## Evidence-based Health Advocacy Work: Practical Realities and Strategies

**CRICH Knowledge Translation + ACHIEVE Post Doctoral Fellowship Program event** 

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www.researchforchange.ca

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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







## 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.



#### Access Alliance response to the service needs and concerns

outlined in the Jane Health Assessment Report

#### 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



S+ AA Survey results, F+ Focus Group, SP+ Service Provider FG, YW+ York-Weston UP report, Un+ Unison Community Needs 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

Con

cerns

1. Healthcare Services: 1 doctor 1 day per week. <u>1 NP.5 days per week. 1 RN.5</u> days per week.

2. Community leadership: Community Reference Group, senior peers, NCT Peers.

 Social Isolation: Youth programs 4 days per week, seniors program 1 day per week, yoga program 1 day per week

,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



### 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 <u>Deb Matthews</u>

"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?



#### https://www.facebook.com/Amillionreason





A Million Reasons Why



#### **Action: Like and Share Please**



#### **Healthcare Sector Advocacy on Precarious Employment**

CDO CDO





urities Faced by

Racialized Groups in the Black Creek area and their Impacts on Health

AMA



#### Two new evidence-based films making the connection between employment security and health



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





by Yogendra B. Shakya, Sideeka Narayan, Michael Stephenson & Cliff Ledwos SEPTEMBER 18, 2013

TAGS: disease prevention, equity, health promotion, social determinants of health



We know that social environment plays a large role in shaping people's health. Determinants like poverty and housing have recently received much deserved attention. The recent report by Canadian Medical Association, What Makes us Sick?, for example, identifies poverty as the leading cause of

(healthcare, education, childcare, settlement, community and social service agencies). A survey conducted by Ontario Ministry of Citizenship and Immigration of 3500 non-profit organizations in Ontario found that loss than half o

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these bad jobs, starting from our workplaces-\*\*\*\*\*

. ....

COMMUNITY ENGAGEMENT AND ACTION



Access Alliance

25 AShare

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

FOR MORE INFO AND REFERENCES, VISIT

www.AccessAlliance.ca/Good-Jobs



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> thestar.com <

#### News / GTA

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3° Toronto

#### Star reader's faith in single father's character leads to good job

After the Star profiled Richard Wang, a single dad struggling to raise an 8-year-old on precarious work, a reader gives him his first stable job.



www.workersactioncentre.org/updates/bill-18-workers-win-historic-improvements-in-employment-standards/



#### Bill 18: Workers Win Historic Improvements in Employment Standards

After years of organizing, members of the Workers' Action Centre breathed a sigh of relief on November 6, 2014 as Members of Provincial Parliament gave final approval to regislation that will help curb wage theft, better protect temp agency workers, and peg the minimum wage to annual increases in the cost of living.

"This Bill is an important step forward. Nowhere else in Canada has legislation been adopted that makes temp agencies and their client companies jointly and severally liable for unpaid wages, overtime — and now public holiday pay," said Weiguang Wu, a member of the Workers' Action Centre. "These changes will make it easier for temp agency workers to seek redress when they are short-changed on their wages under the law."

Deena Ladd, coordinator of the Workers Action Centre, said: "Bill 18 extends the time limits on wage theft claims from six months to two years, so workers will have more time to enforce their rights. And by eliminating the current \$10,000 cap on wage claims, employers will be accountable for every penny of stolen wages that come due after the changes take effect."

According to Ladd, Bill 18 allows the government to make temp agencies and their client companies jointly responsible for workplace injuries. "As we stated at the committee hearings, when it comes to temp workers, the client company is, for all intents and purposes, the employer. And that employer must be legally responsible when workers suffer injuries on its jobsite."



- 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



## Contact Info

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