Evidence-based Health Advocacy Work:Practical Realities and Strategies

CRICH Knowledge Translation + ACHIEVE Post Doctoral Fellowship Program event

April 8th, 2015

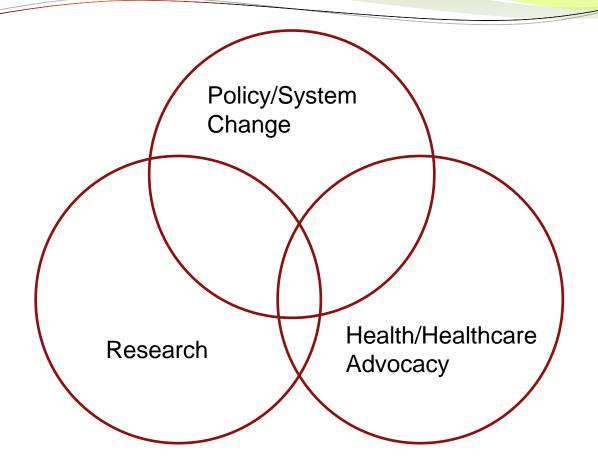


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Questions

- Does 'research evidence' really matter in policy/social change?
- ➤ Does advocacy by healthcare professionals really matter in policy/social change?



Looking for the strategic 'sweet spot' in this intersection

- Does 'research evidence' really matter in policy/social change?
 - ➤ Yes, but not much
 - Too many other powerful forces are at play
 - Money/funding
 - Politics/Electioneering/Lobbying
 - Ideology/Ego
 - Policy based evidence-making
 - Research and Policy/System Change disjunctures
 - > Silos
 - Timeline immediate/rapid response vs long-term
 - Scope/focus
 - Catalyzing factor rational vs emotional/visual
 - Priority/value system
 - Accountability

- Does advocacy by healthcare professionals really matter in policy/social change?
 - > Yes, a lot
 - > Health/healthcare is the common language in Canada
 - Health/healthcare is the heart string





The Art and Science of Change

Types of Change

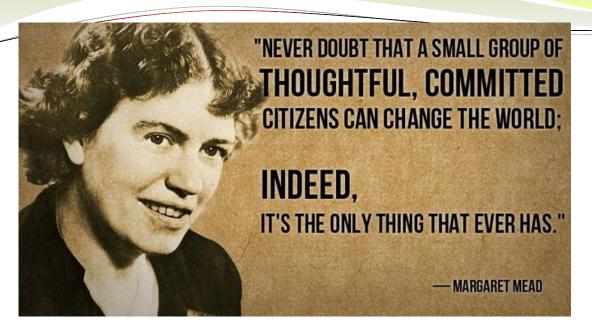
- Conservative Change
- ➤ Utilitarian Change
- > Transformative Change

The Art and Science of Change

Problem-Solution Relationship

- Simple solutions to simple problems
 Stop-gap initiative, sick leave benefit
- Complex solutions to complex problems eg civil rights and feminist movement; reducing suicide rate among First Nations youth; Millenium Development Goals to reduce global poverty; Health for All campaign for non-status
- ➤ Simple solutions to complex problems

 eg. Universal affordable childcare; deepening access to education for girls/women; Professional Bridging programs; SPIN; collecting socio-demographic data; TFW registry; growing organic food in your home; car-free living



Keywords:

- ✓ Thoughtful (strategic, evidence-based etc)
- ✓ Committed (passionate, persistence, audacity etc)





The Art and Science of Change

About doing advocacy and being a change agent/leader

Key strategic goals:

- To create a better world
- ➤ To get people who don't care (but who should be caring) to start caring and taking action on important issues

Focus:

- raising public awareness/education
- Build healthy public policies; System/social change

Why do advocacy work?: it is not just good for the world, but it is good for your health!

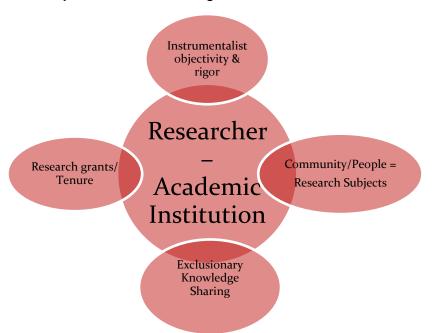
Government reprisals against doing advocacy work? - Yes and No

Research to Change

- Research on Homeless Immigrants
 - ✓ Interpreters services in shelters
 - ✓ More coordination between shelters, health and settlement agencies
- ✓ Research on Internationally trained Social Workers
 - ✓ Led to the creation of Bridging program for internationally trained social workers at Ryerson University
- Research on Government Assisted Refugees
 - ✓ Succeeded in stopping Ontario Ministry of Health from introducing 3 month wait (residency requirement) to get OHIP coverage for Government Assisted Refugees.
- ✓ Toronto Newcomer Health Report (<u>The Global City</u> report)
 - ✓ Informed Toronto Public Health's (TPH) newcomer health strategy.
 - ✓ Led TPH to commission another study on non-status/non-insured (which contributed to Toronto adopting the Sanctuary City policy)

Dominant model of Research

Knowledge production/sharing is an instrumentalist and contained process to be conducted by exclusive group of experts who are supposedly equipped to provide rigorous and objective understanding of our world.



CBPR model of Research

Knowledge production/sharing as well as measures of rigor and objectivity are engaged social/community processes to not just help us better understand our community/world but to transform them for better.



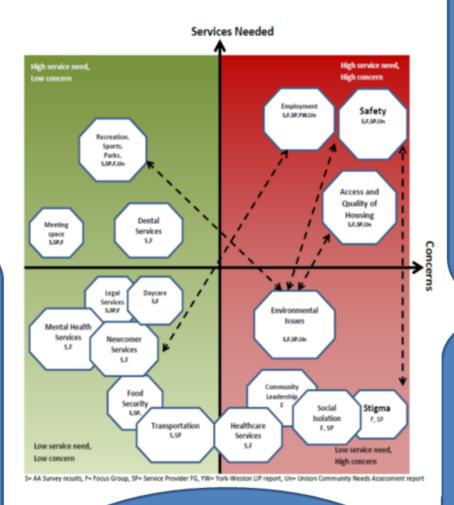
Community Involvement

Top-down Consultation Collaboration Partnership Community-led

- 1.Recreation/Sports: Currently working on creating a health and wellness facility in the basement at 761 Jane Street
- 2. Meeting Space: Will begin to work on creating policies for renting space at 761 Jane
 Street
- 3. Dental Services Nothing done

- 1. Daycare: Nothing specific being done by AA
- 2. Legal services: nothing specific being done by AA
- 3. Mental Health Services: onsite social worker 5 days per week.
- 4. Newcomer Services: onsite settlement worker 5 days per week. Onsite LGBTQ specific worker 1 day per week.
- 5. Food Security: Nothing specific being done by AA
- 6. Transportation: Nothing specific being done by AA

Access Alliance response to the service needs and concerns outlined in the Jane Health Assessment Report



Policy influencing connections

Stigma, Environmental, Daycare, Safety – we site at a few tables????

- 1.Employment: Working with Humber College and city of Toronto on training program for clients on OW.
- 2.Employment: Working with driven Accelerator to train 20 youth to work in the tech sector.
- 3.Safety: We continue to invite police at 12 division into our programs. Our girls program just wrapped up a safety program with Officer ...??
- 4. Access and Quality of Housing: Nothing specific being done

- 1. Healthcare Services: 1 doctor 1 day per week. 1 NP. 5 days per week. 1 RN. 5 days per week.
- Community leadership: Community
 Reference Group, senior peers, NCT
 Peers.
- 3. Social isolation: Youth programs 4 days per week, seniors program 1 day per week, yoga program 1 day per week
- 4.Stigma: ??????
- 5. Environmental Issues: Seniors

Healthcare Access – IFHP cuts

- Triggered one of the most impressive well organized pan-Canadian social movements
 - Mass annual public protests across Canada
 - Federal Court Case
 - Public statements/letters
 - colleges and health institutions
 - Renowned Canadians (Margaret Atwood etc.)





Media/Social Media

Hashtag #IFHJune17

13.5 million unique twitter users reached in 30 countries; 248,700 tweets and 501 million impressions

- Spontaneous photo-statement campaign
- ➤ Blog posts
- Op-ed posts in traditional print media across Canada – over 30
- > Activist Films



Research

- Vanthuyne et al (2013)
- Campbell et al., 2012;
- Activist-scholar publications
 - Canadian Doctors for Refugee Care -
 - Rashid et al (2012)
 - Sheikh et al (2013)
 - Naheed Dosani and Ritika Goel (May 30, 2012).
- Graduate student
 - ➤ Sonal Marwah (2013)
- Ardern & Hynie, 2013 healthcare for non-insured
- Rousseau, Rummens, Glazier et al (2012) Impacts of IFHP cuts

Refugee Health Care Cuts In Canada

System Level Costs, Risks and Responses

By Sonal Marwah

Impact – Ontario Temporary Health Program (OTHP)

➤ "I am aware that for the past 18 months, a dedicated group of physicians, nurses and other health-care providers have advocated on behalf of this vulnerable population. I want to express to them my heartfelt thanks." – Letter to RNAO from Ontario Minister of Health Deb Matthews

"The federal government has a very clear responsibility to provide care to refugees... We will not just absorb it [estimated at \$20 million per year] and pretend that it's our responsibility, because it's not. I will annually deliver bills to the federal government," Deb Matthews.

Impact -Federal





What about SDOH?



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Photo Galleries

Minimum wage a health issue, says group

Health-care professionals want \$14 minimum wage to lift people out of poverty

CBC News Posted: Jan 14, 2014 2:56 PM ET | Last Updated: Jan 14, 2014 2:56 PM ET

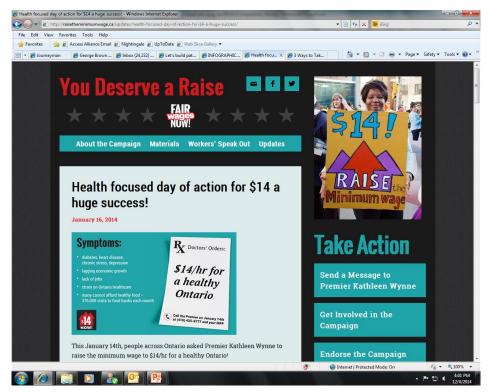
129 shares

A group of healthcare professionals is



Stay C





Health providers call for \$14 minimum wage

Health providers, including nurses, clinicians and doctors, organized a press conference calling for a \$14 minimum wage, citing the negative impacts of poverty on health.



Dr. Gary Bloch, a family physician at St. Michael's Hospital called povertylevel wages "both a tragedy and a public health travesty" and urged the provincial government to legislate low-wage workers out of poverty into a situation where they can better protect their health.

Lorraine Telford, a registered nurse, spoke about how poverty is the biggest barrier to good health, while Axelle Janczur of Access Alliance Community Health Centre spoke about the damaging health impacts of low-wage work on

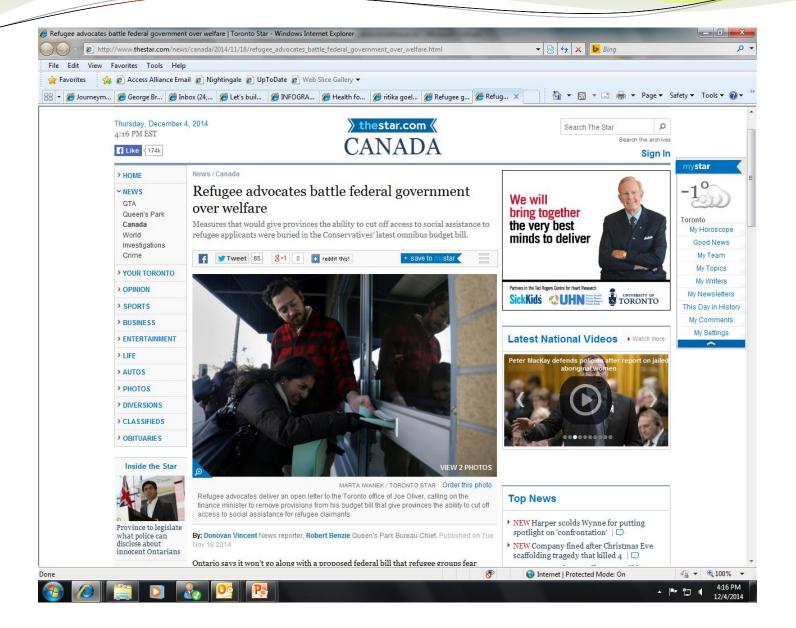
https://www.facebook.com/Amillionreason



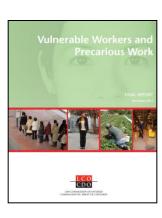


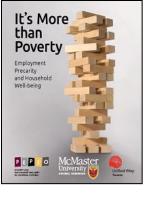


Action: Like and Share Please

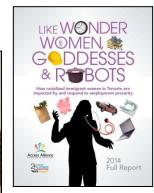


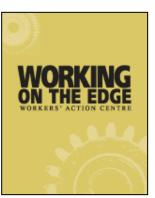
Healthcare Sector Advocacy on Precarious Employment

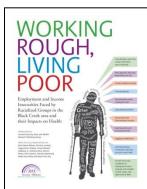


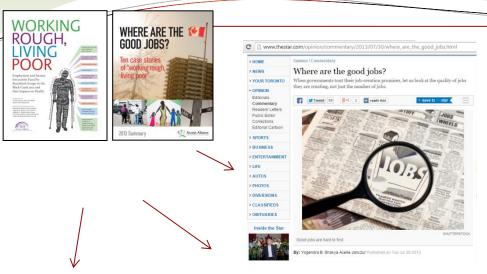












nic Se 🗴 🏿 🍖 Good Jobs Campaign | Ac 🗴

security and health

Two new evidence-based films making the connection between employment

IIII III :: vimeo

IIII III :: vimeo

This evidence-based film draws on research participant quotes to tell a powerful story of how insecure jobs affect individuals and families. It was collaboratively written and produced as part of Access Alliance's

Knowledge to Action Initiative: accessalliance.ca/knowledge-to-action

ust Wait for our Call: The



Access Alliance

Search

▼ Pathways to Economic

· Campaign to Raise the

· Good Jobs Campaign

Minimum Wage

· Colour of Poverty, Colour

Federal Health Program

► Right to Health Care

· Services for non-status

Women's Rights during

▼ Advocacy

Security

of Change
• Changes to the Interim

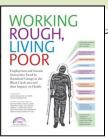
Coalition

residents

Pregnancy

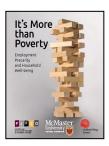
▶ Partnerships & Networks













International evidence eg UK studies led by Dr Michael Marmot, WHO commissioned EMCONET report

BAD JOBS ARE MAKING US SICK

The rise of insecure and precarious jobs—such as temporary and part-time work—is having damaging impacts on the health of all Canadians. Let us join forces to stop the rise of these bad jobs, starting from our workplaces—

Good Jobs = Good Health!

RISE OF PRECARIOUS, INSECURE WORK

Temporary jobs increasing 3x faster than permanent jobs



(2 million) are in temp jobs



increase in Temp Help Agencies within Canada from 1993 to 2008



1 in 3 part-time workers prefer working full-time

1 in 5 Canadian wage workers (3.3 million) are in part-time jobs





1 in 6 (about 17%) of precariously employed workers in Canada have extended health/dental insurance. compared to 1 in 2 (about 50%) for those who have full-time or permanent jobs

EXhaustion &

HARMFUL HEALTH EFFECTS OF PRECARIOUS JOBS



40% increased risk of coronary heart disease



2.5x more likely to have fatal occupational injuries



3x more likely to rate their health as less than good



3x risk of heart attack and 4x risk of diabetes from working more than an 11 hour shift



2x more likely to suffer from diabetes



4x more likely to visit dentist only in emergency

FIVE STEPS TOWARDS GOOD JOBS

STOP THE RISE OF INSECURE JOBS by limiting temporary, part-time jobs to less than 5% of your workforce (as recommended by International Labour Organization).

PROMOTE WELLBEING of temporary, part-time employees by offering them fair wages and health/ extended benefits.

PROTECT temporary, part-time employees by adopting higher than minimum compliance of employment standards and occupational health policies.

PROMOTE PATHWAYS TO STABLE EMPLOYMENT for temporary, parttime employees by offering them training and networking opportunities.

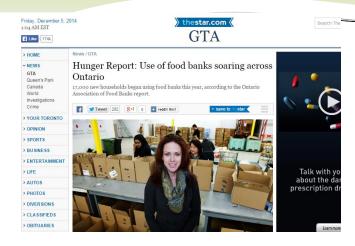
SCREEN FOR, ADJUST RISK AND ADDRESS harmful health impacts from insecure jobs within primary care, by working cross-sectorally with occupational therapists and workers action centres.





FOR MORE INFO AND REFERENCES, VISIT www.AccessAlliance.ca/Good-Jobs

Tipping Point Strategies







thestar.com (





- ✓ Employment Standard Office doing targeted information campaign in sectors with high precarious jobs
- ✓ Ontario Ministry of Labour has committed to ESA review

Other Seeds of Change towards Good Jobs

- Atkinson Foundation created Decent Work Fund
- Employment Advocate position and Employment quality screening tool at St Mike's (led advocate physicians Andrew Pinto, Gary Bloch, Ritika Goel)
 EMBER project
- ✓ Call to action for good jobs in healthcare sector (Amy Katz et al)
- ✓ CBC, Toronto Star, Globe all covering PE on a regular basis
- ✓ TPH is commissioning further inquiry for a potential BOH report and recommendations
- OT position at Access Alliance (funded by Greenshields)
- ✓ UofT OT department reflecting on deepening OT practice to include client level advocacy for good, stable jobs.

Blueprint/ Road Map for Change Leaders

- 1. It's all about Strategy: timing, place, 'tipping point' strategies, capitalize on 'simple solutions to complex problems'; messaging, media, crowdsourcing
- **2. Creativity** juice it up & make art while you do advocacy
- 3. Build base/partnerships/movement like there is no tomorrow (HPAP, Health for All, Doctors for Refugee Care, Lawyers for Refugee Health, RNAO, WAC, ISAC, IWH, Campaign 2000, Canadian Labour Congress, Unions, Law Commission of Ontario, CCPA, Colour of Poverty, CCR etc) be a 'silo breaker'
- 4. Mobilize champions in policy, media and community: David McKeown (TPH), Deena Ladd (WAC), Jacquie Maud (AOHC), Scott Wolfe (CACHC), Jennifer Laidley (ISAC); progressive journalists/bloggers; community leaders and spokes people—build a "Speakers Bureau"
- 5. Old school 'street rallies' are still the most effective

Blueprint/ Road Map for Change Leaders

- 6. Ride that hyper-information highway and rock it! Write 3 blog posts and 1 Op-ed piece per year; Be an activist Tweeter, 'Liker', 'Sharer'.
- 7. Money really, really, really matters: do the math to highlight costs or savings to healthcare/taxpayers in the most obvious ways possible; need more health economists
- 8. Use research evidence as strategic 'boosters/catalysts' for change: rapid response strategy based minimum viable evidence; seamlessly combine hard data with qualitative evidence/stories; take community/grey literature seriously; convert evidence to user friendly, rapid-uptake decision making and knowledge building format; widen social accountability and social change goals
- 9. Be incredibly solutions driven: offer very tangible solutions (interim and long-term; individual and system level) with concrete steps for how to make them work
- 10. Be the change you want to see

Most important ingredient

Be Passionate



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