

Advocacy Framework

St. Michael's Hospital Academic Family Health Team

Purpose

To provide a framework by which the St. Michael's Hospital Academic Family Health Team (SMH AFHT) can expand its commitment to social justice advocacy by:

- 1) Having a clear process for the SMH AFHT to **adopt and implement specific, department-wide** social justice advocacy campaigns; and
- 2) Having a clear process for the SMH AFHT Advocacy Committee and leadership to **respond to inquiries** related to social justice issues and advocacy campaigns

Context of this Framework

SMH AFHT has a long history of commitment to social justice advocacy. This document is not intended to capture all of these activities, nor is it intended to limit individual efforts to positively affect the Social Determinants of Health (SDOH) by AFHT members.

By supporting this Framework, the AFHT is both adopting the two new processes described and reiterating its commitment to integrating social justice advocacy into the strategic directions and activities of the AFHT.

That is, the AFHT explicitly aims to engage in advocacy focused on reducing the negative impact of the SDOH in our community of practice, the City of Toronto, and the province of Ontario. The AFHT also aims to support neighbourhood-level SDOH interventions that occur through the AFHT, and to build and maintain community relationships and partnerships in the AFHT priority neighbourhoods.

To assist in formal integration of these activities, an Advocacy Committee has been created with the Terms of Reference included in Appendix B.

Role of Social Justice Advocacy in the AFHT

The St. Michael's Hospital Department of Family and Community Medicine (SMH DFCM)'s 2017-2018 Strategic Plan commits to:

“Collaborating with St. Michael's and community partners to advance systems of care for disadvantaged patients including positively impacting the social determinants of health.”¹

The St. Michael's Hospital 2015-2018 Strategic Plan Mission also commits to:

“Develop and strengthen networks and community capacity to impact social determinants of health and support the overall health of disadvantaged populations.”²

The SMH DFCM and AFHT recognize that health is largely determined by socioeconomic factors and these SDOH are rooted in historic, cultural, and political power relations such as colonization, systemic racism, ableism, and gender inequality.

Health care providers can tackle negative health outcomes, not only through health promotion at the individual patient level, but by addressing the SDOH through social justice advocacy at the meso³ or macro-level.⁴

We have adopted the following definition of social justice advocacy:

“Social justice advocacy works for structural and enduring changes that increase the power of those who are most disadvantaged politically, economically, and socially. It tackles the root and avoidable causes of inequities for those who are systematically and institutionally disadvantaged by their race, ethnicity, economic status, nationality, gender, gender expression, age, sexual orientation, or religion.”⁵

Furthermore, advocacy by health care providers includes actions that promote these changes to “ameliorate suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise”.⁶

¹ St. Michael's Academic Family Health Team Strategic Plan – 2015-2018. <https://www.smhfamilypractice.com/strategic-plan.html>, page 12.

² St. Michael's Hospital Strategic Plan – 2015-2018. <http://www.stmichaelshospital.com/pdf/corporate/strategic-plan-2015-18.pdf>, page 17.

³ Meso-level advocacy occurs within the local community

⁴ Macro-level advocacy occurs within the greater system and targets political structures at the provincial or federal level

⁵ LaMarch G. Social justice: A guiding vision for Atlantic's final chapter. Referenced in http://www.pointk.org/resources/files/klugman_evaluating_social_justice_advocacy.pdf.

⁶ Earnest MA et al. Perspective: Physician advocacy: what is it and how do we do it? *Academic Medicine* 2010; 85: 63-67.

Health care providers' responsibility to engage in advocacy has been emphasized by the College of Family Physicians of Canada⁷, College of Nurses of Ontario⁸, and the Canadian Association of Social Workers⁹.

Process Used to Develop this Framework

The SDOH Committee was created in 2013 by the SMH AFHT with a vision “to ensure the SMHAFHT is invested with the knowledge, skills, tools, and programs to advance health equity.”¹⁰ In 2016, an Advocacy Working Group was formed with the mandate to develop an “Equity-Oriented Advocacy Framework for the Committee and the SMHAFHT.” Between 2016 and 2018, the Working Group developed this Framework, along with other documents, such as the Advocacy Toolkit.¹¹

Previous versions of this Framework have been reviewed in the following forums:

- SDOH Committee Meetings and 2017 Retreat
- General Staff Meeting October 2017
- Executive Committee Meetings July 2017 and February 2018

In addition, forty-eight staff responded to a survey regarding views on advocacy in the fall of 2017, with representation from physicians (29), nurses (6), allied health (5), and clerical staff (6). Of those surveyed, 83% feel system-level advocacy is *probably* or *definitely* a responsibility within their professional role and 90% of respondents supported the idea of a departmental advocacy project.

This Framework was formally endorsed by the SDOH Committee on April 19, 2018 and the SMH AFHT Executive Committee on February 23, 2018.

Annual Review:

The chair of the Advocacy Committee will report to the SDOH committee on an annual basis regarding the implementation of the Framework, with particular attention to any unintended consequences with respect to the overall vision of promoting a culture of social Justice Advocacy within the SMH AFHT.

⁷ CFPC Working Group on Curriculum Review. CanMEDS-Family Medicine. The College of Family Physicians of Canada 2009. http://www.cfpc.ca/uploadedFiles/Education/_PDFs/CanMeds_FM_FINAL_Formatted_version_with_tree_Feb2011Aug30.pdf

⁸ College of Nurses of Ontario. Competencies for entry-level Registered Nurse practice. College of Nurses of Ontario 2014. https://www.cno.org/globalassets/docs/reg/41037_entrytopractic_final.pdf

⁹ Canadian Association of Social Workers. Social Work Scope of Practice. Canadian Association of Social Workers. Ottawa, Ontario: 2008. http://www.casw-acts.ca/sites/default/files/attachements/Scope_of_Practice_August_08_E_Final.pdf

¹⁰ St. Michael's Hospital Academic Family Health Team Social Determinants of Health Committee Terms of Reference. Reviewed and approved by: DFCM Executive Leadership Team July 22, 2016

¹¹ Advocacy Tool Kit. <http://www.smhfamilypractice.com/sdoh-committee.html>

PART 1: Process for the SMH AFHT to adopt and implement a specific advocacy campaign

Introduction

The intention of this process is to allow the SMH AFHT to collectively consider, debate, formally endorse, and support a significant, well-coordinated social justice advocacy campaign. The aim is to utilize the resources and influence of the SMH AFHT to make a substantial and measurable difference on a social justice issue of collective importance to our community or beyond.

CAMPAIGN SELECTION

1. Once every 1-2 years (summer / fall) the Advocacy Committee will solicit advocacy campaign topic ideas from AFHT members. Brief proposals will be submitted using the form in Appendix A.
2. The Advocacy Committee will rank the proposed submissions based on the criteria outlined below.
3. The Advocacy Committee will then **present the top five submissions to the SDOH Committee**. The SDOH Committee will **select two** potential campaigns to consider engaging with in the forthcoming year (or longer if required). Selection will be done by consensus of the Committee, again based on the selection factors listed below.
4. These two potential campaigns will be presented for approval to the AFHT Executive Committee by the proposed campaign lead(s) with the assistance of the Advocacy Committee, if desired.
5. AFHT Executive Committee will inform SMH Senior Leadership of the potential campaigns.
6. An initial description of the two potential campaigns will be sent to the entire AFHT by email with at least 45 days notice prior to the General Staff Meeting at which the potential campaign will be presented for consideration.
7. During this minimum 45-day notice period, AFHT members will have the opportunity to provide input, seek clarification, or raise concerns about the proposed campaigns, which may be presented in various venues such as clinic site team meetings or operation committee meetings.
8. At the conclusion of the 45 day notice period, campaign lead(s) may amend their initial proposal. If the initial proposal is amended, the amendments must be approved by the Executive Committee before being circulated for voting.
9. The final proposals will be circulated to the AFHT 1 week prior to the General Staff Meeting at which the proposed campaign will be presented. AFHT members will be given the opportunity to **vote on each campaign presented**, with an option to abstain, at the meeting or via an on-line voting system open for 1 week after the General Staff Meeting.
10. The campaign with the most votes in support will be adopted as an official DFCM AFHT advocacy campaign as long as there is at least a simple majority of cast votes in support and at least 50% of eligible members have voted. Eligible voters are active (i.e. not on leave) SMH AFHT physicians and permanent employees (both full and part-time).
11. In the case of a tie, the Advocacy Committee will make a recommendation as to which campaign to prioritize for implementation in the current selection cycle based on the selection factors below.

Selection Factors:

- There is a need identified by the community
- There are stakeholder partners
- There are opportunities for patient engagement in the campaign
- The campaign aligns with St. Michael's Hospital Mission and the Department's Strategic Plan
- There is a unique perspective and expertise the Department is bringing to the issue
- There is capacity within the Department
- There *may* be an evaluation or research component

CAMPAIGN PLANNING

Once a campaign is selected, campaign co-leads will be responsible for designing and implementing the campaign using the following Checklist as a guide to necessary work plan components. The work plan must be approved by the Executive Committee.

Social Justice Campaign Checklist

- Campaign lead or co-leads
- Community partners
- Environmental scan and/or literature review
- Goals and objectives
- Target audience
- Planned activities (i.e. education, editorials, direct action)
- Communications and media strategy
- Estimated timeline
- Potential funding sources, as necessary
- Relevant approvals through SMH, U of T, or any other partner organization as required

Resources Required

Launching an effective advocacy campaign requires an investment of resources. The SMHAFHT will support the campaign through campaign-specific approved hours for non-physician time without compromising obligations under the FHT funding agreement to provide high quality direct patient care, in-kind resources such as meeting space, as well as support for physicians to claim their time under the Brenda McDowell Point System under section 73 for proposal development and under section 121 for related meetings (with DFCM chief approval).

Once a campaign is selected the campaign lead(s) are encouraged to investigate funding through local grant opportunities such as Lush, Laidlaw, Metcalf, and Atkinson; through academic awards; or to discuss opportunities with Executive leadership to apply for AFHT or SMH funds such as the Patient Comfort Fund, the Patient Engagement and Marketing fund, the Philip Berger Advocacy Award, and/or the St. Michael's Hospital Foundation.

Monitoring and Evaluation

As part of the work plan, the campaign lead(s) will specify a schedule for reporting on the progress of the campaign. This will include input from the operations and executive committees, as well as annual review by the SDOH committee.

The campaign lead(s) are encouraged to identify a researcher to establish an evaluation plan for the advocacy campaign. The researcher should be external to the campaign-planning team.

The evaluation plan could assess the campaign selection process, the campaign design, and the efficacy of the campaign in attaining stated objectives, as well as evaluating for any unintended negative outcomes.

PART 2: Process for the SMH AFHT advocacy committee and leadership to respond to inquiries related to social justice issues and advocacy campaigns

SMH AFHT members and leadership are often presented with community or system-level issues that impact the health of our patients, along with requests to support campaigns or to intervene in these issues. The issues vary in their complexity and time-sensitivity, as does the intensity of resources required to understand and respond. In an effort to streamline both the reporting of these issues and the response to them, the Advocacy Committee will adopt the role described here.

This process is **not** meant to hinder advocacy efforts by members of the department.

1. SMH AFHT members will be able to direct any requests for intervention on identified community or systems-level SDOH issues to the Advocacy Committee Chair. The requests can be brief but must be in writing with the Chief of the DFCM, the Executive Director of the FHT, and the Chair of the SDOH committee copied on either the initial request or the initial response.
2. The Chair will then review the request and seek input from Advocacy Committee members via e-mail, teleconference, or in-person at the Chair's discretion within 14 days.
3. The Advocacy Committee will then consider the best next steps, including:
 - a. Connecting the requestor with appropriate resources, such as the Advocacy Toolkit or other individuals or organizations within or outside the AFHT; or
 - b. Escalating the request to the Executive Leadership of the AFHT with proposed options for intervening and/or a recommendation
4. If the request is to become a signatory to a particular position or advocacy statement, the Advocacy Committee will make their recommendation based on:
 - a. How closely the statement aligns with the SMH DFCM strategic plan
 - b. Whether the statement addresses a priority issue for the AFHT
 - c. Whether AFHT members contributed to the statement
 - d. Whether community or patient input has been provided for the statement
 - e. Whether AFHT has an established relationship with the organization
 - f. Whether the statement has the potential to make a significant impact
 - g. Whether the timeline for giving a response is realistic

The Advocacy Committee will produce an annual report of each request received under this mechanism as well as the disposition.

Appendix A: Advocacy Campaign Invitation for Submission

St. Michael's Hospital Academic Family Health Team

The SMH DFCM is committed to social justice advocacy as an essential part of improving our patients' health. As such, the Department will select one advocacy campaign every one to two years as a focus for our Department's advocacy efforts. To be successful, an advocacy campaign must be grounded in our community's needs and demonstrated patient representation, based on strong evidence, rooted in a sense of purpose, and supported by the larger group.

All ideas are important and the SDOH committee is looking for topics and submission teams that cover the diversity of our team, our department, and our community.

The questions below should be addressed in your advocacy submission:

Proposed Title of Campaign	
Campaign lead or co-leads	
Community partners secured? If yes, elaborate below.	
Environmental scan and/or literature review complete?	
Funding sources secured?	

1. What is the advocacy topic, and why is it important for the SMH DFCM to take on as a Department? What is the impact if things stay the way they are?

2. Who is currently working on this issue? Are there community agencies or other health care providers engaged in this issue with whom we can partner? How does advocacy help the community and our patients, and how can the community and our patients be engaged in advocacy efforts?

3. Briefly, what is the current body of health evidence on this topic?

4. Who needs to make the change? Who is the target of a potential advocacy campaign? Is there a policy window?

Appendix B: Advocacy Committee Terms of Reference

St. Michael's Hospital Academic Family Health Team

Advocacy Committee

(SMHAFHT- Advocacy Committee)

TERMS OF REFERENCE

VISION:

The St. Michael's Hospital Academic Family Health Team Advocacy Committee will work to ensure the SMHAFHT is invested with the knowledge, skills, tools, and programs to advance social justice Advocacy. The Committee will promote equitable health outcomes for the FHT's patient population and its community by supporting the development, implementation and evaluation of interventions aimed at directly reducing the negative health impacts of the SDOH.

GOALS:

1. To identify opportunities for action to directly reduce the negative impact and enhance the positive impact of the SDOH for SMHAFHT patients.
2. To provide guidance and support to proposed and current advocacy efforts of SMH AFHT members that seek to ameliorate the negative health impacts of the SDOH.
3. To support the adoption of SMH AFHT Advocacy Campaigns as defined in the SMH AFHT Advocacy Framework.
4. To serve as a resource to the SMH AFHT Executive Committee in responding to internal and external requests for participation in social justice advocacy as described in the Advocacy Framework.
5. To ensure SMHAFHT learners have the opportunity to learn how to incorporate advocacy regarding the SDOH into primary care practice.
6. To share our findings and learn from the innovative practices of other primary care practitioners and teams to advance health equity and reduce the negative impact of the SDOH.

COMMITTEE STRUCTURE:

Membership:

The committee will be composed of 5-6 members including:

- Three members of the SDOH committee; ideally diversity among health disciplines
- One department member who is not part of the SDOH committee
- One member of the SMHAFHT leadership team
- One community or patient representatives if available

INTERNAL STRUCTURE:

- The committee will appoint a Chair, responsible for coordinating the Committee's activities and meetings and ensuring the appropriate membership of the committee. The Chair will serve a two year term, renewable by the Committee.
- Wherever possible, decision-making will be by consensus. If consensus is not possible, decisions will be made by majority vote.
- The committee will meet a minimum of four times a year.

REPORTING:

- The Chair of the Committee will report to the SDOH Committee Chair.