in alongside explanation of the problem in facilitator guides and notes | This was an area that was identified for strengthening in our interim analysis. We suggest the following strategies for you to try that might help (noting these are not fully tested):   * try to split time and content as evenly as possible between understanding issues and understanding potential solutions * collect more stories of positive action for case study & evidence quest exercises. * consider whether a series of workshops or briefings rather than a one-off would help people process information before moving into action planning AND ensure that you make a start on thinking about actions in the first session so people feel the sense of possibility * try pitching the next steps as an opportunity for testing out and learning rather than having a totally clear map so participants know they are part of developing the possibilities for action |
| We want participants to **leave with concrete next steps**  *‘those tangible next steps are going to be really important’* | * We’ve highlighted the importance of considering this in the overview document process flow chart and given examples of what the test sites decided. * We’ve included section 6 on action planning in the menu of options with templates for planning and ideas for inspiration handouts as well as exercises. | * Clarify up front what will happen next after each workshop. * Use the suggestions in sections 6a and 6b. * Situate the workshop/s within your local strategic approach to the CDoH. |
| **Varied delivery** was important  *‘things chopped and changed enough’* | * We developed a menu of options with different exercises and materials to deliver them so that you can pick and choose a range of approaches to develop your agenda * All methods of delivery tried (presentation, evidence quest, case studies, mapping, small and whole group discussion for the exercises, paired and individual and group action planning) were effective to some extent – we have indicated later in this document which approaches seemed to work best for different objectives | * Think carefully about the balance and structure of your workshop/s and make use of varied methods when planning your agenda * Come up with new methods to try out |
| **Discussion & interaction**  *‘discussions I observed were fruitful and relevant, people spinning off each other with more and more examples’* | * We have included methods that support discussion and interaction in the menu of options (case study discussions, small and whole group options, paired and individual planning exercises, interactive options for presentation) | * Ensure you build in enough time for discussion and interaction when planning your agenda * In testing, we tried to avoid more than 20 minutes presenting without any interaction and we broke up any presentations so not all material was delivered in one go |
| Time and different **methods for processing and digesting and applying information** | * We have included methods that support different approaches to processing, digesting and applying information in the menu of options (discussions: individual, paired, small and whole group options, written exercises, reading and listening exercises) | * Build in time for this when planning your agenda * Consider the modular approach (as above) * Consider the different preferences of participants and ensure there are options for different people to process information in different ways both within the workshop and after |
| **Practicalities need to be in place** – time, pace, flow, balance of activities, room layout, comfort, refreshments, breaks  How the session feels may affect people’s feelings about the CDoH and the extent to which participants are able to reflect on growing understanding and begin to apply this reflection to action | * We have indicated our experiences of how long exercises took and given example agendas. * We have recommended breaks and attention to comfort. | * Having a break and some time for people to stay and talk to each other at the end was felt to be important if possible. See if you can build this into your agenda * Ensure your venue will work for the exercises you have chosen – for example in one trial the workshop got moved at the last minute from a bigger room to a committee style room which meant changing the evidence quest to a seated exercise in which pairs were given one poster rather than being able to walk around and review several. |
| **Presentation** was anticipated to be necessary to cover some introductory material and examples should be used to illustrate theory – it was found this worked well for broad range of prior knowledge and understanding and for both public health and other attendees to improve knowledge. | * Kept the presentation (sections 2 and 5) broadly as was with some additional notes added to speaker notes based on initial analysis of research data * Indicated where it would be ideal to add local statistics and stories as well as positive examples of success | * Ensure you prepare for the presentation – seek help in doing this, choose your own speaking notes and practice to check timing * It can be helpful to pitch this as ‘we’re all learning together’ rather than putting yourself forward as an expert if you’re not feeling confident * Add your own local statistics and stories * Add positive examples * You may wish to develop a framework and set of principles and ground-rules for the sessions. One suggestion from a research site was: ‘we are all learning together, no stupid questions, safe forum for discussion, this is an emerging area and everyone in the workshop is helping develop the way forward’ |
| **Local leadership**  *‘powerful to have in person, clear buy-in and support from a senior leader’* | * Indicated in step-by-step process in the overview and introduction document where local leadership is important * Suggested importance of using a local leader in Sections 1 and 6 | * Local leadership seemed to be effective in generating pride and a sense that this is important and part of my role |

This next table shows what seemed important for achieving different learning objectives. Please note again that this is an indication based on our initial analysis from the action research project and will be context specific. You can use this information to help you build your agenda.

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| **Action research initial analysis: what did we find?** | **What seems important in content and delivery for meeting these specific objectives?** |
| Content and delivery worked well to achieve **Knowledge and Understanding** | **Presentation,** especially the Wider Determinants of Health slide, connecting to existing knowledge and understanding via tobacco, confident delivery seems important for knowledge  **Evidence quest** for more knowledge and time to process and understand knowledge presented  **Case study** also helped people process where evidence quest not used  **Mapping** seemed harder as a way to process – but still worked fine |
| Workshops started to help people make **connections to own role and practice critical thinking and other skills** | **Discussion time** allowed people to make connections to own role  **Time to process and apply knowledge –**some time for this should be built into any workshop but time in between workshops and a modular approach could be tried and tested out  **Examples of specific delivery that may have helped with the above points**   * Case studies on commercial practices allowed people to apply ph skills such as critical thinking however to improve optimism it may need reflecting back to them explicitly – look what you have done – to increase confidence and connection to own role * Case studies on positive action / overcoming challenges * Evidence quest as time to process and apply * Presentation covering framework for action somewhat helps with seeing own role * Finishing with reflecting on own work and action planning important but needed more time – potentially in a planned follow up session |
| The workshops allowed people to start to engage in complex issue, mostly without overwhelm. People **started to process the knowledge learned, build their understanding and reflect on how to apply to their role / action to take** | * Local leadership, local stories and positive examples, successes and challenges overcome seemed to be effective in pride, optimism, self-efficacy / this is part of my role * Practicalities of the session may affect feelings about the agenda and the extent to which participants are able to reflect on understanding and begin to apply this reflection to action * Exercises that built in time to do processing / digesting included evidence quest, paired discussions, whole group discussions * There were mixed experiences of action planning – some felt more time was needed in the session, some felt it worked well some felt having a break before doing more work to apply knowledge and understanding would be better * Having clear next steps was considered important |



## Other general tips and reflections from the action research trials

* **Less is more:** try to build from where people are at, don’t pack too much into the agenda and think about a series of briefings / workshops to allow time to process
* **Some objectives may be too ambitious** – save the ‘stretch’ options for when you are ready
* **Make your session feel special:** whilst being involved in research and having an external speaker is not possible for everyone, we are all part of a growing movement – participants have the chance to be part of something meaningful from the outset and make important contributions
* **Build networks** – as you start trying out different approaches to addressing the CDoH it can be helpful to connect with others through communities of practice – see if you can set something up in your region

It can be helpful to think about different media that help tell the stories of how these commercial practices have played out such as films, documentaries, novels, podcasts and others. Examples include:

* Erin Brockovich: Pacific Gas in Hinkley California
* Dark Waters: DuPont chemicals
* Thank you for Smoking
* This Podcast will kill you: the union carbide disaster