L E A D F O N C E R

Global Café: Social Determinants of Health

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> & Jolanta Scott-Parker, Executive Director Canadian Federation of Nurses Unions



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- What does today look like?
 - *Listen and Learn* social determinants of health and anti-oppression
 - Reflect, Explore and Discuss- what does it mean in our work as nurses
 - Action and Advocate- what can we (as nurses) do



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10:15-11:45: Learn Overview of social determinants of health 11:45 – 1:15 Lunch *1:15 – 2:45* Reflect World Café discussions on SDOH 2:45-3:00 Break 3:00-4:30 Action The Harvest: Being the change we want to see





L E A D F O N C E B

World Café Principles

- Create a hospitable space
- Ask questions that matter
- Connect diverse perspectives
- Encourage each participants contribution
- Listen together for patterns, insights and deeper questions
- Share collective discoveries
- Engage in thoughtful discussion and exploration (not necessarily to come to a shared outcome)





Who are we? Who are you?



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Social Determinants of Health

Objectives

Upon completion of this course, you will be able to:

- Explain the social determinants of health (SDOH)
- Understand the concepts of health inequities, power, privilege, oppression and intersectionality to health care and SDOH
- Identify how your workplace and different orders of government are or could be addressing social determinants of health
- Reflect on how applying an anti-oppression approach changes our work as individuals and institutions
- Develop the tools to lead change on personal, professional and community level





Discussion: Warm Up

Please discuss at your table groups. Feel free to doodle, scribble etc

- 1. Why did you come today?
- 2. What do you hope to get out of the day?



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Disclosures

- No commercial affiliations or financial conflicts of interest
- I speak from a position of privilege as a health care provider. I do not speak on behalf of people and communities.
- My presentation is grounded in evidence and the lived experiences of people I have encountered and learned from.







Agenda

- What makes us healthy/sick
- Influencing policy
 - workplace, community, government
- Practicing anti-oppression in healthcare
- Upstream examples





Lorraine Clements

I woke this morning to a soft but inviting snow covered mountain,

A mountain of my childhood

A mountain I returned to this week to move forward speak my truth and continue the healing within

A mountain of pain

A mountain of learning

A mountain of Hope.

My mountain has been a hard one to climb,

In my time have never reached the top.

Now with this day, my day of truth telling,

My mountain is not too high.

My mountain seems easier to climb.

My mountain now has hope.

My climb is just the beginning as with many others this week.

Our mountain will be conquered.

With love, kindness and always together, fighting the systems for Justice.



Photo submitted by Lorraine Clements; no copyright infringement intended.



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What makes us healthy/sick?

	WHAT MAKE CANADIANS	S SICK?	†*†*†*†*† †*†*†*† *
50%	YOUR LIFE	INCOME EARLY CHILDHOOD DEVELOPMENT DISABILITY EDUCATION SOCIAL EXCLUSION SOCIAL SAFETY NET GENDER EMPLOYMENT/WORKING CONDITIONS RACE ABORIGINAL STATUS SAFE AND NUTRITIOUS FOOD HOUSING/HOMELESSNESS COMMUNITY BELONGING	T†††††††††††††
25%	YOUR HEALTH CARE	ACCESS TO HEALTH CARE HEALTH CARE SYSTEM WAIT TIMES	T#T#T#T#T# T#T#T#T#T # T # T #
15%	YOUR BIOLOGY	BIOLOGY GENETICS	
10%	YOUR ENVIRONMENT	AIR QUALITY CIVIC INFRASTRUCTURE	HEALTH #SDOH



LEAD

FONCER



What makes us healthy/sick?









What makes us healthy/sick?



Dahlgren and Whitehead, 1991





How to avoid being sick...

- 1. Don't be poor. If you are, stop. If you can't, try not to be poor for long.
- 2. Don't have poor parents.
- 3. Own a car.
- 4. Don't work in a stressful, low-paid manual job.
- 5. Don't live in damp, low-quality housing.
- 6. Be able to afford to go on a holiday and sunbathe.
- 7. Practice not losing your job and don't become unemployed.
- 8. Don't live next to a busy major road or industry.
- 9. Ensure you know how to fill in complicated forms for housing, disability, sickness before you need them.







What makes us healthy/sick?









- Michelle Lebreque, Oneida woman in Victoria, BC
- Went to ER with severe stomach pain, disclosed challenges with alcohol and housing
- Was given this Rx in response







What are some of the factors that allowed such a situation to occur?



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First Peoples, Second Class Treatment

The role of racism in the health and well-being of Indigenous peoples in Canada

















Privilege is an invisible, weightless backpack of special provisions, maps, passports, codebooks, visas, clothes, tools, and blank checks. --Peggy McIntosh







Privilege

- Unearned advantages, often systemic with historic origins, often mediated through positive unconscious associations
 - eg. you are trustworthy, you are intelligent, you are calm -- based on your race, gender, sexual orientation, ability etc.
- Often the dominant "normal" group eg. heterosexual, able-bodied, cis, Canadian-born, white
- We all experience SOME form of privilege can you think of a way this has played out in your life?







Oppression

- Unearned disadvantages, often systemic with historic origins, often mediated through unconscious biases and discriminatory behaviour
 - eg. you are angry, you are lazy, you are stupid, you are dangerous based on your race, gender, sexual orientation, ability etc
- Often not the dominant "normal" group eg. homosexual, transgender, person with a disability, immigrant, racialized
- We all likely face SOME form of oppression can you think of a way this has played out in your life?



Intersecting identities









- Microaggressions
- Structural experiences of marginalization/oppression

"Micro-Aggressions" of Oppression	Structural Disadvantages/Barriers
As a Muslim person, being asked to denounce terrorism and speak on behalf of your entire "group"	Being more likely to be delayed or detained in travel, more likely to be arrested and denied due process

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As an indigenous person, seeing Canada 150 and being reminded of erasure of your history	Living on reserves where less access to postsecondary education



- Daily reminders of privilege
- Structural experiences of privilege

Daily Reminders of Privilege	Systemic Advantages
Seeing people that are like you (race, gender, religion, ability, appearance) represented positively in media	More people of your race, gender, religion, ability, appearance likely work in media and therefore shape the stories

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As a heterosexual person, being able to easily express affection with your partner in social situations.	Laws designed to support your ability to access benefits in the event of their death.
As a man, being assumed to be more	More likely to win in a political election –
confident, decisive, and more of a natural	then having ability to write laws impacting
leader	women

What makes us healthy/sick?









LEAD FONCER

Transgender patients face health-care discrimination, inadequate treatment

Health experts from around the world gather in Amsterdam for transgender summit

By Kas Roussy, CBC News Posted: Jun 18, 2016 5:00 AM ET | Last Updated: Jun 18, 2016 5:00 AM ET



4 shares	It's estimated there are now 25 million transgender people around the
Facebook	 world, and in a groundbreaking series published in the medical journal The Lancet, the authors say many are routinely denied basic
	human rights.

"Faced with stigma, discrimination and abuse, transgender people are pushed to the margins of society, excluded from the workplace, their

"I can speak from my own personal experience that one of the most challenging parts of my coming out process has been access to health care,"

– Alex Abramovich

S٢ EXPL

A vital dose of the week's health and medicine, from

Kelly Crowe and CBC Hea

Recalls multiple instances of being called "she", being stared at, or providers looking away.



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- Study: 1000 patients went to ER
- Men and women reported similar pain scores
- Women 13-25% less likely than men to receive opioid pain meds
- Women on average waited 65 mins vs 49 mins for men to receive pain meds








Yale University study (2000-2008) - >50% of 620 docs surveyed viewed obese patients as "awkward", "ugly" and non-compliant, and 1/3viewed them as weak-willed, sloppy and lazy







Reminders

- 1. Ensure 1 person is your table host and will stay behind when the group moves.
- 2. Doodle, write, document your conversation on the table in front of you.
- Listen actively and meaningfully. Dialogue and conversation is very important around questions that matter
- 4. We are experts in our own experiences, sharing our collective knowledge is key
- 5. If there are questions we aren't asking that we should be please raise them.







- What did you learn?
- Can you think of ways in which people experience oppression in their healthcare?
- Can you think of ways in which broader structural and interpersonal oppression has impacted people's health?







L E A D F O N C E B

Lunch Break

We re-convene at 1:15

Invitation to consider topics for discussion this afternoon during the lunch break.

Identify a topic or an issue that you might like to work on using a SDOH or anti-oppression lense



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Anti-oppressive Practice

Primer



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Step 1: Seeing our Privilege

- It is often invisible to us
- Lack of awareness of others' lived realities
- Difficult to think of oneself as having power and benefitting from a system that oppresses others
- Narrative of having earned everything we have through hard work <u>alone</u>
- Defensiveness feeling like we are being accused of interpersonal discrimination
- Often leaves us unsure of what to do







Situating Oneself



- A settler
- Able-bodied
- Citizen
- **Global North**
- Age ۲
- Language proficiency
- **Cis-gendered** ٠
- Heterosexual
- Strong family and social support
- Physician •
- High educational level
- High income
- Job security
- Leadership positions

http://web.jhu.edu/dlc/resources/diversity_wheel/



Woman

culture

•

•

•

•



Step 2: Critical Reflection

- Engage in critical reflection/reflexivity to understand how we hold power and how power structures work
 - How is this patient impacted by broader power structures in society
 - What is my role in those broader power structures?
 - What can I do to decrease the power dynamic between me and my patients?
 - What unconscious biases might I hold that I can challenge?
 - How I can use my power to be an ally/accomplice?





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Consider for five minutes:

- What aspects of your background and lived experience may impact how you work with patients, clients and communities.
- What power/privilege do you experience?
- What oppressions do you face?



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Step 3: Three Levels of Intervention

Figure 3. The 3 levels of socially accountable care



Reproduced from the College of Family Physicians of Canada.¹⁰



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Micro – The Clinical Environment

Reinforcing power dynamics

- Sterile environment
- Curt reception staff
- Harsh penalties for being late or missing appointments
- Assuming all patients
 have a phone number

Anti-Oppressive Practice

- Create a welcoming environment in your workplace – signage, reception
- Create a culture of respect and anti-oppressive practice among team members in how they treat one another and patients
- Being flexible with late or missed appointments for patients who are homeless, living in poverty, have mental health issues
- Asking patients without a phone where you can leave a message (drop-ins, shelters)



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Micro – Your Thoughts

Reinforcing power dynamics

- Holding negative assumptions about people in various groups
- Eg. Thinking a woman is being melodramatic when she describes her symptoms
- Eg. Assuming a disheveled man must be drug-seeking

Anti-Oppressive Practice

- Reflecting on and challenging negative associations we have that may be sexist, ableist, racist, homophobic, etc.
- Noticing when we feel discomfort in engaging with a particular patient and exploring that
- Working to increase our understanding of people with experiences of oppression – eg. cultural safety training, books, podcasts, articles



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Micro – Your Appearance

Reinforcing power dynamics

Anti-Oppressive Practice

- White coat
- Gadgets iPhones,
 iPads
- Expensive clothing or jewellery
- Intimidating displays of professional credentials

 Being mindful of visible symbols of wealth and status



LEAD Foncer Micro – Your Words

Reinforcing power dynamics

- Assuming all patients have same level of understanding
- Use of medical jargon
- Speaking quickly
- Using a family member or friend as an interpreter

Anti-Oppressive Practice

- Being mindful of a patient's literacy level or language barrier
- Using plain language
- Speaking slowly
- Asking patient if they have questions or if they understand
- Asking patient to repeat the plan to demonstrate understanding
- Using an interpreter if language barrier





Micro – Your Behaviour FONCER

Reinforcing power dynamics

- Coming in rushed, standing through visit and looking at watch with hand on the doorknob
- Not making eye contact
- Interrupting patient • frequently
- Declining patient request to complete benefits form
- Assuming patients who 'look fine' don't have any social issues

Anti-Oppressive Practice

- Apologizing to patient if they were kept waiting a long time
- Sitting and giving patient your attention
- Listening intently with eye contact, nodding and smiling
- Helping meet patient's needs or referring them to someone who can
- Doing a social hx to assess financial, housing, drug benefits and learning the community resources to refer patients to



E A L



Micro – Tailoring Your Care FONCER

Reinforcing power dynamics

- Assuming a trans patient identifies as the gender on their health card
- Shaming a young woman during a conversation pertaining to sexual history
- Telling an indigenous man he needs to "figure out how to take your medication or you'll die" when you see a high A1C

Anti-Oppressive Practice

- Asking a trans patient "how they identify" and what their "preferred pronoun" is, documenting it and ensuring you use it
- Creating a safe, non-judgmental space when discussing sexual history
- Understanding the history of x trauma faced by indigenous communities including poor interactions with healthcare system – have conversation around the man's goals, build rapport



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Questions #1

What are you currently doing to engage in anti-oppressive practice and address social determinants of health?

What can you do?



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Question #2

How is your workplace addressing oppression and/or specific social determinants of health in the population(s) you serve?

What can you do in your workplace setting?



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Question #3

How is government implementing antioppressive policies that impact social determinants of health?

This could be at the local, provincial, federal or Indigenous government level.



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What issue do you want to work on using an SDOH/anti-oppression lens?

Topics can include: Climate Change Opioid Crisis Cuts to public health Pharmacare



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Opportunities for influence, tools and strategies for advocacy





Social Determinants of Health Primer for action: Workplace, Community (local/provincial/territorial/federal)







National Collaborating fentre for Detains Fédération canadienne des syndicats d'infirmières et infirmières



Canadian Index of Wellbeing











Google search trends over time Canada, 2004-present











UCL Institute of Health Equity



The WHO Commission on Social Determinants of Health (CSDH) – Closing the gap in a generation



Improve the conditions in which people are born, grow, live, work, and age

Tackle the Inequitable Distribution of Power, Money, and Resources



Measure and Understand the Problem, Evaluate Action, Expand the Knowledge Base, Develop the Work Force









Nurses: A respected voice

Nurses and Farmers Seen as Canada's Most Respected Professions

June 1st, 2016



Seven-in-ten Canadians say they have a negative opinion of politicians.

Vancouver, BC – An overwhelming majority of Canadians express admiration towards two professions, a new Canada-wide Insights West poll has found.

In the online survey of a representative national sample, more than nine-in-ten Canadians have a positive opinion of nurses (92%) and farmers (91%).

Share of Canadians with a "very" or "somewhat positive" opinion of the following professions



Nurses						92%
Farmers						91%
Veterinarians						87%
Scientists						86%
Doctors			. 85%			
Teachers				. 85%		
Architects					. 8	3%
Engineers				• 82%		
Accountants				• 79%		
Dentists					● 78%	
Police Officers					9 76%	
Actors / Artists					9 73%	
Athletes					• 72%	
Auto mechanics					70%	
Military Officers				69%		
Judges				65%		
(0%	20%	40%	60%	80%	100%

Insights West, 2016





What can nurses do? *Types of interventions...*

DEFINITIONS^{1,2-4}

UPSTREAM INTERVENTIONS	MIDSTREAM INTERVENTIONS	DOWNSTREAM INTERVENTIONS
Seek to reform the fundamental social and economic structures that distribute wealth, power, opportunities, and decision-making.	Seek to reduce exposure to hazards by improving material working and living conditions, or to reduce risk by promoting healthy behaviours.	Seek to increase equitable access, at an individual or family level, to health and social services.
		These changes generally occur at
These changes generally happen at	These changes generally occur at	the service or access to service level.
the macro policy level: national and	the micro policy level: regional, local,	
transnational.	community or organizational.	They are about changing the effects of
		the causes.
They are about diminishing the causes-of-the-causes.	They are about changing the causes.	

National Collaborating Centre for Determinants of Health





What can nurses do? *Types of interventions...*

DETERMINANT	UPSTREAM	MIDSTREAM	DOWNSTREAM
Income	advocate for living wage policies, wage capping, progressive taxation	link clients with welfare, social assistance, or back-to-work programs	ensure that chronic disease prevention programs are accessible to low income people
Education	create opportunities for educators, law enforcers and employers to work together to reduce barriers to education for youth	support adult high school completion programs	expand mental health promotion and early intervention programs
Housing meet with elected officials and citizen groups to push for more affordable housing		bring stakeholders together to improve the enforcement of regulations to improve substandard housing	increase the availability of allergy and asthma treatment to vulnerable populations

National Collaborating Centre for Determinants of Health





L E A D F O N C E B

Workplace health (WHO framework)

- Occupational health & safety
- Workers' compensation
- Union presence
- Employment standards
- Psychosocial hazards
- Personal health resources





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Public Health PARTNERS FOR HEALTH



PARTENAIRES POUR LA SANTÉ

At a glance: the eight steps to

developing a healthy public policy

1 Describe the problem	2 Assess readiness for policy development	3 Develop goals, objectives, and policy options	4 Identify decision-makers and influencers
Obtain a detailed understanding of the specific problem. This will be a foundation for developing clear goals, assessing options, and building support for the policy among decision-makers.	Determine whether to proceed. This decision should be based on whether your community is ready for a specific policy and your organization is ready to lead or support the process.	Define clear goals and objectives for the policy change and generate a list of policy options that you want decision- makers to consider. Putting forward more than one option shows	Decide which decision-makers will be the focus of your support-building efforts. Choosing the wrong people can waste resources and may even jeopardize future strategies if you
Consider measurable objectives at all four levels (individual, network, organization, and society) and ensure they are specific, measurable, attainable, realistic, time-bound	Assess readiness:	stakeholders that you are flexible and willing to negotiate. Assessing several options prepares you to explain why	approach people at the wrong level, or wrong time.
(SMART) and a strategic priority.	Community – who will be supportive or unsupportive? Why? What is public opinion?	there are certain ones that you will not support.	Ask your stakeholders who would be best to approach and how to
Understand the problem:	What reasons to oppose this policy will be put forward? Are there educational and awareness		approach them. Don't assume that
Causes – what is the origin or cause of the problem? What has contributed to its development?	programs in your community that focus on your problem? How successful have they	Develop one or two goals – these are broad statements summarizing the ultimate direction or desired	you already know the best person. Consider starting with someone lower on the hierarchy rather than heading
Impact – what is the extent and cost of the problem in your community? What would happen if it was NOT dealt with?	been? Has the problem been a recent focus in the media?	achievement of your policy.	straight for the top. Start with more sympathetic and supportive
Perception – who else thinks it is a problem? Who thinks it is not?	Organizational – is the policy and development process a fit with your mandate? How much	Develop your objectives – these are brief statements specifying the desired impact or effects of a policy. Objectives	individuals rather than pouring your energy into the "toughest nut."
	time/resources do you have to support it? Who	should be SMART - specific, measurable,	Find out as much as you can about





8 steps to developing a healthy public policy

- 1. Describe the problem
- 2. Assess readiness for policy development
- 3. Develop goals, objectives and policy options
- 4. Identify decision-makers and influencers
- 5. Build support for the policy
- 6. Draft and/or revise the policy
- 7. Implement the policy
- 8. Evaluate and monitor the policy



Being the change we want to see



AUDIENCES



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Looking local: Housing First

"As a nurse with acute care experience in both inner city and rural Emergency Departments I am able to rely on my experience of what poor health from poverty looks feels and smells like. I cared for people with trench foot from walking the cold wet streets because there are no warm shelters available. I have cared for people with systemic sepsis from a dental abscess that was untreated because he person couldn't afford dental care. I have had the sickening experience of watching someone being discharged back into homelessness, knowing that a permanent home would be the one thing that would improve their health most. I know what hunger and cold looks like up close."

> -- Judy Kelley, Public Health Nurse, Cape Breton, NS (Working with Cape Breton Community Housing Association)







LEAD FONCER



During a 12 hour period on April 15th, 2016, 60 volunteers collected data from shelters, transitional housing facilities, police lock up, hospital emergency rooms and community drop in centres. The volunteers also walked the streets in Sydney Glace Bay, New Waterford, North Sydney Sydney Mines and asked over 500 people about their housing situation. Everyone whose circumstances fit the definition of homelessness were asked to complete a 16 question interview about their experiences. This is the first time a comprehensive look at homelessness was ever attempted in CBRM.

The results: 137 PEOPLE were experiencing homelessness in Cape Breton Regional Municipality

ABSOLUTE HOMELESSNESS:

People who are staying outside or in places not fit for human habitation, or are using emergency homeless shelters.

PROVISIONALLY ACCOMMODATED:

People who may be temporarily accommodated by an organization or simply staying at someone else's place - couch surfing.

65% self-reported a medical

condition, addiction, or mental.

health condition.

1 in 3 people were homeless for

more than 6 months in the past year.

From these surveys, the following trends emerged:

KEY FINDINGS

Transitional Housing \$7 people were staying in transitional housing as a provisional step put of Namelassamia.

3 years old and the oldest being 70 years old

Unsheltered

24 people were unsheltered, that

steeping in a car or not knowing.

where they would sleep that night.

is, staying in a public space.

17

entres and Institutions 30 people did not have their part residence to return its instead. They reported staging with a friend or family months.

M people were providerally found in an and due to deer sets, had not have to de an trace ar have to the set of the s

Emergency Shelters

50 people stayed in an

Against Warren shelter.

emergency homeless

shelter or a Violence

137

30

36

nai Residentia



30

Another's Home

than Males (48%) identified. 52%

> Poverty, addiction and substance use, family conflict and domestic abuse were the MAIN CALISES of homelessness.

6% reported previous service in the military. 1 in 5 of the adult respondents first experienced homelessness as children (under 18).

The 2016 Homeless Count Committee is made up of representatives from Cape Breton Community Housing Association, Public Health, CBU, Every Woman's Centre and The Community Advisory Board on Homelessness.

Notably, 19% were

children and youth

up to the age of 24

There was an overrepresentation of First Nation individuals

experiencing homelessness.



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In the clinic: Poverty Intervention Tool

HPAP Mission: Poverty represents a serious but reversible threat to the health of people living in Ontario. As health providers, we enjoy privilege and access to power which many do not. As a high impact health intervention, we will work to eliminate poverty.



Intervening can have a profound impact on your patients' health

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Using stories to inform policy



Since earlier this year, local agencies have been sharing data with Toronto Public Health to more accurately track deaths among the city's homeless.

Global News



- AA +

A practicing Toronto street nurse believes the number of homeless deaths in the city is "likely higher" than what's being recorded through Toronto Public Health's (TPH) new data collection method.

Cathy Crowe, a visiting practitioner at Ryerson University's department of politics and public administration and longtime homelessness activist, says the numbers the TPH are getting are likely "still underreported."

Cathy Crowe, Toronto Street Nurse







National policy influence: CFNU and National Pharmacare

MONEY Revealing the Players and Their Campaign to Stop Pharmacare Sharon Batt, PhD Canada's nurses are calling on citizens and residents of Canada to sign the petition to the Government of Canada to implement:

- 1.) A Pan-Canadian Universal Pharmacare Plan, in this 42nd Parliament; and
- A National Formulary for medically necessary drugs including a drug monitoring agency providing regulations and oversight to protect Canadians.









MARCH 2019



Question #3

How is government implementing antioppressive policies that impact social determinants of health?

This could be at the local, provincial, federal or Indigenous government level.



2019 BIENNIAL CONVENTION Canadian Federation of Nurses Unions





Question

How do you want to engage on this issue at a policy level?



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8 steps to developing a healthy public policy

- 1. Describe the problem
- 2. Assess readiness for policy development
- 3. Develop goals, objectives and policy options
- 4. Identify decision-makers and influencers
- 5. Build support for the policy
- 6. Draft and/or revise the policy
- 7. Implement the policy
- 8. Evaluate and monitor the policy





E A D FONCER

From this morning

- Educate yourself about different identities and experience
- Challenge your own discomfort
- Learn and practice the skills of being a professional ally/leader
- Take action to create interpersonal, societal and institutional change.





L E A D F O N C E B

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Merci. Thank you. Megwich.

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