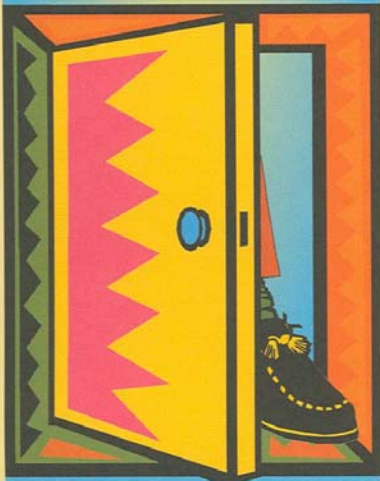


WHAT WORKS!

Putting Community Issues on the Policy Agenda

8 stories from Atlantic Canada



Susan Lilley

Prepared for:
Population and Public Health Branch
Atlantic Regional Office
Health Canada



WHAT WORKS!

Putting Community Issues on the Policy Agenda

Introduction

Communities and governments working collaboratively to develop healthy public policy.

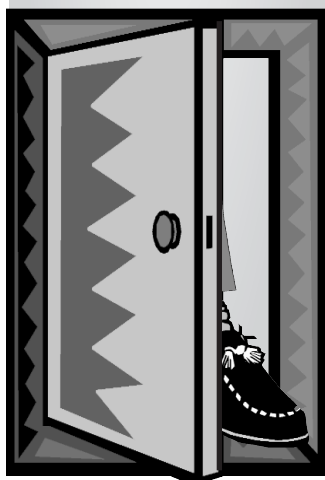
This is the overall goal of the Population Health Fund, a program of Health Canada's Population and Public Health Branch, Atlantic Regional Office (PPHB Atlantic). This goal is consistent with the population health approach adopted by federal and provincial governments in 1997. The population health approach engages communities as equal partners with governments and other stakeholders in the development of public policies to improve health.

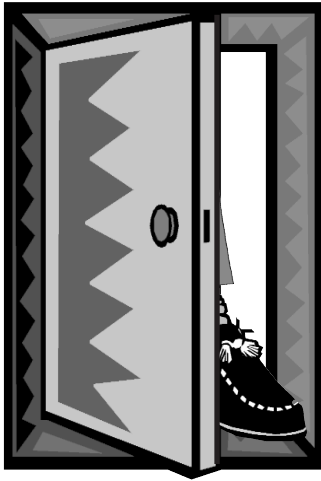
Through the Population Health Fund, PPHB Atlantic provides short-term funding for community-based projects that either contribute to the development of healthy public policy or increase community capacity for policy work. Since 2001, 50 community-based organizations across Atlantic Canada have sponsored 75 of these policy projects.

Eight of these organizations have been identified as worthy of a closer look, for learning more about the role of community organizations in the policy process. Their projects were chosen by PPHB Atlantic's population health staff team, based on evidence of success in influencing the policy process. Provincial, cultural, and life stage representation was also a consideration.

For each of these organizations, a short story has been written to capture their experience in the policy arena. The stories cover issues ranging from family violence to injury prevention to youth sexuality. Several address cultural and language issues. Although every story is unique, the stories also have much in common. Regardless of the issue addressed, every story has useful lessons for any group hoping to get their issues on the government agenda. Lessons learned from these stories have been summarized in four pages and ten tips, for use by community organizations setting out along a similar path.

The stories are based on project documents and in-depth interviews with both project sponsors and the government officials involved. In some cases, these government officials were public servants who participated actively as project partners. In other cases, they were senior officials or elected representatives. In every case, these interviews provided important third-party insight into the value of project activities and accomplishments. Every story was circulated in draft form to both project and government officials to ensure accuracy. Project sponsors provided written consent to publish the stories.





Influencing public policy is a complex process. It requires ongoing commitment to creating a social environment supportive of the proposed changes. It also requires developing relationships, building alliances, and helping all stakeholders understand the issue and what it means to them personally. It is not easy, but with support from PPHB Atlantic, community organizations in Atlantic Canada have shown that it can be done.

The opinions expressed in this publication are those of the author and do not necessarily reflect the views of Health Canada.

Également disponible en français sous le titre: *Ça marche ! Porter les questions d'intérêt communautaire au programme politique*

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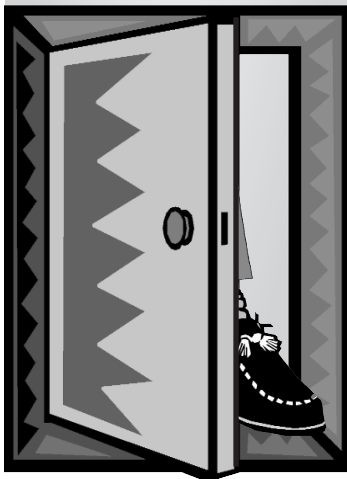
a best practise story

SENIORS BRIDGING CULTURES IN HEALTH CARE

Many seniors from ethnic minorities face language and cultural barriers when they need health care. In St. John's, the Seniors Bridging Cultures Group is working with the health care system to improve this situation.

For several years, seniors from many different cultures have been getting together at the Seniors Resource Centre every Thursday afternoon to share friendship, experiences, interests, and recipes through the Seniors Bridging Cultures Group. Several years ago, the Seniors Bridging Cultures Group developed a program called Volunteer Link. Link volunteers from a variety of ethnic backgrounds act as interpreters for seniors who contact the Seniors Resource Centre. Group members were happy with the success of Volunteer Link, but realized that changes were required throughout the health care system to make it more accessible to seniors from other cultures. In 2001, with support from Health Canada, Group members decided to learn more about the health care needs of ethnic minority seniors and to present the results to health care leaders in the St. John's area.

The Seniors Bridging Cultures Group began by putting together an advisory committee to guide their project. The committee included Group members, representatives of various cultural organizations, a researcher, and representatives of each of the three health care boards that serve the St. John's area: the Health Care Corporation of St. John's (hospitals), the St. John's Nursing Home Board (long-term care), and Health and Community Services, St. John's Region (public health and home care). Members of this advisory committee have played a very hands-on role throughout the project.



Getting the facts

To learn more about the health care needs of ethnic minority seniors and their experiences with the health system, over 70 seniors from 25 countries filled out written surveys. In addition, 15 Link volunteers representing 19 language groups provided information about the health care needs of their own ethno-cultural communities. The Seniors Bridging Cultures Group then brought 32 seniors from many cultures together to review the results and identify their main areas of concern.

Making the Case to Policy Makers

With their research results and recommendations in hand, Group members faced the challenge of making the issues real and meaningful for the people who can do something about them – senior administrators of the health care system. The Group organized a half-day conference specifically aimed at senior staff of the three health boards and other organizations that influence the health system. Senior officials from every relevant organization were in the room, including the CEOs of the hospitals corporation, the nursing home board, and the regional health and community services board. Health care administrators were not the only people at the conference. The

other half of the participants were seniors from various ethnic backgrounds. Health care leaders commented on this unique opportunity to examine cultural issues and barriers from many perspectives.

How did the Seniors Bridging Cultures Group convince this powerful group of busy people to come to their conference? Members of the project advisory committee helped pave the way within their organizations by making sure that the right people were invited, in ways that would be compelling to them. According to one administrator, the invitation was addressed directly to her, it contained enough information about what was planned, and there was enough lead time for her to fit it into her schedule. The fact that the conference was held at a central location and began with a buffet lunch also made it convenient for administrators to attend.

Bringing the Facts to Life

The purpose of the conference was not only to present the results of the study, but also to provide senior administrators with first-hand experiences related to the issues. In fact, the results of the study were presented rather quickly, with far more time devoted to discussion and interaction. Policy makers and ethnic minority seniors met in small group discussions facilitated by members of the project advisory committee. The administrators and seniors were asked to role-play situations in which health care workers try to obtain information from, and provide health care to, a senior from another culture. The challenge was to do this while respecting language, cultural, spiritual, and dietary needs. Link volunteers were on hand as interpreters but were asked not to assist during the first few minutes of the role play.

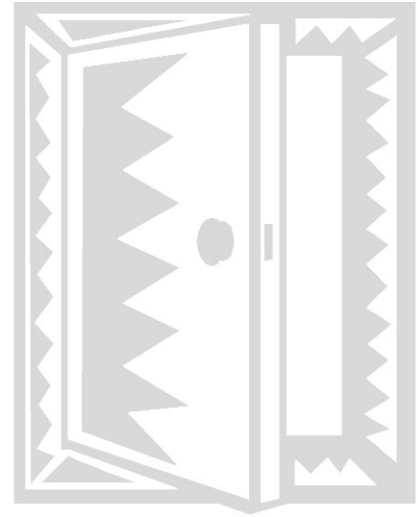
The conference provided health care leaders with an opportunity to experience the challenges faced by both minority seniors and the health care workers who work with them. Rather than telling administrators what to do, the conference provided time for health administrators to self-identify the changes they could make in their own organizations to address the issues. In their closing remarks, several administrators mentioned what a powerful experience the conference had been. They said they were now much more aware of the importance of the issues and the changes they needed to make.

Keeping the Issue Alive

Several weeks after the conference, administrators were sent letters asking what they had done or planned to do as a result. Their responses included a variety of steps they had taken or planned to take to address cultural diversity. Some reported offering in-service education sessions, distributing information packages to staff, or setting up a working group. One organization reported plans to include cultural diversity in a staff orientation program. Another planned to bring someone from a minority ethnic group onto its volunteer board of directors.

Building Capacity for Policy Work

When reflecting on the success of their conference, Seniors Bridging Cultures Group members recognized that only the ethnic minority seniors themselves could build on the awareness and momentum they had created there. To encourage more seniors to make their voices heard, they organized a two-part policy workshop with the theme, "You CAN make a difference." Twenty-four



people participated. The idea that they could meet with CEOs and talk about policy change seemed preposterous to some seniors at first, but the workshop helped them realize they had the time, the knowledge, and the personal life experience to do so. By the end, they felt that, with the support of the project advisory committee, they could make a difference.

During the workshop, participants reviewed the results of the study they had conducted a year earlier, identified priorities, and developed action plans and recommendations for each priority. Three working groups were formed on the spot and more than half the seniors chose to get involved in some way. Project advisory committee members from the health care boards all offered to assist in the work with their own organization.

Next Steps

Since these policy workshops, project coordinator Lloyetta Quaco has contacted leaders of the three health boards and requested meetings for the working groups to make presentations to their senior staff. The intent is to work with each of the boards separately. So far, times have been set for meetings with two of these boards.

This project has opened up two-way communication between ethnic minority seniors and the health care system at many levels, from the front-line workers to the top administrators. The Seniors Bridging Cultures Group now knows who to speak to about priority health issues, and people in the health care system know where to go to better understand the issues. The Health Care Corporation of St. John's recently invited Group members to "test-drive" new translation software and plans to include them in an upcoming study on cultural sensitivity. The Department of Health and Community Services, St. John's Region, turned to the Group for help in preparing an information package on cultural sensitivity for all their public health and continuing care nurses.

Collaboration, communication, and persistence are three key words that sum up the approach of the Seniors Bridging Cultures Group. The seniors have always taken a positive, collaborative, and courteous approach, keeping health care leaders aware of every step. They use polite yet persistent phone calls to remind administrators of their requests. While there is still a long way to go to make health care services in St. John's more accessible to seniors from other cultures, the Seniors Bridging Cultures Group has created the awareness and the working relationships that can make change happen.

For further information about this project, contact:

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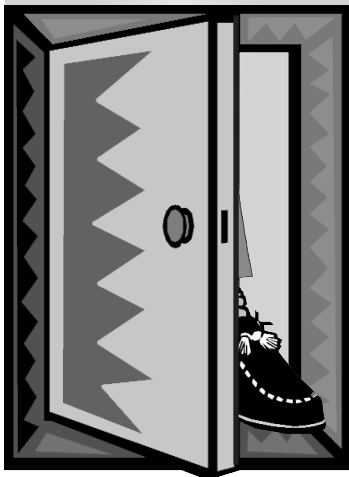
a best practise story

YOUTH ENGAGEMENT IN SOCIAL POLICY

With the failure of the ground fish industry in the province of Newfoundland and Labrador, those with the least capacity to find work in other parts of the country are being "left behind." Most vulnerable are the youth in rural areas of the province. These youth, potentially tomorrow's community leaders, must rapidly become more engaged in society and confident in their ability to help shape it.

With this situation in mind, late in 2002, Memorial University of Newfoundland's School of Social Work sponsored a project to enhance the participation of socially excluded youth in the development of public policy. The project was conducted by a community-university research alliance, through the Community Youth Network (CYN), an organization with youth centres throughout the province. The project worked with CYN centres in St. John's, Harbour Grace, Harbour Breton, and Happy Valley-Goose Bay (Labrador).

Consistent with the aim of the project, full youth engagement was a priority. A reference group of five young women and two young men, ranging in age from 15 to 18, brought a dynamic, youth-friendly perspective to all project activities. These young people were well-known at the CYN site in St. John's because of involvement in a previous project. Every one of them had experienced difficult life situations and was struggling with a variety of personal challenges. Not surprisingly, thinking about social policy was new for them. However, the possibility of travel to other CYN sites around the province was exciting, and the project encouraged their involvement by providing food, transportation, and use of a computer.



In the fall of 2002, these young people were introduced to the project, to social policy, and to the elements of youth-centred presentations. Over the next two months, the reference group worked closely with project coordinator Krista Spearns and staff from the Brother T. I. Murphy Learning Resource Centre to design a youth-friendly two-day Social Policy Training and Action Plan Workshop.

Making Sense of Policy

The group's dynamic and interactive workshop program was built around a "survivor island" theme, complete with Hawaiian-style leis, tribal names, and tree-mail challenges. The concept of social policy was introduced as concentric circles representing ever wider levels of society, moving from the self in the centre (personal policies), out through policies at home, at school, in communities, and finally, in the outer ring, provincial and national policies. Over the course of the workshop, participants identified and mapped the rules or policies that influence them at each of these levels. These personal mapping activities alternated with the survivor island game. The various survivor activities were designed to help participants identify the needs that can arise when a new

community is established and to understand how communities establish policies to help members live together in harmony. In addition to all of these policy-focused activities, the workshop was full of activities designed to get participants talking to each other and having fun. The final workshop activity, on the survivor theme, drew on all concepts presented earlier in the workshop. Participants were asked to select a local policy that they would like to see changed and to come up with ideas about how to go about changing it. They were then invited to form an action group to pursue the policy change in the weeks ahead.

With support from a team of youth workers and researchers, the youth reference group took their policy workshop to youth centres in Harbour Breton, Harbour Grace, and Happy Valley-Goose Bay. They also presented it to youth at the T. I. Murphy Learning Centre, an alternative education site in St. John's. Overall, 36 youth, ranging in age from 12 to 18, participated in the workshops. One indicator of success was that after spending Friday evening at the workshop, all participants came back at ten o'clock Saturday morning for day two. In every workshop, participants identified a policy they would like to change and came up with ideas for influencing change. The policies they chose related to school scheduling, community recreation and support services, and clean-up of land and water.

Taking Action

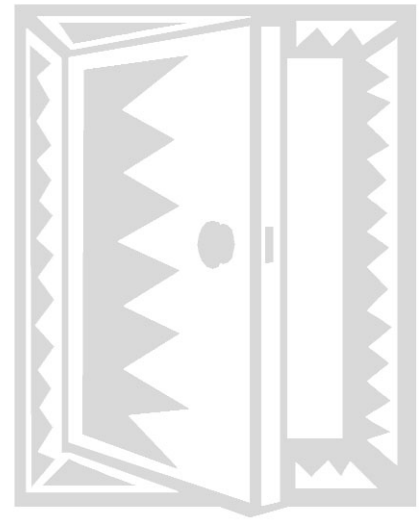
In Harbour Breton, an isolated community of 2,200 people, 12 youth, from 12 to 16 years old, came to the workshop. When asked what policy they wanted to see changed, they chose to try to get their school to reinstate a former policy that had

allowed students to go home at noon one day every two months, called a "fast Friday." Workshop participants agreed that they wanted a monthly fast Friday and talked about how they could make this happen. After the workshop, the group met on two occasions with the local CYN coordinator to plan a strategy to bring about this change. Together, they composed and sent a letter to the school principal. One workshop participant made sure to get the issue on the agenda of the student council, and a final decision is pending.

Youth involvement in policy issues was not entirely new to workshop participants. The CYN approach encourages young people to get involved in decision making. They have equal representation on CYN boards and are consulted in decision making at every level. From the very start, youth have been involved in developing policies about personnel, hours of operation, bus routes, site rules, and conflict resolution. Although they do not talk about policy, they are involved in policy development all the time. According to CYN coordinators in Harbour Grace and Harbour Breton, what was new for workshop participants was an opportunity to talk about policy and a recognition that they are able to influence policy outside the CYN.

Lessons Learned

According to everyone involved, the key ingredient for this project was the youth reference group. Having young people develop and deliver a dynamic workshop in youth-friendly environments resulted in an exciting learning experience that could not have occurred otherwise. Perhaps the most important lesson learned about youth engagement, however, was the length of time required for relationship building.



"Pre-engagement" activities, such as building trust and establishing a common basis for working together, required considerable time. This was true for the youth reference group early in the project and also for the groups at each workshop.

Building Capacity in Youth

As for the youth reference group who planned and delivered the program, they expressed strong ownership of "their" workshop and every one of them stayed for the full 15 months of the project. With positive feedback after each workshop, their presentation skills and confidence grew. While in the initial workshops the team had played a supporting role in the activities, by the time the final workshop came around, all the young people, and two in particular, confidently presented the policy content. According to project researchers, these youth gained an awareness of the province, of different communities and issues, and of their place in community. They felt better informed and better connected in society in general. During their final celebration, several mentioned that as a result of their

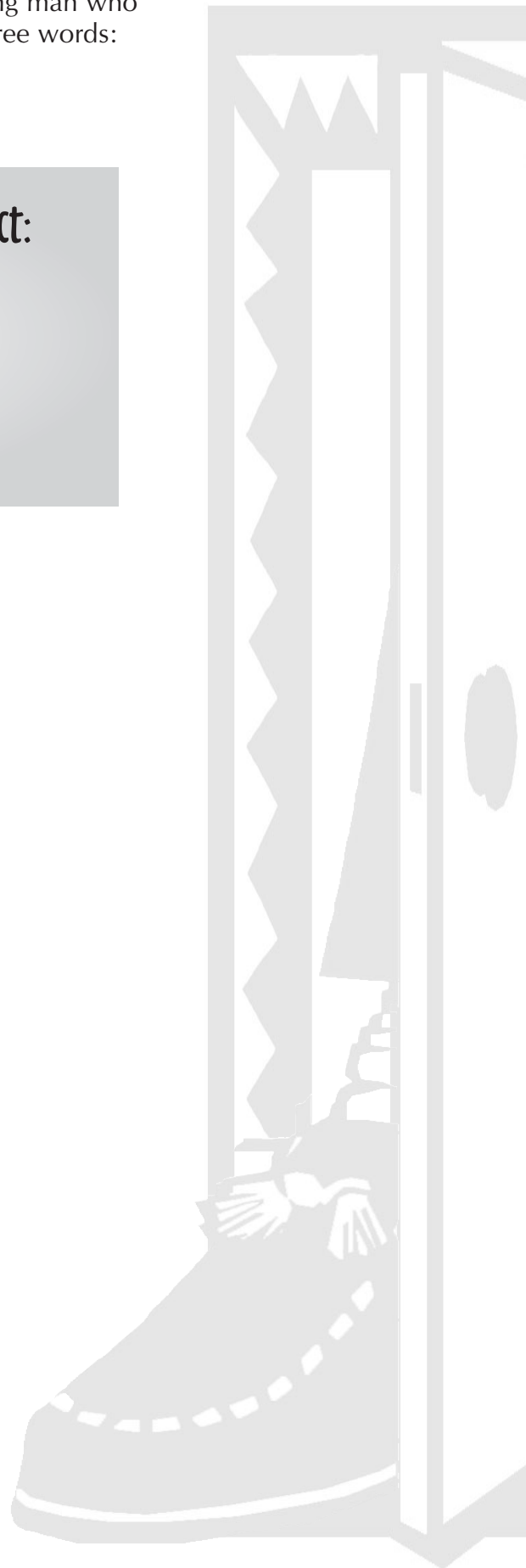
experience in the project they had let various supports into their lives, such as teachers, families, and health care workers. One young man who faced many life challenges summed up his experience with three words: "I feel proud."

For further information about this project, contact:

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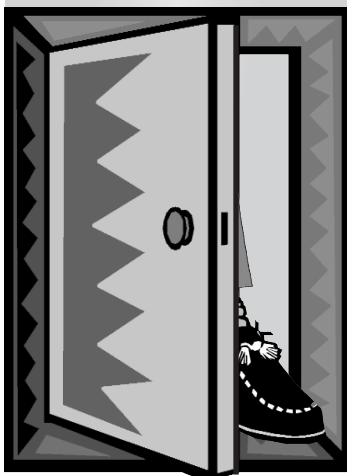
a best practise story

PEI CAUCUS ON YOUTH SEXUAL HEALTH

Issues related to sexuality, particularly youth sexuality, provoke a strong emotional response and are taboo for many people in Prince Edward Island. These issues have always been difficult to address on the Island, perhaps because of a more conservative rural population, perhaps because of close-knit communities where everyone knows everyone else. The Prince Edward Island Caucus on Youth Sexual Health has been changing these attitudes and creating public support for policy changes that encourage the development of healthy sexuality.

Women's Network PEI recognized the importance of building a collaborative, province-wide movement to address the issue of youth sexual health after the 1999 publication of a Health Canada report on sexual and reproductive health in Atlantic Canada. Late the following year, the Network received project funding to begin to build this movement. They brought together 15-20 people from different agencies related to youth or sexuality in some way, as well as representatives of provincial departments responsible for education, health, and women's issues. Over the next three years, this group has changed, solidified, and become well-known as the PEI Caucus on Youth Sexual Health.

As a first task, the Caucus chose to find out what works for promoting healthy sexuality. They spoke with organizations across the country and examined what the research literature had to say about successful programs and services. A report called Best Practices was produced to tell others about what they learned. With this report in hand, they organized a meeting to hear from young people about issues, barriers, and challenges related to healthy sexuality. At the time, most of the youth they approached to participate were reluctant to do so because of the sensitive nature of the topic.



The Caucus has since grown to include a variety of new partners, most notably, parents and youth themselves. Four young people between the ages of 15 and 22 have been actively involved in every aspect of Caucus activity for over a year. Representatives of family resource centres have also joined the Caucus to bring the parents' perspective to the work.

Creating a Comfort Zone

Faced with the challenge of influencing policy to promote youth sexual health, the Caucus organized a two-day workshop to learn about public policy and to talk about how to influence it. The workshop opened with an evening session to overcome barriers and build relationships among youth, parents, and professionals. This public event, called a "chocolate house," used chocolate, entertainment, and humour to provide a comfort zone for discussions about youth and sexuality. Two young people welcomed the 60 or so participants and hosted the evening. An opening act by F.I.G.H.T. Club, a Charlottetown improv group, broke the ice and had the audience laughing about topics such as love, sexual myths, and body image. As the evening progressed, a health educator from the Planned Parenthood Federation of Canada spoke about reliable web sites on youth

sexuality. Young people gave their opinions about these web sites, and Katimavik youth led a sexual health trivia game, which stimulated discussion among the diverse participants.

Clarifying Their Views

Over the next two days, workshop participants came to agreement on a common mission, vision, and definitions for the Caucus. They identified a common belief that healthy sexuality is a key component of overall health and wellness throughout the life cycle. They recognized that both families and society at large are responsible for creating positive environments for healthy sexual development. This work enabled the Caucus to see that their target group must include youth, parents, and professionals who work with youth, all of whom need support. With the work accomplished at the policy workshop, the Caucus developed a policy framework and a comprehensive action plan. The plan includes objectives to improve sexuality-related services and support for each of their three target populations, through research, education, and strategic alliances.

Building the Network

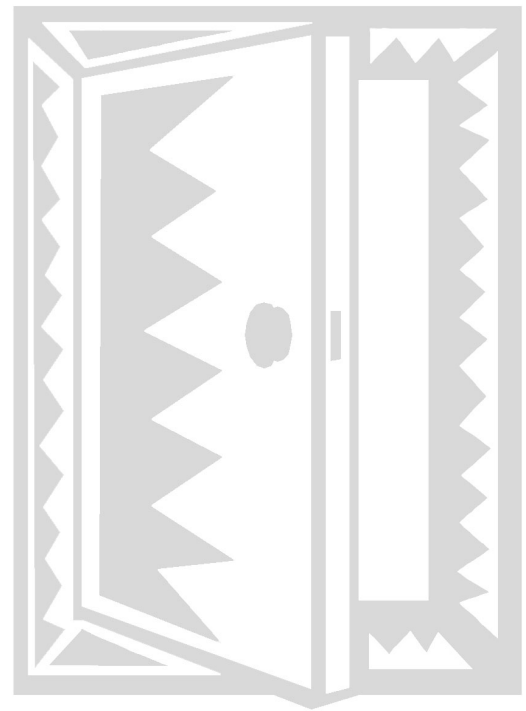
To further its objectives, the Caucus has been developing alliances with organizations that represent or work with their three target populations of youth, parents, and professionals who work with youth. They have presented their policy framework to people in health centres, family resource centres, the school system, faith communities, and youth organizations. They have also spoken to these groups about

successful programs for promoting healthy youth sexuality. The Caucus recently presented both their research results and the policy framework to a multi-disciplinary group of professionals who provide support to schools in the Eastern Regional School District. People expressed their support for the framework and suggested several ways they could work with schools on this issue. A strong partnership has developed with C.H.A.N.C.E.S., a family resource centre that works with the parents of very young children. C.H.A.N.C.E.S. is now developing a parent education program about home environments that support the development of healthy sexuality.

The Caucus continues to conduct focus groups with young people. Organizations that serve youth are now more willing to host these focus groups, and over 125 young people have participated province-wide. The results of these consultations will be published in an upcoming report on the state of the sexual health of Prince Edward Island youth.

Raising Public Awareness

A recent high profile court case about sexual activity among 12-year-old girls on the Island has provided the Caucus with an excellent opportunity for increasing public awareness and changing attitudes. With their research results in hand, the Caucus has made full use of this unexpected opportunity. Kele Redmond, the project coordinator, was featured in numerous radio and television broadcasts and was able to move the discussion from the level of a sex scandal to a dialogue on policy issues. As a result of this visibility, the Caucus has been invited to speak to far more groups than previously possible – the interest is high and the timing is right.



According to the project coordinator, the Caucus has learned that influencing public policy is not just about working with policy makers. She describes policy change as an iceberg, with most of the work required to impact policy being largely invisible. Creating an environment in which change can happen requires building alliances and helping all the different stakeholders to better understand what the issue means to them personally.

Underlying all of the diverse and sometimes conflicting attitudes on youth sexuality, the Caucus has found one common and unifying interest: the desire to enhance young people's lives. They continually try to bring discussions back to this shared interest and strive to work collaboratively, using a non-adversarial approach. At times, the process of clarifying their purpose, target population, and policy framework has been painstaking, but it has enabled the Caucus to develop into a strong and unified voice for Prince Edward Island youth.

While the Caucus has not yet gone to senior policy makers with their issue, they have kept them informed and are nearly ready to approach them formally. Members of the Caucus who work in the relevant government departments are paving the way for the official meetings tentatively scheduled for early 2004. The intent is to meet with policy makers, present them with guiding principles, rather than hard policy recommendations, and work with them to find ways to apply the principles throughout Prince Edward Island.

To view the policy framework and read more about the PEI Caucus on Youth Sexual Health see: www.wnpei.org/

For further information about this project, contact:

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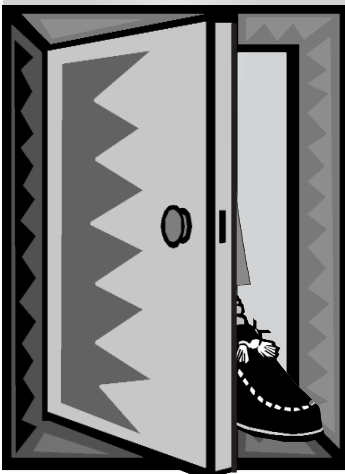
Putting Community Issues on the Policy Agenda

a best practise story

PUTTING ADULT SURVIVORS' NEEDS ON THE HEALTH AGENDA

The needs of adult survivors of childhood sexual abuse are traditionally not high on the public policy agenda. Because a feeling of powerlessness is one of the effects of abuse and because of the stigma associated with this issue, as a rule survivors do not speak out about their need for specialized counseling. Without adequate treatment, however, adult survivors often experience addiction, self-harm, depression, abusive relationships, and other conditions that increase their use of the health care and social support systems. In the West Prince region of Prince Edward Island, a small group got together to empower the community to speak out and put the needs of adult survivors on the health agenda. S.A.G.E. Inc., a non-profit association concerned with adult survivors of childhood sexual abuse, sponsored the project.

Community animator Blye Perry was hired to bring survivors and concerned citizens together in a group and to provide training so that they could assess the needs of adult survivors in West Prince and lobby for services to meet these needs. Building the group was her first challenge. As a long-time community member herself, she began with people she knew personally who cared about the issue and asked each of them to suggest others. She was careful to proceed in a way that did not label participants as survivors and to ensure that group members came from every part of the region. She also invited the West Prince Regional Health Authority to get involved. Eventually, 12 people agreed to participate in a seven-week training program. The group, who called themselves the West Prince Community Animators, included a variety of perspectives: survivors, clergy, Acadians, the health system, mental health, and violence prevention. It also included two men, demonstrating that this was not "just a women's issue."



Building Community Capacity to Take Action

Over the following weeks, the community animators worked through a series of seven modules designed to enable them to better understand the needs of adult survivors as well as to understand how they can bring about change to meet these needs. The training modules covered issues such as leadership, advocacy, survivors' needs, public policy, and the health system.

In one session, the animators learned about the policy process and how they could try to influence it. While somewhat intimidated by policy at first, the animators began to make sense of it when they examined the policies they make in their own families and worked up through the system from there. By looking at the different levels of policy, they were able to come up with many ideas of what they could do as a group.

As they worked through the seven training modules, the animators participated in a mock advocacy process and developed a plan to engage their MLAs as well as West Prince Regional Health Authority decision makers. To deepen their understanding of the needs of survivors, they spoke with the survivors in their group, surveyed clergy, and reviewed the report of a needs assessment conducted a year earlier by the PEI Rape and Sexual Assault Crisis Centre. They also invited a variety of service providers to speak with them. All agreed that childhood

sexual assault was a root cause of many of the problems they encountered, and they identified the urgent need for specialized counseling services for adult survivors.

Until 2002, no specialized counseling services existed in this rural region. To demonstrate the urgent need for this service, the Charlottetown-based PEI Rape and Sexual Assault Crisis Centre had initiated a one-year pilot project that consisted of a one-day-a-week counseling service. When she met with the community animators, the counselor was working with 18 survivors and had a long waiting list. Even so, the pilot project was scheduled to end in September 2003.

During the planning session they held in the following weeks, the West Prince Community Animators identified their top and immediate priority to advocate for continued and expanded counseling services for adult survivors. Earlier, the community animators had felt overwhelmed with how much needed to be done to address the issues of adult survivors. Narrowing the possibilities down to this one priority for immediate action was a challenge, but one that was well worth the struggle.

A Bridge to the Policy Process

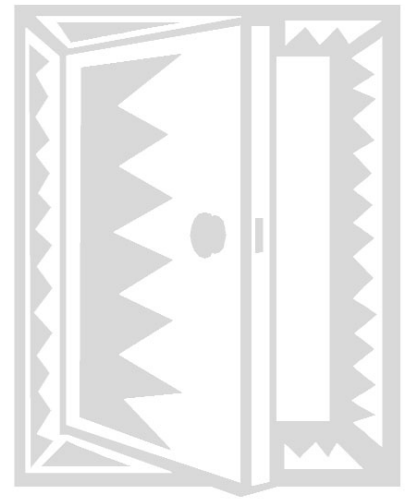
One of the community animators, a community development worker from the West Prince Regional Health Authority, was able to serve as a link between community members and the policy process. This "bridge person" contributed a great deal to the group's understanding of the health system and how it works. He also opened doors for the community animators to meet with senior executives of the West Prince Regional Health Authority. By contributing meeting space, resource material, and know-how, he greatly facilitated the process.

As the group became increasingly focused on advocacy towards his own employer however, the community developer's role in the group changed. Although he had begun as one of the West Prince Community Animators he was now more of a resource person to the group.

Making the Case to Policy Makers

To prepare for their meeting with policy makers, the community animators put together an information package. In it was a one-page fact sheet on the group and their issue, with four recommendations for action. They presented this package to both their elected officials and the CEO and management team of the West Prince Regional Health Authority.

The issue of counseling for adult survivors was not new to the West Prince Regional Health Authority, which had contributed space and a small amount of money to the one-year counseling pilot project. However, the meeting served to keep the issue on their agenda. It also demonstrated that community members cared about the service and were willing to work with them to maintain and expand it. Although their meeting was scheduled for 20 minutes as part of a regular management meeting, the West Prince Community Animators were encouraged by the many questions and the fact that the meeting lasted one and a half hours. As a result of the meeting, West Prince Regional Health Authority managers requested a formal proposal from the community animators. Two West Prince Health employees were appointed to work with the group to develop the proposal. In a separate meeting, the four MLAs for the region expressed interest and support and said they would view a formal request positively.



What Worked

Those involved identified several essential ingredients for this project. According to coordinator Blye Perry, who is herself one of the community animators, the most important aspect was that everyone had an equal say. Adult survivors and community members in the group were all treated equally. This was especially important for the survivors, who often feel their voice has been taken away. They were continually reminded that they had a voice and that it would be heard. Survivors also had to feel supported, as talking about these issues can be very disturbing. They knew that arrangements had been made for the rape crisis centre to provide them with timely support should they need it.

Another essential ingredient was the composition of the West Prince Community Animators group. Representation from across the region and from diverse sectors made it clear to policy makers that this was not just a local interest group but one dealing with a timely, region-wide issue.

Two additional strategies that worked well for the group were focusing on one single, manageable issue, where they had some hope of success, and framing it as an issue with cost repercussions for the health care system.

Next Steps

Since the project, the community animators have been working with employees of the West Prince Regional Health Authority and other stakeholders to prepare a proposal for a full-time sexual assault counselor for the region. Their "bridge person" continues to speak about the issue within the health system. He recently presented the draft proposal to a new mental health team, which supported the need for counseling services.

Although project funding has ended, the community animators have pledged to continue the work until their goals are achieved. While awaiting a response to their proposal, 11 community animators recently participated in a training session on organizing community events. During this session, they began to plan action to address their second priority, community education.

According to those involved, the project's greatest success is the growth and learning of the community animators themselves. Whether or not their proposal for a counseling service is accepted, the self-confidence, knowledge, and skills they gained, in both sexual assault and group processes, will remain an asset to the community.

For further information about this project, contact:

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WHAT WORKS!

Putting Community Issues on the Policy Agenda

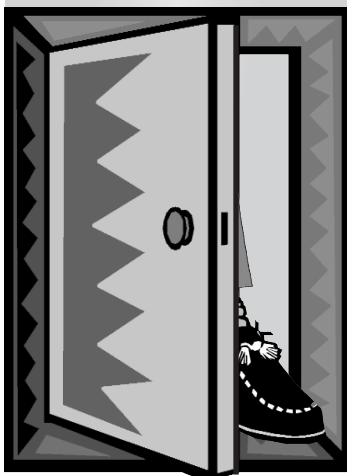
a best practise story

HEALTH IN FRENCH FOR ACADIAN AND FRANCOPHONE NOVA SCOTIANS

The ability to understand and be understood is essential for effective relationships between health care professionals and their patients. French-speaking Nova Scotians, however, rarely have access to health care in their own language. Nova Scotia's Acadian and francophone community consists of nearly 40,000 people: most of whom live in Halifax, Sydney, or in rural Acadian communities in northern and south-western Nova Scotia. In fall 2001, the Fédération acadienne de la Nouvelle-Écosse set out to increase the availability of health services in French, particularly in areas where francophones are found in greater numbers. Their approach has been characterized by goodwill and collaboration.

During their 2001 annual general meeting, members of the Fédération acadienne de la Nouvelle-Écosse requested that the organization take on a leadership role in increasing the availability of services in French. Health services were identified as a first priority, partly in response to action at the national level. The Federation of Francophone and Acadian Communities of Canada had recently examined the state of health services for minority French-language communities and released a national action plan. This work set the stage for action in Nova Scotia.

The Fédération acadienne de la Nouvelle-Écosse applied for and received Health Canada funding to hear what Nova Scotia's French-speaking population had to say about access to health services. A project steering committee was created with representatives from five key stakeholder groups: community organizations, health care facilities, training institutions, health care professionals, and governments. Youth, seniors, and women were also included.



Communities Speaking Out

With the assistance of project coordinator Paul d'Entremont, the committee organized public consultations in eight Acadian and francophone communities around the province. The purpose of these consultations was to enable community members to talk about their issues and concerns, their health service needs, and how best to address them. It was also to identify existing French-language health services and initiatives. Invitations were sent out through voluntary organizations and publicly through community radio stations, newspapers, and bulletins. Both community members and health care service providers were encouraged to attend.

Over 130 people came to the consultations. By describing the situation as it exists in their own region, participants identified issues, concerns, existing initiatives, program needs, and strategies for policy change. Discussions, framed in the context of the determinants of health, focused on five key areas: human resources, health information and prevention, specific needs of the population, available and essential services, and reception areas.

At each of the community consultations, participants appointed delegates to attend a provincial forum on their behalf. In addition to these community delegates, the provincial forum included representatives of provincial and federal governments, francophone educational institutions, and francophone health professionals. Participants also

represented a variety of francophone provincial organizations, including youth, parents', and seniors' associations. Together, participants reviewed the results of the community consultations and identified 10 initiatives for action by policy makers. They also recommended that the Fédération acadienne set up a standing committee on health in French, and this was done.

The results of the consultations and the provincial forum were published in a report, which has been widely distributed. It was presented to both provincial and district health authorities, as well as to the Romanow and Kirby Commissions. A summary of this report was produced in English, and all documents were made available online.

The Journey Continues

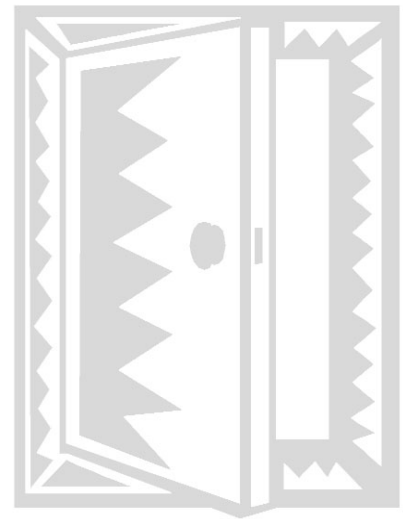
That original Health Canada project was only the start of a journey. Since the initial policy project, the Fédération acadienne has received federal funding to continue work on this issue. The new health committee has since created an independent, provincial network of those interested in the availability of health services in French. The network includes regional committees under development in each of the three main French-speaking regions of the province. Membership is open to health-related organizations and institutions, community organizations, and individual members. The purpose of the provincial network is to coordinate activities, facilitate resource sharing, and offer leadership and support to the regional committees. The actual work to improve access to local health services is the responsibility of the regional committees. The network now has a full-time provincial coordinator and part-time coordinators in the north-east and south-west regions. Together, the provincial network, regional committees, and coordinators are meeting and working with

the district health authorities to raise awareness about the health issues of the francophone community.

Involvement of Policy Makers

Admittedly, the availability of health services in French was not high on the provincial Department of Health agenda before the consultations. However, in response to the provincial forum, the Department appointed one of their senior staff to work with the francophone community on this issue. She and a representative of the Office of Acadian Affairs provided access to other policy makers. According to these two "bridge people," the report of the community consultation helped make it possible to set up a meeting with senior administrators from four sections of the Department of Health, covering the spectrum from primary health services to long-term care. During this meeting, policy makers and representatives of the francophone and Acadian community talked about concrete responses to the report's recommendations.

The provincial Department of Health was involved in the initial project as observers. In the subsequent work and new health network, the Department is a full partner and has taken numerous steps to respond to the group's efforts. In partnership with the Office of Acadian Affairs, the Department of Health has created a new position for a French-language health service coordinator, who works with both community organizations and district health authorities. For the first time ever, certain Department of Health publications have been translated into French. The Department has also announced plans to involve primary health-care leaders from culturally diverse populations, including Acadians and francophones, to develop guidelines and policies that address diversity and social inclusion issues. Representatives are



currently meeting with the Department of Education to investigate options for training French-speaking health care professionals.

Meanwhile, at the national level, work on health in minority francophone communities has also advanced considerably. The Société Santé en français, a national health cooperation network, was founded late in 2002 to implement the national action plan produced by Acadian and francophone groups the previous year. Federal funding is now available to support health initiatives of benefit to minority official language communities. In addition, the Department of Intergovernmental Affairs released its own report, The Action Plan for Official Languages, and this includes strategies for improving access to health services. These national initiatives have both supported and benefitted from the work in Nova Scotia.

What Worked

Both provincially and regionally, decision makers have responded to the group's advances with open-mindedness and a willingness to talk about solutions. They have expressed considerable interest in what the community has to say about health services, stating that until now they were simply unaware of these issues. According

to the people involved, this group's success has been due to their non-confrontational approach. Staff person Paul d'Entremont says he always "leaves his Mack Truck parked outside" when meeting with government officials and district health authorities. Recognizing that resources are scarce, he makes it clear that Acadians are not demanding a parallel health system, but rather they are looking for an opportunity to talk about their issues and work with the system to improve access to primary health care services in French. Small changes, such as bilingual signs and tele-medicine links to francophone hospitals in New Brunswick, can make a big difference. This collaborative approach is much appreciated by administrators, who have so far been very open to the group's advances. The availability of federal funding to support health care initiatives to benefit minority francophone communities has no doubt also contributed to their openness.

Although little has yet changed for francophones in need of health care, the picture is far more positive than it was when the project began less than three years ago. The federal government now has an action plan and funding to support increased access. National and provincial action networks are in place. In Nova Scotia, the Acadian and francophone community is mobilized, the provincial government is supportive, and district health authorities are interested and willing to listen. Hope, respect, and goodwill characterize all of these new relationships. By encouraging communities to speak out, by building relationships with policy makers, and by developing a new organization, the project has created capacity in the Acadian and francophone community to create the health system they now only dream of.

The report, Health Services in French in Nova Scotia, is available for download at: www.federationacadienne.ca/fane/index.cfm?id=328

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WHAT WORKS!

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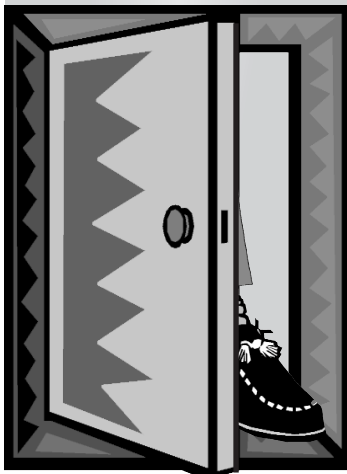
a best practise story

NOT JUST ANOTHER REPORT ON A SHELF

Every day, nearly 900 people in Atlantic Canada are injured unintentionally, and two people are likely to die from these injuries. As a result of injury, nearly 6,700 people are disabled each year. In the past, most of these unintentional injuries would have been written off as unavoidable accidents, yet, in fact, many are preventable. In December 2000, 60 people from across the region got together in Halifax to create the Atlantic Network for Injury Prevention (ANIP). At this founding meeting, participants recognized that accurate information about the financial cost of these injuries would be a powerful tool to change thinking and promote political action to reduce injury. The newly formed network set out to produce this information and to ensure that policy makers across the region would use it.

The ANIP received start-up funding and technical support from SMARTRISK, a national non-profit organization dedicated to preventing injuries. With this funding they were able to hire a part-time coordinator to build the network. The network also obtained funding from Royal & SunAlliance to produce an economic profile of injury in Atlantic Canada as a whole. However, ANIP members knew that for their report to have an impact at the provincial level, this was not enough. They needed to provide information about the cost of injury for each province and to implement a marketing strategy that would ensure their results would be used to influence policy. Health Canada provided project funding to make these two additional steps possible. A leadership team of key stakeholders from across the region was created to guide the project and develop a plan to ensure that policy makers, stakeholders, and the general public were aware of the report's key findings.

In May 2003, the ANIP released its report, *The Economic Burden of Unintentional Injury in Atlantic Canada*, at a conference in Saint John, New Brunswick. The report revealed that overall, preventable injuries



cost the people of Atlantic Canada approximately \$1.2 billion (1999 figures). Falls (\$440 million) and motor vehicle crashes (\$210 million) are the most costly causes.

Creating Public Awareness

To get the message out across the region, two Nova Scotia team members, one with extensive media experience, developed a comprehensive communication plan. Bilingual press releases and executive summaries were sent to every major media outlet. ANIP team members followed these up with personal phone calls. Although the press conference took place in Saint John, in every province experts and people who had experienced injuries were on stand-by to respond to media requests for interviews. This coordinated effort by all ANIP team members ensured that the release was covered by the media in all four provinces.

Relationships With Policy Makers

Building relationships with policy makers, both before and after the document's release, was a priority for the ANIP. Although only the Nova Scotia government was represented on the ANIP leadership team, the network kept government employees in other provinces informed about the work from the start through personal communication and its region-wide list serve.

At the more senior policy level, a week before the press conference, policy makers in every province received a confidential preview of the document. In two provinces, Prince Edward Island and Nova Scotia, ANIP members met with senior government officials to prepare them for the release of the report. They chose this collaborative approach because the report contained figures that could be quite damaging politically. Future collaboration depended on maintaining positive relationships with these government officials.

In the days immediately following the report's launch, ANIP members hosted larger meetings of senior policy makers and advisory councils from several departments in Prince Edward Island and Nova Scotia. Dr Robert Conn of SMARTRISK, a partner in the research, was keynote speaker at these meetings. Since that time, ANIP members have presented the *Economic Burden* report to various stakeholder groups in every province.

Strong Networks to Advocate for Policy Change

Throughout this whole time, coordinator Sally Lockhart worked with ANIP members to set up provincial coalitions for injury prevention. Not surprisingly, coalition building progressed differently in each province, but in general, the aim was to bring together a wide variety of interests, including public health, home care, seniors falls prevention, child injury, hospitals, safety councils, police, transportation, the coast guard, and workplace health, to name only a few.

Four months after the *Economic Burden* report was released, the ANIP brought members of each of these provincial coalitions together for a half-day workshop to explore the use of the report as an advocacy tool. Close to 90 people participated in these workshops. Organizers were surprised that although

coalition members were aware of the report, many had not actually read it. Perhaps the most important outcome of the workshops is that stakeholders from many sectors have become familiar with the contents of the report and have begun to think about how they might use it to enhance their injury-prevention activities.

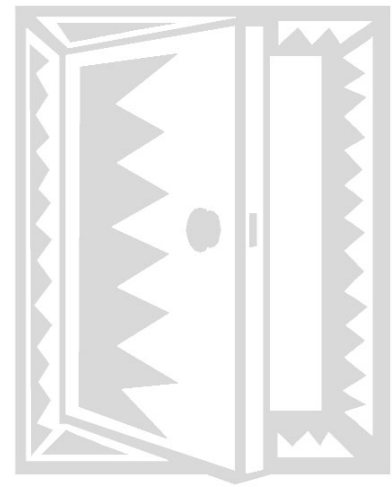
Policy Maker Response

Information in the ANIP's *Economic Burden* report has been used by provincial government employees from various departments to add weight to their arguments for policy change for both specific regulations such as highway safety, for example, and for an overall injury-prevention strategy.

Most immediate was Nova Scotia's response to the report. When ANIP members first met with senior provincial officials to brief them about the upcoming release of the report, the Minister for the new Office of Health Promotion recognized the enormity of the issue and decided to make injury prevention a strategic government priority. Within hours of the release of the *Economic Burden* report, the Nova Scotia government responded publicly, hailing the report and announcing plans to develop a provincial strategy.

Since that time, the Nova Scotia government has consulted with stakeholders around the province and drafted a provincial strategy. The Office of Health Promotion has been designated the lead agency for injury prevention. The Office has hired an injury prevention coordinator to provide leadership for the strategy and to facilitate collaboration across all sectors. According to a government spokesperson, the ANIP was clearly instrumental in making all of this happen so quickly.

Although the response from the other provinces has been less striking, every province has taken steps to respond to the *Economic Burden* report. In Prince Edward



Island, findings of the report have been used to strengthen arguments for changes in both highway and child booster seat regulations. A staff member with the Department of Health and Social Services is working with the provincial coalition to identify priorities for injury prevention. The coalition hopes to eventually include these in the province's Healthy Living Strategy.

In Newfoundland and Labrador, an injury prevention coalition had already been active for several years. In 2002, the government announced plans to develop an injury-prevention strategy as part of the provincial Wellness Strategy. A committee set up to make recommendations for the injury prevention strategy is currently using information in the *Economic Burden* report to support their recommendations.

In New Brunswick, where a provincial election campaign made it most difficult to get the attention of government, senior officials from the Department of Health and Wellness have recently invited the new provincial coalition to a meeting to talk about injury prevention.

What Worked

According to government representatives, two aspects of the project were most useful to them: access to accurate provincial economic data and the briefings of senior

politicians. These briefings, both before and immediately after the release of the report, ensured that senior officials were fully informed about the issue of injury prevention. In Nova Scotia, where the project has had the most visible impact to date, these briefings were carried out by members of the ANIP's leadership team who were also employees of the Department of Health. As representatives of both the ANIP and the government, they were able to see the possibilities for collaboration and to work with senior officials to coordinate the near simultaneous press releases and follow-up consultation.

One of the challenges of the injury prevention issue is that it cuts across many government departments and interest groups. Keeping all of these different sectors informed and finding common ground to move ahead is an ongoing priority. The ANIP leadership team worked through the people they knew to reach policy makers in various sectors. They used their communication plan, workshops, and list serve to get the word out more broadly. Even so, the work has just begun.

What Difference Did the Policy Project Make?

As a result of the project, the ANIP leadership team and provincial coalitions are stronger and have greater credibility. In some provinces they also have closer working relationships with government officials. The ANIP has grown from the original 60 to nearly 300 members.

Although the ANIP would have produced a report on the economic burden of injury in Atlantic Canada regardless, the policy project made the network focus on the post-production phase in a way they would never have done otherwise. According to ANIP coordinator Sally Lockhart, the project enabled them "to make sure that the report got into the hands of the people who can use it. Without the project, it could have been just another report on the shelf."

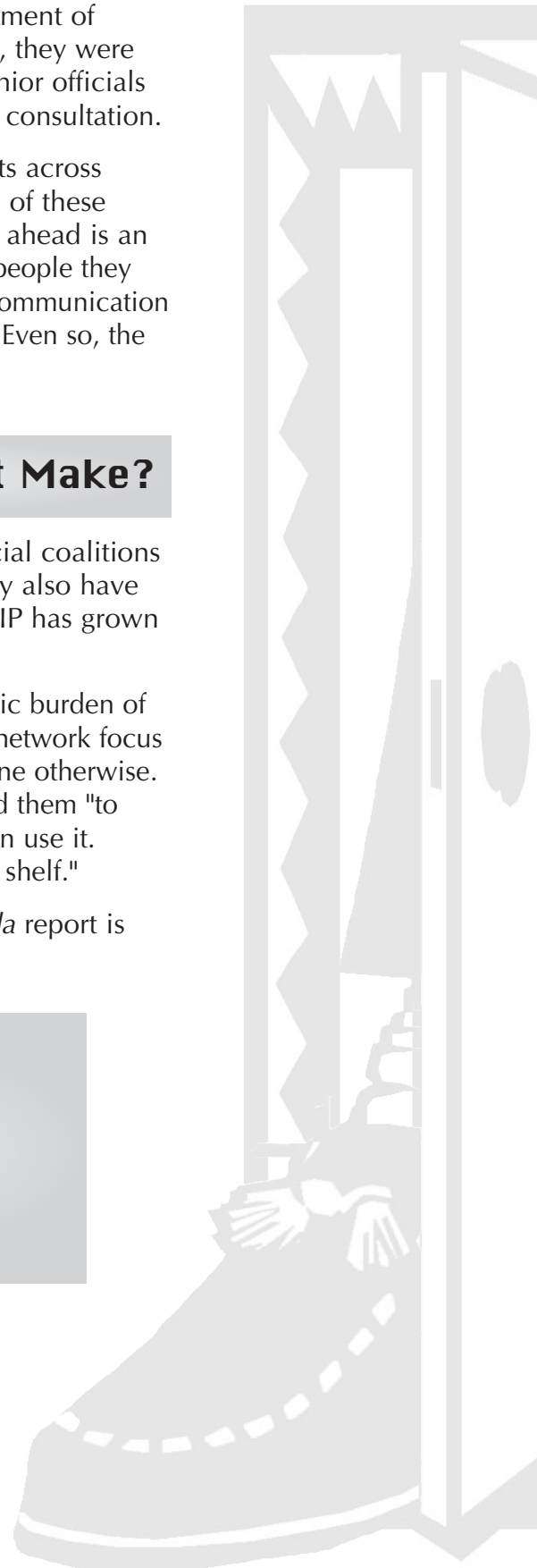
The *Economic Burden of Unintentional Injury in Atlantic Canada* report is available for download at: www.anip.ca/

For further information about this project, contact:

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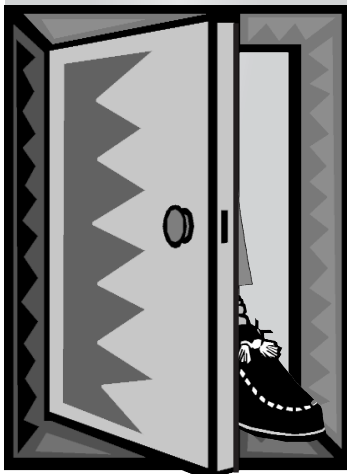
Putting Community Issues on the Policy Agenda

a best practise story

THE ACADIAN HEALTHY COMMUNITY NETWORK MOVES INTO THE POLICY ARENA

The Mouvement acadien des Communautés en santé du Nouveau-Brunswick (MACS-NB) is a francophone community action network that promotes health in its broadest sense. This New Brunswick network advocates for community and local citizen participation in health development. Based on the Healthy Community model promoted by the World Health Organization, the MACS-NB defines a Healthy Community project as one that promotes population health and aims to bring together local decision makers, community leaders, and citizens to plan and take action to improve their quality of life. The MACS-NB began as a pilot project in two rural municipalities in 1996 and has since grown to include 23 Healthy Communities and Organizations. Recent work to influence policy has contributed to the organization's growth, credibility, and visibility.

In fall 2001, the MACS-NB was invited to participate in an Atlantic-wide initiative to increase the capacity of the voluntary sector to contribute to public policy issues. This was a collaborative initiative of both Health Canada and Environment Canada, offered as part of the Community Animation Program (CAP). The project consisted of resource material development and a policy workshop for voluntary organizations. The workshop was offered in communities throughout the region using a train-the-trainer approach. In addition to representing the francophone community on the CAP project working group, the MACS-NB also contributed a community development perspective. As part of the working group, MACS-NB coordinator Barbara Losier participated in the development of the CAP training program and resource material, received training to deliver the workshop, and then worked with others to offer the program to MACS-NB member organizations and other francophone groups throughout the Atlantic region.



Over the same time period, the MACS-NB received Health Canada funding to develop the capacity of its members to influence policy and to enable the network to participate in policy development at various levels. Two policy issues stood out as priorities: broadening the definition of health to include the determinants of health and ensuring that communities are given a centre-stage role in planning for their own health.

Before this total immersion in the policy process, the focus for the MACS-NB had been promoting and supporting the spread of the Healthy Community concept in Acadian New Brunswick. Work at the policy level had not been a major component of their work. The organization's involvement in the policy projects had an impact on the network at two levels. Most directly, it has strengthened the MACS-NB team, and less directly, it has had an impact on its many member communities and organizations.

The CAP policy project brought about the realization, among the MACS-NB team, that they have the power to bring about change. It has increased their understanding of the public policy development process, their ability to contribute to public policy, and their ability to support others in doing so. It also provided the network with new approaches and high-quality resource material in French.

The experience has also had an impact via the MACS-NB member municipalities. Municipal policies, the public policies closest to the citizen, have a direct impact on quality of life. The MACS-NB encourages its member communities and organizations to become involved in healthy public policy development by offering training, resource material, and advice. The network has also provided financial assistance to enable its members to participate in various policy fora. As a result, member communities and organizations have gained understanding, interest, and expertise relating to healthy public policy.

Building Networks to Support Policy Change

Although the MACS-NB strives to influence policy on many different fronts, two stories stand out. The first is the organization's role in the "health in French" movement, the second in the development of Acadian New Brunswick's global development plan. In both examples, the MACS-NB team is influencing the policy and priorities of multi-sectoral organizations that in turn work to influence government policy. This approach therefore has a multiplier effect, building the momentum for change.

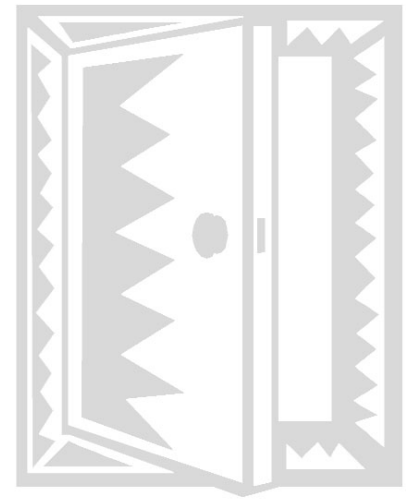
When an opportunity arose to become involved in the early stages of a national "health in French" movement, the MACS-NB team seized it with enthusiasm. The MACS-NB worked with partners from across the country to create the Société Santé en français, a national health cooperation network aimed at increasing access to health care in minority French-language communities. The MACS-NB's goal at this table was to ensure that communities were well represented and that the network addressed issues relating to health in its broadest sense and not only in terms of access to hospitals and doctors. For

example, when the MACS-NB was consulted about the funding criteria for a new federal funding program to increase access to health services for francophones, the MACS-NB advocated that community health development projects be eligible for funding, in addition to more conventional health care service projects.

When time came to build the "health in French" network in New Brunswick, the MACS-NB played an important role among the partners organizing the initial planning symposium and the follow-up symposium to launch the network. Again at both these events, the MACS-NB's goal was to ensure that communities were well represented in this new initiative and that it focused on health in the broadest sense. They appear to have succeeded. The concept of well-being is captured in the title of the new Société Santé et Mieux-être en français du Nouveau-Brunswick. Moreover, a community action network, unique across the country, is one of three networks that make up the organization. The MACS-NB was recently invited to coordinate this citizen-centred community network, which aims to promote health in its broadest sense.

Also at the provincial level, the MACS-NB has played an important role in shaping the Acadian community's latest global development plan. The improvement of overall health is one of the plan's 10 strategies. As an active participant in the Acadian Forum de concertation, the MACS-NB ensured that this strategy was based on a broad definition of health and reflected the Healthy Community concept.

The MACS-NB team recognizes that influencing policy is a collaborative process and does not take credit for bringing about these changes single-handedly. They do believe, however, that their work has contributed to thinking and planning around a new vision of health in the Acadian community, and their provincial government partners agree.



Developing Relationships With Policy Makers

According to the network's coordinator, the MACS-NB has been most effective in influencing policy by actively participating in partnerships and working groups that include policy makers. By working in numerous partnerships, using a collaborative approach, the MACS-NB team has developed positive relationships with decision makers at many levels and in many sectors.

Both provincially and nationally, the "health in French" associations are made up of five key stakeholder groups: communities, health care administrators, training institutions, health care professionals, and political decision makers. As an elected representative of communities on provincial and national boards of directors, the MACS-NB has had a unique opportunity to develop close working relationships with all of these stakeholder groups including policy makers.

These relationships have enabled the MACS-NB team to promote their vision of health and has also opened up other opportunities to influence the way things are done in the health area. The issue of well-being and community control of health is a positive force that brings people

together by focusing on strengths rather than problems and deficits. The MACS-NB team has learned that although changing ways of thinking about health is a long process that sometimes seems insurmountable, they can make a difference, through partnerships, collaboration, and persistence.

Together, the CAP and Health Canada projects have enabled the MACS-NB to penetrate the public policy arena and to promote a broader definition of health locally, provincially, and nationally. The greatest impact of this experience has been on the visibility and the credibility of both the Healthy Community approach and the organization itself in the eyes of its partners and the provincial government.

To read more about the Mouvement acadien des Communautés en santé du Nouveau-Brunswick, see: www.macsnb.ca

To view the CAP Atlantic resource material on public participation in policy see:

www.ns.ec.gc.ca/community/cap_taking_action_through_public_policy/index_e.html

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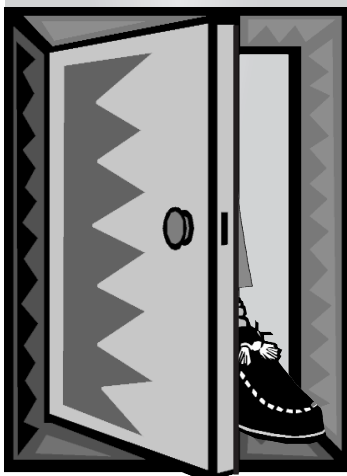
a best practise story

IMMIGRANT VOICES SPEAK OUT ON FAMILY VIOLENCE

The tragedy of family violence is much the same in immigrant families as in other Canadian families. The cycle of violence, fear, and isolation and the impacts on mental health are the same in every culture. For immigrants, however, the situation is compounded by the challenges of dealing with life in a new land and culture. Isolation, culture shock, shifting family roles, and culturally insensitive services are some of the challenges newcomers face when they first come to Canada. The results are increased feelings of stress, powerlessness, frustration, and anger, which can contribute to or worsen the abuse. In Halifax, the Metropolitan Immigrant Settlement Association (MISA) has been working on this issue for many years. Recently, they have begun to work more closely with policy makers to bring about changes that could make life easier for immigrant families.

Through their Family Violence and Cultural Awareness Program, MISA offers a variety of supports to help immigrant families adjust to life in Canada. The organization also offers workshops to help service providers better understand and address the issue. These workshops include many stories and anecdotes, but until recently, they were unable to provide concrete information about the situation in Halifax.

When approached by a researcher interested in studying the issue, MISA agreed to assist. They hoped the research could help them better understand both immigrant women's experience with family violence and the systems's response to their situation. This information would enable them to advocate for system changes that would either reduce the likelihood of violence or better support women who experience it. They agreed to participate in the research on two conditions: MISA would be full partners on the research team, and the results of the research would be used to influence policy so as to bring about change for immigrant families. This was a new approach for MISA, who had



often – perhaps too often – been approached by researchers wanting to use immigrants for their own research purposes.

With Health Canada project funding, MISA was able to hire a researcher to work closely with one of their existing staff, Carmen Moncayo, a psychologist from Colombia. Together, she and researcher Barbara Cottrell managed the project and conducted the research. From the beginning, they realized they would be more successful if they involved both immigrant women and service providers in the research.

A 15-person advisory committee, with representatives of both immigrant women and service providers, was created to direct the research. It included both not-for-profit organizations and representatives of local, provincial, and federal government services. It included various perspectives such as education, policing, and both health and social services. It also included university-based researchers. Several of the members were immigrant women. This large committee guided every step of the research project. Through regular meetings, they approved the research design, procedures, and survey and interview questions. They also contributed to the analysis of the information and the preparation of the final report.

One of the many important roles for the members of the advisory committee was to help MISA understand the system and identify the people they needed to involve in one way or another. The system that

responds to immigrant women who experience family violence is large, complex, and not very well coordinated. The advisory committee was able to map out all the relevant services and provide advice on how to gain entry for both conducting the research and influencing system change. The advisory committee was a powerful learning experience for everyone involved. Over the course of the project, everyone's understanding of the issue, the support services, and the gaps in services grew tremendously.

Getting the Facts

As part of the research, MISA conducted interviews, surveys, and focus groups with immigrants and service providers. Five women who had experienced family violence were interviewed personally. Two focus groups were held with immigrant women, and another was held with immigrant men. A fourth focus group asked 16 front-line service providers about the barriers and challenges they face in serving this population. Twenty-two organizations completed a survey describing their services, policies, and challenges relating to violence in immigrant families. In addition, MISA reviewed the research literature that was available locally.

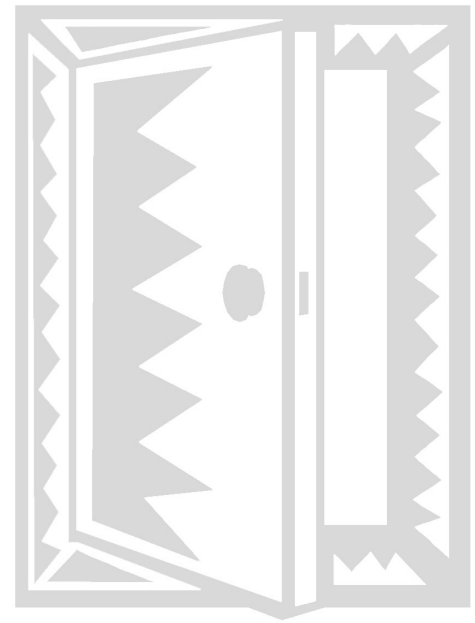
Their research revealed that the most vulnerable immigrant women are those who have been sponsored by their husbands and are totally dependent on them. When these women experience abuse they rarely access support services, for a variety of reasons. Their lives are governed by isolation and fear. Either they are not aware of the services, or they misunderstand or mistrust them. They are afraid of racist treatment, of deportation, of losing their families, or of bringing on further abuse. These fears are often encouraged by their controlling partners.

As for service providers, many said they cannot devote resources to attend to the special needs of Halifax's small immigrant population. The majority of organizations surveyed believe that, with the exception of interpretation services, their general policies are sufficient to deal with any special needs that arise.

These and other research results were summarized in a draft report and presented to the women who had participated in the interviews and focus groups. As a group, they commented on the results and made suggestions, particularly about the changes needed in the system. These were included in the final research report.

Reaching Out to Policy Makers

MISA first made contact with policy makers by attending a meeting of Nova Scotia's Interdepartmental Committee on Family Violence. This committee included the provincial Departments of Education, Justice, Health, and Community Services; the Senior Citizens' Secretariat; the Advisory Council on the Status of Women; and the Disabled Persons' Commission. These policy makers were invited to be on the project advisory group. Others were invited to a half-day round table discussion of the report, organized specifically for policy makers. Members of the advisory group encouraged policy makers in their own organizations to attend the round table as well. As a result, 23 people from very diverse sectors did so. The meeting provided a good opportunity to share information and to open a dialogue on the issue. Several participants expressed a desire to meet again to continue the dialogue, but due to lack of funding, MISA has not been able to organize this.



What Has Changed

The Violence in Immigrant Families research project has contributed to greater awareness among many of the organizations involved. Bryony House, a shelter for abused women, has made several changes that have encouraged immigrant women to use the shelter. The Nova Scotia Department of Community Services has made funds available for agencies that work with families to pay for cultural interpreters when required. The Department has also integrated some of the research findings into a staff training workshop on social inclusion. While policies in the Department have not yet changed, an upcoming review of their Family Violence Protocol will provide an opportunity for including content on the specific needs of immigrant families.

The research project has also made a difference for MISA. With these results, the organization can more effectively advocate for change. MISA has developed a new support group for immigrant women who have left their partners or shelters. They are also using the report to strengthen their workshops for service providers.

What Worked

According to project co-manager Carmen Moncayo, what made the project a success was the support of every member of the advisory group. The credibility that MISA had previously established with both the organizations involved and immigrant women themselves was critical to obtaining everyone's cooperation.

The experience has taught MISA that, in partnership with others, they can conduct their own research and use the results to bring about change. This learning has changed the way MISA responds to researchers who want to study immigrant families and has served as a model for subsequent MISA projects.

To read the report of the Violence in Immigrant Families research, see: www.misa.ns.ca/Family&Cultural_Awareness/services_activities.htm

For further information about this project, contact:

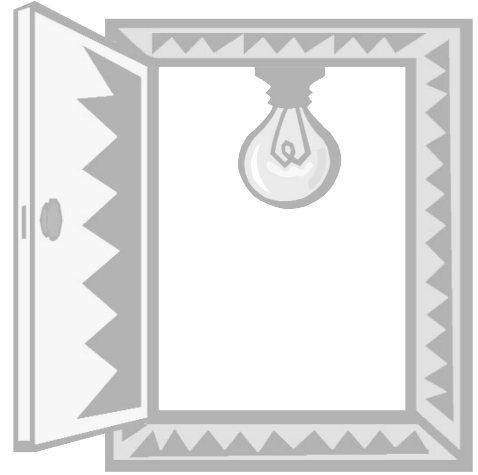
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This story was produced in 2004 by the Atlantic Regional Office, Population and Public Health Branch, Health Canada. It is part of a resource entitled What Works! Putting Community Issues on the Policy Agenda. The complete resource is available online at www.pph-atlantic.ca. The opinions expressed in the story do not necessarily reflect the views of Health Canada.

Également disponible en français.



WHAT WORKS!



Tip 1

Carefully select government employees who are close to the policy process and include them in your planning group.

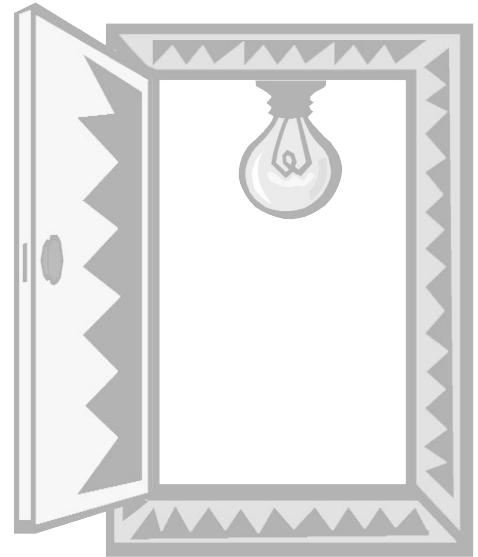
Working collaboratively with government means bringing government employees into your planning process from the very start. Find people who work in the government department or departments responsible for your policy issue, who you know are supportive of your concerns. In the projects examined in this report, these "bridges" to the policy makers played a variety of essential roles. Most importantly, they helped community groups understand how the system works, who makes the policies, what policy makers need, and how to get their attention.

Bridge people kept senior officials informed of the group's work as it progressed. When the time was right, they convinced senior officials to make the time to meet with project representatives. These government employees presented the group's issues to others within the department, building awareness, understanding, and support for change. Working with both the community group and the policy makers, these government employees were able to see opportunities for collaboration that would otherwise have been missed.

However, not all government employees were this helpful. In some cases, they were disinterested and only attended meetings as observers. In other cases, they did not recognize the important role they could play. Carefully selecting the government representatives you work with, and informing them of their role, are musts.



WHAT WORKS!

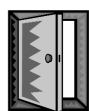


Tip 2

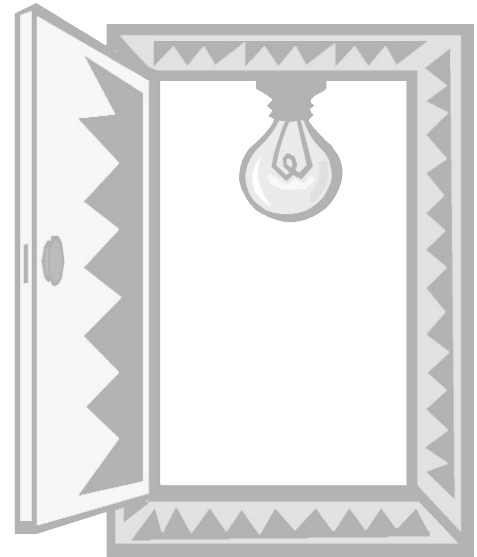
Listen to the people directly affected by the issue.

People directly affected by the issue should also be represented on your planning group and involved in every step of the process. Their unique perspective ensures that the issue will be correctly identified and taken seriously. The solutions they propose are also more likely to work. Projects which included representatives of both government and affected people in their planning group found this to be a powerful learning process for everyone involved.

However, for most projects, having representatives of the affected people on the planning group was not enough. Projects used workshops, surveys, interviews, and focus groups to enable more voices to be heard, both in describing the problem and in identifying solutions. For more sensitive issues, getting the participation of affected people required groups to find creative ways of providing safety and anonymity for those involved.



WHAT WORKS!

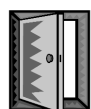


Tip 3

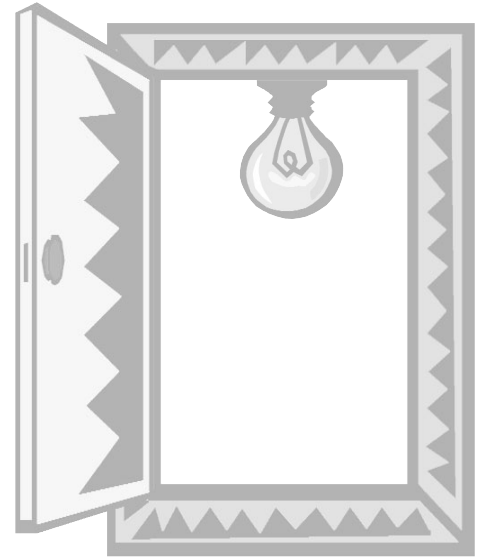
Develop relationships with policy makers.

Most projects worked hard at building relationships with policy makers. They often began by enlisting the help of government employees who worked with policy makers. Members of planning groups also used their networks to help them identify and gain access to the right policy makers.

In some organizations, staff developed personal relationships with policy makers by working with them in committees and partnerships. These relationships of trust and credibility helped open doors to the policy process.



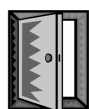
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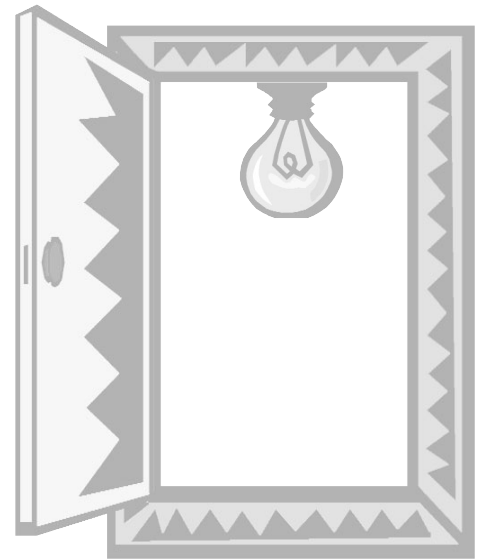
Tip 4

Use a collaborative approach.

Most importantly, the people consulted stressed the importance of using a collaborative rather than an adversarial approach. Several project staff mentioned that the time for a "we-them" approach is over. Rather than approaching policy makers with specific demands, most groups approached them with concerns, facts, guiding principles, information about what has worked elsewhere, and in every case, an offer to work with government to find reasonable solutions. Whenever possible, they framed their issues and concerns in a positive way. A "no-surprises" approach, keeping policy makers informed of the group's work every step of the way, was an important consideration for several projects.



WHAT WORKS!



Tip 5

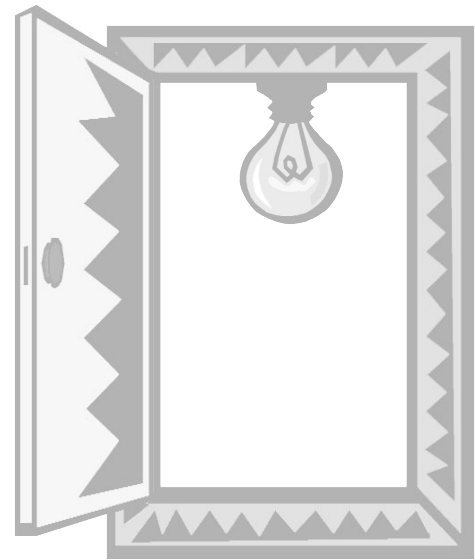
Be considerate of the needs of policy makers.

Projects also demonstrated consideration of the needs of policy makers. Government officials told us this consideration and attention to detail made it easier for them to respond. The kinds of things they said made a difference included:

- ongoing information about the group's activities
- plenty of advance notice of events and meetings
- written invitations that clearly describe the purpose of the event, the process to be used, why they are invited, and who else has been invited
- advance briefings before public meetings or press conferences
- meetings in central locations, that provide a meal
- an opportunity to discuss issues and solutions with others, rather than just listen.



WHAT WORKS!



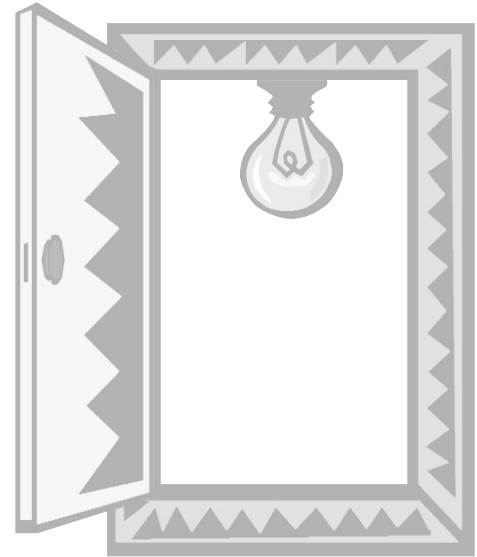
Tip 6

Be persistent.

To get and keep policy makers' attention, successful projects used a polite but persistent approach. They followed up with as many phone calls as required, realizing that these senior officials have many other issues and people to deal with.



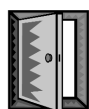
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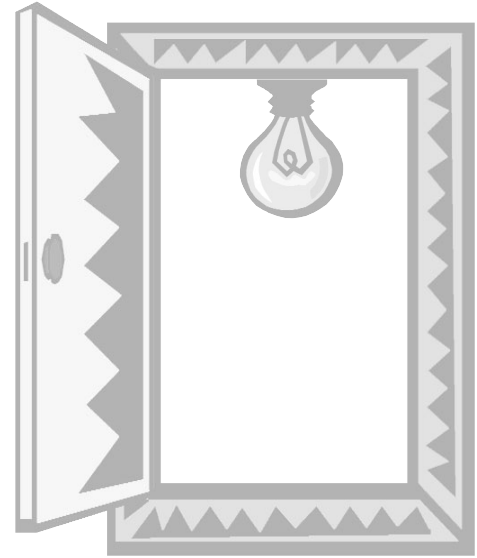
Tip 1

Provide policy makers with local information.

Policy makers need accurate information that they can use with confidence in their own reports and speeches. They are most interested in information about conditions in their geographic area. Most projects conducted careful local research on their issue and were able to provide policy makers with new, local information about needs, concerns, service gaps, or estimates of numbers and costs involved. Groups also provided policy makers with information about solutions that have worked elsewhere. As a result, groups gained credibility and had something to offer. According to policy makers, these reports helped open doors that may not have been opened otherwise.



WHAT WORKS!



Tip 8

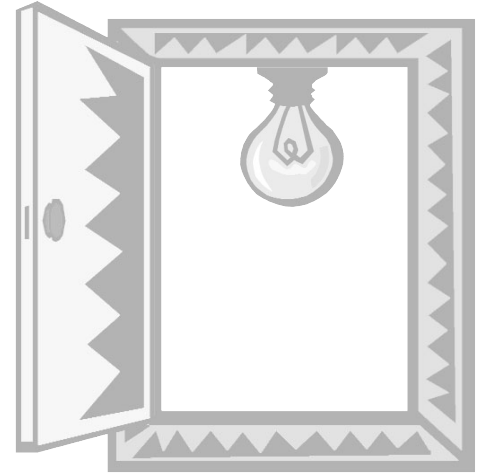
Present your case to policy makers in person.

The projects used a variety of ways to present their case to policy makers. What worked very well for two projects was inviting policy makers from different sectors to a workshop specifically designed for them. Other projects requested meetings with policy makers.

In addition to statistics and written reports, several projects put a human face on their issue through stories, role playing, and by providing opportunities for policy makers to interact with people affected by the issue.



WHAT WORKS!



Tip 9

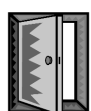
Build networks of interested groups and organizations.

Several projects built broad, multi-sector networks of support for their issue. Two groups created formal networks; others expanded their networks in a more informal way. Workshops were widely used for network building. One group presented their research results and strategy to many groups in an effort to garner their support. Another project team, by advocating for their issue as board members of other organizations, were able to get some of these other boards to also adopt the cause as a priority, in that way multiplying efforts.

Projects also provided their networks with information and resources to support their cause. Several projects used electronic mailing lists to keep networks fully abreast of the work and to enlist their support at strategic points. They also provided their networks with resource material.

Most projects held some sort of policy workshop for their networks. A few of these provided an orientation to the policy process. Others enabled their network to identify priorities and plan strategies. Because they were working across sectors and interests, finding common ground and agreeing on priorities was a time-consuming but important step.

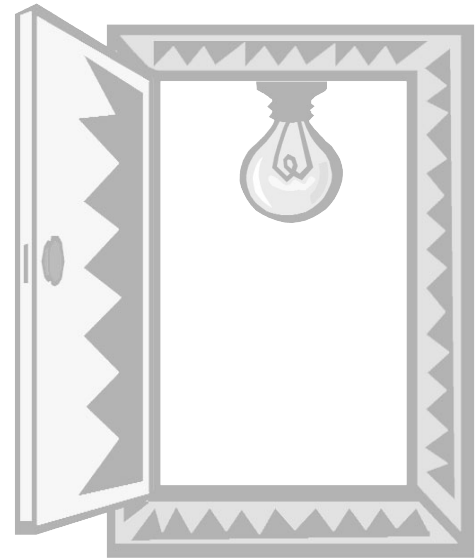
One project group had produced and widely distributed a report on their issue. When they brought their network members together to develop plans to use the report, they were surprised to find that many had not read it. The workshop provided these busy people with protected time to study the results of the report and talk about how they could use it.



WHAT WORKS!

Putting Community Issues on the Policy Agenda

WHAT WORKS!



Tip 10

Keep your issue on the agenda.

Several groups mentioned that a presentation to policy makers is not the end of the work. A variety of approaches was used to keep their issue on the policy agenda. For some groups, what worked well was a follow-up letter asking policy makers what steps they had taken in response and a request for a follow-up meeting to talk about next steps. These required persistent letters and phone calls but eventually resulted in positive responses from government. Projects also enlisted their networks to keep their issue alive in a variety of ways.

A few groups spoke of the importance of presenting the issue at every possible forum. They presented their report or brief to their elected representatives, to the Romanow and Kirby Commissions on the future of health care, and to every other relevant public consultation. They also encouraged their members to send letters to the editor.

