

Using evidence, politics, communication and media to shape healthy public policy



As executive director of RNAO, I regularly speak about the critical role nurses play in shaping healthy public policy. I stress that the breadth and depth of our knowledge about

patients, work environments, organizations and systems is central to our success.

Every time I see nurses involved in political action, I'm impressed with your contagious courage and passion. For example, your responses to RNAO's action alerts are forceful. Your ongoing participation in RNAO's annual *Take Your MPP to Work* day is exciting. Your ever increasing involvement in chapter and interest group meetings, and your willingness to write to newspapers and speak to media, is encouraging. Above all, your eagerness to learn and practice methods for shaping healthy public policy and building a better world is inspirational.

I see three P's in your traits: passion, persuasiveness and persistence. All are essential to building our influence. But equally essential is a 'working framework' for shaping policy and transforming nursing into a social force. This concept of a 'working framework' simply entails using four key tools – evidence, politics, communication and media – throughout the policy process; from framing an idea, to promoting awareness, to securing uptake and sustaining change.

RNAO has already moved important provincial policies using this framework: nurse practitioner (NP) legislation and funding; the 70 per cent solution whereby 70 per cent of all RNs are working full-time; guaranteed full-time employment for new grads; and, in mid-November, the announcement of the first Canadian NP primary health-care clinic led by Marilyn Butcher and Roberta Heale in the Sudbury region. We continue to use the framework in advocating for the '80/20' policy, which will allow all nurses 55 and over to spend

80 per cent of their time on clinical work and the rest on mentoring new grads.

The movement towards better elder health and care, featured on page 22, serves to illustrate this 'working framework' and its effectiveness.

The Ministry of Health and Long-Term Care (MOHLTC) predicts that seniors will comprise almost a quarter of Ontario's population by 2031. This statistic provides powerful 'evidence' for advocating for older persons.

You can trace RNAO's advocacy on behalf of older persons back to the late 90s, when rhetoric emerged that the elderly would make Medicare unsustainable.

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We initiated a meeting with the *Ontario Senior Citizens Coalition* and the *Older Women's Network* to discuss the formation of an Elder Health Coalition (formerly Elder Health, Elder Care Coalition) to advocate for the right of older persons to age in place – wherever that place may be – and to urge government to develop services to achieve this goal.

Launched in 1998, the coalition has since attracted 35 provincial and national umbrella organizations representing seniors, health-care providers and professional associations. This milestone represents the 'politics' in our framework as it created an effective collective voice to drive healthy public policy for older persons.

The next element of our framework is 'communication.' In this regard, RNAO announced its first international elder care conference in 2002, and, together with the coalition, led its first invitational think tank. The MOHLTC, realizing the knowledge and power of this united

front, offered to partner.

RNAO and the coalition have also engaged in numerous political and media strategies. We've participated in protests, met one-on-one with government officials, opposition leaders and bureaucrats, published features and columns about elder health in *Registered Nurse Journal*, and pitched story ideas, letters to the editor, and opinion pieces to local and national press and long-term care publications. RNAO also launched an ambitious poster campaign (Nursing Week 2004) focused on healthy seniors and the urgent need to develop community services to support them as active members of our communities.

The message that nurses are serious has also been supported by evidence-based practice tools, including the development of clinical best practice guidelines (BPG) focused on elder health and care, health education fact sheets for the public, and the long-term care orientation program for health professionals.

The elder health example shows how all components of the framework – evidence, politics, communication and media – come together in a powerful way. There's no question it takes effort to build this kind of momentum. But there's also no question that basing our efforts on a working framework delivers outcomes. In the case of our elder care example, the coalition was appointed in 2003 as an advisory group to Health Minister George Smitherman and former Minister Responsible for Seniors, John Gerretsen. This year, the group played a pivotal role in advising the Ministry on its strategic direction for elder health in Ontario.

Yes, we can – and we are – moving health-care policy forward, thanks to the three P's: passion, persuasion and perseverance, and a strategic approach that's worked time and time again.

DORIS GRINSPUN, RN, MSN, PhD (CAND), O.ONT, IS EXECUTIVE DIRECTOR OF RNAO.