

Taking Action

A toolkit for becoming politically involved



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

Speaking out for nursing. Speaking out for health.

April 2015

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Toolkit Overview

The Registered Nurses' Association of Ontario (RNAO) is well known for pushing political agendas and making strides in favour of enhancing Medicare, improving nursing practice, and advancing the social and environmental determinants of health. RNAO is able to make progress on political issues due to the support of its vast membership. RNAO members bring issues forward, respond to calls for action and move the mission of the organization forward. Throughout this toolkit, a range of RNAO examples on a variety of topics are provided to illustrate key points.

Purpose

This toolkit was developed to support effective political action by providing practical instruction, examples and templates to guide advocacy efforts. The intent of the toolkit is to build capacity in every nurse (and others-see below) to feel confident speaking out on issues that matter to them.

Structure

The toolkit starts with a general overview of political action, outlines how RNs, NPs and nursing students can get involved, provides direction on how to frame an issue and develop a strategic plan, gives advice on forming coalitions, presents strategies on working with senior leaders, offers approaches for media strategies (including social media) and describes ways to become active in elections.

Audience

This toolkit is intended to support RNAO members - registered nurses (RN), nurse practitioners (NP) and nursing students - in their political action endeavors. However, the content and principles presented can be adapted and used by anyone interested in becoming more politically active.

Elder Abuse as an Example

One topic that can benefit from advocacy efforts is elder abuse. For the past several years RNAO has been engaged in addressing elder abuse in a variety of ways, including the development of a Best Practice Guideline, *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches* (RNAO, 2014).

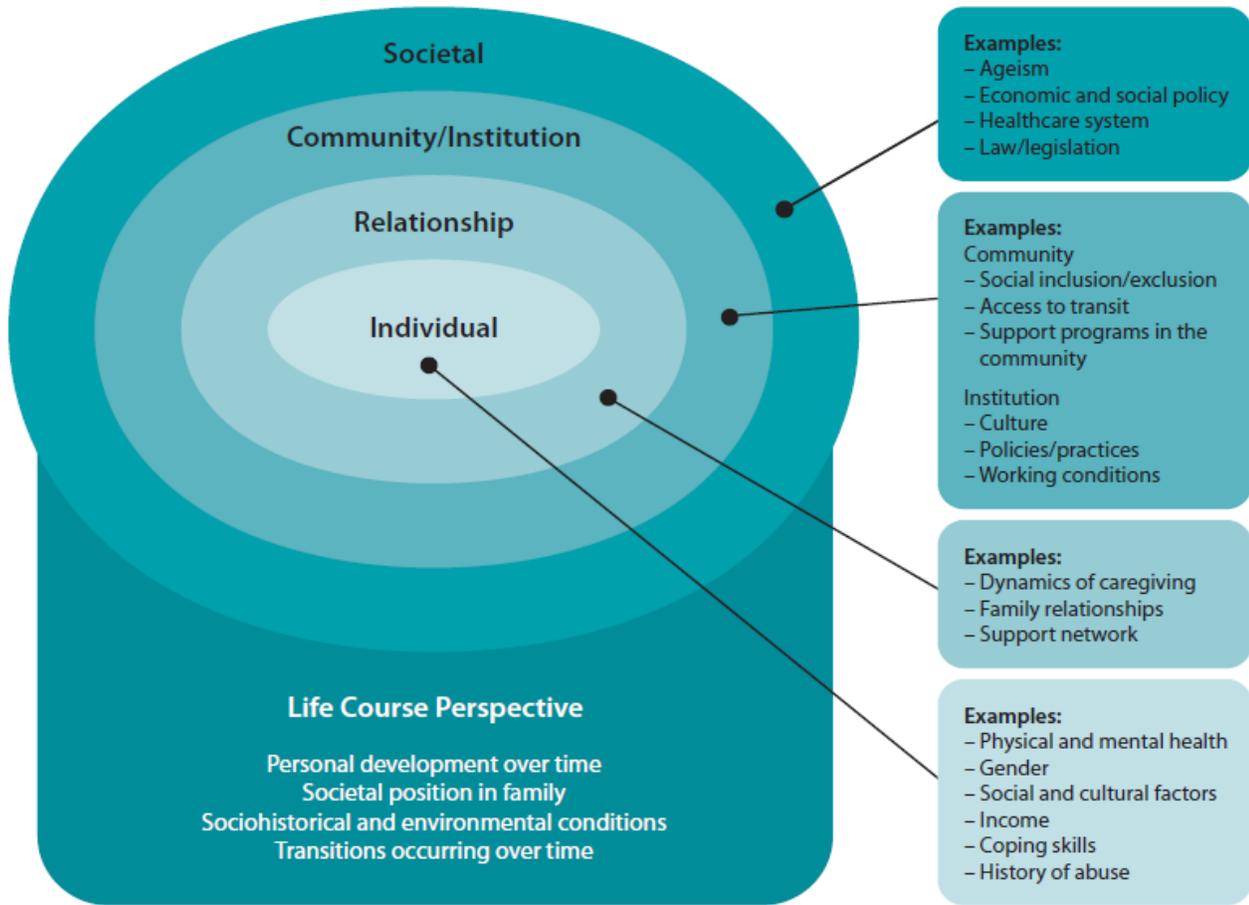
The guideline explains that elder abuse is a complex issue that requires prevention and intervention activities—including advocacy—at individual, organizational and systems levels (see the model developed for the guideline below, you can read more about this on page 20 of the guideline which can be accessed for free at www.RNAO.ca/bpg). One recommendation from the guideline is that nurses and others advocate for the changes and resources needed to effectively prevent and address elder abuse (see Recommendation 6.8 for more details).

To support this guideline recommendation, the Taking Action toolkit includes examples on the topic of elder abuse and highlights some of RNAO's advocacy work completed to date. To access the guideline and other elder abuse resources, and to find out about RNAO's Initiative, Addressing Abuse of Older Adults, visit www.RNAO.ca/elder-abuse

This icon has been used throughout the toolkit to indicate examples related to addressing the abuse and neglect of older adults.



Figure 1: Ecological/Life Course Model



(McDonald & Thomas, 2013; Parra-Cardona, Meyer, Schiamburg, & Post, 2007; Schiamburg et al., 2011; Schiamburg & Gans, 2000; WHO, 2002)

Reference

Registered Nurses' Association of Ontario. (2014). *Preventing and Addressing Abuse and Neglect of Older Adults: Person-Centred, Collaborative, System-Wide Approaches*. Toronto, ON: Registered Nurses' Association of Ontario.

Introduction to Political Action

This section provides a general overview for RNs, NPs and nursing students on how and why they should become politically involved. While the term political action may seem daunting, it involves various types of activities – both large and small. It can be as simple as joining RNAO, wearing a ribbon in support of an awareness campaign or responding to an action alert. If you are extremely invested in an issue your activities could grow to meeting with MPPs, organizing a debate at election time, joining a coalition, or running for office.

As professionals who practice at the intersection of public policy and private lives, nurses are ideally situated and morally obligated to include political advocacy and efforts to influence healthy public policy in their practice.

(Adeline Falk-Rafael, 2005)

Every day, RNs, NPs and nursing students (collectively called nurses) witness the impact of health and social policies on the lives of Ontarians. As health-care providers, we must address our patients' immediate health concerns, but we also have a responsibility to speak out on the broader social, economic, and political issues that influence and shape health outcomes (O'Connor, 2014). By speaking out on health-care and nursing issues, we speak out for our patients, for our colleagues – and for ourselves.

What is advocacy?

Advocacy is a combination of individual and social actions designed to gain political and community support for a particular goal. Action may be taken by, or on behalf of, individuals and groups to create living conditions which promote health (WHO, 2005).

Some people see advocacy as organizing protests and marches. Others may define advocacy as writing a letter to the editor, or talking to your colleague about issues that arise in your practice. Advocacy encompasses all of these approaches.

RNAO further adds to the World Health Organization's definition that taking action *WITH* individuals who have lived experiences of the consequences of the issue is an important element to balance power inequalities and ensure individuals most impacted by the consequences have a voice.

Many of the skills you have developed as a nurse are directly transferable into the political arena. Nurses are highly skilled in interpersonal communication, assessment and planning. The challenge, then, is learning how to apply these skills in a political context. Advocating for patients is a fundamental nursing skill that can be extended more widely.

Why should RNs, NPs and nursing students take action?

- Nurses have a very high level of credibility with the public
- Nurses bring a unique perspective and knowledge to health policy issues
- Nurses are successful advocates! See the “Success Stories” throughout this toolkit for examples
- Nurses respond to changing health policies

(Perron, 2013)

Models of advocacy align well with the professional and ethical practices of nursing. Some models with a moral lens frame advocacy as a respect for others, which extends protecting individuals’ interests to protecting human rights (Spenceley, Reutter & Allen, 2006). Similarly, models of advocacy based on social justice (particularly relevant to public health nursing) describe advocacy as asserting the needs of the marginalized, insisting on changing, and addressing health inequalities and disparities (Spenceley et al., 2006).

While nursing is sometimes perceived only in terms of care to individuals and families, nurses are also constantly looking at the bigger picture. They take control of environments that could endanger their clients, grapple with systemic issues, and empower their clients to minimize paternalistic medical care (Falk-Rafael, 2005). Considering the multitude of challenges facing health-care organizations and systems, nursing as a profession will add a strong moral and ethical voice to these issues (Falk-Rafael, 2005). The nursing workforce makes up the largest group of health care professionals (Phillips, 2012) and the public consistently rates nursing as one of the most trusted professions. Moreover, nurses have intimate knowledge of how high-level decisions affect individual clients; and therefore have a responsibility to take action when necessary; whether it is at the individual, organizational or systems level. Be confident in your nursing and health expertise; remember that many politicians are not tremendously experienced in health-care issues (Graham, 2010). Nurses are experts on nursing issues and have a responsibility to advocate for themselves as well as for access to quality care for the clients they serve (Kaplan, 2013). Being an RN, NP or nursing student puts you in a good position to be vocal on health issues.

I do all the things you think of that nurses do. But I also work upstream. I can treat homeless kids for anemia, but I also participate in the province wide “raise the rates” campaign which seeks to increase social assistance rates so that poor children don’t become anemic in the first place.

(Kathy Hardil, Street Nurse, 2005)

How can RNs, NPs and nursing students become involved?

- Join and maintain membership within RNAO to become aware of current issues and participate in the association's political action events
- Talk to your neighbours and co-workers about a health policy issue
- Join an organizational committee, council or quality improvement initiative (Tomajan, 2012)
- Speak out at an organizational town hall meeting or forum
- Respond to an RNAO Action Alert: <http://rnao.ca/policy/action-alerts>
- Write to your MPP or MP about a health policy issue that is important to you
- Lend your expertise and voice as a RN, NP or nursing student to a community issue through various forums
- Review RNAO's vision for ideas: <http://rnao.ca/vision>
- Submit a resolution to RNAO or other relevant associations about an issue you are passionate about
- Run for office



Success Story: Successful Resolution for Nutritious Food in Long Term Care Homes

Angela Shaw and Julie Curitti were passionate about improving the quality of food in long term care homes. They began a petition, visited Queen's Park, and in the end changed provincial policy.

Ontario nurses applaud additional funds for food in long-term care homes

2007-07-31

Jill-Marie Burke

TORONTO, July 31, 2007 – The McGuinty government's decision to increase the daily raw food allowance in long-term care homes to \$7 per resident will ensure that Ontario residents are served meals that meet their nutritional and health requirements says the Registered Nurses' Association of Ontario (RNAO.) Over the past few months, registered nurses and other groups have been lobbying the government for this funding increase.

Mississauga RNs Angela Shaw and Julie Curitti believed so strongly in the need for more nutritious food for residents in long-term care that they devoted countless hours of their own time to executing a public awareness campaign. The campaign resulted in over 19,000 Ontarians signing a petition to have the daily food allowance raised. This petition, which was endorsed unanimously by voting delegates at RNAO's annual general meeting in April, was presented to the legislative assembly by Mississauga East MPP Peter Fonseca on May 16.

"RNAO would like to recognize RNs Angela and Julie for their tremendous commitment to this cause and the important role they played in influencing the government's decision. Most long-term care residents aren't in a position to lobby the government, so Angela and Julie did it for them. They were determined not to rest until the daily allowance was raised to \$7," says RNAO President Mary Ferguson-Paré.

The Dieticians of Canada deserve special mention for recognizing that it was impossible to meet the nutritional needs of residents living in long-term care for less than \$7 a day, says Ferguson-Paré. They sounded the alarm about insufficient food funding in a report entitled 'Raw Food Cost In Ontario Long Term Care Homes – Funding Review and Priority Recommendations, which was produced in November 2006.

"Long-term care facilities, their staff and the families of residents are celebrating this decision. But the real winners are the residents themselves. They will enjoy tastier, more diverse and more nutritious meals that meet ethnic, cultural and religious requirements and are designed for optimum health and quality of life. The Ontario government has sent a strong message that they listened and that residents are important members of our society who deserve high-quality care," says RNAO Executive Director Doris Grinspun.

The Registered Nurses' Association of Ontario (RNAO) is the professional association for registered nurses in Ontario. Since 1925, RNAO has lobbied for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system, and influenced decisions that affect nurses and the public they serve.

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For more information on this story see:

<http://RNAO.ca/about/awards/recognition-awards/2008>

<http://www.mississauga.com/community-story/3120162-nurses-who-sparked-food-fight-honoured-for-efforts/>

http://www.thestar.com/opinion/2007/07/11/inadequate_increase_in_seniors_food_funding.html

<http://hansardindex.ontla.on.ca/hansardeissue/38-2/1175a.htm>

Where to Start?

Becoming politically active can often seem overwhelming – there are so many issues that need to be addressed! Deciding on one area that you want to target is not always easy. Choosing an issue that has currency with politicians and the public will provide you with more opportunities to act, and increase the likelihood that your message will be heard.

What issues should I become involved with?

- One that is important to your colleagues, neighbours, family, or community.
- One that is important to your clients.
- One that is important to *YOU*.

Nurses are busy people – constantly juggling work, family, and community responsibilities. Adding “political action” to our daily to-do lists may seem difficult when faced with an already full schedule but it doesn’t have to be overwhelming.

Remember – you don’t have to go it alone. Work together with family, friends, and colleagues. Contact the RNAO Policy department and ask for assistance. The more people involved in a project, the easier it is to accomplish.



Example: Action Alert

Action alerts are a political advocacy strategy used by RNAO to engage members. RNAO's policy department will write a letter to all relevant political parties outlining RNAO's position on timely issues. This letter is then disseminated to all members through email and they are asked to sign their name to the letter and forward it to the relevant politicians through a pre-filled form located on RNAO's website. Non-members can also respond to action alerts. You can find more information online here: <http://RNAO.ca/policy/action-alerts>

Here's a sample of a recent Action Alert:

Minister Matthews: Let's Invest in a Healthier Ontario by Addressing Poverty

Submitted by admin on Thu, 2015-04-02 09:14

Thanks to our members and friends who responded to our action alert in January asking the provincial government to choose public investments over an artificial deadline to balance the budget. As the 2015 Ontario budget draws near, let's continue to raise our voices with those of other civil society groups and community members to urge action to improve the lives of the 1.57 million Ontarians still living in poverty.

You can read the response of Minister Matthews to RNAO's letter below. On February 9, 2015 Minister Matthews launched the Program Review, Renewal and Transformation (PRRT) as a line-by-line review of all government programs and services to ensure value for money. Ontario already has the lowest per capita program spending in Canada. While RNAO continues to support transparency and accountability in government spending, we also want to ensure that the most vulnerable Ontarians are protected as cost-savings are sought.

Choosing public investments over austerity will improve health and decrease health inequities. That's why RNAO wants the government to increase fiscal capacity so it can pay for public investments that will decrease poverty and generate jobs. That includes investing more in affordable housing, repairing the social housing stock, increasing social assistance rates to reflect the actual cost of living and increasing the minimum wage to \$14/hr.

What Can YOU Do?

Sign the action alert below addressed to

- Deb Matthews, Minister Responsible for the Poverty Reduction Strategy and President of the Treasury Board;
- Premier Kathleen Wynne;
- Eric Hoskins, Minister of Health and Long-Term Care;
- Jim Wilson, Interim Leader of the Progressive Conservative Party of Ontario;
- Jim McDonnell, PC Critic – Poverty Reduction Strategy;
- Christine Elliott, PC Critic – Health and Long-Term Care;
- Andrea Horwath, Leader of the New Democratic Party of Ontario;
- France Gélinas, NDP Critic – Health and Long-Term Care and Catherine Fife, NDP Critic – Treasury Board

Share this action alert with your family, friends, neighbours, and networks

Success Story: Working with 'Working for Change'

Working for Change, an organization that highlights the importance of work in the lives of those who have been marginalized by poverty and mental health issues, partnered with RNAO to co-chair the an event in collaboration with 16 other organizations, seeking changes in social assistance to support people out of poverty resulting in improvements in government funding.

OF POLITICS AN

Community led consultation gives members of the public a chance to talk about the impact of public policy on their lives, and to urge politicians to rethink strategies that aim to lift vulnerable populations out of poverty.

BY MELISSA DI COSTANZO

Eight years ago, Tracy Mead's physician suggested she leave her job as a manager in a security firm as the stress it caused her was too great. Mead took the advice and suddenly found herself unemployed. Shortly after she left her job, she lost her apartment. She relied on social assistance and unemployment insurance to stay afloat. Ashamed to go to a food bank, and unaware of the support services available to her, Mead says she "starved (alone) in a room."

Several years passed before she learned her municipality provides cash for a transit pass to social assistance recipients who volunteer their time. In 2008, Mead began to help out at various organizations, including Toronto's South Riverdale Community Health Centre. As a volunteer, she helped to form the centre's *Health and Strength Action Group*, which advocates for increases to social assistance rates. She sits on the steering committee for *Put Food in the Budget*, and speaks at rallies to further advocate for poverty reduction. "I'm still hungry, but now, I'm hungry for change," she says.

Mead was one of 10 speakers who shared their lived experiences during a September panel discussion in Toronto entitled *Investing in a poverty-free Ontario: A community led consultation*. She opened up about a wide range of public policies, as did Madonna Broderick.

Broderick, who is in recovery related to mental health and addiction challenges, lived in poverty for almost three decades with no identification, no income, housing or health care. When she got sick, she was left with "no choice but to wait it out." In 2000, she entered a detox facility and was connected with a family physician who provided care without barriers. In previous instances, she says she was denied care because she didn't have a health card, and was unsure how to obtain one. "My doctor takes time to treat me like a human being, not a drug addict," she says.

Broderick wants to see better health-care coverage for people who may not have regular access to providers. Free clinics and prescriptions for low income families would go a long way towards helping those living in poverty, she says, adding it would allow for consistent care that could save lives. "What happens to people out there who get sick and have no coverage? It's simple. They die," she said during the panel presentation.

Working for Change, an organization that highlights the importance of work in the lives of those who have been marginalized by poverty and mental health issues, partnered with RNAO to co-chair the September event in collaboration with 16 other organizations, including: Income Security Advocacy Centre; ODSP Action Coalition; Ontario Federation of Indian Friendship

22 NOVEMBER/DECEMBER 2013

Read Full Story at: http://RNAO.ca/sites/rnao-ca/files/11._Of_Politics_and_Poverty.pdf

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Framing Your Issue and Developing a Plan

This section will guide you in transforming a problem into an opportunity for political change. It will also provide direction on how to start planning your advocacy. The key components to think about involve framing your issue; identifying how it manifests at the micro, meso and macro level; analyzing the current context and key stakeholders; determining realistic goals; and creating a political platform. The amount of resources you invest in your issue will depend on the outcomes you are striving to achieve. For example, the resources needed for a unit level policy will be less than lobbying for a governmental legislative change. Keep in mind that every step in the right direction is a step forward and all successes should be celebrated.

Framing Your Issue

Once you have identified an issue that you are passionate about, it is important to frame it as an opportunity that can be improved by political change (Summers, 2012). For example, if your unit is consistently short staffed you could explore why that is by looking at micro, meso and macro factors. For example, is this an issue of lack of funding, insufficient supply of nurses, or lack of organizational support to retain staff? Framing your issue also involves coming up with a solution. You should identify a clear outcome to advocate towards and inspire others with.

<p>Micro Level</p> 	<p>How does the issue present at the local level and what change would you like to see happen?</p> <p>e.g. The elder abuse policy on your unit is outdated and it does not align with the legislation in your jurisdiction. You advocate for a revision of the policy to ensure that staff are responding to abuse appropriately.</p>
<p>Meso Level</p> 	<p>How does the issue present at an organizational level?</p> <p>e.g. You have heard that your organization is considering staffing cuts. The staff are already working extra shifts, several people are exhausted and you are concerned that further reductions in staffing will put older adults at risk for neglect. Together with other staff, you advocate for no further job cuts.</p>
<p>Macro Level</p> 	<p>How does the issue present at a population level?</p> <p>e.g. There is a lack of awareness of what elder abuse is and the forms it can take so you advocate for a population level elder abuse awareness campaign.</p>
(Caldwell and Mays, 2012)	

Conducting a Situational Analysis

A public health concept that can be applied to develop your plan is performing a situational assessment (Public Health Ontario, 2015). You can consider these assessments to be a “snapshot” of the current environment. These assessments help you consider your issue within the wider social, economic, political and environmental context and levels of change.

1. Do your research

Gather as much information as you can about your issue. You may consult academic literature, newspapers, reports, and statistics to gain a better understanding of your issue. Nurses have a strong understanding of issues affecting health, as well as why these issues are occurring in

terms of the political and social factors that create health inequities (Reutter and Kushner, 2010). Ensure that your research encompasses all of the identified factors.

2. Examine current trends

Consider current trends related to your issue. For example, you may consider if your issue is occurring in other settings (locally, nationally, or internationally) or if there is an important historical context (Swanson et al., 2012). You may also want to examine what is happening at the four levels of change: individual, network, organization and society (Public Health Ontario, 2015).

3. Identify Stakeholders

Identify all of the individuals that are affected by your issue and how they might be influenced by your proposed changes (Hines & Jernigan, 2012). Try and understand who will be supportive of your proposed change and who will be opposed as well as their positions. You may consider consulting those who are supportive or developing partnerships with them. For those who are opposed, try to anticipate what their arguments are and prepare responses to address them in advance. When preparing your responses reference the information you gathered to add accuracy and rigor to your rationale.

4. Understand the Political Climate

When planning your advocacy strategy, it is important to gauge what is happening in society. Have a good understanding of what the public perception surrounding your identified issue is (Hines & Jernigan, 2012). You can do this by looking at current opinion polls if available, scanning recent media or connecting with key stakeholders. If you are advocating on a governmental level, you have to determine if your issue falls under the municipal, provincial or federal level or a combination of levels. You should also gain an understanding of the different parties' political platforms and how they may respond to your proposal (Sussman, 2007).

When framing your issue make sure that you have answered the following questions:

1. What is the problem?
2. Who is affected and when?
3. Why is this issue important?
4. How can the problem be solved?
5. What is the public's view on the issue?
6. What obstacles and supports will I be faced with?

Developing a Plan

Once you have framed your issue and determined your solution, it is important to determine objectives to work towards and outline a plan of action.

Developing Objectives

One way to craft your objectives is to use the SMART framework (MacLeod, 2012):

S	Specific	Having specific objectives ensures that the time and resources invested into a strategy are working towards achieving the overall solution.
M	Measurable	While it is difficult to quantify political action it is important to develop a way to track what you have accomplished to achieve your objective.
A	Achievable	It is important to evaluate how much time, talent and resources are available to work towards an objective, so you set realistic goals and can feel a sense of accomplishment.
R	Relevant	When determining an objective it is important to focus on actions that work towards overarching goals and make an impact. Otherwise you may invest your resources into a project that makes a low impact.
T	Time-Bound	Advancing political action does require a level of discipline. Establishing clear deadlines for your objectives will help maintain the issue as a priority and facilitate time management.

Example of a Non-Smart Objective: Increase awareness of elder abuse in Ontario.

Example of a Smart Objective: Write a letter to MPP regarding the need for a provincial system to monitor the prevalence of elder abuse in Ontario within the next 4-6 weeks.



Creating a Platform

You will need to plan an approach to spread your message in a strategic way. Every action creates opportunity, so you need to stay current on the issue and take advantage of new chances (Rutten, Gelius & Abu-Omar). For example, if you are advocating for increased funding to hire more RNs or NPs at your organization, you could plan activities to coincide with budgets being developed. Similarly, a change in management style or leadership could strengthen your political action. You should also take advantage of sentinel events related to your issue (e.g. initiation of a government taskforce on elder abuse). You can keep track of these events by scanning the media and staying current on the issue (Summers, 2012). In the case of elder abuse, if there was a newspaper article about elder abuse you could use the exposure to advocate for and educate others about your issue. Similarly if events which are related to your issue are happening, think about how you can piggyback on the momentum. Within the context of elder abuse, World Elder Abuse Awareness Day (WEAAD) happens annually on June 15th and is a great opportunity to be vocal at a local level.

➔ Example: Creating a Platform

In this case, an announcement of funding for an Elder Abuse Initiative occurred on World Elder Abuse Awareness Day (WEAAD). Timing the announcement with WEAAD has more impact since the topic of elder abuse is already being highlighted and talked about on that day. You could take advantage of the announcement to raise awareness regarding why more money and awareness is necessary. Similarly, on June 15th you could put up posters or do some campaigning to raise awareness of elder abuse or wear purple to show your support.

Elder Abuse Prevention

The Hon. Alice Wong, Canada's Minister of State for Seniors, visited the Registered Nurses' Association of Ontario (RNAO) on Friday, June 15, World Elder Abuse Awareness Day, to announce funding for the development of a Best Practice Guideline (BPG) on elder abuse.



The Honorable Alice Wong, Minister of State for Seniors announces Federal funding for RNAO to develop a best practice guideline on elder abuse prevention.

The financial support is being provided as part of the *New Horizons for Seniors Program*, a pan-Canadian elder abuse initiative.

See video from the event

Federal funds were also doled out in 2011 to fuel the association's *Prevention of Elder Abuse Centres of Excellence (PEACE)* project, which aims to educate health-care workers and the community about elder abuse, intervention strategies, and the rights of long-term care residents.

The government also announced earlier this year that it was planning on introducing amendments to the Criminal Code that would impose stricter sentences for individuals convicted of elder abuse.



Do you know that June 15th each year is designated as
WORLD ELDER ABUSE AWARENESS DAY?

The United Nations (UN) has officially recognized World Elder Abuse Awareness Day (WEAAD) as an International Day!

My World... Your World... Our World - Free of Elder Abuse

References - Framing Your Issue and Developing a Plan

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Framing Your Issue Work Sheet

Issue

Research

List the key documents, papers, statistics, etc related to your issue.

Current Trends

Identify trends at individual, network, organization and societal level.

Individual – What are you experiencing?	
Network – What are your colleagues experiencing?	
Organization – What is happening at your workplace?	
Societal – What is happening at the governmental/ public level?	

Stakeholders

Identify individuals or groups that may be affected by the issue and what their positions are.

Person/Group	Position

Political Climate

What is happening in society? What is public opinion?

Objectives

List your SMART objectives.

Creating a Platform

What events are occurring or have happened that you can use to promote your issue?

Context

What barriers and facilitators do you expect related to your issue?

Barriers are factors that would block progress in achieving your goal; for example insufficient human resources.

Facilitators are factors that would advance progress in achieving your goal; for example funding.

Barriers	Facilitators

Working Together

This section provides suggestions on how to engage others in political action and form coalitions. Some changes could be championed by an individual however some are easier to move forward with many voices. Once you have framed your issue and determined your goals, you have to decide if you will tackle it alone or by working in a group. Factors to consider when deciding include, the benefits and challenges to working in a group, the type of advocacy you are planning to engage in, the types of skills and resources needed to achieve your goals, and if the potential partners with have similar values and are invested in the proposed outcome.

Mobilizing Involvement - Where to Start

If you are not a member of RNAO, consider joining and becoming active in the association. Ask someone you know who has an interest or expertise in your RNAO Chapter (a provincial region outlined by RNAO that you are a part of based on where you work or live) or Interest Group (an RNAO group you can join based on a unique specialty or population) if they would be interested in working with you on your issue.

- ✓ Create a participant tree – you ask someone to participate and have that person ask someone else.
- ✓ Contact your Chapter President, Interest Group Chair, or Policy Executive Network Officer to discuss your issue and how to best approach members. Contact RNAO's membership department for their information.
- ✓ Raise the issue you would like to address at a meeting of your Chapter or Interest Group, and ask those in attendance for support.

Approaching people

- Face-to-face is the best way to ask people to participate. Newsletters and emails tend to be least effective.
- Be prepared to answer the question: “Why should a registered nurse, nurse practitioner or nursing student care about this initiative?”
- Recognize that the people you are talking to are busy, and present the different ways that they can be involved. Be clear about the level of commitment required.

Types of involvement

Each person will bring something different to the table – some will be able to commit more time to the project than others; some will enjoy speaking in public, while others will prefer to stay behind the scenes; and some will have links to another organization relevant to the issue, while others might just want to get involved. The more resources you have, the more comprehensive your efforts can be. However, if there is a particular skill that you think will be helpful in achieving your goals, you may wish to focus on looking for individuals who have experience in this specific area.

Building and Participating in Coalitions

What is coalition building?

A coalition is a temporary alliance or partnering of groups in order to achieve a common purpose or to engage in joint activity. Coalition building is the process by which these parties come together to form such an alliance. RNAO is a member of several coalitions, including

Campaign 2000, or historically the Elder Health Coalition and the 25 in 5 Network for Poverty Reduction.

What are the benefits of working in a coalition?

Working within a coalition is especially useful for groups who have limited access to resources, since members can pool information and expertise. Coalition building is the “primary mechanism through which disempowered parties can develop their power base and thereby better defend their interests” (Spangler, 2003).

Coalitions can create new opportunities for leadership. As more experienced leaders move forward to lead the coalition, openings are created for new leaders in the individual groups (Kendall, Muenchberger, Sunderland, Harris & Cowan, 2012). These new leadership opportunities will strengthen both the individual groups and the coalition as a whole.

Working as part of a coalition will increase the impact of each organization’s efforts. The activities of a coalition are also more likely to receive media attention, which raises the public profile of members’ efforts.

Building coalitions with collaborative foundations could result in long term partnerships and build capacity within you and/or your organization (Kendall et al., 2012).

What are some of the potential challenges encountered in a coalition?

Member groups will differ in resource accessibility and experience. Organizations that provide the coalition with a larger share of resources and leadership may become frustrated with other members who are unable to do so.

Similarly, individual organizations may not be recognized for their contribution to the coalition’s work. Members who are particularly active in their coalition may feel that they deserve more credit than they are given.

Negotiating tactics can be a lengthy and difficult process, as each group brings differing backgrounds, viewpoints and interests to the table. Coalition members must be able to respect each other’s differences and work together to accomplish their common goals.



As an RNAO member, you, your Chapter, or Interest Group may wish to form a coalition with other individuals and/or organizations when you perceive that it may be of mutual benefit to work together in order to accomplish a common goal or objective. For example, a strategic alliance may be formed between an elder abuse prevention organization and groups working on social determinants of health issues such as addressing poverty or affordable housing.

To build or not to build?

The first step in building a coalition is to assess whether similar individuals or groups already exist in your community. If the issue is broad there may be other organizations interested in joining a coalition (Summers, 2012). While they may not deal with your specific issue, some organizations may have very similar messages and objectives.

Ask yourself:

- Should your group join an existing coalition or build their own?
- What are the advantages and disadvantages of joining an existing coalition?

For more information on coalition building, contact RNAO's Health and Nursing Policy department. A staff directory is available for members through my RNAO, or you can send an email through the Contact Us page (<http://RNAO.ca/contact>) and specify which department you would like it directed to.

Who should I build with?

When deciding which individuals and organizations to partner with consider the following four questions (Kendall et al., 2012):

1. What level are you planning to advocate on?
 - individual, organizational, program, etc
2. What types of capacity or skills do you need to assemble?
 - strategic planning, governing, operational, increasing community readiness
3. What stage of advocacy are you in?
 - scanning the environment, engaging stakeholders, sharing key messages, developing action plans
4. What type of strategy is best aligned with your advocacy work?
 - top down, bottom up, relationship building, changing a culture

Once you know what needs are required to move on your political issue you will be better prepared to seek out partners that align with those needs.



Be cautious of joining groups or coalitions that use tactics or have values that go against RNAO's mission or ENDS.

Refer to RNAO's Mission Statement for an outline of the organization's values and ENDS:
<http://RNAO.ca/about/mission>

Tips for building successful coalitions:

- Be a strong leader that facilitates the collaborative process.
- Set aside time for team building at the outset of your partnership.
- Ensure that every voice is heard and everyone has an active role.
- Have realistic expectations and shared objectives.
- Keep the best interests of everyone involved at the forefront.

(Tomajan, 2012)



Example: Coalition Work

In 2007, the Ontario government enacted a regulation requiring all remaining coal-fired electricity generation in the province to end by December 31, 2014. During the 2011 provincial election, this regulation was further supported with all the major political parties agreeing to phase out coal-fired electricity generation. Despite the regulatory strides, RNAO remained passionate about seeing coal-fired electricity generation come to an end. With that goal in mind, RNAO joined the Canadian Association of Physicians for the Environment (CAPE), the Lung Association, Asthma Society and the Ontario Clean Air Alliance (OCAA) to advocate for an immediate ban to coal burning instead of waiting until 2014.



Doctors and Nurses Support Green Energy

We must support the phase-out of coal-fired power.

In 2010, our coal plants caused over 150,000 illnesses, including asthma attacks, and over 300 deaths. They're the single largest source of greenhouse gas emissions in Ontario – the equivalent of several million cars.

Ontario doctors, nurses, and other health professionals support energy conservation combined with wind and solar power – to help us move away from coal.

Ask your candidates where they stand on green energy and closing our coal plants.



ONTARIO COLLEGE OF
FAMILY PHYSICIANS



Canadian Association of
Physicians
for the
Environment

PHYSICIENS POUR L'ENVIRONNEMENT
MÉDECINS POUR LA SAINTE MÈRE



RNAO
Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers autorisés de l'Ontario



Asthma.ca
Asthma Society of Canada



THE LUNG ASSOCIATION™
When you can't breathe, nothing else matters.™

General Resources - Working Together

For information on how to Build Collaborative Relationships refer to:
Beyond Intractability. (2012). Core Knowledge Overviews. Retrieved:
<http://www.beyondintractability.org/library/coreknowledge-alpha>

The Community Toolbox (University of Kansas)
<http://ctb.ku.edu/>

Wisconsin Clearinghouse of Prevention Resources – Coalition Building
<http://wch.uhs.wisc.edu/01-Prevention/01-Prev-Coalition.html>

References - Working Together

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Summers, L. (2012). *Finding the path to success in state-level APRN advocacy*. American Nurse, 44 (2), 10.

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Working Together Work Sheet

Issue

What level you are planning to advocate on?

What types of skills do you need?

What stage of advocacy are you in?

What type of strategy are you using?

Should a coalition be built?

Advantages to Building a Coalition	Disadvantages to Building a Coalition

Who are potential partners to build with?

Partner	Values/Agenda	Decision (Y/N)

Working With Senior Administrators & Politicians

This section describes various strategies for working with senior administrators, board members, politicians and other decision-makers. When considering political action, these individuals may be important to advancing your agenda. The strategies you use to engage with them are described as low, medium and high profile approaches. These activities range from writing a letter to picketing outside an office. The issue and your comfort level will inform the type of strategy used.

Approaching Senior Administrators, Board Members, Politicians and Other Decision Makers

“Political action” doesn’t only refer to efforts that target politicians and public policy – it refers to any action you take to effect change in an area that matters to you. One area where you may have suggestions for change is in your workplace. Here are some tips on how to get your ideas across to senior administrators and board members.

Get together

Gather a group of your co-workers who share your concern and are interested in bringing their ideas to the decision-makers within your organization. Ensure that you analyze the issue from multiple perspectives so you can respond to questions and maintain your focus on the long-term goal (Kosiorowski, 2014).

Focus the issue

Develop a problem statement that will outline the issue in one or two sentences. This will help you focus your efforts and will ensure that the administration clearly understands your concern. When appropriate, use examples from your work experience to support the reasons for your concern (while maintaining confidentiality).

Identify the influences underlying your concern

To do this, you may need to obtain background knowledge on the issue. Contact another colleague, mentor, RNAO, union, or someone else you respect and trust. Ask them for suggestions on how to tackle the issue you have concerns about.

Take time to write down what you want to say, clearly and precisely, with supporting facts. Contact your colleagues, mentors, or RNAO to check your statements and facts. We are here to help.

If you are advocating at an organizational level, ensure that you are not jeopardizing your employment. RNAO offers a Legal Assistance Program which you may be interested in. You can also connect with RNAO’s Nursing and Health Policy Department for guidance. A staff directory is available through myRNAO or you can send an email through RNAO’s Contact Us page: <http://RNAO.ca/contact>

Booking a meeting with the appropriate person/administrator

It is recommended that you first meet with the immediate manager of the unit/program to discuss your concerns before arranging a meeting with the Chief Nursing Officer or Vice-President of Nursing. Ensure that you present yourself in a professional manner.

Determining how you will frame your issue

It is also important to frame your issue for the meeting. Creating a frame helps decision makers prioritize their attention and resources (Sussman, 2007). Choose your language carefully and link your issue to broader values held by the public (Sussman, 2007). For example instead of emphasizing that you “need more staff”, frame your concern in terms of supporting “excellence in practice”, “patient safety” or “optimizing patient experience”.

Expressing yourself clearly and succinctly

At the meeting, present facts (research, data, etc.) that will help the administrator raise your concern at other venues. Offer to show them an example of the problem so they will have firsthand experience with your concern, as well as a context in which to place the issue. Relating your issue to a personal story also helps to humanize it. Try to keep on point – too much information turns people off. Nursing and health issues can be complex, ensure that you are explaining the issue in a clear comprehensible manner (Holyoke, Brown & LaPira, 2015). Always remain respectful of divergent opinions and be polite during the dialogue (Kosiorowski, 2014).

Suggesting solutions

Present your solutions with accompanying rationale. For example, explaining how each solution will assist in improving client care will lend support to your argument. Identify the risks associated with your proposed change, as well as the risks associated with not changing.

The key to successfully presenting to senior leaders is to always help them problem solve. Make suggestions on how the problem can be solved, and offer your assistance in further efforts.

Assessing and re-evaluating

If you are happy with the outcome, congratulate yourself and your colleagues. Celebrate and thank the administration for their belief in you. If not, consider why this might have occurred. Did you address issues of concern? Is it because of the cost associated with your proposed change? If you are unsure, ask! Then develop your next plan of action to address your concern. You can contact RNAO’s Nursing and Health Policy department for assistance. If after several attempts you have made no headway, you may need to ask yourself if you are facing moral and ethical concerns. While it may be difficult to confront your situation, you may need to ask yourself, “Can I continue here, or is it time to move on?” For example, your organization may be soliciting international patients to pay for medical services. While this may be an issue you are fundamentally against, you may not get support from your organization to put a stop to it. Some situations may warrant whistle-blowing or going public with an issue. Contact RNAO’s policy department if you believe your issue may require this strategy.

Success Stories – Pierre LaPlante (RN) Blowing the Whistle on Medical Tourism

Many of RNAO's political action efforts have been initiated by individual registered nurses, nurse practitioners or nursing students. In 2012, Pierre LaPlante contacted RNAO with concerns he had about his unit, which subsequently led to vast activities to stop medical tourism in Ontario.



Read the Full Story at: http://RNAO.ca/sites/rnao-ca/files/AnAppetiteforAdvocacy.RNJ-SeptOct2014_3.pdf

Identify your politician

Working with politicians is one of the most effective ways that you can influence change – whether at a community, municipal, provincial, or federal level. Entering into the political arena may seem like a big step, but it doesn't have to be. Remember, the job of any politician is to represent your concerns and interests as an Ontario citizen and voter. A key component of political advocacy is building relationships. You should invest this time with someone who can advance your agenda remembering that political relationships are based in reciprocity. Look for a legislator who is credible, has influence, and will champion your issue (Summers, 2012). You can do this by first developing an organisational chart outlining government departments and targeting the ones that may be able to influence your issue (Sussman, 2007). Then investigate which specific division within that department would be applicable to your issue before narrowing to specific individuals (Sussman, 2007). Also take time to learn more about that official; their backgrounds, histories, and priorities (Graham, 2010). To build an effective relationship you should also be able to offer the politician something as well such as informing them of important information, connecting them with other individuals or helping craft solutions.

You can find information about Members of Provincial Parliament and Committees at:
<http://www.ontla.on.ca/lao/en/committees/>

Identify your strategy

When planning strategies to work with politicians, it is important first of all to identify how high profile you wish your activities to be. Generally, it is advisable to start with low profile strategies and, if necessary and advisable, to gradually increase the profile. Choosing the appropriate strategy depends on a variety of issues. It is always more effective to be “in sync” with other members, so check with RNAO's Policy Department for recommended strategies and the latest information related to your issue.

Do not reverse from a high profile strategy to a low or medium strategy.

Low Profile Strategies

- Letter writing campaign
- In your letter to your elected representative, remember to:
- State the problem
- Explain the impact of the problem
- If possible, include a personal story
- Say what you want done about the problem
- Give a recommended option as the solution
- State the date/time by which you expect a response

Medium Profile Strategies

- Meet with relevant MPPs, MPs and/or government officials
- Arrange public meetings in the politician's riding
- Release briefs to the other political parties and/or Cabinet Ministers
 - Identify the benefits of/need for the policy change
 - Substantiate your arguments with local data, evidence, your experiences or those of other jurisdictions
 - Link to strategic direction or current government priorities
 - Respond to concerns raised by acknowledging them and providing evidence that supports your point

High Profile Strategies

- Follow up with written responses
- Picketing or leafleting the politician's riding
- Put up posters in the politician's riding
- Release briefs to the news media
- Have a news conference/news release
- Demonstrations/picketing at the Legislative Assembly, politician's riding office or outside relevant hospitals/health care settings
- Build alliances

If you are doing a high profile strategy such as picketing, ensure that it is peaceful and you are abiding by the law. Keep in mind the public's image of the nursing profession and the impact of your strategy on relationships.

For information on using the Legislative Assembly's ground for a protest refer to:
<http://www.ontla.on.ca/lao/en/getting-involved/use-of-assembly-grounds/>

For more information on preparing and presenting a petition refer to Legislative Assembly of Ontario's website: <http://www.ontla.on.ca/lao/en/getting-involved/petitions/>

Gaining Access to Politicians

Timing is important. Where possible:

- Try to schedule your meetings prior to budget preparations if funding is a factor
- If legislative change is a factor, schedule a meeting after a bill is introduced and before or while it is being debated and amended
- Raise your issue before elections, during minority governments or in the course of annual lobbying events

- Raise your issue in the context of current media stories, newly-released research findings, or government initiatives. The government of Ontario website lists current press releases at <http://news.ontario.ca/newsroom/en>

Setting up a meeting

- ✓ Call about three weeks ahead to book an appointment at the MPP's constituency office. Once a time has been scheduled, send a confirmation of the time, date and location. Include names of people attending (it's usually a good idea for at least two people to go), and a brief description of what you want to address.
- ✓ Have a planning session to map out how you want to handle the meeting: for example, who will ask questions, and who will take notes.
- ✓ Review your key messages and questions and focus on one or two issues only. Go armed with facts, figures and best of all, personal examples that relate to key messages.

Attending the meeting

- ✓ Try not to be overwhelmed. You are an expert in nursing care and highly knowledgeable about health-care issues. Speak from your own experience. Be friendly and to the point. Stress that health care is in the public's interest and use examples that support patient advocacy.
- ✓ Frame your issue and solution in a way that aligns with widespread social values.
- ✓ Explain your position on issues. Speak confidently and honestly. If questions come up that you aren't prepared to answer, promise to follow up with information by phone or email.
- ✓ If your MPP supports the issue, ask how she/he could concretely work with you on the issue. End the meeting promptly, summing up with a review of points of agreement.

After the meeting

- ✓ Send a thank-you letter, again summarizing your discussions and any action or commitments. You can also send a copy to RNAO's policy department.
- ✓ Now that you have established yourself as a valuable contact, keep in touch. Share useful information with your MPP and invite him/her to relevant events.

Getting the Attention of Senior Administrators, Board Members, Politicians and other Decision Makers Work Sheet

Focused Issue

Underlying Concerns

Frame for the issue and language used to describe it

Personal story to illustrate the issue

Preferred outcomes/suggested solutions

Strategy Type (circle one): Low Profile / Medium Profile / High Profile

Description of the plan

Picking Your Politician/Senior Leader

Relevant Departments	Relevant Divisions	Politicians/Senior Leaders

Targeted Politician/Senior Administrator: _____

Background	
History	
Priorities	
Other Information	

Success Stories – Medical Tourism

For over two years now RNAO has been advocating against medical tourism in Ontario. This advocacy has encompassed multiple strategies including action alerts, letters, editorials and meetings with MPPs. While Minister Hoskins asked hospitals to stop soliciting international patients, RNAO will continue to advocate for a full legislative ban.

Minister Hoskins hears RNAO and puts the brakes on medical tourism

Kudos to Minister of Health Eric Hoskins for listening to the voice of nurses. For nearly two years, RNAO has advocated against medical tourism in Ontario hospitals, and more than 4,000 of you have written to your provincial leaders demanding an end to this profit-driven practice.

Medical tourism refers to the practice -- prevalent in some Ontario hospitals -- of treating international patients locally on a pay-for-service basis.

In [a statement](#) Friday afternoon, Minister Hoskins announced he had asked all Ontario hospitals to stop soliciting and treating international patients, except for humanitarian work and activities related to existing contracts. In the interim, he has asked hospitals not to enter into new international consulting contracts that include the treatment of foreign nationals in Ontario.

A coalition formed by RNAO that includes Canadian Doctors for Medicare, the Association of Ontario Health Centres, and the Association of Ontario Midwives is pleased Minister Hoskins has listened to its concerns and put the brakes on medical tourism in the province by banning hospitals from soliciting international patients for pay and entering into new contracts, as well as committing to reviewing existing contracts. The coalition will continue to monitor the situation, and will work with Hoskins and the Ministry of Health to ensure our not-for-profit health-care system is not turned into a commodity.

Last Updated: 2014-11-22



Message from the experts

RNAO's Past President David McNeil provides insight into political action at RNAO.



PRESIDENT'S VIEW WITH **DAVID MCNEIL**

Influencing healthy public policy through politics

ONE OF MY RESPONSIBILITIES AS president of RNAO is to act as moderator for our Annual Day at Queen's Park. This year's event was held on Feb. 3. For those of you who haven't had the opportunity to attend, it's an event that I believe truly reflects the association's influence and showcases the strength of its members. Politicians make time for it in their calendars. This year, members of the assembly, including board members and nursing students, heard from Minister of Health Deb Matthews as well as the leaders of the opposition. One might think that an event that runs for 12 consecutive years risks becoming routine.

This year was anything but routine. It's an election year and election fever has clearly started. Although none of the political parties was willing to share their platforms, the politicians did use the opportunity to test the waters on a few issues.

First, we heard PC leader Tim Hudak speak about some changes a Conservative government would bring; most notably cutting administrative costs within the Local Health Integration Networks so there's more money for front-line nursing. He also talked about a commitment to the sustainability of our public system. Minister Matthews challenged some of the assertions put forward by Hudak, and recommitted to many of the

initiatives that RNAO has championed including the Nursing Graduate Guarantee, and continuing the work on the poverty reduction strategy. NDP Leader Andrea Horwath challenged the status quo in favour of more fundamental changes in the structure of health and social programs to better address the social determinants of health.

"NURSES OCCUPY A UNIQUE PLACE IN THE HEALTH-CARE SYSTEM AND WE SHOULD TAKE EVERY OPPORTUNITY TO MAKE IT BETTER."

One of the highlights is the opportunity to meet directly with political leaders, cabinet ministers, MPPs or their senior staff in small groups. Nurses raised specific issues in RNAO's political platform and spoke to political leaders about the issues important to improving the health of Ontarians while highlighting the role that nursing can play in this process. These one-on-one sessions are important and they fast forward RNAO's political agenda. They also provide members with an opportunity to organize future meetings.

A wonderful new addition this year was a bookmark that we left with politicians. It outlined six key priorities of the RNAO election platform.

I took extras home with me and have since passed them around to anyone interested in listening. I have none left, which tells me people are interested in what nurses have to say.

Given this is an election year (Ontarians go to the polls on Oct. 6), there's another meaningful opportunity for you to engage with politicians

to help shape health, health care and nursing policy. Planning at home office is already underway for *Take Your MP/MPP to Work*. This event takes place during Nursing Week (May 9-15) but meetings can be organized anytime in May. Taking my MPP to work has been very rewarding. It's a great opportunity for MPPs to meet with you at your place of work and for you to share your ideas about how to improve patient care. It's also a wonderful opportunity to take our platform and relate it to the issues in your community.

Some nurses may struggle with the concept of political action. My view is that nurses occupy a unique place in the health-care system and we should take every opportunity

to make it better. RNAO's political platform is a comprehensive document that aims to improve the lives of all people across this province by dealing with the environmental and societal issues that lead to poor health. It also offers solutions to further strengthen publicly funded, not-for-profit Medicare. It articulates how RNs can contribute towards the goal of improving communities and addresses the issues important to the nursing profession to ensure that it's strong well into the future. If you have not had the opportunity to read the platform, I urge to do so when you have a few minutes. It is a superb, evidence-based piece of policy work.

Political action comes in many forms. For some, it is about marches and rallies. For others, it's about debating your point of view with others in a public forum. Still others prefer writing letters, a column in the newspaper, an email, having a telephone conversation, or filling out an action alert. These are all valued forms of influence and we encourage you to find what fits for you, and to be engaged. **RN**

DAVID MCNEIL, RN, BSCN, MHA, CHE, IS PRESIDENT OF RNAO.

For a copy of RNAO's bookmark, or for more on taking a politician to work, visit www.rnao.org/nursingweek.

REGISTERED NURSE JOURNAL 5

Guidelines for Writing a Submission

What is a submission or brief?

RNAO often responds to nursing and health-related issues through submissions. Submissions are documents that reflect the ideas and opinions of an individual or an organization. Submissions can be directed to the federal level, including Royal Commissions; the provincial level, including task forces and standing committees, or; the municipal level, including township councils. They can be submitted in writing and/or presented to a task force, committee or group. Individuals or small groups can prepare a submission on a topic of interest.

While writing a submission is a key medium profile political strategy, it is not necessarily an easy task and involves many steps before the final draft is completed. We strongly advise RNAO members who are interested in writing a submission to contact the RNAO Policy department:

To find out what briefs or submissions have already been prepared by RNAO

To ask for guidance. The Policy department has extensive experience in writing submissions and will be happy to help you.

Why do we present submission?

- To make our position known on the record
- To communicate directly with politicians

Writing a Submission

This section outlines the process that RNAO follows when writing a submission or brief. It is divided into the following sections:

- what a brief/submission is;
- what needs to be done before the brief/submission is written;
- writing the brief/submission; and,
- presenting the brief/submission.

Knowing your audience

It is important to know who your audience is before you write the submission.

Identifying your audience will help to determine how formal your submission has to be and how it should be "pitched". For help on identifying your audience contact RNAO's Nursing and Health Policy department through the staff directory listed on myRNAO or the Contact Us form located on the website: <http://RNAO.ca/contact>

Focusing on an issue

A submission should be clear, concise, and focus on a specific issue. This makes the submission easier to research, write, present, and more likely to get action. It is also likely to have more impact if the submission delivers a message that is aligned with what others within the association or the profession are saying – there is strength in numbers.

Compiling background information

When preparing a submission for RNAO, the Policy department starts with a scan of available and relevant resources. Previous submissions, legislation, reports, working papers, journal articles, and discussion papers may all provide either background information or support for recommended options, strategies, solutions, and alternatives. Whenever possible, RNAO draws on the expertise of our diverse membership, who often provide examples in clinical practice that strengthen the main points of the issue(s) and/or recommendations that are included in the submission.

Framing the issue

Submission issues are always framed in a way that speaks to the RNAO mandate: Speaking Out for Nursing, Speaking Out for Health. When it is a joint submission, all participating organizations' and groups' mandates, visions, and values must be taken into consideration.

What to include in the submission

When writing a submission, focus on three areas: defining the issue; supporting your argument with evidence; and proposing solutions. RNAO uses the following structure when writing submissions: title page, summary of recommendations, introduction, main body, and conclusion.

Structuring the Submission

Title Page

The title page includes the title of the submission and the subject that is being addressed. RNAO's name and logo are also included. If it is a joint submission, RNAO's name and logo and the name and logo of any other group or organization are included. The title page must also include the date of the submission and the name of the group who will receive the brief.

Summary of Recommendations

RNAO usually includes a one-page summary of recommendations. This is particularly helpful for public officials who want a quick summary of RNAO's position. Without a summary, there is a risk that others may summarize it for decision-makers, and will have a different focus.

Introduction

This section usually includes information about the organization or group writing the submission, the group's objective, and the content that will be addressed in the submission.

Objectives and issues that RNAO intends to address in the submission are explicitly stated in the introduction. The audience also needs to know why RNAO is interested in this topic. RNAO's mandate, mission, and vision provide direction to what issues are addressed and why the organization is interested in the topic that is presented in the submission. It is also important to provide a context for the main body of discussion in the submission. This usually includes a discussion of what is happening in the broader social, environmental, economic, and political contexts.

Main Body of the Submission

This is the informational part of the brief that becomes a permanent record of RNAO's position on this issue. Brevity and quality are the keys to a good main body. In this part of the submission, we describe the policy issue that is being addressed, and outline the evidence supporting our recommendations. It is always important to bring a nursing perspective to issues. Make your point quickly, clearly and concisely avoiding complicated words. The politician should be left with a clear message after reading your submission. To make your submission even more persuasive consider connecting it with the interests of the targeted politician. You should also ensure that your "asks" are clear, specific, attainable and directed to the appropriate audience (Sussman, 2007). For example, if you are writing to the public your ask may be to support a cause whereas if you are writing to a politician your ask may be to vote in favour or in opposition to a piece of legislature.

Conclusion

RNAO ends the submission with a couple of concluding statements. It is important to reiterate the main issue(s) and the key points from the recommended solutions to address the issue(s).



Example of a Written Submission



Executive Summary

The Registered Nurses' Association of Ontario (RNAO) welcomes the government's decision to develop a Seniors' Care Strategy, as Ontario's nurses have long advocated to ensure that every senior in Ontario has the opportunity to live in dignity as a respected and independent member of the community.

RNAO calls on government to implement a Seniors' Care Strategy that increases access to home care and support services to benefit seniors; most of whom would rather stay in their homes than be institutionalized. Moreover, RNAO urges that a broad focus be used to reinforce the underlying concepts embodied in the five identified priorities by government to maximize their impact. The focus on "doctors' house calls", should be reconsidered to embrace the desired outcome of 24/7 access to primary care for Ontario's seniors, where house calls are more appropriately and efficiently led by primary care Registered Nurses (RNs) and Nurse Practitioners (NPs) in collaboration with physicians and other members of the interprofessional team. Furthermore, simply encouraging seniors to eat well and exercise regularly will produce very little impact unless government addresses the overriding effects of social and environmental determinants of health and the day-to-day reality that many older persons live in poverty. Nurses know that "blaming the victim" policies are not only ineffective but also damage self-efficacy, resilience, and the sense of connectedness we all need with the broader community to experience social inclusion – a pivotal social determinant of health. Based on substantive evidence, RNAO cannot endorse a strategy that wrongly assumes every senior has equal access to nutritious food or the ability to access physical activity supports.

RNAO calls on government to take a comprehensive approach in developing an evidence-based and integrated Seniors' Care Strategy with the goal of improved mental, physical and social health outcomes, while leveraging existing resources, minimizing structural duplication and upholding a stronger publicly-funded, not-for-profit health system. Such a strategy needs to align with the following principles: Senior-centredness; integration and co-ordination across the health system; a strengthened publicly-funded and not-for profit health system; focus on health and wellness; social, environmental, economic and indigenous determinants of health; driven by evidence and best practices; equity and access to services; dignity, respect, independence and self-determination; cost-effective and appropriately resourced; and community and family orientation. These principles must inform a combination of system-level and multi-sectoral recommendations that prompt action from government to produce a Seniors' Care Strategy that maximizes health outcomes and health system cost-effectiveness.

RNAO, like many other organizations within the health system, is ready and eager to work with government to implement cost-neutral solutions that leverage the potential that already exists within the system. For example, full implementation of RNAO's ground-breaking provincial task force report, *Primary Solutions for Primary Care*¹ will ensure the full scope of practice utilization of RNs and RPNs in all primary care settings and significantly improve the capacity of Ontario's primary care sector to meet the complex needs of an aging population. Utilizing the competencies,

knowledge and skills of primary care RNs already in the system and maximizing/expanding inter-professional primary care models will result in cost-effective care co-ordination and improved health system navigation for Ontario's seniors.

Similarly, reducing role duplication by adopting RNAO's Enhancing Community Care for Ontarians (ECCO) model and transitioning the roles and functions of Community Care Access Centres (CCACs) to existing structures, such as LHINs, primary care, home health care, and hospital discharge planning, would advance system cost-effectiveness, while enhancing care co-ordination, system navigation, same day access to primary care and expanded home care services. This model offers comprehensive and continuous RN-led care co-ordination across the lifespan to all Ontarians and especially to those in greatest need, such as seniors living with complex chronic illness. Effective care co-ordination within primary care will support seniors' independence within the community by ensuring that the appropriate resources and supports are there at all times. If the time comes that living at home necessitates assistance, the ECCO model facilitates co-ordination of home health care services and when living at home is no longer possible, the ECCO model facilitates long-term care (LTC) placement in a way that increases efficiency and continuity while improving both resident and system-level outcomes.

The government's priority for evidence-based policies and practices, is also a long standing focus of RNAO -- since its renowned Best Practice Guideline program was created in 1998. The positive outcomes, at the patient, organizational and system levels are substantive. There is no question that the care provided to seniors across the health system must be aligned with best available evidence, and embedding RNAO's rigorously developed and effective Best Practice Guidelines as the cornerstone of an evidence-based Seniors' Care Strategy, is imperative if Ontario is to optimize results for its seniors. Examples of the impact of RNAO's evidence-based work include the Falls Prevention Program for LTC in partnership with the Canadian Patient Safety Institute (CPSI), RNAO's Prevention of Elder Abuse Program, and the widespread implementation of RNAO's Clinical BPGs relevant to the other adult, such as: Client Centred Care; Assessment and Management of Pain; Assessment and Management of Stage I – V pressure ulcers; Caregiving Strategies for Older Adults with Delirium, Dementia and Depression; Collaborative practice among nursing teams; Developing and sustaining nursing leadership; End of life care during the last days and hours; Oral health nursing assessment and intervention; Preventing and managing violence in the workplace; Prevention of Constipation in the older adult; Prevention of falls and fall injuries in the older adult; Promoting continence using prompted voiding; Promoting safety: Alternative approaches to the use of restraints; Risk assessment and prevention of pressure ulcers; Screening for delirium, dementia and depression in the older adult.

The solutions offered in this submission will significantly strengthen the development of a comprehensive and impactful Seniors' Care Strategy that nurses can fully support and lead, and RNAO is eager and ready to work with government to make it a reality.

See full submission at: <http://rnao.ca/policy/submissions/rnaos-submission-government-ontarios-senior-care-strategy>

Delivering the Submission

Prior to delivering the submission, you will have to attend to some administrative details. This includes how many copies are required, where to send them, to whom, by what date, and where and when you will present (if presentation is an option).

The responsibility of presenting the submission should be delegated to the best person for the job. Generally, one person will present although others may be available to answer questions. The presenter should have a good grasp of the topic at hand, and preferably work in or have clinical expertise in the area.

If you are presenting to a Ministry taskforce or committee, a specific amount of time will be allotted to each presentation. This allocated time needs to include time to answer questions and committees are often very strict.

Media coverage

There may be media present during the oral presentation of the submission. RNAO provides copies of submissions to the media, as the summary of recommendations gives them a complete synopsis of the submission, which they will find useful. The RNAO Policy and Communications departments work closely in preparing for media and press releases. Usually a spokesperson is identified to the press to answer questions. For further reading on media, refer to the Media Relations section of this toolkit.

References - Working with Senior Administrators & Politicians

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Speaking Out: RNAO's Media Relations Strategy Guide

This guide will assist you in dealing with the media and preparing news releases and letters to the editor. It will also help you create a successful media relations strategy, and help make your experience dealing with reporters less intimidating.

This guide was written by RNAO's Communications department, the original file can be found online here: https://myrnao.ca/sites/myrnao.ca/files/related-documents/Media_Relations_Toolkit.pdf

Ground rules for a successful media relations strategy

The first thing you need to know is that you have a story to tell and can speak from credible experience. Nurses consistently are ranked among the most trusted professionals. You also work in an important area: health care affects everyone.

Some people feel apprehensive about dealing with the media, but it shouldn't be an intimidating experience. Remember: reporters have questions concerning your area of expertise.

Before you agree to an interview or initiate a call to the media, you may want to touch base with a member of RNAO's communications department, and review what you plan to say. This will help keep the association's message consistent.

Remember: reporters have deadlines, so don't miss an opportunity to speak to the media when it presents itself.

If you need assistance you can contact RNAO and ask to speak with someone in the communications department who deals with media enquiries.

Through the media, you reach the public in a way that no other medium can. It's a way to share the expertise that nurses have, and to speak out on issues that affect nurses and the people we care for.

(RNAO's Chief Executive Officer, Doris Grinspun)

Touching base with reporters

If you live in a large community, chances are your local newspaper has a reporter dedicated to the health beat. If so, find out who that is and establish contact. If you live in smaller city or town, get to know the editor in chief, or a general assignment reporter. The same is true of reporters who work for the local radio or television station.

Introduce yourself and let reporters know you can help them (this is especially true if you are a chapter or regional president, an interest group chair or a policy or communications officer). Establishing contact is a great way to make the media aware that a nurse is just a phone call or email away. It also makes people aware of the priorities of the association and the issues affecting your community

Guidelines for successful interviews

Make it clear from the outset whether you're speaking for yourself or on behalf of your chapter, your interest group, or the association. Provide the reporter with your name and a title that relates to the organization that you are representing. Example: I'm Doris Grinspun, Chief Executive Officer of the Registered Nurses' Association of Ontario.

Present your main points and conclusions first. This introduces the reporter to the ideas or messages you wish to present, and will help focus the interview. If you are presenting complex information, sum up your main points at the end of the interview.

Take the time to collect your thoughts before agreeing to an interview. It is quite acceptable to question a reporter about the story s/he is working on, who else s/he is speaking with and what s/he wants to know before agreeing to an interview. If necessary, tell the reporter you would like to consider her/his invitation and get back to her/him within an agreed upon time.

Decide in advance what you want to say. Making a few rough notes beforehand will help jog your memory during the interview. Avoid writing out an entire script – it will sound like you are lecturing.

Focus on three or four key points or messages only; ask yourself what parts of your story are the most interesting? Think of it in terms of what would make the headlines.

Use one or two examples to explain your position, rather than citing a reference list of supporting facts. Sacrifice comprehensiveness for simplicity and force. After all, the average length of a newspaper story is about 400 words, while radio or television reports can be as brief as 30 seconds.



There is no such thing as "off-the-record." Don't say: "Please don't print this" or "This is off the record." If you don't want something to be printed, don't say it.

A reporter may feel inclined to steer the conversation in a different direction. If you have key points to present, remember to present them at the beginning of the interview. Questions will probably crop up during this time, but remember to stay on track.

If the reporter asks a question that you really don't wish to answer, say so and stand by your decision. However, be prepared for the reporter to press you on the point from several different angles and at different times during the discussion. You can always deflect questions by referring the reporter to RNAO's director of communications.

Try to avoid using nursing jargon. Technical language will be translated by the reporter, and you may not be pleased with the result. Be factual, descriptive and straightforward. The best

approach is to say it simply and directly. Remember your key messages!

Be prepared to leave a name, email, and phone number as contact information. The reporter will need someone to call to get further details or to clarify any confusion. The reporter may also call on your expertise in the future for another story.

After the story is published or broadcast, call the reporter to say, “Thank you.” Reporters need encouragement, too. Be sure to tell them you’d like to help in the future. If you become a contact or source for someone in the media, you’ll be asked again to give your opinion and advice.

Be confident. You are qualified to act as a source of information about your area of expertise in the health-care field, and you can be of great assistance to the reporter by sharing your knowledge.

What kind of items appeal to the media?

Usually a story is newsworthy if it involves the following key elements:

- 1) People. News is about people, what they do, how they do it, who they do it to, and how something will affect them. Health care affects people. Always keep your patients in mind when thinking of examples. We’re not asking you to divulge personal information about the people you care for, but you can share your experiences. After all: anecdotes breathe life into a story.
- 2) Answer most, if not all, of the five Ws and H – What, Where, When, Why, Who and How.
- 3) Focus on an issue that the general public is interested in, or a topic that might have an effect on them. Health care always ranks as a leading news interest category in most communities. Be timely and, if possible, tie your story to an event already in the news.

Media advisories and media releases

Reporters may be aware of current issues in health care, but they need to know that registered nurses, nurse practitioners and nursing students can help them understand the issues. One way you can get your message out is by writing a media advisory or media release to send to reporters.

Media Advisory	Media Release
<p>The goal of sending out the advisory is to have members of the media attend the event you are holding to gather more information, conduct interviews, and prepare stories for radio, television and newspapers.</p> <p>Media advisories:</p> <ul style="list-style-type: none"> • outline the schedule or details of a time-sensitive event that your group is hosting • informs journalists of 'who, what, when, where, and why' • are usually not more than a page long 	<p>While media releases will sometimes be printed in newspapers or online publications as they are written, they generally provide background information for a story or interview.</p> <p>Media releases:</p> <ul style="list-style-type: none"> • describe an organization's position on an issue, reaction to an event, or announcement of a new program. • should include a quote from a spokesperson (a chapter president or interest group chair, for example)

Newspapers such as the Globe and Mail, Toronto Star, Ottawa Citizen and London Free Press will reach the largest audience, but it's also important to target your community newspaper or local radio and TV stations.

Preparing a media advisory or release

Keep the paragraphs short – one or two sentences each.

Keep the advisory to one page, if possible. If it must be longer, never split a paragraph or sentence over two pages. Type "more" at the bottom of each page, except the last one, to let the reader know there is more content to come.

Leave lots of white space on the page, and use wide margins. (This gives the editors and reporters space to add information).

Always give full names, titles, and affiliations of the people you mention.

Avoid using clichés or jargon, and omit complicated material.

Reporters quote people, not just the association. They want quotes that clarify, summarize, and put complex issues into simple terms. Quotes bring your news release alive.

Type the date and city in which the advisory is released. This is not necessarily the same as the date on which it was produced, but the date that the information can be made public.

At the end of the advisory or release, type "-30-" and then proceed with the organization or individual's name, phone number and email address.

Who do you send it to?

That depends on who you want to receive your message.

If you're focusing on print media, you could send it to dailies, community (weekly) newspapers, specialty publications, or a combination of these.

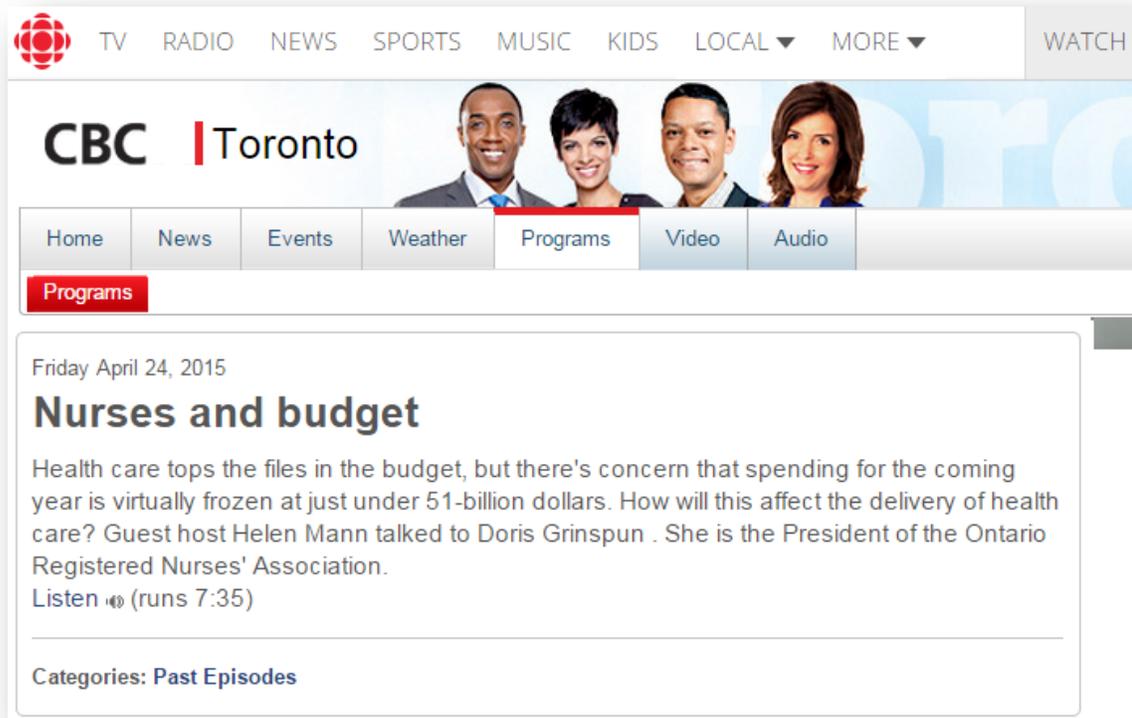
For broadcast media, select radio and TV stations with programs, news anchors, hosts, or producers who are most likely to run your story, or that have already shown an interest in health care.

It is often easier to get interest from smaller media outlets because they do not have the resources to produce their own original material. Constrained by limited time and staff resources, these outlets rely heavily on the work of outside groups. The competition for airtime or print space is usually not as fierce.

Check newspapers, radio and TV regularly to identify people who show an interest in health and nursing issues. You can then contact them and introduce yourself as a reliable information resource. Keep track of these contacts, which will form the basis of your media contact lists.

Remember: RNAO's communications department has an up-to-date directory of Ontario media contacts. Upon request, you can receive a list of media outlets with phone numbers, email addresses and names of key personnel. Alternatively, once the media advisory has been drafted, a member of RNAO's communications department can send the advisory to media in your area for you.

Example: Doris Grinspun does CBC Interview on the Provincial Budget (April 24 2015)



The screenshot shows the CBC Toronto website interface. At the top, there is a navigation bar with links for TV, RADIO, NEWS, SPORTS, MUSIC, KIDS, LOCAL, and MORE, along with a WATCH button. Below this is a banner for CBC Toronto featuring four news anchors. A secondary navigation bar includes Home, News, Events, Weather, Programs, Video, and Audio. The 'Programs' tab is highlighted in red. Below the navigation, the date 'Friday April 24, 2015' is displayed. The main content area features the title 'Nurses and budget' in a large, bold font. The text below the title reads: 'Health care tops the files in the budget, but there's concern that spending for the coming year is virtually frozen at just under 51-billion dollars. How will this affect the delivery of health care? Guest host Helen Mann talked to Doris Grinspun . She is the President of the Ontario Registered Nurses' Association.' Below this text is a 'Listen' button with a speaker icon and the text '(runs 7:35)'. At the bottom of the content area, there is a 'Categories: Past Episodes' link.

To listen to the full interview visit: <http://www.cbc.ca/metromorning/episodes/2015/04/24/nurses-and-budget/>

Letters to the editor

The Letters to the Editor section of newspapers has a very high readership. This section is often monitored by politicians and other decision-makers to gauge public opinion.

If you haven't written such a letter before, study the style of letters printed in your target newspaper or magazine. This will give you an idea of the appropriate style, approach and format to use.

Don't try to cover a broad subject in one letter. Deal with only one topic, and focus on one major message.

How long should your letter be? Word lengths vary from newspaper to newspaper, but the best rule of thumb is to keep it under 300 words.

The tone of the letter is important. Strive for a straightforward, factual approach.

Begin the letter by referring to the issue (or title and date of publication) in which the item or article to which you are responding was published.

Don't send out a letter in the heat of the moment. Instead, let your letter sit overnight and then take a second, sober look. This can save you embarrassment if your letter was overly emotional, or contained sweeping statements. It also gives you a second chance to double check your facts, improve your approach, and polish your prose.

On the other hand, timeliness is crucial. For example, if you are writing to a daily newspaper, submit your letter within 48 hours, or the topic gets stale. Email your letter to ensure a quick delivery.

If you are modeling your letter on one submitted by RNAO, try to rewrite the major points in your own words. An original letter with your own local experiences has far more impact.

Be sure to include your name and phone number. Once it is being considered for publication, most newspapers will call to check that you actually sent the letter.

A signed letter is certainly more powerful. A paper will not print an unsigned letter, and rarely print a letter whose author has requested anonymity.

If you are signing the letter as a member of RNAO, or as a member of your chapter/regional executive, please feel free to have RNAO's director of communications or a member of the department review your letter before sending it out.

Example: Media Advisory

Top nursing association highlights recommendations to prevent abuse and neglect of older adults

2014-06-10

Marion Zych

TORONTO, June 10, 2014 - The abuse and neglect of older adults is a critical health and social problem with profound consequences. That's why, on June 13, the Registered Nurses' Association of Ontario (RNAO) is highlighting key, evidence-based recommendations designed to help prevent and address this pervasive and devastating concern.

The recommendations are contained in RNAO's forthcoming best practice guideline (BPG). Dr. Elizabeth Podnieks, founder of World Elder Abuse Awareness Day, and Dr. Samir Sinha, Director of Geriatrics at Mount Sinai and the University Health Network hospitals in Toronto and expert lead of Ontario's Seniors Strategy, along with representatives from RNAO, will be on hand to speak to the recommendations.

Both Podnieks and Sinha co-led a panel of Canadian experts involved in the development of the BPG, which aims to influence health-care workers and organizations, educators, families and the public. Panel experts included representatives from patient advocacy groups, nursing, medicine, social work, law, policy, rural and remote communities, and education across the spectrum of care in Canada.

The guideline's recommendations focus on clinical practice, education, and organizations/health system policy, and can be used across all health-care settings. The BPG is part of a three-year RNAO initiative to prevent and address abuse and neglect of older adults and is funded by the Government of Canada's New Horizons for Seniors Program.

Members of the media are welcome to attend this event, which is being held two days before World Elder Abuse Awareness Day.

WHAT: RNAO releases recommendations to prevent abuse and neglect of older adults

WHO: Representatives from RNAO and Dr. Elizabeth Podnieks, founder of World Elder Abuse Awareness Day, and Dr. Samir Sinha, Director of Geriatrics at Mount Sinai and the University Health Network hospitals in Toronto and expert lead of Ontario's Seniors Strategy.

WHERE: RNAO's home office: 158 Pearl Street, Toronto, ON. M5H 1L3.

WHEN: Friday, June 13, 2014. This event begins at 9:30 a.m. A live stream will also be available on www.RNAO.ca

RNAO's Best Practice Guidelines Program is funded by the Ministry of Health and Long-Term Care, and was launched in 1999 to provide the best available evidence for patient care across a wide range of health-care settings. The 50 guidelines developed to date are a substantial contribution towards building excellence in Ontario's health system. They are available to all health professionals in Canada and abroad. To learn more about RNAO's Nursing Best Practice Guidelines Program or to view these resources, please visit www.RNAO.ca/bpg

The Registered Nurses' Association of Ontario is the professional association representing registered nurses in Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system, and influenced decisions that affect nurses and the public they serve.

For more information about RNAO, visit www.RNAO.ca

You can also check out our Facebook page at www.RNAO.org/facebook and follow us on Twitter at www.twitter.com/RNAO.

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To arrange an interview with a nurse, or for more information, please contact:

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mzych@rnao.ca

Example: Media Release

Nurses say elder abuse must be brought out into the open

2011-06-13

Marion Zych

TORONTO, June 13, 2011 – A growing number of Canadian seniors are rapidly becoming vulnerable to elder abuse.

As World Elder Abuse Awareness Day approaches, (June 15) the Registered Nurses' Association of Ontario (RNAO) together with the Canadian Nurses Association is shining a spotlight on the problem in a bid to bring the issue out into the open.

According to Statistics Canada, seniors over the age of 65 represented 13 per cent of the population in 2009. In that year, 7,900 incidences of elder abuse were reported, an increase of 14 per cent since 2004. Advocates for the elderly say such abuse can take various forms from physical and emotional to sexual, financial and neglect.

RNAO launched a project by selecting 10 long-term care homes across Canada to take part. The Prevention of Elder Abuse Centres of Excellence (PEACE) sites are located in B.C., Alberta, Saskatchewan, Manitoba, Ontario, New Brunswick and Nova Scotia.

The goal of each site is to increase awareness and understanding among health-care providers of elder abuse and enhance their capacity to respond to situations of abuse.

“This is a very difficult issue that we have to confront. Abuse of any sort is wrong. What’s especially troubling is that the victims themselves are sometimes afraid to speak out. That’s why this project is so important. We need to raise awareness so that everyone from members of the public to health-care workers know what measures to take if they spot an instance of elder abuse and how to prevent it,” says Heather McConnell, a registered nurse with RNAO and one of the leads on the project.

McConnell adds residents in long-term care can be especially vulnerable because people in long-term care are older, frailer and have more complex needs.

“Nurses and other health-care professionals have an important front-line role to play in recognizing and reporting elder abuse. We have a moral and ethical duty to protect the well-being of our patients and this new initiative is a very positive step in the right direction,” says Judith Shamian, President of the Canadian Nurses Association.

The Registered Nurses' Association of Ontario is the professional association representing registered nurses in Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health-care system, and influenced decisions that affect nurses and the public they serve.

This project is funded by the Government of Canada's New Horizons for Seniors Program. For more information about RNAO, visit our website at www.rnao.ca. You can also check out our Facebook page at www.rnao.ca/facebook and follow us on Twitter at www.twitter.com/rnao.

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To arrange an interview with a nurse in one of the cities involved in the project or for more information, please contact:

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613-864-1371 cell
www.cna-aiic.ca

Example: Letters to the editor

On health care
The Globe and Mail
Thu Aug 16 2012
Page: A14
Section: Letter to the Editor
Byline: Doris Grinspun

.....

On health care

The federal government's failure to grasp the important role it plays in the delivery of health care in Canada is mind-boggling (**Health Minister Stands By Ottawa's Role** – Aug. 14).

We agree wholeheartedly with the Canadian Medical Association that equity and fairness are central tenets of our health-care system. Nurses and physicians also know there are gaps in services between rural and urban areas across this country. The results of a survey released this week by the CMA offers further proof that aboriginal communities and people living in poverty aren't getting the attention they deserve when it comes to their care needs.

Nurses call for Prime Minister Stephen Harper and Health Minister Leona Aglukkaq to come to the table and engage premiers, territorial leaders and the public in a serious dialogue about a new health accord so we can chart the right direction for our system.

Doris Grinspun, CEO, Registered Nurses' Association of Ontario

Nursing group working toward ending poverty
Guelph Mercury
Thu Jun 17, 2010
Page: A10

Jun 17, 2010 | Vote  0  0

Nursing group work toward ending poverty

Guelph Mercury

Re:

The Wellington Chapter of the Registered Nurses Association of Ontario (RNAO) congratulates Guelph MPP Liz Sandals on her recent appointment to the position of parliamentary assistant to Deb Mathews, the minister of health and long-term care. Bold leadership is required to make and support necessary changes that will lead to healthier people and communities.

Nurses know from their practice that many things affect one's ability to be healthy. Tackling poverty and creating a cleaner environment, for example, are essential. Among other things, the RNAO has recommended in its recent *Creating Vibrant Communities* report the immediate increase in the minimum wage to \$13.25 an hour, the establishment of additional nurse practitioner-led clinics, an increase in the nursing workforce, the fast-tracking the provincial housing plan "because safe affordable housing is essential to good health," and the implementation of both the poverty reduction plan and the Pascal report on full-day kindergarten and turning schools into community hubs.

Nurses know this can be done.

During Nursing Week in May, Sandals visited the Guelph Family Health Team, where she had a glimpse of the many successes and the challenges of nurses and the complex health system. Her level of understanding of these issues and commitment to act was impressive. The RNAO, and its local Wellington Chapter, is committed to working closely with Sandals to advocate for the changes required to reform health care and create healthy vibrant communities in Wellington County and throughout the province.

Susan Yates

Guelph

Use of social media

Social media has become a part of everyday life and includes Facebook, Twitter, Instagram and other media outlets. While social media can be an effective tool for political action, it must be used in a strategic and thoughtful way. This section provides guidance on how to use social media appropriately in your political advocacy efforts.

Social Media

Social media has become an everyday part of life in both personal and professional realms. It can also be an effective tool for political action when used appropriately in a thoughtful and strategic manner. Some examples of social media include Facebook, Twitter, Instagram, etc. Social media can be used in many ways. Some examples are listed below.

Networking

There are many social media platforms that allow networks to be formed based on interests (Kirmayer, Raikhel & Rahimi, 2013). Tapping into these networks (whether they be personally or professionally focused) could help you connect with individuals who are like-minded and supportive of your political stance.

Communication

Social media platforms can accelerate the distribution of key messages. Social media allows you to rally a large group of people behind an issue in a faster way than traditional techniques (Wilson, Ranse, Cashin, & McNamara, 2014).

Testing the water

Keeping your finger on the pulse of an issue is important when pursuing political action (McKee, 2013). Through social media you can share ideas and gauge public reactions. Depending on the type of participation by others in your social media circle, you may also become more aware of the context and related events surrounding your issue.

While social media can be an effective tool for political advocacy nurses should be cautious in how they use it. Here are some things to consider:

Possibility for misinformation

While you may have the best intentions to promote evidence-based messaging, that information could be misinterpreted or worse, other individuals may use your platform to advance commercial interests. Of concern, crowd knowledge can be spread much faster than evidence-based information within the unregulated environment of the internet (Wilson et al., 2014). This highlights the importance of regularly reviewing what is being communicated on your social media platform. For example, an organization promoting for profit health services may post on your social media account making it seem that you are endorsing them and their values.

Trolls

Trolls are uninvited contacts who can use your digital platform to be offensive (Wilson et al., 2014). Do not let these contacts provoke you to respond in an aggressive or unprofessional

manner. Ignore their posts and stop yourself from responding and engaging them in further dialogue.

Keep your personal and professional profiles domains separate

Reducing a political issue to your personal opinion undermines the importance of the issue itself. You do not want your contacts to lose respect for your professional profile by becoming too personal. Similarly, if you are representing yourself in your professional capacity, ensure that you are not implying endorsement from your workplace or sharing identifying or confidential information (Royal College of Nursing Australia, 2011). You can place a disclaimer on the social media profile to communicate that information.

Loss of control

Once you make a post on social media you lose control on where that post goes or how it is used in the future (Australian Nursing and Midwifery Council, 2008). You also open yourself up to criticism in a public sphere so always maintain your integrity.



RNAO's Social Media Guide

RNAO's communications department developed the following social media guidelines to support nurses that choose this use this strategy:

Social Media Guidelines for Nurses

Electronic communication has altered the way we interact with one another, organizations, and products.

The ever-changing digital landscape can bring uncertainty to professionals such as nurses when it comes to appropriate online conduct. We encourage every nurse to become familiar with the standards and codes of ethics set out by their regulating board/college to ensure compliance.

There is a general perception that nurses are trustworthy and the nursing profession is honorable. We implore all nurses/nursing students to conduct themselves in a manner that not only maintains this trust in the profession, but also builds upon it.

The tips below are guidelines on how to create a constructive, respectful, and authentic online persona whether you are on Facebook, Twitter, LinkedIn YouTube, or any other social channel. Remember: as a nurse, you work in the public sphere. Carefully consider what you write before hitting the 'Post' button.

1. **Build your brand** – Are you speaking as yourself, with or without your 'nursing hat' on? Tone and context can often be misinterpreted. Building your voice or online persona will help to minimize confusion when it comes to the tone of your comments.
2. **Transparency** – Identify yourself, write in the first person, and don't be afraid to show your personality. Own your voice. Social media is all about continuous dialogue. Be smart, post smarter.
3. **Honesty** – Do not make false or misleading comments/statements. If you make a mistake, take responsibility for it. It's ok! It's better to own it and clarify than to deny or ignore and open yourself to further criticism.
4. **Respectfulness** – Exercise discretion and confidentiality when referring to others, including coworkers, patients and clients. Do not post identifiable information and/or content unless you have permission to do so. Avoid harassment, intimidation, abuse or threats (both when posting and responding to posts). Not all conversations are worth participating in. Anything you post online becomes public information and may remain online indefinitely, even if you attempt to modify or delete your post. Avoid fights and personal attacks.
5. **Add value** – Stick to what you know. Post meaningful comments, and aim for quality. Interested in gaining new knowledge? Ask! Someone will likely post back to you!
6. **Be diligent** – Check your sources. Separate opinions from facts. Know the difference between offering suggestions and offering health-related advice. Offering advice could lead to liability.
7. **Stay engaged** – Stay informed, post regularly, and respond to comments in a timely manner.
8. **Protect your privacy** – Never disclose your personal information. Once it's posted, it's there for good. Keep your personal information personal. Get to know your privacy settings.
9. **When in doubt, don't post** – Many social applications have timers built in. If you're unsure about posting something, ask yourself 'is this something that MUST be posted right now?' 'Am I posting out of emotion?' If you are afraid of losing your thought, type it out and put it on a delayed post. Come back to it later. Social media is very fleeting. By the time you decide it wasn't worth posting, the topic might be irrelevant on social media.
10. **Get off the Internet** - Be aware of the amount of time you spend on social media. Don't let it negatively affect your life. There's nothing wrong with unplugging.

#HaveFun

Available at: <http://rnao.ca/news/socialmediaguideline>

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Becoming Active in an Election

Elections are a strategic time to advance political issues. This section provides political action strategies specific to elections. It offers strategies on how to communicate a nursing perspective on health-related issues to candidates. It also describes different forums you can organize or use to disseminate your views and ideas.

Becoming Active in an Election

Election campaigns provide a critical opportunity for registered nurses, nurse practitioners and nursing students to influence the parties' policy positions. Because nurses are highly trusted by the public, nurses' positions on key issues carry a great deal of credibility and influence during elections. The earlier you become involved, the more influence you can exert.

Influencing public policy means acting individually and collectively in a show of strength. Working together with your colleagues, Chapter, Region or Interest Group during an election campaign is a great way to show that strength.

We have prepared this section to assist you and your colleagues in becoming actively involved in these campaigns. You have a right and a duty, both as a citizen and as a nurse, to be involved in the democratic process. And, finally, you are not alone. There are more than 107, 000 registered nurses and nurse practitioners in Ontario. Let's use our power.

Get actively involved with RNAO

One of the benefits of advocating through RNAO is the strength of collective action through a professional association. RNAO provides a strong infrastructure and resources to help you be effective with your political advocacy strategies (Kaplan, 2013). Contact the policy department for guidance and support for getting involved in elections. For example, RNAO plans events like Queen's Park Day and Queen's Park on the Road to engage members in political action.

How to get your colleagues, Chapter, Region, or Interest Group involved:

- Call a meeting for those interested in getting involved. (Even two people is a good start.)
- Identify which RNAO priority issues are most relevant to your local context.
- Determine which activities you are comfortable taking on/have the resources for.

Platforms

During provincial and federal elections, you can visit RNAO's website for a comparison of the parties' political platforms.

RNAO's platform comparison will provide you with information on where parties stand on issues related to nursing, Medicare, healthy public policy, and environmental and the social determinants of health. Knowing where the parties stand on platform issues will help you formulate more specific questions for your local candidate. It will also help you and those close to you to make an informed decision on Election Day.

During the lead-up to Election Day, you may unexpectedly meet a political candidate – while working or in the community. One way to prepare for these unplanned encounters is to prepare a 60 second speech in advance.

60 Second Speech

1. Share your name and who you are representing.
2. Describe your issue.
3. Tell a story that humanizes your request.
4. Describe your solution.
5. Share your contact information or a fact sheet.

(Tomajan, 2012)

Keep in mind who you are representing and ensure it is clear to the person you are communicating with. Are you sharing your personal views, those of your organization, or RNAO's? Take these opportunities to ask questions. The more often you do it, the easier it gets.

The following are strategies that you may wish to use before and after elections. Please share with RNAO's Nursing and Health Policy department the strategies you used and the impact they had. You can use the staff directory on myRNAO to find the appropriate contact person or complete the Contact Us form on the RNAO website: <http://RNAO.ca/contact>

Election-Time Approaches to Candidates

1. Distribute questions for individuals to ask when candidates knock on their door.
2. Invite candidates to a panel discussion or forum on health-related issues at an RNAO Chapter or Interest Group meeting.
3. Send Chapter or Interest Group members an invitation to attend and ask questions at community all-candidates meetings. Refer to the section on all-candidates meetings for ideas.
4. Organize your own all-candidates meeting on health issues.
5. Call the candidates in your riding and ask to meet them in their campaign office so that you can discuss their platforms and your concerns in person (this can also be done in a small group).

Meeting or interviewing a candidate

This section contains some helpful hints for meeting with candidates. Once you have planned your first meeting, the others will be much easier to organize.

Why meet with a candidate?

Building a relationship with politicians is extremely important. It also lets candidates know what issues are important to you as a RN, and can influence their position and priorities. Finally, meetings with candidates are the best way to get direct answers to your questions. Not only do these relationships give you access to timely information it also positions you as a trusted source of information. When that politician needs information about nursing or health issues, they will come to you to get it (Kaplan, 2013).

While meeting with a candidate in person has many advantages, it can also be time-consuming. Examine your schedule and decide how many meetings you can realistically prepare for. Interviewing candidates from all parties would be ideal – but speaking with even one can make a difference. Speaking to all parties could bolster more support for your issue especially if there is a minority government.

How should I go about setting up a meeting or interview?

- ✓ Within your Chapter, Region or Interest Group, establish a subcommittee to conduct the interviews and related activities.
- ✓ Ask candidates if they are willing to participate.
- ✓ Identify your key issues and prepare a set of questions to ask during the interviews. RNAO's Policy department can help you with this.
- ✓ Hold role-playing sessions for team members to practice before the meeting.
- ✓ Tell candidates in advance how you plan to use their responses (i.e. if you are keeping track of, or posting and circulating their responses).
- ✓ If you wish to record the interview, inform the candidate and obtain his/her consent.
- ✓ Agree on a mutually acceptable time to conduct the interview.
- ✓ Decide how you will distribute the information you have collected.
- ✓ After the meeting, send a hand written thank-you note to each participant.
- ✓ Distribute your information! Send an email to your network, individuals, or groups that may be interested.

Helpful hints:

At first, try not to let your own opinions or political views be known or the candidates may just tell you what you want to hear. However, it is a good idea to leave the candidate with a clear understanding of where you – and RNAO - stand on the issues. After the meeting, watch for signs that your key messages have been incorporated into her/his speeches or platform. If so,

call, email, or write a letter to the candidate to let him/her know that you are very pleased. If not, send a written note restating your point.

All-candidates meetings

An all-candidates meeting is another way to work with key decision-makers on issues that are important to registered nurses, nurse practitioners and nursing students. It is a great way to assess competing candidates - while they are in the same room! It also provides an opportunity for many people to get the input they need to make an informed choice on Election Day. Finally, it is an ideal way to increase RNAO's and nurses' public profile.

There are two ways to approach all-candidates meetings:

1. Organize your own all-candidates meeting with other individuals and members of your Chapter, Region or Interest Group, or;
2. Attend meetings held by other community partners.

Organizing an all-candidates meeting

- Get together
- Gather a group of individuals to form a planning committee, and decide on the specific issues you want addressed.
- Choose the format for the meeting: panel or debate
 - Panel: Form a panel that will pose questions to the candidates. Ideally, choose a moderator who is well-known locally. This will draw a larger audience, and help attract media coverage. Allow time for questions from the audience.
 - Debate: Select the issues for discussion and choose a moderator. Again, it is ideal to choose a non-partisan moderator who is well-known locally. This will draw a larger audience, and help attract media coverage. Allocate a set amount of time for each candidate to express her/his views, as well as time for questions from the audience.
- Negotiate the details
- Coordinate a convenient date and time with the candidates and other participants.
- Choose a neutral location with nearby parking.
- Arrange for audio-visual needs, podium, risers, chairs, etc.
- Spread the word
- Advertise your meeting in the local newspaper, community calendars, and through public service announcements on radio and TV.
- Take advantage of free local weekly newspapers which have wide circulation.
- Call the media outlets in your community to let them know about the meeting. RNAO's Communications department will be happy to help you with this.
- If your budget allows, print and post flyers in supermarkets, laundromats, libraries, and other high traffic public locations.

Preparing for the meeting

- Have water available for each of the candidates and the moderator.
- Designate a timekeeper to sit where the speaker can see her/him. To help candidates stay within the agreed time limit, have one piece of paper that says “3 minutes left” and another that says “1 minute left”, and show them to the speaker at the appropriate intervals.
- Have materials on hand for the public to take home. You may consider contacting RNAO’s Nursing and Health Policy or Communications Department for advice on which documents to make available.

At the meeting

- Arrive 15 minutes early to get a seat close to the floor microphone. Long line-ups can materialize very quickly.
- Take a deep breath. Speaking to candidates in front of an audience can be stressful, especially if it is your first time doing so. Remember – other people in the audience will likely have the same questions you do, but may be too shy to ask. Not only will you receive an answer, but others will as well.
- When it’s your turn to speak, introduce yourself as a registered nurse, nurse practitioner or nursing student. Speak slowly and clearly, and make eye contact with the candidates. Don’t be afraid to try for a follow-up question.

After the meeting

- Send a written thank-you note to the candidates, moderator, and venue (if appropriate).
- Email your network, Chapter, Region, or Interest Group about the event, and copy RNAO.
- If the media was not present at your event, you may follow up with local media to see if you could submit a short media release about the meeting for publication.
- Attending a community all-candidates meeting
- Get together
- Gather a group of individuals from your riding who are interested in and comfortable with posing questions to candidates in front of a community audience.
- Form a plan
- Look through your local newspaper or community newsletter for information on all-candidates meetings in your area.
- Draw up a schedule of all the meetings that will be held in your riding.
- Have each member of your team attend one of the meetings. If there are not enough members to cover all meetings, arrange a rotating schedule.
- If possible, have members attend in pairs for support.
- Brainstorm a list of questions to ask candidates. We have included some sample questions on the following page to help you with this. Try to ask a different question at each meeting.

Examples of Questions

Almost every day I come to work, we are short staffed. That means that patients have to wait for us to get to them - they might end up sitting in a soiled bed, or if they are tired of waiting, they might get up on their own and fall. Because we don't have enough staff, sometimes our patients get neglected. When we can't give the best care, it is frustrating. Some of us are burnt out and as you know, burn out is one of the risk factors for abuse and neglect. **If your party is elected, what will it do to increase the number of registered nurses and other health-care providers?**

We are learning about what we can do to prevent elder abuse, but we can't do it alone. **What do you think is the government's role in the prevention of abuse and neglect of older adults?**

Post-election approaches to politicians

Send a congratulatory letter to the politician elected in your riding and reintroduce yourself as a registered nurse, nurse practitioner and nursing student and a member of the Registered Nurses' Association of Ontario (RNAO). In your letter, offer to serve as a resource for consultation and/or information on nursing and health-care issues.

Ask to meet with the politician within the first few weeks after the election to discuss local health issues. This will help you establish rapport and increase your influence. Again, offer to assist by serving as a resource for consultation and/or information. Remember, politicians need to be informed in order to successfully represent their constituencies – by helping them succeed, you will make yourself indispensable.

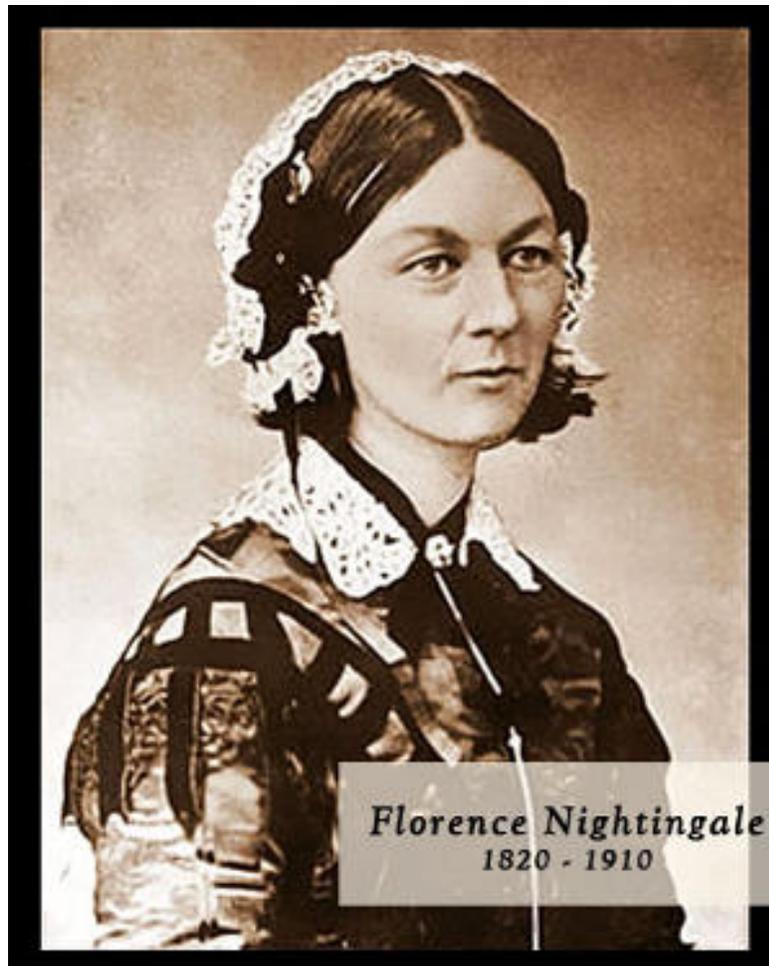
Invite them to relevant events and meetings to participate in a question and answer session or panel discussion. Send a written thank-you note after the event, and follow up with an email to individuals, your network or chapter or interest group members. You may also consider writing a report in a newsletter. Advise politicians that you intend to publish their remarks.

Keep them informed about events and initiatives that you, your Chapter, Region, or Interest Group have organized. This is a way of keeping in touch and ensuring that she/he remains aware of health-care and nursing issues and RNAO's positions on these issues.

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So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.

(Florence Nightingale)