National Collaborating Centre for Determinants of Health

Centre de collaboration nationale des déterminants de la santé

LEARNING FROM PRACTICE:
ADVOCACY FOR HEALTH EQUITY - HAMILTON PUBLIC HEALTH SERVICES

BACKGROUND

Advocacy is a vital role for public health practitioners in Canada. Engaging in advocacy helps us to build and capitalize on collective action to support systemic change, and offers significant potential to foster the conditions that support greater health equity in our communities.[1]

There is no single way to design and implement advocacy to address health inequities. Selecting an approach depends on the local or broader context, practitioners' own philosophies or preferences for practice, and the dominant ideology within the organization.

Despite the wide variety of approaches that can be used in advocacy, there are some essential elements:[2]

- Clear, specific policy goals;
- Solid research and science base;
- Values linked to fairness, equity and social justice;
- Broad-based support through coalitions;
- Mass media used to set public agenda and frame issues; and
- Use of political and legislative processes for change

This practice example was created by the National Collaborating Centre for Determinants of Health with staff from Hamilton Public Health Services to demonstrate the application of advocacy in Canadian public health practice. Look for other documents in the *Learning From Practice* series about health equity advocacy.

While advocacy is an important part of public health practice, many public health practitioners are hesitant to engage in challenging, complex and wicked issues[3] associated with health equity. Practitioners need support to fully embrace advocacy as a legitimate public health strategy, and in conjunction with other sectors and organizations which might have a complementary vision. Sharing ideas and successes by providing examples from communities across Canada is an important way for public health practitioners to learn about this vital component of our professional role.[4,5]

PUBLIC HEALTH ADVOCACY IN HAMILTON

Hamilton, Ontario is home to over half-a-million people. With 16% of residents living in low-income households, Hamilton has a higher proportion of residents living in low-income households than provincial and national averages. Of the close to 80,000 people living in low-income households, almost one-quarter of them are children under 6 years of age.[6] Health inequalities have been well documented through initiatives like Code Red[7] and public health is engaged in a collaborative response.

Hamilton Public Health Services (HPHS) is one of several City of Hamilton departments that provide programs and services to the Hamilton community. HPHS has about 450 employees across many disciplines, including three public health nurses whose work focuses specifically on the social determinants of health (SDH).

Working in collaboration with other departments of local government and community groups, these three SDH nurses at HPHS have been addressing the SDH since 2011. Engaging in advocacy has been the focus for the last two years, and in that short time they have been involved in a diverse array of issues, including: nutrition for people living with tuberculosis (TB), sufficient incomes for people living in poverty, access to pension and health benefits for steel workers, and education savings for families with low incomes.

Letter to the Ministry on nutrition benefits for tuberculosis

When public health nurses working in the community identified that some low-income Hamilton residents who had TB were not eligible for provincially funded dietary supplements, the SDH nurses offered support. They worked with the public health team (i.e., Public Health Librarian, Public Health Inspector, Registered Dietitian, and Associate Medical Officer of Health) to write and send a letter to the Ontario Ministry of Community and Social Services. Providing evidence to support the letter, they requested that TB be listed by the Ministry as eligible for assistance.[a]

Speaking in support a of a basic income guarantee

When community groups learned that a HPHS report was being submitted to the Board of Health (as well as Hamilton City Council) about the Basic Income Guarantee (BIG), the community groups requested to formally speak at the meeting to support the report's recommendations. With the support of these community partners, HPHS advocated for the Board of Health to correspond with the federal ministers of Health, Labour, Employment and Social Development and with provincial ministers of Health and Long-Term Care, Labour, Children and Youth Services, and the minister responsible for Poverty Reduction, to express support for joint federal-provincial consideration for an investigation into a BIG for Ontarians and all Canadians.

In 2016, the Government of Ontario announced its support for a BIG pilot project to, "test a growing view at home and abroad that a basic income could build on the success of minimum wage policies and increases in child benefits by providing more consistent and predictable support in the context of today's dynamic labour market. The pilot would also test whether a basic income would provide a more efficient way of delivering income support, strengthen the attachment to the labour force, and achieve savings in other areas, such as health care and housing supports."[8(p. 132)] The City of Hamilton has since expressed interest in being a pilot site.[9,10]

a At the time of writing, a response from the Ministry had not yet been received.

Reporting on the potential impact for pensioners of closing a steel plant

The steel industry is an important part of Hamilton's economic history. A U.S. company purchased a U.S. steel plant in Hamilton, but was now threatening to close and file for bankruptcy. The SDH nurses from HPHS worked with the HPHS librarian and other City of Hamilton departments to contribute to a report on the potential impact of that closure on the thousands of pensioners in Hamilton who might see their pensions reduced and also lose access to health care and other benefits. That report was accepted by Hamilton City Council and was used to advocate to the provincial and federal governments, with the aim of helping this group of retirees.[b]

Action strategy to promote education savings

The SDH nurses in Hamilton learned that the uptake for the Canada Learning Bond program,[11] a federal initiative designed to help low income families save for their children's post-secondary education, was very low. The nurses co-led an initiative with the City of Hamilton Department of Community and Emergency Services, and collaborated with Service Canada and financial institutions, to help more families access the program. As part of the City's Neighbourhood Action Strategy,[12] they met with community organizations and community members to organize events, and used social media – together with the support of community agencies and members – to help spread the word.

"Our work is evolving ... it's gone from basic educating and raising awareness, to now taking action."

The SDH nurses have used advocacy to tackle these tough issues with support from other public health staff at HPHS. These supports include helping to identify issues needing to be addressed, obtaining data and evidence, and participating in many aspects of the various advocacy responses. Below we explore how HPHS has engaged in three roles that public health professionals might consider when building a strategy to advocate for health equity, namely: framing the issue, gathering and disseminating data, and working in collaboration and developing alliances.[1]

Framing the issue

Framing the issue is vital for identifying a problem, selecting a solution, and developing a communication strategy. At HPHS, the SDH nurses use a framing strategy that targets specific populations and issues. The nurses are very clear and specific about the particular policies they are hoping to help change; they find out who has the power to change those policies, and they focus their energies on those groups or government departments. The letter advocating for a change to a provincially administered dietary supplement program framed the problem of nutrition for people with TB as a quality of care issue. Front line public health nurses identified a gap in service, and after consultation with local social assistance staff identified that the next step should be a letter to the Ministry to fill the gap.

Gathering and disseminating data

Using data in advocacy involves using information to assess needs, bring together potential partners, and identify a strategy for action. In Hamilton, the SDH nurses used population health surveillance data, available from epidemiologists and health analysts as well as a wide variety of data to help reveal where inequities exist, identify issues and develop advocacy strategies. Federal data from Employment and Social Development - The Canada Education Savings Program[13] alerted them to the low uptake of the Canada Learning Bond (CLB) program and helped them focus the pilot project in a neighbourhood that had the highest number of eligible children not signed up for the CLB program. It was listening to the concerns of other public health staff working with individuals and groups in the community that led them to work on nutrition benefits for people with TB. In all cases, it is the evidence that forms the foundation of the advocacy work done by HPHS. The SDH nurses ensure that they work with the HPHS librarian to find available research literature before they take action. They share relevant data and research information with other areas within the health unit and the City of Hamilton to ensure that it is valid and makes sense before using it to help shape action within the city.

b At the time of writing, this situation was still a concern and not resolved.

Working in collaboration and developing alliances

"We can't do it alone. We have to always remember that there are others who can support the work in different ways."

Advocacy is most powerful when it is undertaken by an alliance of many diverse individuals and groups working together. The SDH nurses at HPHS have worked closely with internal public health partners at all levels (from staff working directly with clients to senior leadership), as well as with a wide variety of community-based organizations and all levels of government. A key aspect of their collaborative work has been to seek out existing groups and networks to offer their support, rather than creating new coalitions.

The SDH nurses at HPHS worked with their local Social Planning and Research Council and existing community organizations and neighbourhood groups to advocate for better access to the CLB program.

In another instance, the nurses capitalized on the work of Ontario public health nutritionists,[14] who were using social media and other venues to advocate for a Basic Income Guarantee. When a report referencing this work was about to be presented to the Hamilton Board of Health, the nurses and a community working group added their voices and encouraged discussion about BIG among local politicians.

In their other projects, they worked with local school boards, the Hamilton Roundtable for Poverty Reduction, and academic partners.

"So it's about the timing, and knowing how to link everything together."

SUPPORTS AND CHALLENGES

Advocacy is challenging work, and many organizational factors have supported HPHS's efforts. The leadership group at HPHS has been very supportive of the nurses' advocacy work. This has allowed the SDH nurses to leverage existing supports for advocacy work in a progressive manner, making it possible for them to get more and more comfortable as their familiarity with advocacy strategies and confidence grows.

The role of the SDH nurse has been vital to allow this advocacy work to happen. When the SDH nurses' role was established in HPHS, the focus was on supporting community initiatives and sharing knowledge about the determinants of health. Moving into the advocacy sphere became a natural evolution of the role. As one of the nurses reflected, *"it seemed like just a natural part of our work."* Although advocacy has always been an aspect of the public health nursing role, the SDH nurses are excited to continue to learn and strengthen their approach. They have drawn from both formal and informal resources, including the National Collaborating Centres for Public Health and from their own local community leaders.

THE LEARNING FROM PRACTICE SERIES

Learning from practice is a series started in 2014 as easy-to-read practice examples to demonstrate the integration of health equity into public health practice. This series includes examples on targeting within universalism, influenza, organizational capacity, advocacy and more.

To download the **Learning From Practice** series, visit **www.nccdh.ca**

These nurses at HPHS are also passing along the confidence and knowledge they have gained by designing workshops for other public health staff who have been anxious to learn about how they can take action in the community. These workshops will support public health staff to go beyond sharing information about the determinants of health to begin to build action and advocate.

But this work is not without challenges. Although the SDH nurses at HPHS have been supported to do advocacy work, their community partners often have significant restrictions on their time for this activity. A lack of funding is also a barrier when working on specific projects that require money to provide food or bus tickets, for example. This lack of time and money has so far presented the biggest challenge, but not an insurmountable one. The SDH nurses have found that with the support that comes from developing alliances and partnerships in the community both time and money can be found.

"If people really buy into the idea that you are working on, they work to overcome those barriers … there is always a willingness – 'let's just make this work,' because they really believed in it."

LESSONS LEARNED

The SDH nurses at HPHS have learned a few things from their recent advocacy work and many years' experience as public health professionals. These lessons include:

- ***Language matters -*** When working with groups outside of public health, consider the language that you are using. Communicating with these groups, and trying to engage with them on equity issues, can be a challenge for public health. It's important to learn as much as you can about how each different sector sees the world, and then "speak in their terms."
- ***Perseverance is key -*** Timing is important, and you might have to wait a few months to address the equity issue, and then be creative about how you might capitalize on new opportunities as they emerge. *"I had to be patient, and wait for the dust to settle, and then proceed differently … things don't always go as planned. Even if you have a backup plan, that doesn't always work – but you just keep going."*
- ***Have a clear, long term, evidence-based goal -*** With that goal in mind, be aware of what is happening on the front lines and at the service delivery level, but also be aware of what is happening politically. These SDH nurses took note of what was on the radar of the Board of Health and City Council, and, when the timing was right, they linked those issues with what front line public health staff were experiencing. With their goal of increasing health equity in Hamilton, and their knowledge of what kinds of programs and policy changes are necessary to help achieve that goal, the nurses took advantage of opportunities when they arose.
- ***Build confidence -*** As health professionals, it's natural for us to be a little tentative when we delve into these political arenas that are unfamiliar. But don't let fear stop you. Seek out leadership in your organization that is supportive of advocacy, and build on that support. Small successes over time build confidence and courage to reach out to community partners and together address these tough issues.
- ***Relationships are fundamental -*** With some of these broad advocacy efforts, you might not see a tangible result of your work for quite a while, and even then, it can be hard to measure your degree of success. But even if you don't initially reach your goals around policy change, your efforts to build coalitions and partnerships will not be lost. *"There are other side effects that happen … to me, that's just as good. You might not have achieved your advocacy goal, but you've developed other relationships and partnerships that you can leverage down the road."*

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