

# Becoming A Champion of Change: Influencing Government

Presented by:  
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November 7<sup>th</sup>, 2014

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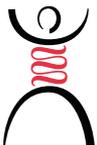
# Goals for today

1. Learn about why and how we advocate
2. Understand CCC's 3 advocacy priorities
3. Discover how to meet with elected officials
4. Gain skills in becoming effective advocates



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# Part 1: Advocacy

What is it?

Why do we  
do it?

Who does  
it?

To  
whom?



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# Advocacy – What is it?

- Social change, policy change, changing the status quo
- Raising awareness to Government
- Working in partnerships, coalition building
- Appealing for public support



# Advocacy – Who does it?

Caregivers

Health care professionals

“Credible” institutions  
(unions, think tanks)

Special interest groups  
(disability rights, seniors)

Ad Hoc Groups  
(support and professional groups or issue-specific coalitions)

Politicians

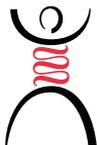
Private Industry

“You can” or  
Anybody with a  
passion

Celebrities

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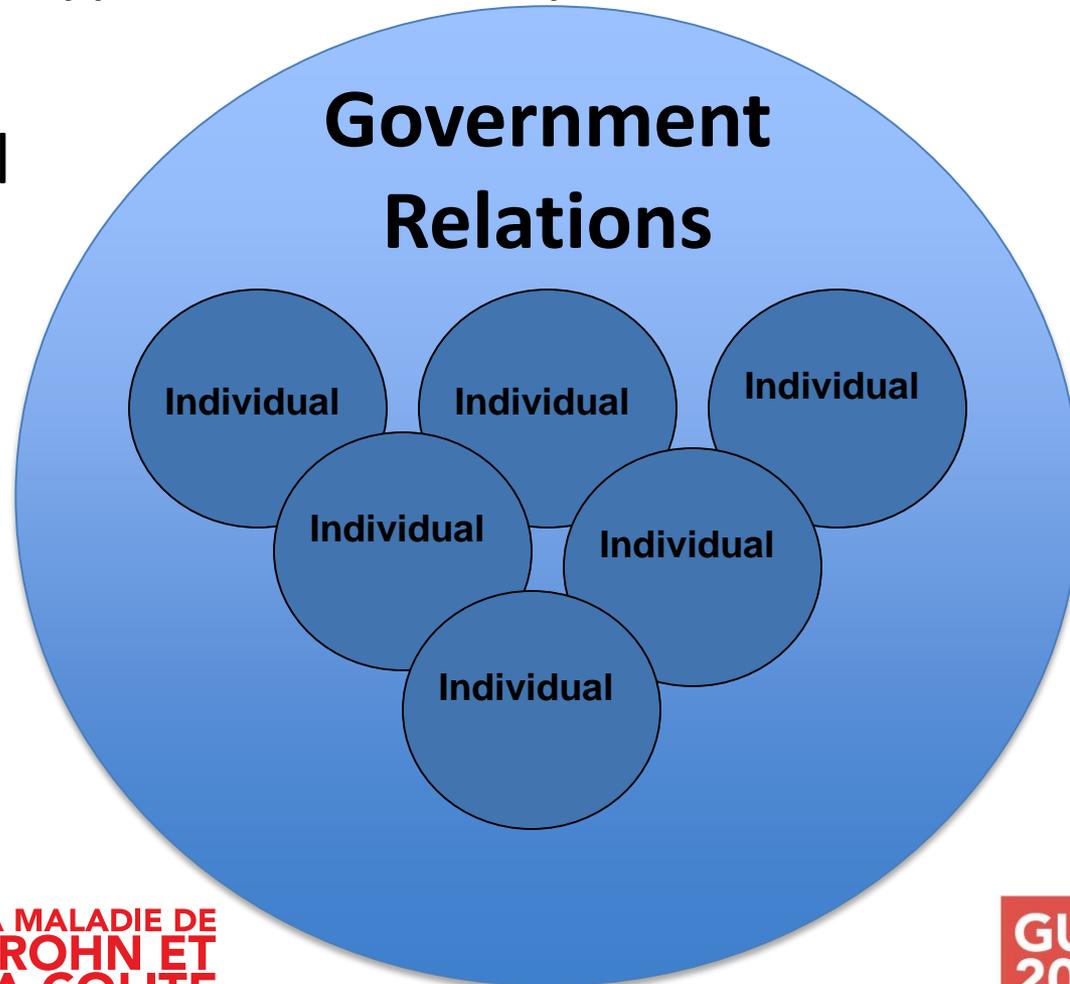
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# Advocacy Types

There are two types of advocacy:

1. Individual
2. Systemic



# Advocacy – Who we Advocate to?

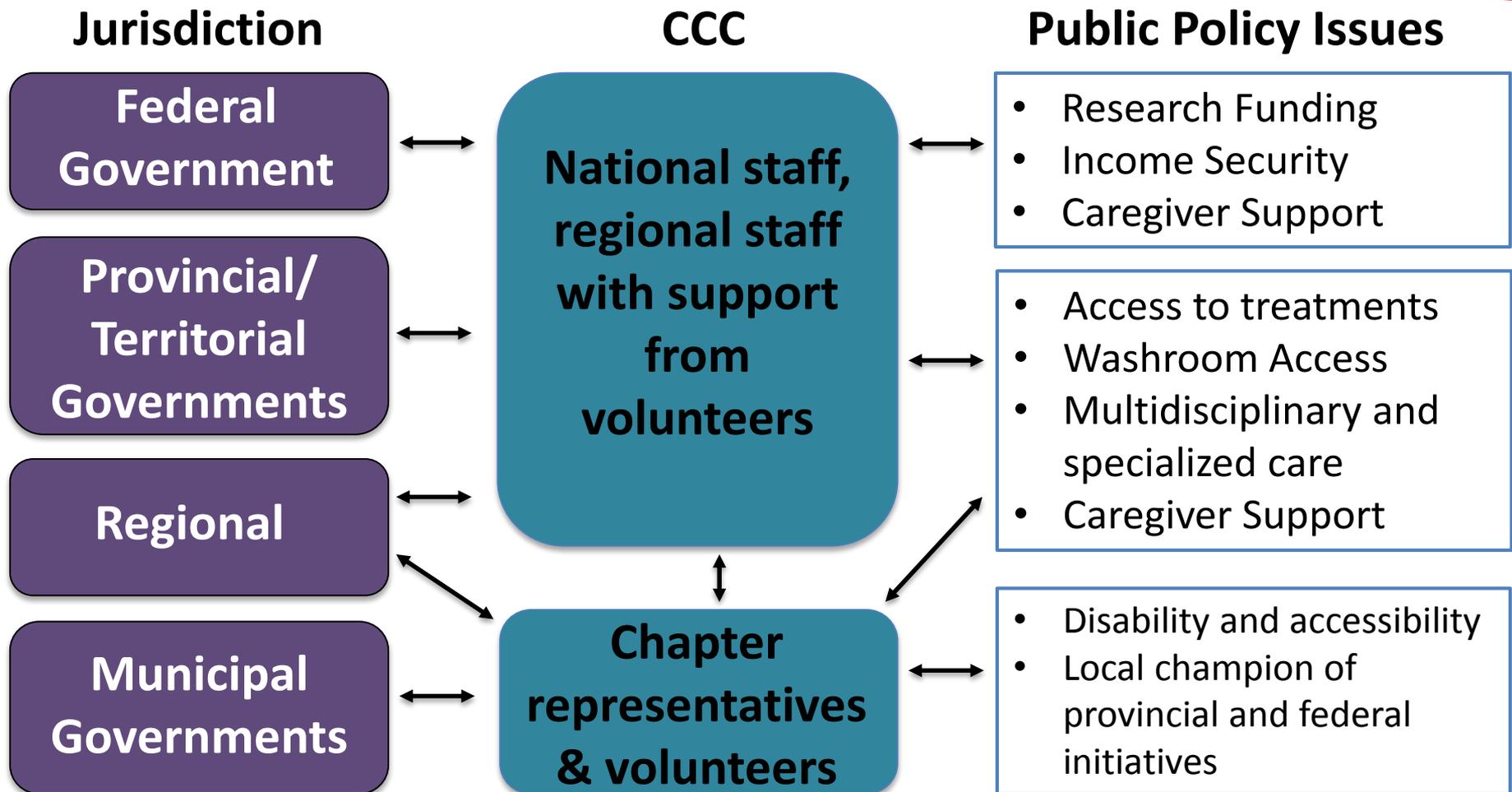
## Elected Officials & Staff

- Members of Government
  - MPs, MLAs/ MPPs/ MNAs
- Cabinet Ministers
- Opposition (critics)
- Standing Committee (Health, Social, Economic)
- Municipal Councils
  - Accessibility Advisory Councils, transit authorities, etc...

## Non-elected Officials

- Political staff
  - Assistant/aides
  - Advisors
  - Schedulers
- Civil Servants
  - Deputy councilors
  - Policy analysts/ advisors

# Advocacy – Who we Advocate to?



# Advocacy – Why is it needed?

- We are the experts on Crohn's and colitis
  - We want to be a leader in improving the lives of children and adults living with Crohn's and colitis
- We can advance our issues on political agendas
- We can provide practical solutions to problems
- We want public policy changes
  - Access to treatments, increased access to washrooms

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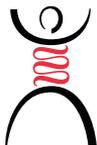
# Part 2:

## Crohn's and Colitis Canada's Three Advocacy Priorities



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# Our Advocacy Issues



Improved access to treatments



Increased access to washrooms



Enhanced specialized GI care

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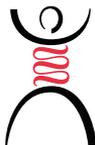
# Issue 1: Recommendations – Drug Access

- Increase the number of **approved** Crohn's and colitis treatments;
- Ensure that all Canadians have access to drug **coverage** through public plans
- Provide coverage for **therapeutic drug monitoring**

“Not every person with Crohn's and colitis has access to affordable treatments”

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# Issue 1: Context – Drug Access

## Challenges:

- Drugs dispensed outside hospitals are not covered under the *Canada Health Act*
- Drug reimbursement is a mix of federal and provincial governments, private insurers, out of pocket
- Public formulary decisions are made province-by-province (and federally for some populations)
- Majority of Canadians obtain drug coverage privately, a significant proportion depend on public drug coverage

## Statistics:

- 23% of new drugs approved by Health Canada from 2004 to 2010 made it to provincial formularies by January 1, 2012
- In contrast, 84% of the same drugs were covered under private sector drug plans

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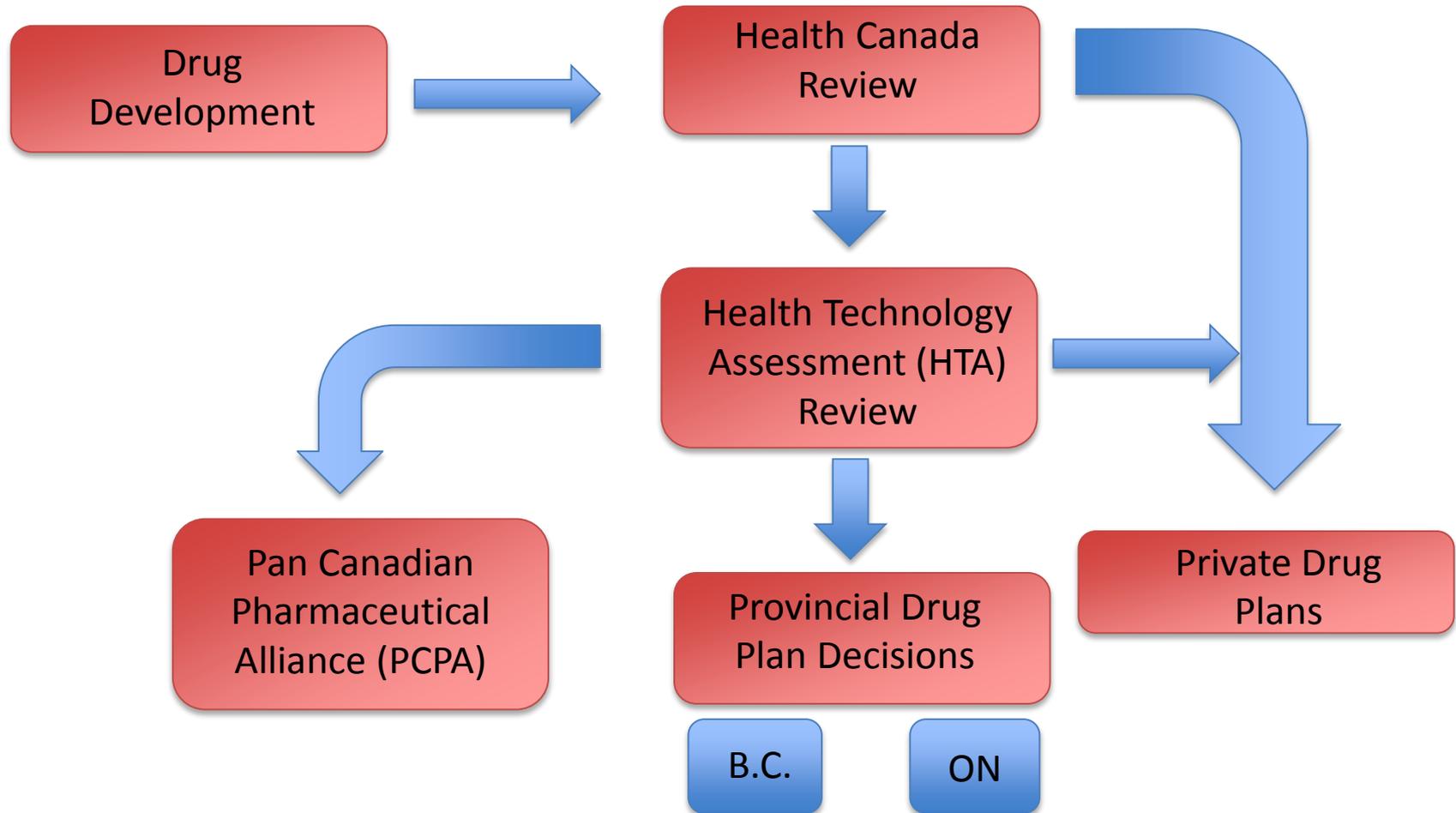


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# Issue 1: Drug Life Cycle – Drug Access



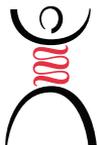
# Issue 2: Recommendations – Washroom Access

- Encourage provinces (and municipalities) to **enact legislation** (and by-laws) that guarantee access to public washroom facilities
- Encourage all levels of government to **participate in the GoHere** decal initiative

“Public washroom facilities are not always accessible. Sometimes they are open for customers or employees only.”

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# Issue 2: Context – Washroom Access

## Challenges:

- Not enough washroom facilities in public spaces
- Facilities that exist may have washrooms only for ‘customers’ or ‘employees’
- Canada lags behind in legislation that calls for open washrooms for people living with chronic conditions, disabilities or incontinence issues

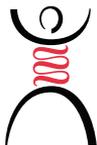
## Statistics\*:

- 73% said they experience between five to 20 bowel movements or false urges a day during active disease. 13% had more than 20 movements or urges a day
- 53% had to negotiate or share private details of their condition in order to use washrooms
- 78% chose to stay at home during a flare-up in fear of not accessing washrooms

\* CCC survey in 2011 studying impact of access to washrooms with over 1,300 responses

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# Issue 2: GoHere – Washroom Access

[www.go-here.ca](http://www.go-here.ca)

- Go Here decals to identify open washrooms at businesses
- Development of GoHere mobile app
- Launch of washroom access cards



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# Issue 3: Recommendations – Specialized Care

- **Reduce wait times** to meet with a Gastroenterologist (GI) and improve time it takes for diagnosis
- Establish support for **multidisciplinary teams** to enhance patient care and support clinical research

“Most people receive care from medical practitioners who don’t specialize in IBD.”

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# Issue 3: Context – Specialized Care

## Challenges:

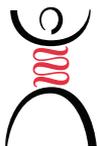
- Crohn's and Colitis are complex and should be managed by GI specialists, ideally in a multidisciplinary healthcare setting.

## Statistics:

- IBD patients experience a total wait time of up to 18 weeks for a consultation and for a diagnostic endoscopy, which is 16 weeks longer than the recommended wait time target.

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# Group Exercise (10 mins)

- 1) Each table will have one of the following priorities: access to treatments, washroom access and access to specialized care.
- 2) Identify 1 note taker and 1 presenter
- 3) Each group will create an action plan and answer the following questions:
  - a) **Who** do you know in your community that could assist with influencing policy change? Think outside the box.
  - b) What **additional information** do you require to meet with your locally elected official (MP, MLA/MPP/MNA, Councillor)?
  - c) As volunteers, what will keep you engaged in doing advocacy?

# Part 3: Effectively engaging Government



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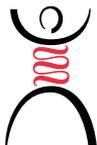
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# Preparation and Follow Up

- **Request a meeting** with your representative by email or letter, follow up by phone
- Do your **research**, know your issue and learn about your Gov't representative
- Prepare your '**leave behind**' kit
- Take notes and fill in a **debrief** report for CCC
- Send a **thank you** letter and follow up on information you promised to send



# Tips to an Effective Meeting with Government

- Develop a connection in introduction (identify their passion or something you have in common)
- Ask if they know about CD and UC, find out their connection
  - Assume they know nothing and you are the expert
- Introduce your issues
  - 30 second pitch of the problem
  - Present a solution \* Don't ask for the world
- Be non-partisan



# How You Can Take Action

Become an Advocacy Volunteer Ambassador (sign-up)

Volunteer on chapter/division board/committees

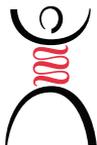
Join online actions, write your elected officials

Meet with your locally elected official

Contact us at [advocacy@crohnsandcolitis.ca](mailto:advocacy@crohnsandcolitis.ca)

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# Group Exercise – Mock Meeting (5 mins)

Find a partner. One will play the role of a government official and the other a CCC advocate. Hold a mock government meeting.

- Advocate – tell your story and present the three key issues. *Are you effective?*
- Government Rep – ask questions and provide direction on next steps. *Are you convinced?*

# Thank You

For more information:

- **Natasha Mistry**, Manager, Public Policy and Stakeholder Relations

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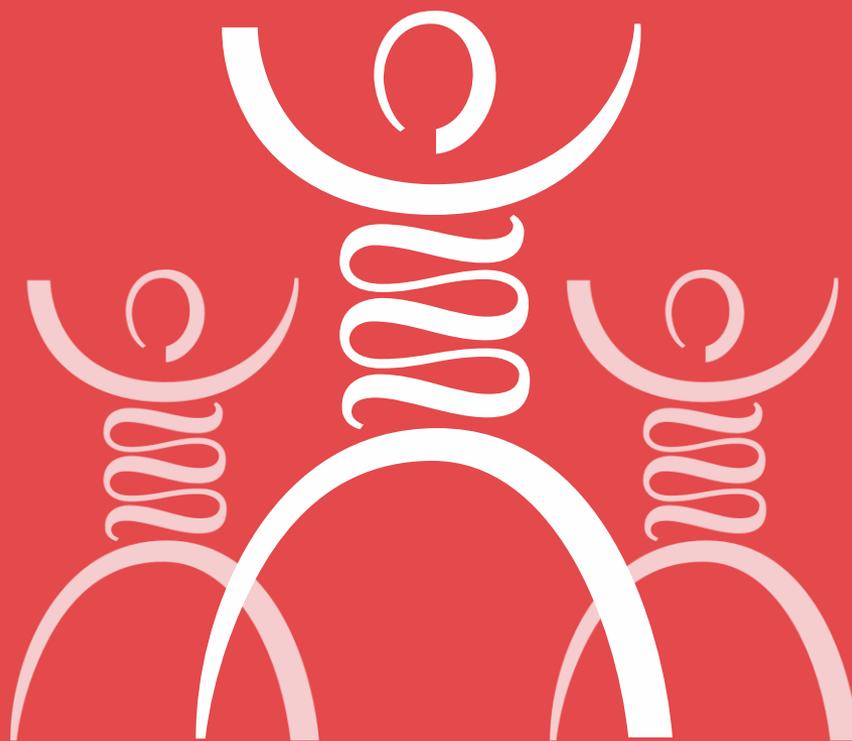


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