FACULTY OF MEDICINE

THE HEALTH ADVOCATE ROLE:

PREPARING FUTURE PHYSICIANS FOR SOCIALLY RESPONSIVE PRACTICE

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Executive Summary

Health advocacy represents an opportunity for physicians and physicians-in-training to respond appropriately to the social determinants of health, health care inequities, and the needs of underserved populations. To better prepare physicians-in-training, there is a need to identify tangible ways of incorporating health advocacy into medical curriculum.

The purpose of this e-booklet is to:

- Highlight the activities of health advocate 'champions', Vanessa Brcic, Jocelyn Chase, Healthy Young Minds, Tracy Monk, Davedeep Sohi, and Brian Westerberg,
- Discuss the social determinants of health and provide case examples on health advocacy,
- Identify relevant literature on health advocacy, teaching approaches, and existing programs.

This e-booklet is intended for medical educators, physicians, physicians-in-training, medical students, and other health care professionals interested in health advocacy. Ultimately, this e-booklet seeks to inform and be informed by the health advocacy activities of readers. Suggestions are encouraged and gladly welcomed.

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Preface

It is my true honour and pleasure to be invited to write the Preface to this electronic booklet on promoting health advocacy for postgraduate residents in the Faculty of Medicine at the University of British Columbia. Traditionally, physicians have always played the role of health advocates on behalf of their patients in the provision of health care. However, further reflection of health advocacy reveals a more comprehensive concept. From the educational point of view, health advocacy comprises all of the activities that physicians do to advance the health and well being of individual patients, communities, and populations.[1] A large part of health advocacy involves health promotion, which in turn involves maintaining and improving not only the biological determinants of health, but also other psychological and social determinants.

We are pleased that the UBC Faculty of Medicine is playing a role in encouraging faculty members to expose residents to health advocacy. We understand that physicians already work very hard to keep up with their role as clinicians. We are therefore interested in identifying and creating synergies with existing clinical activities that already occur in the daily lives of our residents. We recommend an experiential approach to empower our residents in learning and practicing health advocacy. We believe that for those residents who are involved in health advocacy, the experience can be inspiring and rewarding.

Congratulations to the team who authored this electronic resource. We believe this will be an evolving piece that incorporates ongoing improvements in our endeavors to promote health advocacy among our postgraduate residents.

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Introduction

The CanMEDS Health Advocate (HA) role relates to the physician's responsibility to identify and respond appropriately to the social determinants of health,[2] healthcare disparities, and the needs of vulnerable or marginalized populations. In essence, in their role as health advocates, physicians are expected to attend to "the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism."[3]

HA is regarded as one of the more difficult CanMEDS roles to integrate into medical education. We have prepared this e-booklet for medical educators and learners as a primer. It is meant to be a resource for students, residents, educators, and clinicians.

Teaching Health Advocacy

Teaching HA and its rigorous application in medicine can be a challenging task. We need illustrative examples of how the concept can be better integrated into medical curricula and subsequent clinical practice, and evaluated. It is a complex and multi-faceted concept. Some physicians consider HA a central aspect of their clinical practice. They interpret HA as "going to bat" for patients, particularly when they need specialized medical equipment or treatment. Others see HA within the broader context of social determinants of health. They are active in their communities, promoting health and well-being, and being part of efforts to eliminate poverty, unequal social status, environmental degradation, homelessness, violence and other such issues that loom large. HA reminds physicians of why they went into medicine in the first place—to help improve well-being and to make a difference in the lives of individuals, families, and communities.

In this e-booklet we have included a few comments from HA 'champions', who all draw on qualities that make for a successful change agent. Their stories are intended to provide examples and to inspire. For instance, we spoke with one of Canada's pre-eminent health advocates, Dr. John Blatherwick, MD, FRCPC, LLD (Retired Medical Health Officer) who explained that:

Dr. Fred Bass, the medical guru of stopping smoking, has always pointed out that the number one influence on successful smoking cessation was physicians educating their patients to stop. All the gum, patches, pills, acupuncture, and hypnosis paled in comparison to the physician's advocacy role at the patient level. At the macro level, health advocacy was getting the Vancouver City Council to adopt a non-smoking by-law in the face of heavy opposition from restaurants, bars and places of employment. Dr. Gerry Bonham, long time Medical Health Officer for Vancouver and Calgary, always said that for health advocacy to work, it had to be kept at for a long period of time. Going from wide open smoking to non-smoking in the workplace, bars and restaurants was a team effort by the Vancouver Health Department, involving all disciplines, over a period of 15 years. The battle continues to improve those by-laws. When the Medical Associations or specialists support macro level interventions, it is easier to convince politicians. Physicians carry a lot of weight in politics and the more united physicians are on a given issue, the easier it is to get a measure enacted.

This observation underscores the idea that physician advocates can, and must, intervene at various scales and in various ways in order to address the behavioural, social, economic, physical, and ecological factors that contribute to patient ("those who suffer") welfare. This may seem an overwhelming suggestion for those who have the demand of staying clinically current in a rapidly changing world. However, the pre-

eminent medical educator Ernest Boyer puts our responsibilities in perspective: *"The crisis of our time relates not to technical competence, but to a loss of the social and historical perspective, to the disastrous divorce of competence from conscience."* However, we must keep in mind that we are not called upon to save the world by ourselves. As will be demonstrated below in some of our suggested readings and exercises, the physician advocate will be immeasurably aided by the relationships she/he forms and maintains with others. These "others" will be a fluid collection that varies over time, over issue and over the life cycle of physician practice. Without such relationships we are diminished as people and impotent as advocates. One useful 'lens' to look to the kind of support that will help us in the process of social change is the *partnership pentagram* developed by the WHO initiative *Towards Unity of Health*. This is under the rubric of the *social accountability of medical schools*. The latter is defined as *'the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have the mandate to serve. The priority health concerns are to be identified jointly by governments, healthcare organizations, health professionals, and the public.'*[4] Thus, embedded in this definition are the partners we must seek in setting our personal and institutional priorities. Cultivating relationships with relevant *professionals, policy makers, managers, academics* and, above all, *communities*, offers our surest route to being effective health advocates. To do less than this is to fail to earn the considerable privileges that attends our professional status.

We invite your feedback and contributions to this e-booklet. It is our hope that it will be helpful in your efforts to motivate your residents to learn about and participate in health advocacy.

Shafik Dharamsi, PhD
Jo-Ann Osei-Twum, BSc
Farah Shroff, PhD
Lisa Mu, MD
Robert Woollard, MD

Commentary, Dr. Jeffrey Turnbull

President of the Canadian Medical Association

"…every community has their advocates…"

Dr. Jeffrey Turnbull

Dr. Jeffrey Turnbull, long time health advocate for the homeless in Ottawa, provided the following reflections on health advocacy:

Advocacy is extremely important and as physicians, we are uniquely positioned to engage in advocacy and should be engaging. Historically, physicians have been good advocates for their individual patients; however, in recent years, the public has called upon us to also advocate for the overall welfare of communities, for the healthcare system, and for an improvement in the social determinants of health. We must recognize that we will be less effective, if we merely seek to provide good healthcare and continue to disregard the underlying issues that have lead to our patients' illness. We, physicians, have a responsibility to advocate. Yet, advocacy cannot be conceptualized as a "one size fits all" activity. Some may see their role at the patient level, while others will take on leadership roles within their group practice or at a local, regional, or national level. What is consistent with all advocacy activities is that physicians can have a significant impact - on the lives of their patients and on public health policy.

From my personal experience, advocacy has provided opportunities to work with individuals interested in homelessness but outside the healthcare field. We were all drawn together by a common initiative and through our efforts, our program has grown exponentially where now there is a systematic program for the delivery of health services for the homeless. What is evident is that success feeds success. Advocacy allows physicians to step outside what they normally do, to apply different skills, to interact further with their patients and view the experience through their eyes.

So, what would good health advocacy look like in practice and in education? Physicians would utilize evidence to guide decision-making in their own practice but also use this information to encourage others to develop policies around improving the health of our public. In order to achieve this, we will require the skills to extract, analyze, and apply information. An educational curriculum that supports advocacy at all levels, undergraduate, post-graduate and continuing professional education, will empower young physicians, residents, and medical students to pursue active engagement in issues that are socially important. They must understand that they too can make a difference. We all have a part to play, at the bare minimum; physicians have the responsibility to advocate for their patients.

CanMEDS Health Advocate Role

Definition:[5] As Health Advocates, physicians responsibly use their expertise and influence to advance the health and well-being of individual patients, communities, and populations.

Description: Physicians recognize their duty and ability to improve the overall health of their patients and the society they serve. Doctors identify advocacy activities as important for the individual patient, for populations of patients and for communities. Individual patients need physicians to assist them in navigating the healthcare system and accessing the appropriate health resources in a timely manner. Communities and societies need physicians' special expertise to identify and collaboratively address broad health issues and the determinants of health. At this level, health advocacy involves efforts to change specific practices or policies on behalf of those served. Framed in this multi-level way, health advocacy is an essential and fundamental component of health promotion. Health advocacy is appropriately expressed both by individual and collective actions of physicians in influencing public health and policy.

Enabling Competencies: Physicians are able to...

1. **Respond to individual patient health needs and issues as part of patient care**
   - 1.1. Identify the health needs of an individual patient
   - 1.2. Identify opportunities for advocacy, health promotion and disease prevention with individuals to whom they provide care
2. **Respond to the health needs of the communities that they serve**
   - 2.1. Describe the practice communities that they serve
   - 2.2. Identify opportunities for advocacy, health promotion and disease prevention in the communities that they serve, and respond appropriately
   - 2.3. Appreciate the possibility of competing interests between the communities served and other populations
3. **Identify the determinants of health for the populations that they serve**
   - 3.1. Identify the determinants of health of the populations, including barriers to access to care and resources
   - 3.2. Identify vulnerable or marginalized populations within those served and respond appropriately
4. **Promote the health of individual patients, communities, and populations**
   - 4.1. Describe an approach to implementing a change in a determinant of health of the populations they serve
   - 4.2. Describe how public policy impacts on the health of the populations served
   - 4.3. Identify points of influence in the healthcare system and its structure
   - 4.4. Describe the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism
   - 4.5. Appreciate the possibility of conflict inherent in their role as a health advocate for a patient or community with that of manager or gatekeeper
   - 4.6. Describe the role of the medical profession in advocating collectively for health and patient safety

Inspiring Health Advocacy

In response to increasing calls for post-graduate medical education to advance HA in medicine, we undertook a qualitative pilot study on what inspires family medicine residents, educators, and physicians to engage in HA and how to meaningfully incorporate HA into medical training.

We conducted semi-structured, in-depth interviews of health advocate residents, physicians, and educators within the University of British Columbia's Department of Family Medicine. Four residents, three physicians, and two educators were interviewed. Participants were asked to reflect upon their own motivations for engaging in HA, the influence of their residency experiences upon their advocacy work, and how residency could be improved for those aspiring to do HA.

We found that early exposure to social injustice, parental influences, role modeling, and internal motivators were important inspirations for health advocacy. Residency appeared to be a challenging yet feasible opportunity to engage in HA, as the full demands of clinical practice were yet to set in.

A lack of formal incentives within the medical system discourages HA among residents and physicians. While institutions outside of the core medical system call for more sensitive, compassionate and community responsive physicians, the existing medical environment rewards the opposite. Small and meaningful steps are being taken to integrate HA within medical education such that the norm of the medical system framework becomes conducive to HA by physicians for their patients.

The following section highlights the HA activities of a number of 'champions', Vanessa Brcic, Jocelyn Chase, Healthy Young Minds, Tracy Monk, Davedeep Sohi, and Brian Westerberg.

Vanessa Brcic

Clinical Scholar Program, UBC Department of Family Practice

How did you get started?

Working briefly for CIDA, I saw the prevalence of unmet health needs at the heart of many grassroots community initiatives, and began to understand the connection between physical and social environments and health. I was initially attracted to medicine with an interest in advocating for healthy community development and bringing an interest in determinants of health to clinical practice. From the first weeks of medical school I found space for these interests, campaigning against an expressway that now runs through what was Canada's largest undeveloped urban green space, within metres of several elementary schools and through one of the poorest neighbourhoods in Canada. The health issues surrounding this project seemed clear, as did the importance of my engagement as a future physician.

Primary care seemed like a fundamental place to learn how to address population health challenges at the heart of a community's health.

What is satisfying about this work for you as a physician?

I see health advocacy as a satisfying as well as an imperative part of my practice. Imagining how to improve my practice environment and work towards a more equitable primary health care system is a great motivational force. Sharing these ideas with colleagues and patients amplifies this effect enormously, particularly within the UBC Department of Family Practice.

I don't see myself as a champion by any means; I am an exponent of health advocacy at most, someone who seeks out opportunities to participate in her community. Those of us who understand our roles as advocates need to walk with other health providers, seeking to engage more deeply with colleagues, patients and communities on how to improve population health.

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> "I am an exponent of health advocacy...someone who seeks out opportunities to participate in her community"

What pearls of wisdom would you like to share with medical colleagues about this work?

As an educated and privileged member of society, I feel a certain civic duty to be engaged in community processes and policy. This can be as simple as voting, or in my professional life, taking a few minutes to read the news and discuss

important issues with colleagues; take the time to learn something about my practice population and the communities in which they live. These are basic levels of engagement but can foster future action on issues that are important to the health care needs of people who are most vulnerable.

How do you think more physicians can be engaged in HA?

I believe advocacy is more about perspective and openness. I don't believe perspective is difficult to achieve, it is simply an approach to practice. It is about more sincere contemplation, productive conversations, and direction towards action. It is about shedding the cloak of disempowerment placed on our shoulders by heavy workloads and an often inefficient system, to think of how we might run things differently and optimally. Advocacy is simply the refusal to slouch under the weight of disempowerment and complaining about a system we are doing nothing to change.

Unnatural Causes…Is Inequality Making Us Sick?
Source: PBS (California Newsreel)
http://www.pbs.org/unnaturalcauses/
This series investigates why some Americans experience illness more often and die sooner than others. Unnatural Causes considers the root causes of illness, where well-being is not merely a result of genetic make up, behaviour choices or medical care. The social, economic, and physical environments, in which individuals are born, live and work, affect their health.

Jocelyn Chase

Chief Medical Resident, PGY3 UBC Internal Medicine
Future UBC Geriatrics Fellow

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How did you get started?

Like most people I was involved in health advocacy as a medical student. Then I had the freedom and time to do it. Once residency came along, it became difficult to find the time and energy to continue community involvement; a barrier many residents experience, particularly in our first year. It's a challenge to stay on top of our clinical duties or take time on weekends and evenings to engage in health advocacy.

My current involvement in health advocacy stems from the UBC Internal Medicine Residency Program, which is really encouraging residents to be involved in the community. As the profession of medicine evolves and changes, the public and training bodies are looking to residents to make health advocacy an integral part of their practice. There is a paradigm shift to encourage doctors to engage in health advocacy as a normal part of their work, rather than something that is viewed as an optional add-on.

With the support from my training program, I was able to help start the UBC Internal Medicine Health Advocacy Program, in 2007-2008. The aim of our group is to help residents participate in community activities that resonate with their own interests and goals. Further, we try to find opportunities that are conducive with residents' busy schedules so either short evening/weekend activities or activities that take place during sanctioned teaching time.

> "The best thing we can do for any person is to find a way to keep them healthy in the first place and optimize their quality of life."

The largest project we've organized to date, involves a network of residents who give health promotion talks in the community (i.e. smoking cessation, cardiovascular risk reduction, diabetes care, additions etc.). We have gone all over, from Chinatown, to churches and community centers to the Downtown Eastside. Reviews from the community have been great and residents really feel inspired by these connections.

We have also organized visits to the Downtown Eastside for residents to learn about the local resources available to patients once discharged from hospital. Every year we also participate in a dementia awareness program in Chinatown with seniors, checking their blood pressure and encouraging them to be screened for cognitive impairment by their family physician if they have symptoms.

What is satisfying about this work for you as a physician?

I get really energized seeing people in the community who are interested in preserving their health and finding ways to prevent illness. If all we see are ill patients in our practices and in the hospital, I think our view of health and illness on a community and population basis gets skewed

toward the pessimistic. People in the community are seeking health information; they look for wellness and prevention, rather than illness. I have especially enjoyed my time in Chinatown and I am trying my best to learn a few phrases.

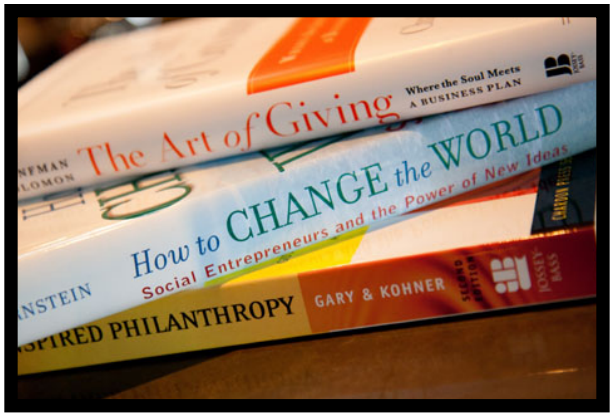
What pearls of wisdom would you like to share with medical colleagues about this work?

The profession as a whole should be proud of the many amazing technologies we've developed to treat and sometimes cure disease. However, we also need to look further than the philosophy of our Western based practice, which largely deals with disease palliation rather than prevention. The best thing we can do for any person is to find a way to keep them healthy in the first place and optimize their quality of life. To me, this represents the core principle of health advocacy and will hopefully be something I can draw from in my future as a Geriatrician.

How do you think more physicians can be engaged in HA?

Each physician needs to examine their interests and current scope of practice to find their niche. This might be through holding a talk in the community about a special topic, participating in a local Health Fair or addressing prevention issues during office visits. The best way to start is to connect with already established activities, since this is much less daunting and time consuming than starting from scratch. Small contributions add up over time and no one should feel that even an hour spent here and there is too little. From there, anything is possible!

The **Red Book *Online*** is a web-based database that provides access to detailed descriptions of over 4,500 agencies offering a variety of services (counselling, health, housing, educational, financial etc.) in the Vancouver Lower Mainland.
Access The Red Book Online



Healthy Young Minds: Mental Health Promotion by Students for Students

UBC Vancouver Fraser Medical Program 2013

(Left to Right) Kristy Williams, Taylor Swanson, Maryam Dosani, Disha Mehta and Alex Butskiy.

How did HYM get started?

The Healthy Young Minds Project is the brainchild of five first year medical students at the University of British Columbia who believe that health advocacy should start before illnesses arise. The dynamics of child and youth mental health is poorly understood, yet is an integral part of community wellness. Youth mental health (MH) is an area that has recently been identified as a priority health concern by the Mental Health Commission of Canada and other health promotion entities, due to a number of indicators, including:

- The estimated prevalence of child and youth MH disorders in British Columbia is 15%.[6]
- The importance of early intervention in promoting mental well-being: for more than 70% of Canadian adults living with a mental illness, onset occurred before 18 years of age.
- Less than 1/3 of children under age 18, who have a serious mental health problem access any mental health services.
- Youth are poorly equipped to recognize MH disorders, yet are most likely to seek help from peers.[7]

HYM student leaders came together as a result of a common passion for reducing these disparities and providing young people with the tools to not only access mental health resources, but also to emphasize the importance of addressing mental health in self-care practices. Our mission statement is "to establish a sustainable framework for engaging youth in the discussion of mental health with the aims of reducing stigma and facilitating access to mental health care" through the creation and delivery of mental health workshops. Important secondary goals include engaging youth in all phases of development and delivery of these workshops as well as identifying and tracking outcomes for evidence based evolution of this project.

> "…came together as a result of a common passion for reducing disparities…"

What is satisfying about this work for HYM as physicians-in-training?

This work allows us to connect with the community in a number of ways while also providing us with the experience of acting as health advocates and experts. HYM has gathered together many experts in the field, who are active in the community, to mentor and inform the project. At the same time, the project gives us,

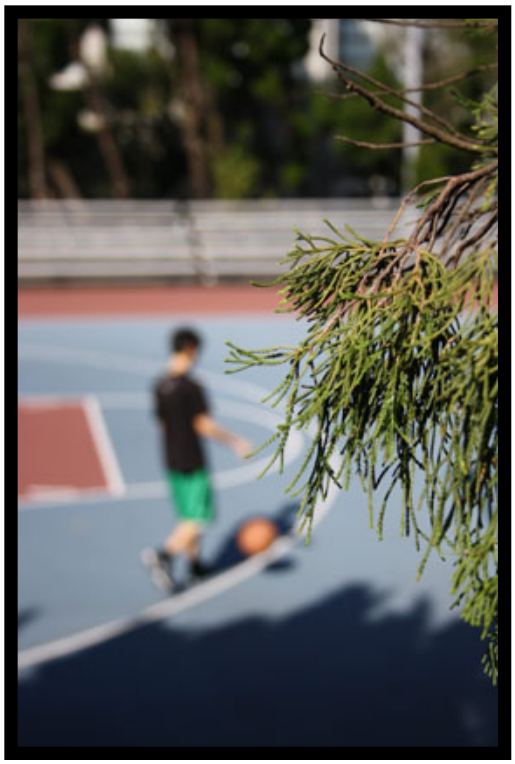
physicians-in-training, the opportunity to interact directly with a vulnerable population as health experts and positive role models.

What pearls of wisdom would HYM like to share with medical colleagues about this work?

HYM is only just getting its feet wet in the world of youth mental health and hopes to learn more as the project progresses. Thus far, we have benefited immensely from doing background research before setting out to accomplish our goals. Recently, a number of outreach programs and resources have been developed, which complement the HYM project. These include the Canadian Mental Health Association's Mental Health & High School Curriculum Guide, British Columbia Medical Association's Practice Support Program and their East Vancouver Youth Mental Health Pilot project, and Simon Fraser University's Students for Mental Wellness. HYM team leaders are already integrating these projects and their associated expert knowledge into the development of this project. In this way, HYM is integrating existing expert knowledge into a deliverable project.

How does HYM think more physicians can be engaged in HA?

There are many community projects that could benefit from continued input from health professionals, especially in poorly researched areas such as youth mental health. Physicians can provide both their medical expertise and experience with specific populations. HYM encourages health professionals at all stages of their careers to join us in the development, delivery; and evaluation of our youth workshops and training of our volunteers.



Davedeep Sohi

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What kind of advocacy activities are you involved in?

I am primarily involved in health advocacy at the community level. The foundation for these activities is community networking with local organizations such as community centres, outreach groups, residential facilities or shelters, and cultural groups. This allows our advocacy team to reach a large portion of the population and focus on at-risk groups that are particularly in need of health information and education. This past year we have been focusing on providing public education on Internal Medicine topics. The response has been remarkable. So far this year our team has held community-based seminars on addiction, smoking cessation, heart disease, and cancer. Through the dedication of numerous Internal Medicine residents we have reached literally hundreds of people. We have worked in a variety of locations from Vancouver's Downtown Eastside to suburbs such as Langley and Richmond. Our advocacy program, focused on educational seminars, has provided the community with accurate and accessible healthcare information while giving residents an opportunity to get practical health advocacy experience.

> "…education helps empower people to live healthier lives and manage their illness proactively."

How did you get started?

The Internal Medicine residency program already had an advocacy group, where like-minded residents could get involved. With this support in place, I reached out to various community groups and advertised our team's expertise and availability. In particular, the Healthy Living Program team at Vancouver Coastal Health was incredibly supportive and helpful in getting our name into the community. We immediately had a huge response from community groups requesting health promotion seminars and have been busy ever since.

> "…it is definitely rewarding and not as time consuming as one might think – so give it a try."

What is satisfying about this work for you as a physician?

For me, this work is an extension of what it means to be a physician and is satisfying in many of the same ways. For starters, I have the opportunity to meet a lot of incredible people. Listening to concerns from the community and responding to questions also gives me a slightly different perspective on how the community views health, disease, and disability. Undoubtedly, I think this makes me a better physician. On top of this, there is always the immediate gratification of being able to teach people about their illness or help them learn about illnesses affecting loved ones. I really believe that this kind of education helps empower people to live healthier lives and manage their illnesses proactively.

What pearls of wisdom would you like to share with medical colleagues about this work?

I am still at the early stages of my career but after experiencing health advocacy first hand, I can say that it is definitely rewarding and not as time consuming as one might think.

How do you think more physicians can be engaged in HA?

I think the major barrier to physicians being more involved in health advocacy is time. From a resident's point of view, it would be great to see advocacy incorporated as an integral part of the training program given that it is a CanMEDS requirement. While dedicating time may be difficult during work hours, streamlining the logistics so that residents have to dedicate only one or two hours to conduct a health promotion seminar in the community is a great first step.

Healthiest Nation in One Generation
Source: American Public Health Association (YouTube)
http://www.youtube.com/watch?v=DuBggj7Zd3A&feature=player_embedded

Despite affluence, technological advances and universal health care in America and Canada respectively, there are still communities that receive inadequate health care. The "Healthiest Nation in One Generation" illustrates how health promotion can theoretically alter the health of a nation in one generation. A similar transformation is needed to ensure health equity in Canada.

Tracy Monk

Clinical Assistant Professor of Family Medicine, UBC
Head of the Department of General Practice, Royal Columbian Hospital, New Westminster

How did you get started?

I saw some teenagers on TV doing advocacy work about something I cared about and decided to dig into the data to learn more about the issue. I spoke to a lobbyist who explained that researching the facts and compiling a bulletproof presentation of the evidence on why something needed to be done, and then presenting the information in a short simple form was key in achieving success. Health advocates need a one pager and a one-minute elevator speech prepared. You need to know your subject inside out and know what 1-3 key points you are trying to make when talking to media.

What is satisfying about this work for you as a physician?

It is deeply meaningful to try to make a difference, and the information I present is always a morale booster for physicians who might be tired in their day-to-day work and forget about the big picture. And if they are teaching – it reminds them of the difference they can make.

What pearls of wisdom would you like to share with medical colleagues about this work?

The literature supports what we all know in our hearts: making a commitment to patients over time, improves health outcomes, reduces costs and is deeply meaningful for both patients and doctors.

> "…how good it feels to do advocacy and to connect with your community and a larger purpose… It might be a secret to physician happiness…"

How do you think more physicians can be engaged in HA?

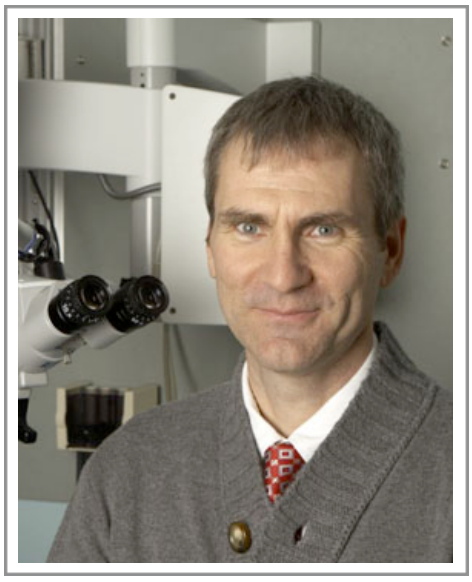
Understand what the word "advocacy" means for starters . . . I am ashamed to say that in spite of being a mildly intelligent person, I did not even know what the meaning of the word "advocacy" was until I was 40 and got a bee in my bonnet about a particular issue.
We need greater advocacy about how important health advocacy is, and to connect with your community and a larger purpose… It might be a secret to physician happiness…

Dr Tracy Monk is the co-coordinator of the UBC Centre for Relationship-Based Care.

Be a Health Activist
Source: The View From the Bay (YouTube)
http://www.youtube.com/watch?v=Ymqic2f1uVI

Brian Westerberg

Clinical Associate Professor, Department of Surgery, UBC
Otolaryngologist, St Paul's Hospital, Vancouver



Approximately 30 million North Americans have speech-frequency hearing loss, and its prevalence among young adults is growing. Noise induced hearing loss (NIHL) educational programs targeting elementary school children, as at that age they become exposed to noise during recreational activities such as the use of portable and personal music devices, toys, gunfire, firecrackers, lawnmowers, power tools, dance clubs, rock concerts, and musical instruments. We assessed the short- and long-term efficacy of a hearing conservation program in changing the hearing loss prevention behaviours in elementary school children. Our study used Sound Sense, an educational program created by The Hearing Foundation of Canada, as an intervention.

Sixteen Vancouver School Board schools volunteered to participate in the study. The schools were randomized to either an intervention or a control group. A total of 846 grade six students (ages 9-13) were recruited to participate in the study, with 451 students in the control group and 395 students in the intervention group.

The Hearing Foundation of Canada's Sound Sense youth NIHL prevention program showed significant short- and long-term efficacy in changing the hearing loss prevention behaviours in elementary school children. Noise-induced hearing loss is a disabling, incurable condition that presents years after noise exposure. With evidence to show it is occurring at a younger age possibly due to increased noise exposure in youth, appropriate educational programs with established efficacy that not only improve attitudes towards using ear protection but also result in behavioural modification in youths are required.

The clinical significance of our work is obvious when compared to another widely accepted educational intervention, smoking cessation counselling by a physician. Physician advice on smoking cessation results in unassisted quitting rates at 6 months of 2-3%, which is accepted to be clinically significant. Sound SenseTM resulted in rates of improvement of 1-6% at 2 weeks and 1-3% in 6 months in earplug use in grade six students during activities with different degrees of noise exposure, which is indeed similar to the improvement in quitting rates of smoking following physician advice.

The development, implementation and evaluation of a community-based health promotion project around hearing loss can serve as a tremendous opportunity for otolaryngology residents to develop their knowledge and skills around the CanMEDS Health Advocate Role.

Why Health Advocacy?

The Romanow Report proposes "sweeping changes" to make the healthcare system "more responsive and efficient as well as more accountable to Canadians."[8] This has raised important questions concerning the education of health professionals,[9,10,11] particularly within the context of recent discussions in Canada around primary care renewal and ensuring the provision of necessary services to disadvantaged populations.[12,13,14,15] In Canada, approximately 1.6 million individuals live in poverty;[16] and child poverty is highest in BC, with nearly one in four children living below the poverty line.[17] Chronic poverty has harmful effects on children's health,[18] with socioeconomic status being a key determinant of health outcomes and of the appropriate use of health services.[19,20,21,22,23,24,25] In their detailed examination of the inequities in health and healthcare experiences among disadvantaged or vulnerable populations, Shi and Stevens[26] broadly define vulnerability to include various social, economic, political, environmental, and biological conditions that prevent people from protecting their own needs and interests. Vulnerable populations experience worse health outcomes, higher rates of morbidity, and barriers to care; inappropriately use health services; and have little control over the conditions that contribute to their circumstances.[27]

Healthcare practices and policies that fail to consider ways of addressing disparities and the healthcare needs of marginalized populations are unlikely to have the desired impact on health outcomes.[28] Reducing health disparities and promoting equity for vulnerable populations in Canada is thus an essential imperative underlying the Canada Health Act.[29] Yet, inequities continue to influence and plague the health of Canadians and the Canadian healthcare system.[30] A systematic review of the effectiveness of health service interventions aimed at reducing inequalities in health indicates that, although improving socioeconomic conditions is essential, health services can play a key part.[31] Understanding social inequity and maldistribution of wealth are thus two vital aspects of understanding ill health and disease. Most of the resources we have provided here are an attempt to do this.

In order to act within the capacity of health advocate, physicians and physicians-in-training need to acknowledge and appreciate the role of the social determinants of health. As educators we must also take the time to critically evaluate our own experiences and understanding of social determinants and how it impacts health status.

Below we offer problem-based case studies and resources to aid medical educators better integrate the concept of health advocacy into the curriculum.

But Why?
Adapted from the *Determinants of Health*, Public Health Agency of Canada

"Jason is in the hospital.
But why is Jason in the hospital?
Because he has a bad infection in his leg.
But why does he have an infection?
Because he has a cut on his leg and it got infected.
But why does he have a cut on his leg?
Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.
But why was he playing in a junk yard?
Because his neighbourhood is kind of run down. A lot of kids play there.
But why can't his parents move?
Because his Dad is unemployed and his Mom is sick.
But why...?"

Teaching Health Advocacy: Starting Points

In our experience, teaching and learning about HA is most successful using a participatory approach, that is, by working closely with our communities, medical residents and students in developing key learning objectives and outcomes. The aim is to create educational opportunities that will enhance the learners' knowledge and skills around the social determinants of health, health promotion, principles of social justice and advocacy, and effective community engagement strategies. The intent is to nurture a sense of ***social responsibility and social accountability*** for responding to the inequities in healthcare and the needs of those people in society who are rendered vulnerable because of various social, economic, political, environmental, and biological influences that prevent them from protecting their own needs and interests.

Using ***a participatory and inclusive process***, begin with opportunities for dialogue and discussion. Create several opportunities for residents to discuss HA initiatives and how the curriculum can best foster opportunities for social awareness and responsibility. Convene faculty, residents, staff, and clinicians to collectively examine issues, conduct literature searches and environmental scans, develop priorities, explore partnerships with community-based organizations, and consult with health authorities.

The first session may begin with a small group of faculty and residents identifying HA related issues within your discipline, what existing initiatives are underway at the local and national levels, and how to get involved. For instance, there are several opportunities and efforts underway in the areas of maternal and child health, inner city health, mental health, child rights, men's health, access to care, trauma, homelessness, adverse outcomes, and medical errors - these are just a few examples.

Health Promotion: "the process of enabling people to increase control over their health and its determinants, and thereby improve their health"

Charity vs. Social Justice approaches to HA

Explore the differences between charity conceptions of HA with one based in social justice. Many HA efforts tend to take an almost exclusively charity based approach – providing services or relief to people who are in desperate need. Charity based HA activities tend primarily to be based on the "good Samaritan" concept – providing resources, time, knowledge, and clinical service to vulnerable people. A charity based approach is not only difficult to sustain, it creates a dependency relationship. Charity approaches can be seen simply as band-aid solutions that do not address the root problem of health disparities. A social justice approach, on the other hand, requires residents to focus their efforts on understanding and working to change the structural or institutional factors that contribute to inequitable conditions. HA within a social justice framework enables an equal and collaborative partnership with communities; develop mutual capacity to address the root causes of systemic social inequity and disparity; and focuses on building social capital.

Problem-Based Case Studies

Case Example 1
Mr. Dalek Novak immigrated to Vancouver from the Czech Republic in 1994. He initially was employed in the building industry and eventually was able to sponsor his wife and four children to join him in September 1999. Adjusting to life in Vancouver proved difficult for the rest of his family, particularly his wife Anicka, who spoke little English. She spent most of her time at home, occasionally heading out to the local park. By September 2000, Anicka no longer left the house and had very little contact with people outside of her immediate family. Things become more difficult for the family as Dalek lost his job in 2002, and he was repeatedly between jobs for the next five years. The family struggled to make ends meet.

On December 29th, 2008 Anicka was found alone, disoriented in the local park, and inappropriately dressed for the cold weather. In the emergency room, the attending physician, resident, and nurse became concerned when they found that there was no history of Anicka accessing the medical system in Canada, and to make matters worse, they were unable to contact her family.

Questions
1. How would the competencies listed under the CanMEDS Health Advocate Role help physicians respond effectively to this case (at the individual level, community level, and population level)?
2. What actions should be taken to address Anicka's current situation?
    a. What should be done on December 29th, during the following week and in the months to come?
    b. What physician will follow up in the New Year? Why? How?
3. What social support systems are available to help the Novak family?
4. What is the role of (lost) relationships in bringing forth and treating Anika's disease?

Case Example 2
Two generations of the Radcliffe family have worked in the automobile industry of southern Ontario. Scott and Debbie Radcliffe joined the General Motors plant in Oshawa, Ontario straight out of high school in 1986. Working with General Motors ensured that both Scott and Debbie received full health insurance, retiree medical coverage, and pensions.

In late 2006, the Number 1 plant in Oshawa was cancelled resulting in the loss of 1,000 jobs; amongst those newly unemployed were Scott and Debbie Radcliffe. The effects of unemployment were devastating; there were limited job opportunities for the couple. Debbie finally secured a job at the local grocery store, and Scott remains unemployed. He and his unemployed work buddies get together almost every day drinking and lamenting about the circumstances they find themselves in.

Scott is admitted to emergency one afternoon complaining of chest pain. Scott is overweight, borderline alcoholic, and has started smoking again.

Questions

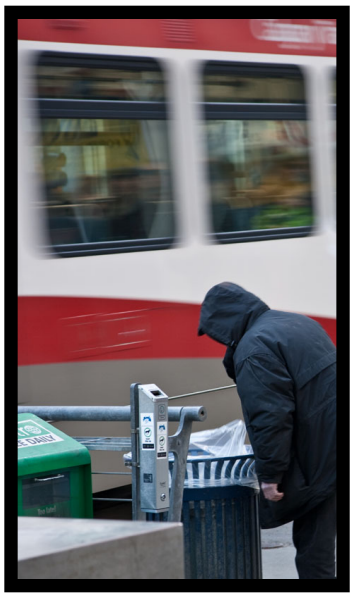
1. How would the competencies listed under the CanMEDS Health Advocate Role help physicians respond effectively to this case (at the individual level, community level, and population level)?
2. Identify the stressors in Scott's life, consider environmental, psychological, and economic. What is the root cause/s of these stressors?
3. The government of Ontario recognizes the potential increase in healthcare costs due to the recent plant closures; you are invited to provide your informed opinion to the Keep Ontario Healthy task force.
    - What recommendations would you make to this task force? Consider education and retraining opportunities, financial assistance programs etc.
    - What recommendations would you make about having the Task Force engage Scott and his buddies directly in their deliberations? Consider the direct health benefits on all cause mortality of patients having a sense of agency.
    - What resources would you access to ensure your opinion was evidence-based?
    - What actions would you take once you returned to your practice?

Case Examples 3
Take a moment to read the Code Red Series that appeared in The Hamilton Spectator, by Steve Buist. The series reflects over three years of research carried out jointly between the Spectator and researchers affiliated with McMaster University. The series offers several real case studies that you can use to think about your role as health advocate. We have adapted one of the sections in the series and included it here to give you an introduction.

Health disparities by neighbourhoods
Two neighbourhoods, separated by just five kilometers: they might as well be worlds apart. Between these Hamilton neighbourhoods, representing two ends of the spectrum, there's a difference of 21 years in average age at death. If it were a country, one of the neighbourhoods would rank 165th in the world for life expectancy, tied with Nepal, just ahead of Pakistan and worse than India, Mongolia and Turkmenistan. The huge gap in life expectancies across the city is one important piece of a much larger story concerning the health of Hamilton's neighbourhoods. It reflects the great divide between the poor and the prosperous.

Read the rest of CodeRED (http://www.thespec.com/sections/codered).

1. How would the competencies listed under the CanMEDS Health Advocate Role help physicians respond effectively to this case (at the individual level, community level and population level)?
2. Consider the following quotes from Rudolph Virchow, arguable the 19th century father of cellular pathology: "Medicine is a social science, and politics is nothing else but medicine on a large scale. Medicine, as a social science, as the science of human beings, has the obligation to point out problems and to attempt their theoretical solution: the politician, the practical anthropologist, must find the means for their actual solution. " "The physicians are the natural attorneys of the poor, and social problems fall to a large extent within their jurisdiction." "It is the curse of humanity that it learns to tolerate even the most horrible situations by habituation. Physicians are the natural attorneys of the poor, and the social problems should largely be solved by them." How does this help inform your obligations and work in this regard?
3. What responsibilities do physicians have to engage in the political process on behalf of their patients?



Conclusion

With this e-booklet we have sought to introduce medical educators to the concept of health advocacy and how it might be integrated into medical education and both postgraduate and undergraduate levels. We have reviewed HA literature, profiled Canadian physicians engaged in health advocacy, provide pedagogical approaches and external resources as a means of encouraging further activity in this area. This e-booklet is by no means exhaustive and it is our hope that it will serve as a platform for dialogue and a space where physicians, teachers, learners and policy makers can share their experiences.

Beyond its immediate purpose to serve the teaching needs of medical educators, we envision that this e-booklet could be an educational tool for medical institutions, community based organizations and patient support groups. We invite readers to share it far and wide and only ask that you cite it as our work.

We invite your comments, stories, and reflections.

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Community Resources

Advocating for Health
Academic Institution: Tulane University
www.sph.tulane.edu/FGH/electivecourses.htm

"Advocating for Health" is an elective course offered by the Office of Global Health at Tulane University. Students interact with local and national health sciences professionals who are also practiced health advocates. This course emphasizes the importance of addressing underlying social, political and economic factors that influence health.

Emergency Physician as a Health Advocate
Academic Institution: University of Alberta
www.emergency.ualberta.ca/uofa/03-rotations/03-01.canmeds/03-01.canmed.health-advocate.htm

Emergency Medicine at the University of Alberta has developed a summary document on incorporating health advocacy within a residency curriculum. A definition of health advocacy is proposed and worksheets provided to identify health advocate activities already being conducted. Readers may find this document useful when considering the inclusion of health advocacy in medical education.

Graduate Studies in Health Advocacy
Academic Institution: Sarah Lawrence College
www.slc.edu/graduate/programs/health-advocacy/

The master's program in Health Advocacy at Sarah Lawrence College is currently the only graduate studies program dedicated to this specific area. An interdisciplinary approach is taken to prepare students to influence health policy and serve individuals in need of advocacy.

The Centre for Patient Partnerships
Academic Institution: University of Wisconsin – Madison
www.patientpartnerships.org/index.php

Training is provided to graduate and professional students in patient advocacy. This program is focused on advocacy at the patient level, equipping individuals make more informed medical decisions, navigate employment issues and build support systems.

The Centre of Advocacy, Community Health, Education and Diversity
Academic Institution: University of Rochester Medical Centre
www.miner.rochester.edu/education/md/cached/

The Centre for Advocacy, Community Health, Education and Diversity provides support for the broadening of topics in medical education. The Centre seeks to promote an understanding of health, cultural and educational experiences among physicians to create a profession that is cross-culturally competent.

The Residency Program in Social Medicine
Academic Institutions: Montefoire Medical Centre and the Albert Einstein College of Medicine
www.montefiore.org/prof/departments/family/rpsm/

This Residency Program in Social Medicine trains primary care physicians for practice in underserved communities.

Canadian Physician Health Advocates

Canadian physicians are active in a number of health advocacy initiatives both locally and internationally. The list below is by no means complete and we strive to continually update it with your input.

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Community Organizations

Alliance for People's Health
aphvan.wordpress.com/
A community based health advocacy group of health workers, grassroots organizers and people committed to the struggle for health for all

BC 211 Community Connection Initiative
www.communityinfo.bc.ca/211.html
An initiative aimed at developing a province-wide, free, and confidential information and referral service; 211 provides non-emergency services and support to communities

Carnegie Community Centre Advocacy Resources
www.carnegie.vcn.bc.ca/november_33_2005#idhV1G8Mx9MC7Gngk4K4omIw
Organizations working on various advocacy issues in the Downtown Eastside, Vancouver

Community Initiative for Health and Safety
www.livingincommunity.ca/toolkit/ASWpage4.html
Organizations working on the issues of equality and human rights of sex workers through support and advocate

Health Providers Against Poverty
www.healthprovidersagainstpoverty.ca
A group of physicians, nurses, nurse practitioners, dietitians, health promoters and other health providers committed to addressing poverty primarily in Toronto.

People's Health Movement
www.phmovement.org/en
A grassroots organization of individuals concerned with the growing inequities in health

Physicians for Human Rights
physiciansforhumanrights.org/
A non-profit, non-sectarian organization that advances health, dignity and justice by investigating and responding to human rights violations

Physicians for Social Responsibility
www.psr.org/
A non-profit advocacy organization that advocates for policies that prevent nuclear war and stop or reverse global warming and toxic degradation of the environment

QMUNITY
www.qmunity.ca/
A resource centre offering community services and programs in support of healthy and active living for queer communities in British Columbia

Rainbow Health Ontario
www.rainbowhealthontario.ca
This program is designed to improve access to health services and promote the health of Ontario's lesbian, gay, bisexual, and transgender communities through education, research, outreach and public policy advocacy

Red Book Online
www2.vpl.vancouver.bc.ca/redbook/
A web-based database that provides access to detailed description of over 4,500 agencies in the Vancouver Lower Mainland

Social Medicine Portal
www.socialmedicine.org/
The Social Medicine Portal provides links to websites, documents and presentations related to social medicine and health activism

Transgender Health Program
transhealth.vch.ca
A program that brings together transgender people, health care providers, health planners, and researchers to work to improve transgender health services in BC

Vancouver Coastal Health Population Health Advocacy
www.vch.ca/your_health/population_health/advocacy/advocacy
This program focuses on a number of public and population health issues. Vancouver Coastal Health seeks to create positive change for people and their environments through advocacy.

Audio and Visual

Be a Health Activist
Source: The View From the Bay (YouTube)
www.youtube.com/watch?v=Ymqic2f1uVI
Raymond Baxter, Senior Vice President for Community Benefit, Research and Health Policy Kaiser Permanente, explains what a health activist is and why it is important for individuals to work together to change the health of their community.

Healthiest Nation in One Generation
Source: American Public Health Association (YouTube)
www.youtube.com/watch?v=DuBggj7Zd3A&feature=player_embedded
Despite affluence, technological advances and universal health care in America and Canada respectively, there are still communities that receive inadequate health care. The "Healthiest Nation in One Generation" illustrates how health promotion can theoretically alter the health of a nation in one generation. A similar transformation is needed to ensure health equity in Canada.

Healthiest Nation – Move
Source: Healthiest Nation (YouTube)
http://www.youtube.com/watch?v=rIZ56OrLQ5k&NR=1

Unnatural Causes…Is Inequality Making Us Sick?
Source: PBS (California Newsreel)
www.pbs.org/unnaturalcauses/
This series investigates why some Americans experience illness more often and die sooner than others. Unnatural Causes considers the root causes of illness, where well-being is not merely a result of genetic make up, behaviour choices or medical care. The social, economic, and physical environments, in which individuals are born, live and work, affect their health.

Are you STRAIGHT?
Source: (YouTube)
www.youtube.com/watch?v=JQ1I_-MY_NY

Four Feet Up
Source: National Film Board of Canada Production
films.nfb.ca/four-feet-up/
This film documents one Canadian family's experience with poverty.

An Enemy of the People (play)
Henrik Ibsen

Poverty Advocacy, Dr. Gary Bloch
Source: Ontario Coalition Against Poverty Radio
www.radio4all.net/index.php/program/14251
Dr. Gary Bloch comments on the clear links between poverty and health status and the role of health care professionals in the struggle to raise welfare and disability payments in Ontario.

HIV Advocacy, Dr. Julio Montaner
Source: CBC's The Hour, December 2, 2009
www.cbc.ca/video/#/Shows/The_Hour/Guests/ID=1349548100
Dr. Julio Montaner, President of the International AIDS Society, discusses the current situation of HIV/AIDS in Canada and worldwide. He emphasizes the need for political commitment at the federal level and individuals to speak out against policies that infringe on human rights.

Books

A Fortunate Man
John Berger

The Citadel
AJ Cronin

Health and Social Justice: Politics, Ideology, and Inequality in the Distribution of Disease
Richard Hofrichter

Arrowsmith
Sinclair Lewis

Social Determinants of Health: Canadian Perspectives
Dennis Raphael

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Shlomi Segall

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Howard Waitzkin

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Public health advocacy — the role of doctors
Joe Barry
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Norman Daniels, Bruce Kennedy, & Ichiro Kawachi
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Advocacy Training Can Give Students, Residents Skills to Improve Community Health
Barbara Bein
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Steve Buist,
The Hamilton Spectator, April 10th -17th, 2010
www.thespec.com/sections/codered
This is a case study of health inequities in Canada. The Hamilton Spectator and researchers affiliated with McMaster University report on the health status of individuals living in the 130 neighbourhoods of Hamilton, Ontario.

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Kat Eschner
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John Rieti
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