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Developing Competencies for Public Policy Advocacy: A Comparative Case Analysis

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A thesis submitted in partial fulfillment of the requirements for the Master of Science degree in Nursing

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Abstract

While health care and social service students in Ontario are expected to graduate with competencies in policy advocacy, the lack of knowledge and skills negatively impacts their participation as licensed providers. This study used an exploratory, comparative case study methodology with a critical theory lens to identify the process of how community-based organizations engaged in public policy advocacy to create educational competencies for undergraduate curricula. Eight organizational leaders participated in semi-structured interviews that were transcribed and analyzed both inductively and deductively using major concepts from Kingdon's multiple streams theory to distinguish the policy advocacy process and Bloom's taxonomy to identify the knowledge, skills, and attitudes involved in public policy advocacy. Seven major educational competencies were formed by inductively analyzing the knowledge, skills, and attitudes and the activities outlined in the process model. This research provides professors with direction for program development to better prepare students for their role as advocate.

Keywords

public policy, advocacy, health care, social service, education, curriculum, program development, Kingdon, Bloom's taxonomy, critical theory

Summary for Lay Audience

Public policy advocacy involves persuading decision makers to take action on making large-scale changes in policies, programs, and environments and influencing the general public to support these actions. Students from health care and social service programs in Ontario, Canada are expected to graduate with competencies in policy advocacy, but despite this expectation, problems still remain: graduates reveal that they lack the knowledge and skills to participate in advocacy after completing their programs, knowledge and skills in policy advocacy are not taught to the extent where they can be practiced without additional education, and the lack of educational competencies in policy advocacy constrains professors from having the guidance they need to design university courses that teach policy advocacy. Major risks to career exist when errors are made in advocacy, with theory being described as not keeping up with practice.

This research looked to uncover the process of how community-based organizations, where health care and social service providers work, conduct public policy advocacy. The aim of identifying this process was to uncover the knowledge, attitudes, and skills that are involved in public policy advocacy so that educational competencies can be created and applied to undergraduate health care and social service university programs. Educational competencies are the desired knowledge, skills, and behaviours that students must achieve and apply to be successful in a particular subject. Findings from this study include a process of public policy advocacy; the knowledge, attitudes, and skills that are involved in this work; and educational competencies that can be applied to designing university courses for health care and social service students.

Co-Authorship Statement

Drs. Abe Oudshoorn (academic advisor) and Helene Berman (committee member) are co-authors of this work based on meeting the four criteria outlined by the International Committee of Medical Journal Editors:

- a) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND
- b) Drafting the work or revising it critically for important intellectual content; AND
- c) Final approval of the version to be published; AND
- d) Agreement to be accountable for all aspects of the work in ensuring the questions related to the accuracy and integrity of any part of the work are appropriately investigated and resolved.

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Chapter 1

1.1 Background and Significance

Health and social services are constantly evolving in Canada at both the federal and provincial levels as policy either guides or responds to innovation. Medical assistance in dying, basic income, and supervised consumption sites are examples of current intertwined service and policy reforms intended to improve health and well-being. Studies from Canada and other countries have shown that policy reforms ideally contribute to system-wide efficiencies, improved health outcomes, and substantial cost-savings (Arnold, 2018; Bayoumi & Zaric, 2008; Zerna et al., 2018). However, motivators for policy reform are quite complex, and generating research evidence alone is often insufficient to persuade decision makers to act. For example, it has been found that the capacity to alter policy is strongly driven by the ability to use persuasion and diverse forms of influence in the public policy process (Longo, 2007; Trilokekar et al., 2013).

Pal (2010) defines public policy as “a course of action or inaction chosen by public authorities to address a given problem or interrelated set of problems” (p. 2).

Governments within Canada use the policy process as a structured approach to address problems of public interest (Government of Canada, 2016). Through specific action articulated through rules, regulations, legislation, decisions, and orders (Birkland, 2011), policy decision makers identify what policy objectives are to be achieved and how these objectives are to be accomplished (Bernard, 2014; Milstead, 2004). Despite this structured approach, changes made through the policy process can take time and the process is subject to external influence by various stakeholders who have significant interest in the outcomes of policy decisions (Riege & Lindsay, 2006). Stakeholders can be impacted by policies that drive their programming, funding, practice, and resources. While the number of stakeholder groups in Canada is difficult to count with accuracy, what is known is that they each hold varying degrees of power in public policy issues and they can potentially use this influence to affect the issues that gain traction on the political agenda (Birkland, 2011). Because of the number of stakeholder groups that

exist, diverging opinions on approaches to problems can cause the policy decision-making process to be highly complex and contested (Head & Alford, 2015).

Health is considered a complex political topic because it is an essential human right, but it is impacted by access to resources, which can be influenced by the policy process and political action across diverse policy realms (Bambra et al., 2005). Health care and social service providers (providers) work closely with clients and often recognize issues created by systemic barriers that need to be overcome through policy change. Providers gain intimate knowledge of the structural forces that impact health, which should extend their authority in shaping policy decisions; however, it is the political forces outside of the health care sector that are argued to hold greater influence over health care and health outcomes (Kickbusch, 2015). One way that providers can address systemic barriers and wield their influence is by engaging in public policy advocacy (Benton, 2012; Conference Board of Canada, 2018; Mikkonen & Raphael, 2010; World Health Organization, 2016).

Advocacy is defined as "...creating large-scale changes in policies, programmes, and environments and on mobilising resources and opinions to support them. Advocacy involves tools and activities that can draw attention to an issue, gain support for it, build consensus about it, and provide arguments that will sway decision makers and public opinion to back it." (Rice, 1999, p. 2). Advocacy can be used to remediate the structural causes of health and social issues and strengthen resources that promote positive outcomes (Mikkonen & Raphael, 2010). Overall, advocacy is a part of the policy process that involves leveraging information and power in moments of opportunity to influence policy decision-making.

Policy advocacy is an integral approach for affecting the policy process. Not only are providers considered a stakeholder in the policy process, in Ontario, students of health care and social service programs are also expected to graduate with competencies in advocacy (College of Nurses of Ontario [CNO], 2019; Frank et al., 2015; National Physiotherapy Advisory Group, 2017; Ontario College of Social Workers and Social Service Workers, 2018); however, there are important limitations to this practice.

Literature exploring provider engagement in advocacy reveals that there is a lack of knowledge and skills among students and licensed professionals, which inhibits engagement in policy advocacy work (Avolio, 2014; Bhate & Loh, 2015; Kerr et al., 2017; Lyons et al., 2015); competencies in policy advocacy are infrequently taught in professional programs to the extent where they can be practiced without additional education (Earnest et al., 2010); and the paucity of educational competencies specific to public policy advocacy for health care and social service providers also equates to a lack of guidance for university professors on how to design curricula to teach it effectively in these programs (Avolio, 2014; Earnest et al., 2010; Woodward et al., 2016). Overall, the lack of standards to support students, providers, and professors in health and social service sectors to learn, understand, and actively engage in policy advocacy in the real-world setting can lead to significant errors in its practice, or no participation at all.

Providing health care and social service providers with policy advocacy tools is essential, as there are risks when mistakes are made in advocacy work (Karkara, 2014). Threats to career have been highlighted in both the research literature and public media when providers have made errors in advocacy initiatives (Avolio, 2014; Buck-MacFadyen & MacDonnell, 2017; Chang et al., 2009; Registered Nurses' Association of Ontario, 2015), or when they did not follow appropriate channels to remedy the inequities that they witnessed. For example, as an action to confront poverty and food insecurity, Toronto physician Roland Wong authorized special dietary allowances for a number of individuals on social assistance who had pre-existing health conditions so they could have extra money to purchase food (Power, 2009); however, politicians initiated a complaint that resulted in Dr. Wong being found guilty of professional misconduct for over-prescribing the special dietary allowance (O'Toole, 2012). An injustice is created when a competency is in place that may lead to negative ramifications, yet providers lack the educational tools needed to enact these competencies. One way to address this risk is to prepare students for policy advocacy practice and to normalize it as an expected part of one's professional responsibility. However, theory in policy advocacy has been described as not keeping up with practice (Gen & Wright, 2013), and the strategies that are needed to successfully navigate political, health, and social decision-making environments are highly contextual. It is therefore necessary to expand this knowledge with more current

research, grounded in real-world settings, to inform the development of evidence-based competencies that are required for providers to be effective policy advocates. In order to build upon and extend current evidence and support competency-based programs in achieving their mandates, the knowledge and skills that are necessary to engage in advocacy work must first be identified.

To teach policy advocacy requires a strong foundation of evidence about how policy advocacy is enacted in real-world contexts. One source of such knowledge is health and social service providers and managers who are currently engaged in policy advocacy, successfully or unsuccessfully, within community-based organizations. There are a few important reasons to study competencies in policy advocacy using the insight of community-based organizations. First, within the literature that is available, there is a common theme of uncertainty among providers regarding how to effectively engage in and influence public policy (Avolio, 2014; Lyons et al., 2015; Heinowitz et al., 2012). The non-profit sector, which includes community-based organizations, has significant influence in the public policy arena (Fyall, 2017), and their knowledge is often used to inform decision makers (Carter et al., 2005), so they have authority in this area. Second, community-based organizational staff regularly engage in activities for the purposes of influencing public policy, and they often collaborate with researchers, academics, and other organizations to form alliances, coalitions, and networks that support and create system change. The experience and expertise of community-based organizations in public policy advocacy makes them well-positioned to speak to what works, what does not, and what is exercised in terms of knowledge and skills in this endeavor. Knowledge developed from professional and institutional experience is viewed as a respected, practical component of evidence-based policymaking (Parsons, 2002). The experience of community-based organizations can therefore be considered as informed and valuable. Third, power differentials have traditionally existed between the professions, within academia, and among service sectors; yet collaborative approaches to community-university partnerships in higher education are receiving increasing emphasis (Lewis et al., 2016; Valaitis et al., 2016; Wilson et al., 2016). Collaborative approaches can help to ground theoretical classroom concepts to their application and utility in the practice setting. Furthermore, since community-based organizations are highly involved in the

policy process, and they work closely with providers to address structural change (Geiger, 2017), they are an appropriate resource to identify the knowledge and skills that support provider competency in the realm of public policy advocacy.

1.2 Purpose

The purposes of this study are twofold: (a) to identify the knowledge and skills that health care and social service providers require to engage in public policy advocacy, and (b) to consider how to translate this knowledge and these skills into educational competencies for university curricula in Ontario.

1.3 Research Questions

1. How do health care and social service providers from community-based organizations conduct public policy advocacy?
2. What knowledge and skills do health care and social service providers from community-based organizations identify as key to being effective in public policy advocacy?
3. What educational competencies can be formed for undergraduate curricula from the knowledge and skills identified by community-based organizations as necessary to conducting public policy advocacy?

1.4 Theoretical Perspective

This study was a part of the broader Social Sciences and Humanities Research Council (SSHRC)-funded Partnership Development Grant (PDG) *Mobilizing Narratives for Policy and Social Change (Mobilizing Narratives)*. The *Mobilizing Narratives* study engaged community and academic partners in a process of co-inquiry to conceptualize how narrative methods are used to create policy and social change. It also aimed to develop a national collaborative network of practitioners, researchers, and organizations who have similar interests. The study described herein, *Developing Competencies for Public Policy Advocacy (Developing Competencies)*, was a primary analysis situated

within the larger *Mobilizing Narratives* project, which is positioned within the critical paradigm using a comparative case analysis methodology.

Critical theory, as a research paradigm, is based on the ontology of historical realism, where reality is ‘shaped’ by an interaction of social, political, cultural, economic, ethnic, and gender forces that result in structures that are perceived to be ‘real’ (Guba & Lincoln, 1994). Structures may not be physical, as they can include policies, rules, institutions, and narratives passed down to a group, culture, or society, but these structures can strongly influence power and intergroup dynamics to create either empowering or oppressive conditions for particular populations. However, through praxis, or the process of reflection and action between the researcher and participant, this reality can be co-created and altered (Ford-Gilboe et al., 1995). For instance, the control over knowledge and the regulation of who it is shared with is an exercise of power, while the sharing of knowledge can support empowerment and lead to change in conditions that perpetuate inequities. Research within a critical lens seeks to uncover the realities of those experiencing oppression to ultimately alter unjust conditions through emancipation, empowerment, and change (Berman et al., 1998).

In the critical paradigm, the nature of knowledge, or epistemology, is subjective and shared through a transactional process between the researcher and participant, where each individual brings their own values, perceptions, and histories that influence the other to create a unique interaction (Guba & Lincoln, 1994; Samuels-Dennis & Cameron, 2013). Methodology, or the process used to acquire knowledge, within the critical theoretical paradigm is dialectical in nature with the purpose of confronting the status quo and identifying how reality can be transformed to reduce inequities (Guba & Lincoln, 1994). In this study, knowledge that was gained from participants who hold insight and expertise (i.e., staff from community-based organizations involved in public policy advocacy) was translated into competencies that can be applied to a group that is expected to participate in policy advocacy (i.e., health care and social service students and providers) but is potentially limited in terms of knowledge and skill.

1.5 Theoretical Framework

Research within the critical paradigm may use a theoretical framework for constructing the research question, selecting relevant data, and explaining causes or occurrences of phenomena (Reeves et al., 2008). This study included concepts from Bloom's taxonomy of learning (Bloom et al., 1956) and Kingdon's (2003) multiple streams theory.

1.5.1 Bloom's Taxonomy of Learning

Since knowledge, skills, and attitudes are the common building-blocks of learning competencies and outcomes, they are necessary components to identify. One of the most long-standing models in education is the taxonomy of educational objectives, or Bloom's taxonomy (Bloom et al., 1956). Bloom's taxonomy is a useful framework for categorizing key knowledge, skills, and attitudes and was used to classify knowledge, attitudes, and skills during the phase of data analysis. Based on Bloom's taxonomy, which was revised in 2001, knowledge involves mental skills that are situated within the cognitive domain (Krathwohl, 2002). The cognitive domain has six categories arranged in a hierarchy that detail the cognitive process: *remember*, *understand*, *apply*, *analyze*, *evaluate*, and *create*. Each category must be learned before progressing to the next category. For instance, in the revised taxonomy, as described by Krathwohl (2002), one of the original taxonomy developers, *remembering* knowledge, such as facts and information, is needed before *understanding* knowledge, and *understanding* knowledge is required before *applying* knowledge, and so on.

The affective domain, which was developed by Krathwohl and colleagues in 1964, includes values, attitudes, and beliefs. There are five levels in the affective domain arranged in a hierarchy: *receiving*, *responding*, *valuing*, *organizing*, and *characterization by a value set* (as cited by Iwasiw & Goldenberg, 2015). The affective domain includes skills such as listening for ideas, formulating a response, justifying choices, presenting perspective, and acting with integrity. The taxonomy also includes the psychomotor domain, which according to Simpson (1966) has five categories, including *perception*, *set*, *guided response*, *mechanism*, and *complex overt response*. The psychomotor domain involves behavioural skills that can include interpreting verbal cues, applying a theory

after it has been learned, and creating a report. Verbs within each category of the three domains in Bloom's taxonomy were applied to structure knowledge, attitudes, and behaviours and then in forming educational competencies.

1.5.2 Kingdon's Multiple Streams Theory

Students require background to understand the policy process before identifying and framing issues and their solutions where they apply the skills of policy advocacy. This study sought to go beyond looking at merely how to generate attention for problems to instead understand the process of how problems are identified, their solutions chosen, and then positioned to influence policy decision makers to act. For competencies to have direction, they need to be positioned within an established framework. Kingdon's (2003) multiple streams theory is ideal. The strength of Kingdon's framework is that it is described as "flexible enough to be applied to nearly any place, time, or policy" (Cairney & Jones, 2016, p. 40) and it is a process frequently used by non-profit organizations (i.e., to identify problems, develop solutions, and promote solutions).

Kingdon (2003) identified three streams that are required to effect policy change: The *problem stream*, which involves identifying the issue, its attributes, and feasibility; the *policy stream*, which includes creating solutions; and the *politics stream*, which involves influencing decision makers to adopt policy solutions. *Policy entrepreneurs*, or individuals who are knowledgeable and adept at coupling the streams, identify or create a time-sensitive opportunity, called the *policy window*, to influence policy change.

A Canadian-based study by Carter et al. (2005) indicated that community-based organizations have involvement in all three streams. As well, the three streams model has been applied to the At Home/Chez Soi project (Macnaughton et al., 2013), where the model has been used to analyze the policy entrepreneurship role of Michael Kirby and other controversial issues of public interest, such as climate change (Pralle, 2009) and mandatory influenza vaccinations for health care workers (Jackson-Lee et al., 2016). In this study, the framework was used to organize questions in the semi-structured interview guide and to categorize the process of public policy advocacy during the data analysis phase.

1.6 Methodology

Comparative case analysis is the overarching methodology of the parent study, *Mobilizing Narratives*, and was also used for this sub-project. Case study research allows for the exploration of new questions that evolve during the course of study and it is appropriate for identifying dimensions and processes behind contemporary events, while also considering the diversity of experiences (Yin, 2009). In the multiple interviews that have been conducted with diverse organizations in the *Mobilizing Narratives* study, there has been limited mention of providers' involvement in creating policy and social change outside of a formal research-based role. Providers are privy to 'narratives of experience' of unjust issues that may be alterable through policy change. They have great potential to contribute to bettering systems, but the matter of their participation involves, in part, being equipped with the knowledge and skills relevant to creating policy change. This sub-project extended the parent study by exploring the processes and strategies that community-based organizations used in the course of policy advocacy for the purpose of translating these strategies into knowledge and skills to create specific competencies for educating health care and social service providers in the practice of public policy advocacy. This study involved a holistic, multiple case design where each community-based organization served as its own case to allow for demographic and contextual factors to account for the types of strategies employed (Yin, 2009).

This particular comparative case analysis is qualitative in nature, more specifically, an exploratory case study design (Yin, 2009). An exploratory, qualitative case analysis was chosen for this study because the aim was to elicit knowledge that is contextually based and not readily accessible in the literature (Creswell, 2003). Few recent studies were found on the concept of public policy advocacy among health care and social service providers in the literature. There is sparse evidence that provides the rich type of information that is needed to create evidence-based competencies for university curricula, with consideration of nuances to the advocacy strategies employed, which may not be available (e.g., difference in strategies between government-funded and independently funded non-profit organizations). Qualitative research has several key features, as cited by Creswell (2003): research occurs in the natural setting; methods are interactive and

humanistic; the process is emergent (e.g., as the study progresses, new questions may be developed or new participants identified); data is interpreted; social phenomena are viewed holistically; and the researcher engages in reflexivity to acknowledge biases, values, and interests.

This thesis follows the three chapter format with the first chapter presenting the study background, the second chapter being a complete publishable paper, and the third chapter focusing on implications. As a publishable paper, chapter two includes a review of the literature, information on the methods used in this study, findings, discussion, and implications, and therefore has some overlap with chapters one and three. Chapter three presents a discussion on the implications of this research for nursing education, practice, research, and policy.

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Chapter 2

2 Introduction

In Ontario, students in regulated health care and social service post-secondary programs are expected to graduate with competencies in policy advocacy (e.g., College of Nurses of Ontario [CNO], 2019; College of Occupational Therapists of Ontario, 2011; National Physiotherapy Advisory Group, 2017; Ontario College of Social Workers and Social Service Workers, 2008; Royal College of Physicians and Surgeons of Canada, 2020). Advocacy can be defined as "...creating large-scale changes in policies, programmes, and environments and on mobilising resources and opinions to support them. Advocacy involves tools and activities that can draw attention to an issue, gain support for it, build consensus about it, and provide arguments that will sway decision makers and public opinion to back it" (Rice, 1999, p. 2). In the realm of public policy, advocacy is "the attempt to influence practice, policy, and legislation through education, lobbying, and communication with legislators and elected officials" (Heinowitz et al., 2012, para. 3). Overall, public policy advocacy are activities that can contribute to system level change, which can improve the health and well-being of populations as a whole.

Despite advocacy being a competency expected of graduates across accrediting bodies in Ontario and Canada, there is inconsistency in how it is taught and enacted in practice. One barrier to learning advocacy, as described by Luft (2017), is the obscure processes surrounding it. Other sources indicate that there is a lack of knowledge and skills among students and licensed professionals, inhibiting their engagement in policy advocacy work (Avolio, 2014; Bhate & Loh, 2015; Kerr et al., 2017; Lyons et al., 2015). The paucity of standards to support students, providers, and professors to learn, understand, and actively engage in policy advocacy in the real-world setting can lead to significant errors in practicing advocacy or no participation at all. Risk exists when errors are made in policy advocacy (Avolio, 2014; Buck-MacFadyen & MacDonnell, 2017; Chang et al., 2009; Power, 2009; Registered Nurses' Association of Ontario, 2015).

The purpose of this chapter is to contextualize public policy advocacy as it is enacted by health care and social service providers in Ontario, Canada and present findings from a

primary study that outlines the public policy advocacy process and major competencies that can be applied to post-secondary curricula. It starts with a critical review of the literature and follows with the methods and findings from the study, *Developing Competencies for Public Policy Advocacy: A Comparative Case Analysis*. Implications for education, practice, research, and policy are also discussed.

2.1 Literature Review

The purpose of this literature review is to explore what knowledge is available on the central concept of this study, which includes the competencies of public policy advocacy among health care and social service providers. Literature was reviewed for themes relative to the role and preparation of providers in the realm of policy advocacy and the factors that can influence their knowledge, engagement, and success in the policy advocacy process. Published literature from CINAHL, Scopus, and Nursing and Allied Health (ProQuest) databases were searched using a combination of the following key terms and Boolean phrases: “public policy” AND “advocacy” AND “physician*” OR “nurs*” OR “social worker*” OR “allied health profession*”. Articles were included if they were (a) full-text, (b) published in peer-reviewed journals, (c) written in English, (d) published between 2013 and 2018, and (e) included content applicable to health care and social service provider involvement in policy advocacy. The purpose of limiting the date range was to identify research that reflected the most recent developments contextualized to the current political climate, prior to implementing the study in February 2019. Articles were limited to publications in peer-reviewed journals as theory has been described as not keeping up with practice. Articles were excluded if they were (a) conference papers, opinion pieces, commentary, books, or calls for action; (b) if the topic was related to a particular health or clinical issue that did not delineate processes of policy advocacy; or (c) where policy advocacy was included only as a minimal implication of the research. Articles that focused on professional or social justice advocacy were included, as some principles can be applied to the lens of public policy advocacy. Additional articles were reviewed for inclusion, including articles that were recommended by the search database.

The search terms were combined in each of the three databases. After results were refined with inclusion and exclusion criteria, CINAHL returned one result, Scopus returned 21 results, and Nursing and Allied Health Database (ProQuest) returned 37,031 results. The search in ProQuest was adapted to include only the terms “public policy” AND “advocacy” based on the suggestion provided at the bottom of the results page and included filters of full-text, peer-reviewed, scholarly journals, articles, English, and published between the years 2013 and 2018, which returned 12 articles. Two additional articles were retrieved from recommended literature. Titles of articles were assessed for relevance to the topic of policy advocacy in the health and social service sector. Abstracts of applicable titles were reviewed in more detail for relevance. Full-text articles were read in their entirety if the abstracts met the inclusion and exclusion criteria. Articles included for full review were critiqued using the guidelines of Stockhausen and Conrick (2002). A total of 14 articles were incorporated for the literature review section and organized into three themes: ‘policy advocacy in higher education’, ‘facilitators and barriers to policy advocacy’, and ‘considerations for successful policy advocacy’.

2.1.1 Policy Advocacy in Higher Education

While policy advocacy is a critical component of health and social service professions, its discussion in the context of university curricula across disciplines is limited. An exploratory literature review by Woodward et al. (2016) identified modifiable factors that can support the political participation of nurses. The authors branded political participation as a component of policy advocacy and proposed that core nursing school competencies (e.g., strong negotiation and communication skills, patient advocacy, clinical expertise, and attentiveness and empathy) are transferrable to the political environment. However, it is a stretch to take skills developed in the context of individual client care and apply them to the realm of politics without specific guidance and navigational support. Policy issues often need to be defined and framed in a manner that makes them understood by decision makers (Cohen & McKeown, 2015) and while nursing students might write several essays throughout their education, the framework of an essay is not the same as a framework to craft a policy document. To enhance their implications to nursing practice, Woodward and colleagues could have connected the

core competencies to the learning goals referred to in their theme of ‘integrating political education in the nursing curriculum’. As well, the authors suggested using critical and social justice theories as frameworks to integrate within nursing curricula, but they do not explain how these frameworks could serve to enhance advocacy engagement beyond increasing awareness of policy issues. Another recommendation was for nursing students to take advantage of opportunities for civic engagement provided in their school; yet not all school curricula incorporate such content or experiential opportunities. Learning about public policy advocacy should be an intentional process, but intentional learning starts with understanding evidence-based competencies that are needed to achieve learning goals and outcomes.

In other research, a staged approach was suggested to teach baccalaureate and graduate-level nursing students about health policy (Ellenbecker et al., 2017). Recommendations included having baccalaureate students focus on local policy issues, masters-level students focus on state/provincial policy issues, and doctorate-level students focus on national policy issues. While the authors provide insightful learning objectives that contribute to policy education, this staged learning approach may be inappropriate to apply to students in Ontario. For example, Ontario baccalaureate nursing curricula must include a global health component (CNO, 2014), and to contextualize issues on an international level, there needs to be comparisons and discussion at the local, provincial/territorial, and national levels. Even within the country, public policy issues often involve activities at multiple orders of government, so knowledge of how these institutions function together is critical to impart at all stages of education.

Another important consideration to understanding policy advocacy and strategies for being effective involves learning about organizational and political environments and how these environments intersect. While Mosley (2013) did not write primarily toward higher education, she provides a strong argument to support re-examining current practices in policy advocacy in the profession of social workers that have implications for higher education. Mosley described three trends based on a review of the literature that have impacted how non-profit organizations, where social workers tend to work, engage in advocacy: non-profit reliance on government-funding, reduced government capacity

due to budgetary cuts, and increasing collaboration between non-profits and government sectors. The author suggested that these trends increase opportunities for advocacy by increasing incentives to advocate, propagating partnerships between private and public sectors, and supporting more participatory approaches to governance. Neumayr et al. (2015) found conflicting results for this argument in the literature, where evidence supports either side – that government funding can either limit or enhance policy advocacy initiatives of non-government organizations (NGOs). Where US-based sources are more apt to find that government funding can enhance NGO advocacy, or have no significant impact on advocacy initiatives (Chaves et al., 2004; Mosley, 2010; Neumayr et al., 2015), Canadian-based sources suggest that government funding has more of a limiting influence on non-profit advocacy activities due to potential or actual threats to budget, penalties for spending funds on advocacy-related work, and surveillance via tax audits (DeSantis, 2013; DeSantis & Mule, 2017). Introducing additional “opportunities” to advocate at the administrative level of an organization (e.g., for funding or programs) could also arguably take away time, energy, and resources from the organization to address other issues that have greater import, such as income equality for clients. The author suggested that in addition to better educating social work students, a research agenda be promoted regarding the nature of advocacy and the conditions under which it occurs. Specifically, she recommended the following: identifying the advocacy work of organizations, who are often the drivers of advocacy; examining formal and informal collaborative relationships; evaluating advocacy effectiveness by speaking with end-users; and exploring how clients perceive these advocacy efforts.

While the literature reveals limited recent (i.e., previous five years) evidence regarding the preparation of health care and social service students to engage in policy advocacy, the evidence that is available suggests that university faculty also experience unique challenges. Stabler and colleagues (2017) distributed a survey to nursing faculty in the United States to identify practices, perceptions, and barriers to teaching health policy. Faculty respondents indicated that the main challenges to teaching advocacy and political activism was from their perceived irrelevance of health policy advocacy to the profession, the dearth of faculty expertise, and the low interest of students and the low desire of faculty to incorporate policy concepts in curricula. While these views may or

may not be shared by other faculties beyond nursing, there are challenges to assuming the findings hold in a Canadian context. Particularly, the survey had a low response rate (3% return), and the study was conducted in the United States, where political and university processes differ. While the researchers recommended that university curricula integrate *more* activities regarding policy advocacy, Woodward et al. (2016) highlighted that it is not the amount of content or the number of discussions and activities that lead to greater political engagement, but the *perception* by students that courses had prepared them to successfully participate. This finding is reflective of Bandura's (1977) self-efficacy model, where self-efficacy beliefs influence the successful execution of performance, and where successful execution can reinforce confidence, or self-efficacy, in that particular behaviour. In that sense, the involvement of students and faculty in public policy advocacy may be encouraged and nurtured through experiential learning opportunities where they can successfully execute performance objectives related to policy advocacy; yet, to engage students in experiential learning opportunities, it is prudent to first identify what is needed in terms of knowledge and understanding so that principles can be applied intentionally to inform practice.

From what was available in the most recent relevant literature, public policy advocacy seemed to be more active within schools of medicine, although most studies in this search were within the discipline of nursing. In a cross-sectional survey of faculty from the department of medicine at a university in California, 42% (n=93) of respondents indicated that they partnered with NGOs to advocate for public policy (N.B., activities unspecified), 30% (n=67) gave expert advice to government, and 23% (n=51) were involved in policy-related research (Jacobs et al., 2013). Descriptions of physician involvement in policy advocacy within the Canadian context were sparse, with some scholars in Canada claiming that the concept of 'physician advocacy' needs to be more appropriately integrated in medical undergraduate curricula (Bhate & Loh, 2015). Part of the issue, as Bhate and Loh (2015) put forth, is in not having a clear definition and understanding of what 'physician advocacy' is. However, there is a question of how 'physician advocacy' is conceptualized – how does it differ from policy advocacy, and is it necessary to make the concept of advocacy so profession-centric? Instead, the issue may be related to understanding the role of providers in the policy arena, the

competencies required for advocacy practice, and the strategies that are most ideal and feasible to learn them.

2.1.2 Facilitators and Barriers to Policy Advocacy

Understanding the facilitators and barriers to advocacy that are encountered by health care and social service providers can help to structure lessons and learning activities with anticipatory strategies. Taylor (2016) conducted a mixed-methods study to identify the facilitators and barriers to engagement in the policy advocacy process. An online survey and in-person focus groups were used to collect data from leaders in two professional nursing organizations. The nurses who responded to the study indicated that their engagement in policy advocacy resulted after developing an awareness of injustice and from being encouraged towards civic engagement, which extends support to Woodward and colleagues' (2016) suggestion to incorporate social justice frameworks in education. Another reported key facilitator to engagement was having experiential learning and mentorship opportunities, which support development of self-efficacy beliefs. However, like Staebler and colleagues (2017), Taylor (2016) also found the perception of nurses' role in public policy advocacy to be a barrier to involvement as it was not typically viewed as part of their professional practice. Intentionally connecting the implications of public policy to professional practice and system outcomes could impart its significance to the profession and for clients. Taylor also identified that lack of formal oversight and feedback to improve advocacy performance was a barrier, as academia and workplaces do not typically integrate of the role of advocate very well within their cultures. Despite these interesting findings, this study had a small sample size for its quantitative and qualitative component (n=12 survey respondents, n=5 focus group participants), which limits its transferability to other settings.

Interestingly, other health professions have described similar barriers and facilitators to those already noted. Cullerton et al. (2016) synthesized evidence regarding barriers and enablers to nutrition policy change. Several themes arose from the study, but two of these themes spoke directly to implications for health advocates, which includes providers – 'lack of knowledge, skills, and resources from health advocates', which was identified as a barrier, and 'engage a policy entrepreneur or develop skills of advocates', which was

identified as a facilitator. Health advocates were considered disadvantaged when compared to full-time lobbyists, who have more time and resources to mobilize support for a policy position. Cullerton and colleagues pointed out that barriers were also created when advocates did not understand the policy process, which may cause them to miss opportunities to impact policy change. Some examples of barriers were discussed in terms of Kingdon's (2003) multiple streams theory: the inability to identify 'entry points', such as policy windows; not recognizing individuals who have influence, such as policy entrepreneurs; and not considering the nuances involved when negotiating a policy position, which relate to framing a policy problem and solution and to exerting influence. Developing the knowledge and skills of advocates in these areas is one potential recourse to improving their effectiveness in advocacy.

Ingram and colleagues (2014) reported on preliminary results of an initiative in Arizona aimed at developing the skills of community health workers in using policy change to address the social determinants of health. The educational intervention was developed from community engagement and policy change frameworks and was implemented across five community-based organizations. Researchers reviewed and coded 150 'encounter forms' that documented details of meetings and other types of interactions between community and political players. They categorized these encounters under the three streams of Kingdon's theory – problem (identification) stream, policy (solution) stream, and politics (advocacy) stream. Most encounters (61%) involved problem identification, while only 9% of encounters involved any type of politics stream activities. The politics stream is considered a critical undertaking to have policy problems addressed, and it is surprising that after an intervention to teach advocacy skills, this practice would be low.

2.1.3 Considerations for Successful Policy Advocacy

The importance of having a thorough understanding of the policy process and strategies for successful advocacy cannot be overstated. While positive research evidence may be perceived as a mobilizing force for supporting advocacy messaging, tailoring the narrative to audiences is an essential skill, as Steinman et al. (2017) uncovered.

Proponents of a bill to create more breastfeeding-friendly environments garnered initial

backing by promoting its health benefits, but content was limited to only favourable evidence, and messaging was not shaped to have a broad reach. The proponents of the bill also failed to anticipate the narrative of the opposition and were unprepared to respond with a strong counter-narrative. For instance, the opposition argued that the bill would be “an assault on a woman’s right to choose” (Steinman et al., 2017, p. 665), which was critically timed for release at the end of session when it is the greatest challenge to formulate a counter response. Interestingly, the purpose of the bill was to create *more* supportive environments for breastfeeding women, which would have served to enhance choice. The bill was unsuccessful in passing, and the authors cautioned the limitations that can be imposed by having lack of knowledge in the political process and advocacy strategies.

In a more successful example, a media campaign by nurses in Saskatchewan led to the provincial government reversing its position on changes to nursing education (Leurer, 2013). The changes had been forwarded by the provincial government without nurses’ consultation. Nurses and nursing students campaigned by speaking with the media and by engaging in public demonstrations. While the media-based strategies were profound for the time, the event occurred in the year 2000, and a number of advancements have since been introduced that has altered the policy advocacy landscape, such as the advent of social media. Different opportunities and challenges may be encountered when strategies must be used to open a policy window.

A limitation to adopting the lessons described by Leurer (2013) is that the advocacy work occurred through a professional nursing organization. It is common for literature to recommend that providers engage in policy advocacy through their professional organization (Kerr et al., 2017; Sethi et al., 2013; Taylor, 2016). In this particular case, advocacy through the professional association was appropriate, and while they were effective in achieving their objective, it is quite restricting to have providers rely solely on professional associations to perform policy advocacy work. For instance, a member of a professional association might have a policy issue that they wish to address, but it may not be a priority for the association or it may be unrelated to their interests; the professional association may not be the most appropriate group to lead policy action on

the issue; or the provider may not be a member of a professional association, as membership is typically voluntary. Providers must be competent to initiate, and even lead, policy change outside of the context of professional associations to overcome such restrictions and embrace their role as advocate.

Sethi et al. (2013) share the view that few formal studies exist on the topic of policy advocacy techniques and approaches. Like Leurer (2013), the article suggests that providers be involved in policy advocacy through their professional association. However, one unique recommendation put forth is for individual providers to cultivate relationships with political candidates, and ideally, at the beginning of the candidates' career. Over time, the personal connections built with key political players are suggested by the authors to be a source of personal influence that can later be harnessed. This influence is believed to be even stronger if the support is extended to the candidate during a vulnerable stage in the candidate's career, such as during their initial rise to the position or during a key political campaign. Candidates at this vulnerable time are in need of financial, volunteer, and voter support, which is where professionals can contribute resources. The authors also emphasized another important point – that it is critical for the political candidate to come to know the provider and remember their name for future reciprocity to be realized. In this context, interpersonal relational skills are key.

Cullerton et al. (2016) also highlighted using a relational approach for the policy arena. Their interpretive synthesis related to nutrition policy suggests that advocates who engaged with key stakeholders and policy makers had greater success in policy advocacy compared to those who did not utilize these relationships. While the suggestion to cultivate relationships could lead to providers having more of a personal influence in policy, it still involves a lengthy, personal investment, and there is no guarantee that mutual exchange will result.

Having a personal relationship with a person in power is helpful; yet, other strategies are needed to address public policies. One important consideration is having a message framed so that it appeals to diverse stakeholders, groups, and political parties. Kershaw and colleagues (2017) illustrated this point in their successful pilot project involving a

non-profit, non-partisan coalition that aimed to improve federal investment in Canadian youth. Their successful strategy was based on the advocacy coalition framework that informed activities to mobilize evidence to drive policy change, which included a range of publications, media attention, and lobbying tactics. What was particularly effective is that they designed their messaging to appeal to all leadership parties. Through an evaluation of party platforms, the authors found that four of the major political parties in Canada (Liberal, Conservative, NDP, Green) had incorporated their policy language, and some even cited the pilot's resources in their own sources. In contrast to this successful case, the case in Steinman et al. (2017), which involved the unsuccessful breastfeeding-friendly initiative in Washington, introduced bills that were perceived to be Democrat-led and sanctioned by the Governor, and if that bill was to pass, it would be considered a party win against the Republicans, which was not desirable at all. These two cases, although involving different western countries, suggested that strategies need to include messaging and language that is neutral, non-partisan, and appealing to diverse audiences.

In the field of physiotherapy, Sheldon (2016) sought to refine a policy analysis framework, Lowry's dimensions of federalism model, with implications to increase physical therapists' engagement in the policy process and policy advocacy. As Sheldon explained, the policy process is a relatively new addition to physical therapy programs in the United States, and analysis of approaches to support the involvement of physical therapists in policy advocacy is needed for future practice and research. Sheldon used an established framework and identified additional factors based on an analysis of policy outcomes from workplace musculoskeletal injury prevention strategies. One refinement put forward by the author, as an example, was to specify the type of policy response (i.e., regulatory [government] response vs. non-regulatory response). Sheldon's analysis indicated that the involvement of employer interest groups created a tendency to inhibit federal regulatory policy responses, which would be an ideal strategy when the intention is to block a potential policy. However, based on the evidence he reviewed, these interest groups could also drive pressure for greater consultation and educational outreach, which can enhance awareness of an issue and potentially influence the attention put on it. This finding suggests that having knowledge on the effect of stakeholder and interest groups

and the implications around such partnerships is an important consideration in determining which advocacy strategies one would want to use, based on the policy aim.

2.1.4 Literature Summary

While there is a range of literature focusing on the topic of policy advocacy, many articles that were related to health care and social service providers attended to matters of health policy, which is a particular subset of public policy. Most articles were also situated in the context of the United States, where the political and societal structures differ from Canada. Even within Canada, policy differences can exist due to inter-provincial and territorial diversity. The literature search revealed a paucity of empirical studies on the topic of public policy advocacy among health care and social service providers. For example, most articles that met the inclusion criteria for this review were themselves literature reviews. Studies that included a qualitative component (e.g., interviews, focus groups) had limitations from not indicating whether data saturation was achieved. Integrated, interdisciplinary knowledge was also limited. Papers tended to focus on the potential role and contributions of individual provider groups, rather than discussing how the provider could fit into a larger network to conduct public policy advocacy or how they could work with other organizations and providers to create policy change. While much of the literature highlighted the importance of understanding the policy process and having knowledge in advocacy practices to influence policy change, the articles did not highlight a comprehensive list of the broader competencies necessary to be effective in advocacy strategies or how to translate these principles to academia. Hence, it is important to explore competencies related to the policy process and to contextualize policy advocacy within that process. The study here aimed to address these gaps by contributing research evidence with primary data collected in the local Canadian context with a sufficient number of study participants to achieve saturation. It was also inclusive of multiple health care and social service providers in order to generate knowledge that has greater utility.

2.2 Ethics Approval

Ethics approval for the parent study, *Mobilizing Narratives for Policy and Social Change* (*Mobilizing Narratives*), was received through the Western University Non-Medical Research Ethics Board (see Appendix A). Graduate students within the study were able to collect and analyze data within this primary project. As a graduate student on the *Mobilizing Narratives* study and a person named on the ethics submission, ethics approval was extended to the *Developing Competencies for Public Policy Advocacy* (*Developing Competencies*) sub-project.

Participants who were recruited for the parent study were provided with a letter of information (LOI; see Appendix B) that outlined the purpose of the *Mobilizing Narratives* study and their rights as research participants. Each participant reviewed the LOI in full, were asked if they had any questions, and were asked to sign a consent form to participate in up to three research interviews. After engaging in several interviews for the *Mobilizing Narratives* study and learning about how narratives are used to create policy and social change, additional research questions arose, namely, how do community-based organizations conduct public policy advocacy? Case study methodology can involve exploration of new questions as information is uncovered. In relation to the parent study, *Mobilizing Narratives*, the sub-project, *Developing Competencies*, sought to understand how community-based organizations conducted public policy advocacy to situate in a broader context how narratives are used to mobilize policy and social change.

Co-leads from the thematic subgroups in the *Mobilizing Narratives* study were approached by email for permission to use one of the interviews for the *Developing Competencies* sub-project and to suggest suitable potential participants, along with their email address. Potential participants were emailed with a request to participate in the *Developing Competencies* interview, and if they agreed, a date and time was arranged in a private location preferred by the participant. If participants had already signed the LOI for the parent study, the aim of the sub-project was further discussed, participants were provided with the opportunity to ask questions, and ongoing verbal consent was collected before the start of the interview. Written consent was obtained if it was the first interview

for the participant. To protect the anonymity of the participants, all participants were assigned a unique case number. Interviews were audio recorded and transcribed verbatim. Electronic data files (i.e., audio recordings, transcripts) from *Developing Competencies* were stored on a password-protected computer accessible only to the research analyst and uploaded to a secure OWL site as per the ethics protocol. Audio recordings were deleted from the recorder after transcripts were verified for accuracy. Identifying information, such as the name of the organization, were removed from each transcript to protect the anonymity of participants. Hard copies of anonymized data files were stored in a locked filing cabinet within a locked room and then shredded with a cross-cut shredder after analysis. Documents were reviewed and included in the findings, and some quotes may not include a case number to further protect the identity of participants.

2.3 Methodology

This study used a holistic, exploratory, multiple case study design (Yin, 2009) where each community-based organization served as a single case. Case study methodology allows for the exploration of new questions as they arise during the course of data collection. The *Developing Competencies* sub-project sought to apply the same case study methodology as the parent study to understand the process of public policy advocacy by community-based organizations and to translate this process to the educational realm. This study outlined a process model for advocating for public policy using major concepts from Kingdon's (2003) multiple streams theory and Bloom's (1956) taxonomy of learning objectives to categorize knowledge, attitudes, and skills for the purpose of developing educational competencies for post-secondary health care and social service student programs in Ontario, Canada.

2.3.1 Setting, Sample Selection, and Recruitment

The *Mobilizing Narratives* parent study involved four sub-groups in four key thematic areas: poverty and inequality; discrimination, violence, and marginalization; meaningful and sustainable work; and legacies of colonialism. Each sub-group was tasked with identifying local cases within Ontario that included both community-based organizations and research-based projects where narrative methodologies have been used to mobilize

policy and social change. The original sample for *Mobilizing Narratives* had been recruited using a purposive sampling method based on a multiple case selection strategy.

As permitted by the Research Ethics Board for the parent study, community-based organizations who were participating in the existing *Mobilizing Narratives* study were approached to answer new questions that were congruent with the parent study but were not covered in sufficient detail to answer the research questions framed here. Co-leads from each thematic sub-group were approached for permission to contact participants from community-based organizations who were participating in the *Mobilizing Narratives* study and a request for these participants' email contact. Primary contacts of the selected cases were emailed with a request to have one of their three interviews for the *Developing Competencies* sub-project, and if there was agreement, to set a date, time, and location for a research interview. Representation from each thematic group was not obtained. Still, a diversity of organizations were involved, including government-funded non-profit organizations, independently-funded non-profit organizations, organizations that support various cultural groups, and agencies that work in the community alongside these non-profit networks.

2.3.2 Data Collection and Sample Size

Data collection in comparative case methodologies can come from multiple sources (Yin, 2009). Both interviews and documentation were primary sources of data for this analysis. Following written informed consent, or ongoing consent if the participant had already been interviewed in the *Mobilizing Narratives* study, data was collected from eight community-based organizations through face-to-face interviews with nine participants (n=8 executive leaders, n=1 staff member) between February and June 2019. The interview included questions from a semi-structured interview guide (see Appendix C). Interviews were audio recorded and lasted up to two hours. Each interview was transcribed verbatim and validated by the research analyst, with identifying information removed. All transcripts were time-stamped to indicate changes in speaker and for every minute of continuous speech. A demographics form (see Appendix D) was developed as part of the interview to identify characteristics that could potentially contextualize differences and commonalities among the organizations. Documents from each

organization were requested during the interview, if discussed. One document was suggested and used during analysis to supplement information provided in the interview.

In qualitative research involving multiple case studies, the number of cases is not established a priori. Instead, cases are selected until informational redundancy is achieved (Emmel, 2013). Yin (2009) provides guidelines for robust multiple case study analysis, where two to three cases may be sufficient for literal replications (i.e., to predict similar results) and four to six cases may support theoretical replications (i.e., to predict contrasting results for anticipated reasons). A total of eight community-based organizations participated in this study. The number of participants (n=9 participants; n=8 cases) was limited to those who were willing to participate in a research interview, but the eight cases align with Yin's (2009) guidelines for a robust multiple case study.

2.3.3 Data Analysis

Data analysis involved a theoretical orientation to guide a cross-case synthesis, which is a method for multiple case study analysis (Yin, 2009). This study used a combination of deductive (theory-driven) and inductive (data-driven) methods to analyze the data to understand the activities, procedures, knowledge, and skills that community-based organizations used to engage in public policy advocacy. It is deductive (theory-driven) in that the categories were developed a priori using concepts from Kingdon's multiple streams theory and the cognitive, affective, and psychomotor domains of Bloom's taxonomy. It is also inductive (data-driven) in that descriptions from participants were analyzed for new sub-categories within the major concepts of Kingdon's multiple streams theory and educational competencies were created from the data. Each case was analyzed within-case and then findings were compared across cases for a cross-case synthesis. Pattern-matching logic (Yin, 2009) across cases was applied to compare the advocacy strategies of community-based organizations using the concepts of Kingdon's framework. In pattern matching logic, patterns identified in the data are compared to predicted patterns in the theory (Yin, 2009). A flexible pattern matching logic as described by Sinkovics (2018) was used for this exploratory multiple case study. Constructs, dimensions, and patterns (e.g., Kingdon's theory) are specified a priori and form a tentative analytical framework to guide data analysis; however, the flexible approach

allows for new patterns to be found within the data and compared with existing literature. While the findings fit with the concepts of Kingdon's theory, new sub-concepts were formed within each major category.

During data analysis, anonymized transcripts were printed and then analyzed first within-case by hand. Data related to process, knowledge, skills, attitudes, and teaching methods were underlined with coloured pen and then re-written onto blank sheets of paper by respective category. Each extract included the time stamp from the transcript. Data related to the process of public policy advocacy within each case was extracted and re-written in chronological order on paper, checked for accuracy against the transcript, and then entered into a Word document. All extracted data were transferred into tables created in Excel using separate tabs for each category (i.e., knowledge, attitudes, skills, problem stream, policy stream, politics stream, teaching strategies). Headings for each table included the case number and time stamp so that information could be traced to where it originated in the transcript. Data related to knowledge, skills, and attitudes were entered into separate tables for each domain of Bloom's taxonomy and then combined within a single table to analyze patterns to form the educational competencies.

2.3.4 Trustworthiness

Trustworthiness is the degree of confidence in the data and analysis (Polit & Beck, 2017). In this study, it was judged by four indicators: applicability, consistency, neutrality (Guba, 1981), and rhizomatic validity (Lather, 1993).

2.3.4.1 Applicability

Applicability refers to the extent that findings can apply to other contexts and subjects (Guba, 1981). Since one of the aims of this study was to transfer findings from one group of community-based staff to another group (i.e., providers), who also work in the community and with similar clients, it was critical to include interview questions regarding the context and partnerships involved in public policy advocacy work. Thick descriptions of phenomena were collected and are provided herein to allow findings to be assessed for their suitability to other contexts and populations (Guba, 1981).

2.3.4.2 Consistency

While naturalistic inquiry recognizes that realities can be subjective and multiple, consistency in this sense is a reflection of the reliability of the research process and the validity of findings that are grounded within the data (Guba, 1981). An audit trail is one way to demonstrate consistency and involves maintaining meticulous documentation of the process and decision points in all stages of the research study (Guba, 1981). Data extracted from interviews included the case number and time stamp from where it originated, and each sub-category developed was traced to segments of data. Part of this process included having an external auditor review the processes of inquiry. For this research, my thesis supervisor, Dr. Oudshoorn, reviewed the procedures and analyses for this indicator.

2.3.4.3 Neutrality

Neutrality in naturalistic inquiry does not refer to the biases of the researcher, but to the veracity of findings (Guba, 1981). Journaling can help researchers to maintain a reflexive stance, explore their assumptions, and document changes to positionality (Guba, 1981). An audit trail can also support the process of analysis and interpretation. Raw data (e.g., audio-recorded interviews, anonymized transcripts) will be available on a secure website of the parent project, with data reduction and analysis summaries (e.g., paper summaries, Word documents, Excel spreadsheets) and data reconstruction and synthesis products (e.g., structure of categories; patterns, definitions, relationships) available to the thesis committee. A final report that includes findings, conclusions, discussion on existing literature, and an integration of concepts, relationships, and interpretations are included here (Pandey & Patnaik, 2014).

2.3.4.4 Rhizomatic Validity

The final criterion to evaluate trustworthiness in this study included elements of Lather's (1993) criterion of rhizomatic validity. Rhizomatic validity has several components, one of which has been described as the study "generates new locally determined norms of understanding" (Lather, 1993, p. 686). This component is congruent with the subjective quality of the critical theoretical lens and a desire for truth to be locally relevant versus

absolute. As such, knowledge is multi-layered and complex, and co-constructed by the participants and researcher. To meet this criterion, a typology of each case will be created and findings across cases compared, with potential for differences to modify initial explanations outlined in the literature review. Additionally, a condensed version of the findings was shared with the co-leads of the *Mobilizing Narratives* study to determine if they have local validity.

2.4 Findings

This study aimed to develop educational competencies for public policy advocacy by first exploring how community-based organizations engaged in this work, extracting the knowledge and skills from the processes that they described, and then through inductive analysis, create major categories that encompass competencies in public policy advocacy for undergraduate education. Eight executive leaders and one staff member were interviewed from eight community-based organizations in Ontario, Canada who were participating in the SSHRC PDG *Mobilizing Narratives for Policy and Social Change* study (see Table 1). Seven of the organizations were interviewed at the local office and one organization was interviewed at the provincial level of office. Four organizations were localized to the municipal level; two organization had offices in different municipalities across the province; one organization had office representation at local, provincial, and national levels; and one organization was scaled internationally. Two organizations employed only paid staff while the remaining six organizations employed both paid staff and volunteers, with organizations having a range of ten to 120 hired staff in the locale of the interview. Hired staff had post-secondary training, but executive leaders from only two organizations reported receiving formal training in policy. Organizations varied in the amount of government funding that they received, with one organization relying on grant funding, one organization relying on charity, and the remaining organizations receiving a range of government funding. Six of the eight organizations had charity status in addition to government funding.

Table 1*Sample Characteristics*

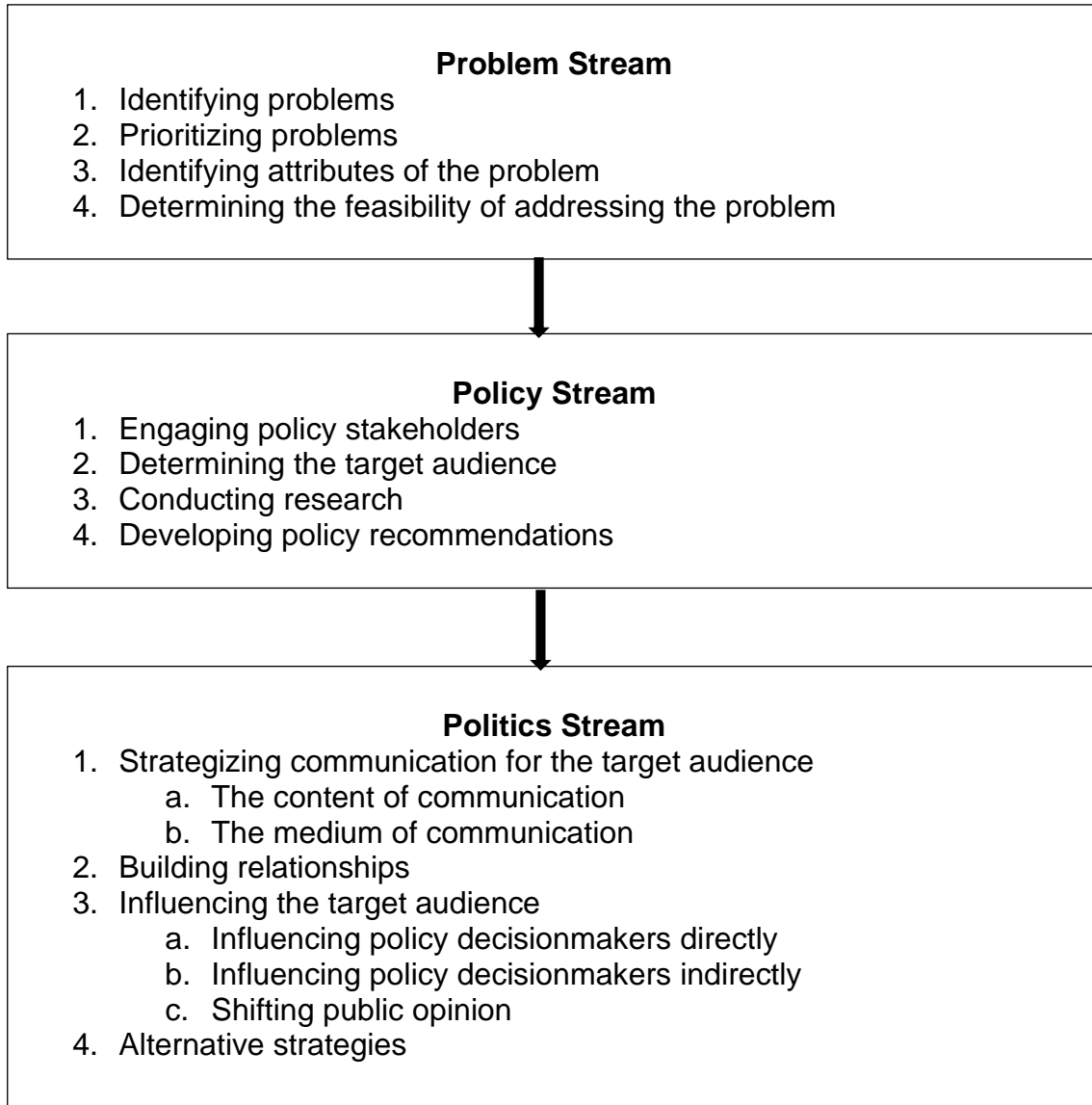
Case No.	Scale of Organization	Government Funding	No. of Staff	Staff Base	Level of Education for Staff	Formal Training in Policy Advocacy
1	Municipal	Grant funding	Not reported	Volunteer	N/A	No
2	International	Charity	Not reported	Paid and volunteer	Post-Secondary	No
3	Municipal	55% government funded	70	Paid	Post-Secondary	No
4	National	80% government funded	10	Paid and volunteer	Post-Secondary	Yes
5	Provincial	95% government funded	120	Paid and volunteer	Post-Secondary	Yes
6	Municipal	75% government funded	24	Paid	Post-Secondary	No
7	Municipal	50% government funded	114	Paid and volunteer	Post-Secondary	No
8	Provincial	100% government funded	12	Paid and volunteer	Post-Secondary	No

Participants ranged in their experience and knowledge in conducting public policy advocacy, with one organization having led a single, local experience but having greater involvement with other initiatives at the provincial and national levels in collaboration with other advocacy initiatives. The remaining participants performed advocacy more regularly in their roles and discussed their work at the local, provincial, and sometimes, national levels. The activities of public policy advocacy by community-based organizations were organized under the major concepts of Kingdon's (2003) multiple streams theory (i.e., problem stream, policy stream, and politics stream) using a deductive analytical approach with four pre-identified sub-categories (i.e., identifying problems,

prioritizing problems, identifying the attributes of the problem, and determining the feasibility of addressing the problem) and an inductive analytical approach where sub-categories did not exist. Findings within each of Kingdon's major concepts were compared across cases for similarities and differences. Figure 1 represents the process in all three streams:

Figure 1

Public Policy Advocacy Process



2.4.1 Problem Stream

This study applied four major activities (subcategories) to the problem stream: identifying problems, prioritizing problems, identifying attributes of the problem, and determining the feasibility of addressing the problem. In this study, “a mismatch between the observed conditions and one’s conception of an ideal state becomes a problem” (Kingdon, 2003, p. 110).

2.4.1.1 Identifying Problems

Problems originated through sources that were either external or internal to the organization. External sources of problems arose from outside of the organization: staff heard about problems from existing community discussion (Cases 1, 4), existing collectives invited the organization to join their initiative (Cases 1, 2, 8), staff heard about problems while sitting on community advisory councils (Case 2), clients raised problems to organizational staff (Cases 1, 2, 3, 4, 5, 6, 7, 8), multiple organizations were bringing up the same problem and discussed this information with organizational leadership (Cases 5, 8), governments changed the terms of contracts (e.g., funding) with organizations (Case 6) or legislation (Case 8), or the government posed a problem to or imposed a problem on the organization (Cases 1, 2, 3, 4, 5, 6, 7, 8).

Internal sources of problems originated from within the organization: staff anticipated government interests on problems or identified predictable windows of opportunity (Case 2), provincial level organizations identified problems that were then verified with the organizations at the municipal level (Case 4), local municipal offices identified problems that they raised with their provincial office (Case 4), and organizational staff identified problems that either impacted their clients or the operation of the organization (Cases 5, 6, 7, 8).

So, you get to choose some things, like some advocacy pieces are of your own choosing; others are just imposed on you through external events and you just got to react accordingly... Most of the big pieces of work that we've done recently, um, started with our frontline providers noticing that something was going on and, um, and it kind of went from there. (Case 5)

2.4.1.2 Prioritizing Problems

Organizational leaders provided multiple reasons for pursuing certain advocacy initiatives over others. Problems were prioritized if they impacted the functioning of the organization (Cases 1, 6, 7, 8), aligned with the goals or mission of the organization (Cases 2, 3, 5, 7), affected the health and well-being of clients (Cases 1, 2, 3, 5, 6, 7, 8), were important to clientele (Case 5), resonated with the community (Cases 1, 5, 8), made

the biggest impact for the most people (Cases 5, 8), were easy to implement or achieve successful outcomes (Cases 1, 6, 8), were problems experienced by multiple organizations (Cases 6, 8), were identified by organizational staff as the biggest problems (Cases 7, 8), or were problems that achieved consensus at an advocacy table (Case 8):

Well, there's probably two sides: whether it's affecting clients in terms of their well-being, or whether it's affecting us financially... and then the other side of it is... the win-win is where it's affecting us, it's affecting the clients, and it's affecting the government, like the municipal government's outcomes because if they're not getting the outcomes, then someone's going to rain on their parade. (Case 6)

Leaders from community-based organizations engaged in advocacy for a number of important reasons. Organizational leaders described how clients who accessed their health and social services typically experienced stigma, social exclusion, and health disparities as a result of inequitable public policies. These clients were described as frequently disempowered to independently advocate for healthy public policy and excluded from participating in the process:

So, there's the practical elements of having the time to invest and even knowing what policy is, learning the skills necessary to do policy work, but also what that takes away from just the survival, like, just getting up every day, making it to your appointments, trying to secure housing, trying to get food – oh, and now you want me to also go sit my butt down in city chambers and try and engage in a conversation that is happening about me, around me, but doesn't include me? (Case 1)

2.4.1.3 Identifying Attributes of the Problem

The attributes of the problem were identified by determining the qualities, characteristics, and scope of the problem. Organizational leaders used multiple sources of evidence to understand the problem. Each organization seemed to take a different approach to understanding its attributes. Case 1 sought to understand community perspective,

determine who was potentially impacted by the problematic policy, and then considered the implications of the new policy coming into effect; however, their efforts to obtain information came with significant struggle:

...it took two of us with PhDs and another person who is super-well connected with, um, with policy within the community, trying to get us access to information, just to even begin a way of starting to figure out how we were going to be involved... (Case 1)

The organization in Case 2 had a written strategy that outlined priority areas for community development. While the participant did not detail in the interview how they identified the attributes of problems, they referred to a public document that had this information, which was reviewed in full. Information from the document is paraphrased to maintain anonymity of the organization. Through community consultation, a review of the literature, and research with multiple stakeholder groups, the organization developed a strategy to identify and address significant problems that impacted the health and well-being of people in the local community. The strategy identified root problems that if left unaddressed, would negatively affect the health and social functioning of people. The strategy included statistics that showed the scope of problems, factors that contributed to problems, and the potential consequences of not intervening. It also included a commitment to researching and understanding the needs of the community and to engage in advocacy for public policies that support community needs. This written strategy served as a standard to guide the organization to pursue policy advocacy. If an advocacy issue aligned with these priorities, then the organization decided whether to participate in the advocacy initiative:

So, like we've, in the past, convened groups of young people, groups of people with lived experience of poverty to, to share, you know, what a proposed policy or what a current policy, um, is doing in terms of impact in their life. (Case 2)

Case 3 involved interviewing two participants separately: a staff member (Case 3.1) and a leadership executive (Case 3.2). When determining the attributes of the problem, the leadership executive described framing the problem in its context and its impact on

individuals or the community. They sought to understand issues by speaking directly with clients who attended the programs provided by the organization and who could articulate their experiences first-hand. The most frequent method that executive leadership took to understand the attributes of the problem was to explore the experiences of multiple people who endured it. Afterward, the executive leader reflected on the problem and created a personal connection to these experiences so that they could speak passionately about the problem with others and inspire them to want to change the circumstances around the challenging condition. Although statistics are collected by the organization, they are placed in the background, while the problem described in context is placed in the foreground:

...our executive director, (name) is first and foremost, just amazing at staying in tune with what the needs of (population served) on the ground level, like, that's always [their] priority and each and every day, [they're] talking to a different client to hear different stories and different cases, um, so that [they] can either meet folks that want to bring their voice forward... but then also communicating with our partners and our service providers so that [they have] up-to-date, like, stats... (Case 3.1)

The organization in Case 4 collected research evidence to understand the existence of an issue. They are a provincial office that has a mandate from their local municipal offices to engage in research, program evaluation, and advocacy. Research data was collected by the provincial office from local offices, external stakeholders, and other sources:

So, um, the steps would be is we identify the issue, you do, we often do a research study, ah, to find empirical evidence that this issue, this issue exists. We look at other jurisdictions to see what they're doing, um, there's obviously academic literature, um, grey literature to see what's happening, um... do environmental scans, do jurisdictional studies, ah, and then we make recommendations. (Case 4)

The organization depicted in Case 5 worked in collaboration with local community agencies and other organizations that provided similar services across the province. Having these contacts helped the organization to determine whether the problem was

unique to the locale or if it was more widespread. When a problem was large enough to require multi-organizational collaboration, it was important to use experts to clearly define the problem and its attributes:

So, if it's, if it's a big piece of work, um, we may engage, um, um, local researchers or people on our board who have expertise to help actually^ if we define the problem that we're trying to solve... (Case 5)

The organization from Case 6 described a process of gathering information about their case for support and pursuing problems that had high impact for their clients and were easy to implement by the government:

...on a macro level, I start dealing with our provincial association, I start gathering information, I'll call other executive directors... (Case 6)

So, the easier it is for [the municipality] to implement, so, it's within their control, it's within their decision-making, ah, they don't have to go and change the terms and conditions from the province. Okay, so they can make this call. (Case 6)

In Case 7, the organization relied on different sources of evidence to gather information about the problem, such as how staff described the problem, the impact it had on clients, internal evidence to understand the scope of the problem, and the costs incurred:

So, when I think of housing, um... and the, um, the issue that we're hearing is there isn't enough affordable housing, there isn't enough safe housing, the wait lists are too long, um, and ah... it's impeding people's ability to stay safe....[Member of Provincial Parliament] didn't realize that because of the lack of affordable housing, what that means is that shelter stays are getting longer. So, whereas ten years ago, it was a 28 day stay, right now, we're on average 100 days... we have to serve less (demographic) because (clientele) are staying longer... (Case 7)

The organization in Case 8 took a slightly different approach than the others; this organization researched the scope of the problem and reviewed policy issues in their historical context, using multiple sources of evidence such as publicly available

information, direct sources, and information from the government, even exercising the *Freedom of Information Act* if necessary:

...the stats are everywhere... either through the government itself or freedom of information or you know, or the information is already there... the Canadian Centre for Policy, you have, ah, the Broadbent Institute, you have those places that have stats and research... Or then you have your agencies, “How many people are you seeing?” (Case 8)

Overall, organizations relied on different sources of evidence to explore the attributes of policy problems. They sought to identify information such as the scope and nature of the problem, its causes and consequences, the historical context, and costs. Published research; internal and external statistics; the personal experience of clientele; and information from organizational staff, government officials, and other community organizations were common sources of information.

2.4.1.4 Determining the Feasibility of Addressing the Problem

Feasibility refers to the resources that are considered when deciding to advocate on an issue. Money (Cases 1, 2, 3, 4, 5, 6, 7, 8), time (Cases 1, 5, 7), personal capacity (Cases 1, 7), access to helpful people (Cases 1, 2, 3, 7, 8), information (Cases 1, 3, 6, 8), and relationships (Cases 2, 3, 4, 5, 6, 7, 8) were major resources that were used in advocacy initiatives. Case 1 focused on the energy of its members, organizational resources, the ease of advocacy, political timing or receptivity to the issue, and who they believed should be involved in addressing the issue. Case 2 is a larger organization that is involved in multiple networks. To them, feasibility required identifying their role in the advocacy initiative, aligning the initiative with their strategic goals, and having small teams share the story of the organization with stakeholders. Case 3 relied on a broad community of people to support their initiative. Case 4 considered their organizational capacity to advocate. This organization would create an advisory board for the research project that they used to explore the problem and then worked to develop relationships with other organizations and industries. Case 5 engaged a collective network to address a large policy problem. Case 6 prioritized problems that were of high impact and easy to

implement, and so feasibility involved determining which order of government was the target audience. Like Case 4, the organization in Case 6 would also work to develop relationships with other organizations and industries. Case 7 discussed the lack of resources to advocate and the need to have broad public support on problems. Case 8 described the need to generate collective buy-in, which involved forming an advocacy table to identify and discuss problems.

Determining feasibility was a necessary step in the problem stream, as all of the cases referred to limitations in organizational resources, such as time, energy, funding, and staffing, which restricted their ability to address policy problems through advocacy initiatives:

...because of the day to day struggles of survival, there's not a lot of extra resources to invest in having... in entering a policy arena and listening to other people who are supposed experts talk about your lives. (Case 1)

Resources are a critical consideration when deciding to address problems through advocacy, as most organizations described using an incremental approach to making policy change that involved investing a sustained length of time:

.... I think slow, consistent progress is a lot better than banging your head against the wall by trying to get a big, big win when those big wins are very few and far between. (Case 5)

Participants in some cases (Cases 1, 4, 5, 7) revealed that policy advocacy work can involve uncompensated labour, which further supported the need to evaluate resources:

So, I don't have a budget for advocacy... it's my time that I use... we don't have a budget specifically for advocacy, um, normally because it's hard to find people to fund that... (Case 7)

2.4.2 Policy Stream

The policy stream defined by Kingdon (2003) is where problems are recognized through the formulation and refinement of policy proposals. In Kingdon's theory, advocates

suggest alternatives to the policy agenda of government. In this study, activities in the policy stream are described from the perspective of community-based organizations (advocates) in developing solutions to problems. Four sub-concepts were identified using an inductive analytical approach: engaging policy stakeholders, determining the target audience, conducting research, and developing policy recommendations.

2.4.2.1 Engaging Policy Stakeholders

One of the first steps in developing policy solutions involved engaging policy stakeholders who can help address the problem. Stakeholders were identified as people who were impacted by the policy or would benefit from the solution (Cases 1, 3), other community-based organizations or community partners (Cases 2, 3, 5, 8), external experts (Cases 1, 4, 5, 6, 7, 8), internal staff (Cases 5, 6, 7, 8), and constituents of the community (Case 7). Community-based organizations engaged stakeholders either throughout the entire process or at various points in the policy stream. When engaging stakeholders, community-based organizations either formally created groups, such as tables or advisory councils (Cases 2, 3, 4, 5, 7, 8), or informally engaged stakeholders in discussion (Cases 1, 6) to develop policy solutions.

2.4.2.2 Determining the Target Audience

Determining the target audience to propose policy solutions was an important step before conducting research and crafting policy recommendations. Organizations from Cases 1 and 5 explained that it was important to consider which level of advocacy should take place – whether that be at the local, provincial, or national level. Subjects who were described as the target audience included the general public (Cases 1, 2, 3, 4, 5, 6, 7, 8), donors and funders (Cases 2, 3, 4, 5, 6, 7), businesses (Cases 6, 7), and elected officials and political staff (Cases 1, 2, 3, 4, 5, 6, 7, 8):

...if I'm presenting a policy recommendation, I don't always want to go to the MP (Member of Parliament) or MPP (Member of Provincial Parliament) or the elected official. Um, I want to influence the staff, I want to get to the staff who will be implementing decisions, ah, and I also, also want to get to the people that are going to be fundamentally making that decision – the yeah or nay around whatever my

policy pitch is about. So, ah, um... so, I'll have two levels where I'm trying to get to: One is the, the people that implement, ah, but also two the people that set the policy. And you want to get both. (Case 3)

It was also important to develop solutions that meet the needs of the policy decision maker, which can be determined by understanding their needs:

And [advocates] need to [know] that you can't just be expecting somebody [e.g., politician] to say yes to you because you are making a great argument, you've got to meet some of their base interests, which usually are time, dollars, or ego. (Case 5)

So, it's that finding the alignment where, 'Hey, we can help you... look better.'... I mean, I guess when I really want to go for it is when I can appeal to their inherent selfishness. Right? Like, so, um... 'Guys, you know, like, we all want the same thing here. Um, I know you want the better, better outcomes, so this works for you, this works for the client, and this works for us.... Let's raise a glass!' (Case 6)

2.4.2.3 Conducting Research

Policy solutions were derived from different forms of evidence that were framed in the interests of the target audience. Each organization discussed a different process around conducting research. Case 1 sought the help of external people who had expertise in the topic to find information and interpret policies. They also collected "community-driven data" and other forms of evidence from people impacted by the policy problem and internet-based sources to inform policy solutions; however, the interviewee described the process of collecting information as laborious and incremental:

We... we had to rely on gatekeepers, and I would absolutely use the, that language that there was gatekeepers to information, and you had to know who to know, who could point you in the right direction of who that gatekeeper was, and then you would hope that that gatekeeper would give you the time that you would need with them to, to get the next little piece, like the next little puzzle in the puzzle piece that you need, or the glue in the puzzle, and so, they would give you one more, and then

you would have to begin the process again of, ‘Okay, now we know this much, who do we go to next to get this next little clue to the puzzle?’ (Case 1)

While Case 1 was a small, local organization, Case 2 was a broader organization that participated in policy advocacy within a collaborative. They described having ‘on-the-ground’ knowledge that they could use to inform policy solutions created in the collaborative. They also conducted research by analyzing policies and government budgets and reviewing various sources of information, such as media releases, policy briefs, minutes from government meetings, board meeting packages, and statistics and narratives as they related to the issue.

The organization in Case 3 collected evidence from different sources, including from clients who used their services and through program evaluation. They used this information to describe the personal impact of problems and argue for the efficacy of solutions:

And sometimes as experts, we spend too much time talking about our own expertise, whereas if we can bring other people to the table with their expertise, wow! And their voice, their unfiltered voice... so, if it’s a medical issue, and you’ve got somebody that had some amazing care from a certain practitioner or a certain facility, ah, or a certain kind of, um, medical attention, ah, wow! Let them talk about what that meant to them and their family, don’t force their doctor, who is the practitioner and the researcher and the, and the... the expert, who of course was integral to this whole process, but don’t put them as the sole proprietor of all that power to talk about, you know, why this medical procedure ought to be funded more often. Let the patient talk about that. Let the patient’s family talk about the impact. (Case 3)

Other organizations also described collecting internal statistics and personal narratives from clients who used their services (Cases 4, 5, 7, 8). Despite quantitative research being described as secondary to the personal descriptions of impact on clients in Case 3, this form of data was still important to the organization to support their argument for proposing policy recommendations.

Case 4 was interviewed at the provincial level. They described having dedicated staff resources to conduct research for policy solutions. This organization collected information from academic and grey literature, environmental scans, and jurisdictional studies. If the information they were seeking was unavailable, they would implement a research study. Research studies were intensive and time-consuming, often involving multiple partnerships, formal proposals, and applications for grant funding. Local-level offices were helpful to the provincial-level organization in collecting data from clients, but some studies required new partnerships to be formed with other stakeholders to collect information.

Case 5 supported the need for good research to generate policy solutions and inform arguments for policy proposals. For large pieces of advocacy work, this process involved collaborating with local researchers, staff, external experts, and other organizations to identify possible solutions, test what the solutions could be, and review sources of evidence for interventions that worked in other communities and for emerging research:

Because some of those bigger [advocacy] pieces, if we're just doing the work on our own, and we've decided... these are the solutions that we think are appropriate and every agency is doing the same thing, then the government's hearing 20 different voices telling them maybe like 15 different things, so there's a responsibility on some of those bigger systems pieces to try to come to consensus with, um, people working in the same space and what the actual solutions should be. (Case 5)

The interviewee in Case 6 described conducting research through a detailed process:

So, on a macro level, I start dealing with our provincial association, I start gathering information, I'll call other executive directors, okay... um, to see if we could work together... and then, like, on the provincial-wide issue that's ongoing right now, we've actually contracted a marketing firm... to say, 'Okay, I'm too close to it, I need help. I need someone to look at [this]. I've got all the research, I can pull the research together, ah, for you to look at. What's our case for support? How are we

going to craft... what language are we going to use... what are the government priorities?’ (Case 6)

Case 7 described collecting evidence and statistics from both internal and external resources:

So, depending on the level of government, um... one, I’m always gathering my evidence and stats, even if I’m not going to share them or share them directly with, with whoever I’m talking about. And ah, and because... internal documents, and external documents, um, because I need to make sure that I know everything, right? Like, I need to be, I need to be the expert in what I’m advocating for, um, and then if I’m not, I need to either bring in that person with me, or I need to become that person... (Case 7)

Case 8 depended heavily on evidence to support their policy recommendations. They reviewed information and reports from research institutes, such as Fraser Institute, CCPPA, and the Broadbent Institute, as well as activities in other provinces and countries. The organization conducted focus groups with staff from other organizations and departments to generate ideas for policy recommendations.

2.4.2.4 Developing Policy Recommendations

The final stage in the policy stream involves developing policy recommendations that are directed toward the target audience. While policy recommendations flowed from evidence generated from the *conducting research* stage, different stakeholders may be consulted by organizations to refine policy solutions, including organizational staff (Cases 1, 4, 5, 6, 7, 8), community partners (Cases 2, 3, 4, 5, 7), and external experts (Cases 1, 5, 6, 7, 8):

We talk about issues here... people in this office come from diverse political social backgrounds, um, education backgrounds, so they bring in all of the, a lot of those [ideas]... um, we... our policy recommendations are usually, ah, developed not only by the policy analyst, um, but also by the researchers, program evaluators here, by a team, by the whole team. (Case 4)

Policy recommendations were typically developed so they would appeal to all three orders of government and the general public. Organizations delineated the potential impacts of policy solutions and justified their recommendations by referencing government mandates and political strategies:

One of the recommendations we're making is that City Council has to... because they're saying the words affordable housing here in (city) is the crisis, and you need to do something... (Case 8)

Case 2 worked in collaboration with community coalitions to develop policy solutions and advocate for policies among the public. This organization has a director at the national level of office who develops policy solutions in partnership with local organizations. The director is funded to create white papers and other policy documents. Cases 3 and 7 did not speak about producing formal documents that outlined their policy recommendations, but instead described creative approaches that involved people who had direct personal experience in speaking to policy decision makers. People with personal experience would discuss the impacts of problematic policies and policy solutions, with the support of staff from the organization to help craft their message:

So, I was able to bring a (person) who had benefited from some of these (programs) and I wanted to do that because, um... I wanted that person to speak around the benefits of a (program).” (Case 3)

...two thirds of [city councillors] had tours of one of our (services) and got to listen about the impacts of what's going on and I was able to connect some dots with them that this is not an issue that impacts, you know... (demographic) who are experiencing (problem), it impacts our city in some pretty significant ways... (Case 7)

2.4.3 Politics Stream

The politics stream in this study outlines the mechanisms that community-based organizations used to reach and persuade their target audience to adopt policy solutions. Four sub-concepts were developed through an inductive analytical approach: strategizing

communication for the target audience, building relationships, influencing the target audience, and considering alternative strategies.

2.4.3.1 Strategizing Communication for the Target Audience

Leaders and staff from community-based organizations tailored the language of their communications to align with the ideology of their target audience. They also selected communication mediums that were safer and less threatening to the reputation of elected officials (e.g., avoiding surprising announcements through news media). This sub-concept addresses two areas: the content of communication, such as style, and the medium of the communication.

2.4.3.1.1 The Content of Communication

The content of the communication, or the actual written or spoken message, will differ depending on the target audience. Community-based organizations identified the importance of tailoring the message to the interests of the target audience (Cases 3, 4, 5, 6, 7, 8). Case 3 suggested that messaging should personalize the issue by appealing to emotion and humanizing the population that is the target of advocacy. Since the values and interests of target audiences vary, organizations prepared different sets of arguments to appeal to humanistic and economic ideologies (Cases 3, 4, 5, 6, 7, 8):

Um... I think, um, it really depends on the audience. Um, you really need to speak in the individuals' language. Um, for people that are more inclined toward social justice or justice in general, um, ah, you frame it from a human rights' perspective and then, and you indicate that that the evidence suggests that what we are doing is not working and we should be looking at alternatives, um, and here is that evidence, so people that, that are swayed by evidence and swayed by, um, ah, um, you know..... by the fact that what's happening in (institutions) is not, you know, is not working at the moment for, for Canada. Um, so, yeah, those - you frame it in that sense, and it works. Um, some individuals that have different perspectives, you try to frame it from an economic perspective. Um, you know, say that um, you know, here's how much it costs to put somebody in (institution) even though that's not effective, and here's an alternative cost. Right, so you can bring an economic

argument into it. So, it really depends on the audience that you're talking to. (Case 4)

The general public was described as an important target audience for organizations to reach, as they can influence governments through votership and by exerting direct pressure on elected officials, which in turn can influence their attention on an advocacy initiative. Having a sense of public opinion helped to inform organizations on the content of messaging. Participants shared that for a government that relied heavily on populist language in their own positions, it was ideal to have messaging come from constituents:

They [elected officials] want to hear from the people, right? It's a, it's very much a difference, a different tactic and, ah, and so, we had to figure out for this particular moment, um, how we were going to go about um, addressing that. (Case 6)

2.4.3.1.2 The Medium of Communication

The medium of communication varied by organization, with some organizations using contemporary channels of communication (Cases 1, 3, 4, 7) including art exhibits, storytelling, YouTube videos, online news platforms, and social media, while other organizations relied on more traditional methods (Cases 2, 5, 6, 8), such as news interviews, opinion articles, and research dissemination strategies. Some cases combined contemporary and traditional mediums to communicate with the general public. With elected officials, communication ranged from being personable through one-on-one conversation to more formal submissions of policy proposals. Despite the type of communication medium used, it was important for organizations to create interesting, concise content that promoted further discussion:

You know, like, that's a policy, you know a 20-page, 30-page policy stuff. I'm kind of going... 'First of all, it just collects dust'... [policy decision makers] want easy and clear and measurable and definable... (Case 6)

Most people won't read a policy brief. Um, I don't, I don't remember anybody, like, you know, talking at a, um, dinner party and saying, 'Have you read this policy brief?!' Really, it's all about, 'Have you read this? Did you read this article? Did

you watch this video? Did you, you know, watch this documentary?’... A policy brief is good, but I, I... I would be hesitant to say even if a government reads a policy brief. (Case 4)

2.4.3.2 Building Relationships

Building relationships was foundational to successful advocacy. All of the organizations either directly discussed or implied the importance of having strong relationships, with elected officials in particular:

It’s not usually the strength of your argument, it’s usually the strength of your relationships... (Case 5)

I think that there is a willful illiteracy on behalf of the system to discourage people from engaging in policy. So, I think it’s a, like every system, policy is a, is a, it’s a who you know, it’s how well you’ve networked with whom... (Case 1)

Organizational leaders described starting these relationships by directly contacting elected officials through a phone call or a letter to request a meeting. These meetings could be informal, where organizational leaders can discover political goals of the elected official and how these goals align with the mission of the organization. Meetings can happen over coffee or through tours of the organization. Having constant touch points is another way to increase interaction with potential allies and elected officials, so attending community events and participating in formal tables demonstrated that the organization was interested in participating in policy work:

...if there’s somebody in government that I know is influential that, with the work that we do, it could be starting to say, ‘Hi, can I get, can I buy you a coffee? I’m new and just really want to talk to you about what I’m seeing.’ So, it’s like actually going in with no agenda, whatsoever, and just spending the time on, ah, understanding the person that you’re working with – what their pressures are, what excites them, what motivates them, and vice versa. Like, actually starting with that is, is good. If your first meeting with somebody in government is, ah, hey, you’re

asking something of them, that... you can do that, that's fine, but it's probably not the best first, um, first approach... (Case 5)

So, usually, whenever I meet with an elected official, um, I start off not by telling them who I am and what I'm doing, but I want to know a little about them. So, what brought you to politics, what do you love about it, um, how are you finding, you know, being a newly appointed minister or whatever... um, you know, congratulations on being re-elected, like... you know... what are you really focused on for your, for your four term, four years, like... I really want to know about what your vision for the city is, ah, and then you get a bit of an idea. And then from there you kind of... decide what route you're going to go. (Case 7)

During the meeting, the organization can demonstrate their value to the elected official by offering them help in achieving their political mandate, while the political official in turn may reciprocate support to the organization. Organizational follow-through on agreements and promises contributed to the development of trust and further partnership. Having strong relationships with elected officials was important, as there were a number of advantages described, including improving the speed at which advocacy initiatives move forward, receiving helpful guidance, and gaining internal champions:

...I think having good strong relationships and goodwill with the people that you're advocating to really helps. And that's usually built over a long period of time. Um, and isn't, ah... so, if you've got lots of good established relationships, things can move faster, but if you're just new to working in a space and you're building relationships, it's a lot harder and it takes more time. (Case 5)

So... so yeah, sometimes it's directly, um... you contact the people you know. Like, right now, we have the [political party] MPs (Members of Parliament), so we bring up issues and they've asked us what questions... how to phrase certain questions in at, ah, Queen's Park during question period. What's the issues and we try to keep them informed. They're now actually sitting at the advocates table... (Case 8)

You know, and so... yeah, okay, maybe we left \$200 or \$500 on the table, but you can win the battle and lose the war... And so, I didn't take that, I built, I started to build a relationship with [city councillor]. And to the point that... now [they're] retired but [they] became one of our greatest advocates. Internal advocates. Um, but it was because there was a trust relationship built over time. (Case 6)

Two organizations suggested using two different approaches for initiating contact with elected officials. The organization in Case 5 recommended first contacting a civil servant in a permanent position about a problem and then moving up the ladder of authority if unsuccessful. Case 3 initiated contact with the highest-level political official who they had a relationship with or if there was no pre-existing relationship, approaching the staff of this political official:

...I find that I always try to engage a person who's in the civil service first because they actually have a lot of power to make a difference, and if you go over their head to a politician, they feel a lot less, ah, willing and happy to work with you... because it's like, it could be like you going over your boss's head to their boss when you didn't talk to your boss about trying to resolve an issue first, right? So, I always like to work with civil servants who are there permanently, they're, they know the issues really well, they really care about their work. (Case 5)

Ah, they're [elected official] going to come in, probably, predisposed not to really embrace [the problem] because there's no relationship. They'll have their back up. People are always after them for policy, for money, or both, right? And so, if I'm just another one of them, then I get lost. So, I want to get to their circle. So, I want to get through the ADM (Assistant Deputy Minister) if I can, is this a deputy minister or a senior bureaucrat, ah, and I also want to get through them to other trusted people that they have in their network. So, if that's a political appointee, if that's somebody on their, on their campaign cabinet, um... whoever I can.... So, then it becomes a two-step process to me. (Case 3)

2.4.3.3 Influencing the Target Audience

Influencing the target audience involves identifying the strategies that are used to persuade the target audience to support a policy proposal. There were three main mechanisms of influence: influencing policy decision makers directly, influencing policy decision makers indirectly, and shifting public opinion.

2.4.3.3.1 Influencing Policy Decision Makers Directly

This sub-sub-category outlined activities used by organizations to influence policy decision makers through direct interaction. Different methods were described. The presence of relationship, which was previously discussed, was an important component to influence. In addition to relationships, organizations (Cases 2, 3, 4, 5, 6, 7, 8) emphasized the importance of relating the initiative to the values and priorities of the decision maker:

...part of our job and part of what I do is that formal stuff when you talk to politicians and so on and you convince them why, within their limited budgets, why should they be investing, ah, in a cause that I care about. And I help them understand, um, and in an approach that relates to their priorities. (Case 3)

when you run into, um... you know, somebody in a bureaucracy or a politician, their instinct a lot of the time is to say no because you're, like, one of, you know, a thousand people that are wanting to get in front of them that day. So, the key is be really sensitive that they've got interests too and you've got to meet their interests while they're meeting yours, and it's almost like negotiating... and helping them understand. It could be 'this is good for you politically', it could be 'this is going to, say you do this, it's going to save you money somewhere else'. It's not being... where I think advocates get into trouble, is that they get so sanctimonious in the importance and the, of their issue and, um, that they forget that they also need to influence... (Case 5)

It was important to first understand the values of the decision maker before meeting with them:

Yeah, I think again, that's the same thing. Um, certain, um, ah, certain policy makers or decision makers, um, buy the human rights' argument, um, and certain ones that buy things so, it's really doing your research, looking at what individual and sort of what has their history been in terms of policy change or legislation or... what their political, um... um... leanings are, and then making an argument based on that. (Case 4)

Organizations not only described having to change the language they used after a change of government, but also their strategies and requests:

So, there's been some victory. So, you've got to say, "Hey, listen, they haven't taken away that stuff yet," and hopefully they won't. So, there has been progress. Um, now it's to maintain it. "Okay, we, we may not be progressing like we would like to, but let's not regress." So that's the new advocacy, right? (Case 8)

Another way for organizations to exert influence was to begin building relationships with elected officials by situating the organization as a resource (Cases 2, 3, 4, 5, 6, 7).

Offering tours of the organization was one way to build relationships to demonstrate the impact of the organization on the community and create opportunities for elected officials to hear from people with personal experience as it relates to the problem. Multiple organizations (Case 1, 2, 3, 5, 7) created opportunities so that people with personal experience could describe the impact of problems on their life with elected officials, which organizations hoped would create more understanding for their policy positions:

Municipally, we have a really close relationship with, ah, civil servants, for sure, and that's really important. Um, we do things like letters of support, um, we try to facilitate opportunities for, um, elected officials or civil servants to hear directly from people who are being affected by policy, um, especially those with lived experience or, um, just vulnerable populations. So, like we've, in the past, convened groups of young people, groups of people with lived experience of poverty to, to share, you know, what a proposed policy or what a current policy, um, is doing in terms of impact in their life. (Case 2)

I think, municipally, um... they live in the community, so any time you can connect it to them or any time you can put them in those situations, um, I found that dramatically changes the way that they talk about the work that we do and their, um... and their work. (Case 7)

However, organizations (Cases 7, 8) also highlighted the ethical issues that exist when people who have personal experience relay their stories. This content could easily become the subject of public scrutiny and stigma:

...when you talk to the media, they always want... ‘Give us an individual who is dealing with this problem’, right. Um... I usually turn to (community-based organization) for that help because... I think a lot of people don’t want to go out in public and say, ‘Oop! I’m poor... I’m, I’m on the system...’ um... because social media is nasty! (Case 8)

Community-based organizations also formed coalitions, working collaboratively with other organizations and advocacy groups from other regions and levels of influence to strengthen their proposal and present it as a unified voice (Cases 2, 3, 4, 5, 6, 7, 8). They may also ask decision makers for small changes at a time, using an incremental approach to address larger problems (Case 2, 3, 4, 5, 6, 7, 8). Organizations emphasized that the manner of delivering the proposal as an important part of influence (Cases 3, 4, 5, 6, 7, 8), such as being an effective storyteller:

...I’ve done, I’ve been doing advocacy for a really long time and I find that, um, it’s bringing... effective advocacy is both being able to tell a good story, um, that you then connect with data... (Case 5)

Overall, organizations used multiple strategies to influence policy decision makers directly, including building relationships, relating the initiative to the priorities and values of the decision maker, having the decision maker hear the personal experiences of people impacted by problems or policies, and by advocating in a coalition representing multiple organizations. Still, the manner in which proposals are presented is important. Framing

the initiative in the form of a story with data to back up the story can be a powerful influencer.

2.4.3.3.2 Influencing Policy Decision Makers Indirectly

Community-based organizations suggested different indirect routes to influence policy decision makers: recruiting people who have positional power to champion policy change (Cases 1, 6, 8), building relationships with a senior staff's network who can influence senior officials in government (Case 3), creating public pressure (Case 5), engaging the public to contact elected officials (Cases 3, 4, 5, 7, 8), and obtaining support from municipal governments on provincial issues (Case 8).

2.4.3.3.3 Shifting Public Opinion

The choice to focus or not on public opinion can be impacted by the nature of the government in power. A shift to a provincial party in 2018 that relied heavily on populist rhetoric of being “for the people” meant increased priority by organizations to demonstrate that their policy concerns were representative of general public concerns. One organization described receiving the following advice:

‘Hey, this is what you need to know about... maneuvering around these kinds of governments, is that this is, they react when their constituents, you know, um, speak up and speak out, and they are... like, really opposed to, um, to experts and academia.’ (Case 7)

Because the new government emphasized public opinion in political decision-making, organizations shifted their strategies to harness more of this power by using social media and other levers to shift public opinion around an initiative. Case 1 suggested recruiting people who have positional power within the community to shift the opinion of the public. Other organizations (Cases 2, 7, 8) positioned their chief executive officers as the external spokesperson. Organizations used the media as a common source to disseminate information to the general public. Some organizations also offered the public tours of their building.

Shifting public opinion involved influencing the public to support a policy position. Organizations shared that they would determine public opinion from public media sources to find common ground (Case 7), to enhance their descriptions of the evidence supporting the policy (Case 1), and to detail how the organization benefits the local community (Cases 2, 3, 4, 5, 7). The strategies used by organizations to influence policy decision makers also extended to influencing the public, such as using ‘their’ language and framing arguments to contain both human rights’ and economic perspectives (Case 4). When distributing a message among the public, organizations discussed the importance of capturing and maintaining the audience’s attention, suggesting to keep messaging short and concise (Cases 4, 7), ideally, to under three minutes and limiting to three to five key points (Case 4). The strategy of shifting public opinion still had yet to be explored by some organizations, but elements of timing and public readiness were involved:

...if we bring it back to health, like some of our more pressing issues around poverty and addiction and mental health... we can see how difficult it can be if the policy you’re trying to advance isn’t well-timed in terms of the public’s appetite to hear a different way or to understand a different way... (Case 1)

2.4.3.4 Alternative Strategies

The final activity in the politics stream is alternative strategies, which is actually an optional activity used in extreme circumstances. To respect the anonymity of organizations, the references quoted here in this section will not be specified by case. Most organizations discussed using a relational approach with elected officials in government to advocate for public policies. Alternative strategies, such as speaking out to the media on challenges with the government, were more confrontational in nature and were generally avoided because

...we’re (%) funded by the, by the government of Ontario, if we... you know, we did advocacy work in a certain way that, um, was really aggressive and, um, brought embarrassment to the government, there’s always the potential and fear

that, you know, we'll have our funding cut or that we will be excluded from things that we shouldn't be excluded from. (Case not being specified)

Taking a relational approach to advocacy benefited organizations by allowing them to continue participating in the process of influencing policy change and maintaining their programs and funding; however, alternative strategies were necessary when problems were viewed as critical to address and when the relational approach was not working:

So, the policy, ah, framework that we had to work around was, ah, our, our government funder saying, "We're not supporting all these other things. You cannot use your dollars to support... that, you can't use our dollars to support that, we don't give a shit about your (program)." And these were the words they were using! (Case not being specified)

Alternative strategies included using the media to inform the public about urgent problems to generate broader public pressure. Maintaining relationships with journalists from the media was of ultimate importance to this approach:

And good relationships with media... I've watched various people, whether it be politicians or executive directors, and you don't shoot at the media. (Case not being specified)

Another alternative strategy involved supporting activists who did not have a relationship with government officials and who were able to use more aggressive pressure tactics:

...so, we can use our power to, to invite people... to, to the table. Um, we can give them space in our organization to meet. We can give them um, ah, ah... access to resources if they need them... (Case not being specified)

Despite these strategies existing, such activities were rarely used. Maintaining a respectful relationship with government officials, while also holding them to account, was the primary strategy:

I think it's important to keep people accountable and I think you can keep levels of government accountable, but also maintain respect, um, in a way that, again, still

allows them to listen and doesn't shut the door, right? Because, um... the, the minute I think somebody can be perceived as, um, as being.. antagonistic, they can, they can just shut down, right, like, you're not being respectful, you're not... and it gets really tricky... (Case not being specified)

2.4.4 Knowledge, Attitudes, and Skills

Knowledge, attitudes, and skills are the building blocks to forming educational competencies. In this study, knowledge is defined as mental skills that are classified in the cognitive domain (Krathwohl, 2002). The affective domain consists of attitudes, values, and beliefs (Krathwohl et al., 1964) that include activities such as receiving information, responding, creating judgments, and organizing (as cited by Iwasiw & Goldenberg, 2015). Skills involve activities of doing, such as movement, coordination, and motor skills that form a practical component categorized under the psychomotor domain (Simpson, 1972). A synthesis of the multiple case studies (Yin, 2009) was completed to identify specific concepts related to the knowledge, attitudes, and skills that community-based organizations used when conducting public policy advocacy. This information was collected by directly asking community-based organizations about the knowledge and skills that they used in this work and from inferring knowledge, attitudes, and skills from the detailed descriptions of the policy advocacy process.

Knowledge, attitudes, and skills can be organized under the process of public policy advocacy: identifying, prioritizing, and exploring problems that impact the community or organization and determining whether the organization possesses the resources to address problems; engaging policy stakeholders in the process of formulating solutions to problems, determining who can address the problem, conducting research on solutions, and developing policy recommendations that address the sources of problems; and strategizing communication for the target audience, building relationships to gain access to target decision makers, and then persuading the target audience to take action on problems and implement policy solutions in the context of this relationship. If this relational approach is unsuccessful, community-based organizations compared risks to benefits in using alternative strategies that were more aggressive and could potentially

lead to cuts in funding and/or exclusion from other policy activities and further opportunities for influence.

Identifying problems involves having the knowledge to notice and recognize that a problem exists, which requires skills in active listening, communicating (e.g., speaking, reading), and staying current with information and media sources. Possessing an attitude of openness allows for problems to be understood from the perspective of the source and to explore the causes of these problems. The process of prioritizing problems, identifying the attributes of problems, and determining the feasibility to address problems is an iterative process – problems are prioritized for deeper analysis and exploration, while attributes of the problem and the resources available to the organization so that they can respond to the problem impacted how problems were prioritized for further action. If problems were not realistic for the organization to address, they would be of less priority to act on or may require more intensive activity in securing external resources. When prioritizing feasible problems, having knowledge about the potential and actual consequences of not addressing the problem supported the critical thinking that was necessary to evaluate its urgency.

Since major activities in each of the three streams involves a relational approach (i.e., in identifying problems, engaging policy stakeholders, and building relationships), relationships with clients, organizational staff, other community-based organizations, elected officials, and the general public are important to develop and maintain in all three streams. Examples of knowledge, attitudes, and skills used in each of the three streams are outlined in Tables 2 to 4.

Table 2*Problem Stream: Knowledge, Attitudes, and Skills*

Problem Stream Activity	Knowledge	Attitudes	Skills
Identifying Problems	Recognizing problems, identifying problems, listing problems, defining problems	Openness, active listening, asking questions	Engaging in discussion with stakeholders, maintaining relationships with other key stakeholders
Prioritizing Problems	Appraising problems for priority, ordering problems into priority for further action, selecting problems to pursue through advocacy	Openness, active listening, identifying what one prioritizes as valuable to the system, explaining how problems are prioritized	Arranging problems in order of priority to prepare for action through advocacy
Identifying Attributes of the Problem	Analyzing the qualities, characteristics, and scope of the problem; distinguishing who is impacted by the problem; examining factors that contribute to the problem	Questioning information that is collected, revising understanding of problems	Constructing an outline of the factors contributing to problems
Determining the Feasibility of Addressing the Problem	Listing resources needed to address the problem; comparing available resources to what is needed to address problems; selecting the most feasible problems to address	Discriminating problems that are achievable based on resources	Inventorying resources, calculating estimated financial costs for advocacy initiative

Table 3*Policy Stream: Knowledge, Attitudes, and Skills*

Policy Stream Activity	Knowledge	Attitudes	Skills
Engaging Policy Stakeholders	Identifying policy stakeholders who have an interest in solving problems and/or proposing policy solutions	Inviting policy stakeholders to collaborate, organizing stakeholders (i.e., creating formal or informal tables), asking stakeholders about perspectives on the problem, listening to stakeholders, engaging in discussion with stakeholders, demonstrating respect, demonstrating openness, demonstrating flexibility	Developing relationships with policy stakeholders, maintaining relationships with stakeholders
Determining the Target Audience	Identifying the target audience to propose policy solutions	Asking questions to determine the values, beliefs, and attitudes of the target audience	Distinguishing the needs of the target audience
Conducting Research	Defining the researchable problem, identifying stakeholders impacted by the problem, evaluating evidence, determining potential and actual implications of the	Openness, flexibility, curiosity	Constructing researchable questions, selecting sources to collect information (e.g., research databases, grey literature), organizing research findings

	problem and solutions, identifying solutions that can resolve the problem		
Developing Policy Recommendations	Comparing factors that can resolve the problem, appraising solutions chosen, selecting solutions to recommend, creating an argument to support policy recommendations	Justifying policy recommendations	Preparing a formal report of policy recommendations

Table 4

Politics Stream: Knowledge, Attitudes, and Skills

Politics Stream Activity	Knowledge	Attitudes	Skills
Strategizing Communication for the Target Audience (Content of Communication; Medium of Communication)	Identifying the target audience for the messaging	Valuing the target audience's interests and priorities	Creating messaging that distills policy recommendations into manageable and memorable content, selecting the medium for communication, constructing a disseminatable message
Building Relationships	Identifying individuals and/or entities to develop relationships with	Openness, asking the target audience to communicate their values and priorities, valuing the target audience's interests and priorities	Communicating with the target audience (e.g., written, verbal), inviting target audience to meet

Influencing the Target Audience (Influencing Policy Decision Makers Directly; Influencing Policy Decision Makers Indirectly; Shifting Public Opinion)	Identifying individuals and/or entities to influence, determining the values and interests of decision makers before meeting with them	Valuing the target audience's interests and priorities, providing support to people who share their story of personal experience	Adapting communication to appeal to the interests and needs of the target audience so they can understand the policy position, building collaborations to conduct advocacy
Alternative Strategies	Listing costs versus benefits to using alternative strategies	Reflecting on the importance of the advocacy initiative compared to potential outcomes	Adapting the advocacy strategy based on outcomes of previous methods

2.4.5 Educational Competencies

By identifying the process of how community-based organizations conducted public policy advocacy and the knowledge, skills, and attitudes involved in this work, educational competencies can be created and proposed for post-secondary health care and social service curricula. Educational competencies consist of broad, overarching statements that include observable knowledge, behaviours, and attitudes (as cited by Iwasiw & Goldenberg, 2015). Seven broad competencies were developed through a multiple case summary synthesis (Yin, 2009) of concepts identified from the knowledge, attitudes, and skills within the policy advocacy process. These competencies were categorized in no hierarchal order as collaboration, communication, critical thinking, policy process, research and analysis, relationship building, and resource management.

2.4.5.1 Collaboration

Advocates identify and engage key stakeholders (e.g., clients, other community-based organizations, staff, the public, politicians, etc.) throughout the policy advocacy process (i.e., identifying problems, developing policy recommendations, and influencing their target audience to adopt policy recommendations). They also partner with experts (i.e., people with personal experience, people who have developed expertise through formal

training, policy actors) to address knowledge and skills gaps that are helpful to strategizing the advocacy initiative. Collaboration involves formal, time-limited partnerships that may contribute to the formation of long-term and long-standing interpersonal relationships. Advocates engage in collaboration by:

- (a) identifying and recruiting stakeholders who have overlapping interests, priorities, and expertise for the advocacy initiative;
- (b) participating on local, provincial, and national committees and policy tables;
- (c) supporting government actors to achieve their goals;
- (d) developing opportunities to bring community and political actors together to partner with the population being served; and
- (e) maintaining trust of fellow stakeholders by being a reliable and consistent team member.

2.4.5.2 Communication

Advocates apply knowledge and skills in communication to identify problems, create solutions, develop and disseminate messaging that is accessible and meaningful to their target audience, and use persuasive communication to influence their target audience to adopt policy recommendations. In this context, the target audience includes policy stakeholders who are involved in identifying problems and developing policy solutions, such as policy decision makers, politicians, and the general public. This competency also involves researching the identities, interests, and priorities of the target audience who are the aim of influence. Advocates ideally should be able to understand the unique jargon and language used in the policy context. Advocates apply their skills in communication by:

- (a) determining the target audience and their scope of influence;
- (b) identifying the values, beliefs, and positions of the target audience to develop messaging;

- (c) applying skills in speaking and active listening to elicit information from individuals, organizational leaders, and other information sources;
- (d) creating persuasive, concise, and apolitical messaging that aligns with the values and interests of the target audience;
- (e) selecting the mode(s) of communication through an interesting narrative portrayed through social media, oral presentations, written articles, or other formats that lead the target audience to be influenced, educated, and able to share the information with accuracy; and
- (f) using diplomatic communication strategies and sound arguments that align with the beliefs and values of the target audience to persuade decision makers to adopt policy recommendations.

2.4.5.3 Critical Thinking

Advocates demonstrate critical thinking by using multiple forms of evidence to evaluate circumstances, create judgments, and strategize plans of action as they apply to influencing public policy. Critical thinking differs from critiquing evidence and information sources in that critical thinking may require creative approaches while critiquing evidence is more systematic in nature. Advocates reflect on the outcomes of their actions and decisions throughout the advocacy process and adapt their strategy to achieve their goals. Advocates engage in critical thinking by:

- (a) evaluating opportunities and appropriateness to advocate for public policy;
- (b) determining overlap of advocate, stakeholder, and government values, interests, and priorities;
- (c) identifying conditions and challenges to influencing public policy; and
- (d) developing a strategy to achieve successful advocacy for public policies and reflecting on the approach throughout the process, revising if necessary.

2.4.5.4 Policy Process

Advocates are able to navigate the policymaking system using the public policy advocacy process to influence decision makers to adopt and implement recommendations for healthy public policy. They do this by:

- (a) attaining knowledge of the workings and functions of each order of Canadian government;
- (b) identifying current and historical sociopolitical and cultural events that affect issues of interest;
- (c) recognizing how local, provincial, and national governments make decisions and what would be considered realistic asks of governments;
- (d) analyzing what current governments and other political parties are doing in the areas of advocacy interest; and
- (e) appraising what current and previous governments have achieved in the target area, both in terms of positive and negative changes and what factors led to these outcomes.

2.4.5.5 Relationship Building

Advocates develop and curate relationships with clients, other organizations, institutions, government actors, and the general public by strategizing opportunities for contact; establishing rapport by achieving goals together; maintaining a reputation of credibility, peace, and integrity; and finding new ways to continue and nurture the relationship. Relationship building differs from collaboration in that relationships are developed for the long-term rather than for an instance of time; however, collaboration can lead to relationship development. Through forming strong relationships with stakeholders and policy actors, advocates are able to use their relationships as a leverage to influence the creation of healthy public policy. Advocates build and maintain relationships by:

- (a) meeting with policy stakeholders and decision makers to understand their values, goals, and interests and to determine where goals overlap;
- (b) developing a plan to achieve goals together;
- (c) prioritizing the person or entity by being accessible to politicians and community leaders;
- (d) being accountable for commitments made to individuals and the community (e.g., to meet at a particular time, complete work tasks on time);
- (e) using apolitical language and avoiding biased, politically divisive language;
- (f) using credible, accurate sources of information; and
- (g) developing relationships with people who have varying experiences and political views in professional, personal, and general contexts.

2.4.5.6 Research and Analysis

Advocates locate, critique, synthesize, and present quality research evidence and use multiple forms of evidence to inform and develop policy recommendations. They also review multiple sources of information to understand the roots and history of advocacy in Canada and the historical context of the issues they advocate for. Competencies in research and analysis include traditional approaches of conducting literature reviews, critiquing evidence (including policy proposals), identifying knowledge gaps, determining the need for primary data collection and implementing primary research studies, if necessary, and then interpreting data, distilling findings, and developing policy recommendations that flow from the research data. Advocates engage in research and analysis by:

- a) locating, critiquing, and synthesizing evidence from credible primary and secondary information sources;
- b) developing written proposals for research funding and ethics;

- c) analyzing research evidence in the context of historical sociopolitical and cultural factors for conditions that contribute to health and social problems;
- d) generating policy recommendations that are feasible to implement;
- e) translating research findings into professional and lay language; and
- f) disseminating research findings to professional audiences and the general public.

2.4.5.7 Resource Management

Advocates are able to inventory, acquire, and manage personal, financial, physical, relational, and informational resources that they need to engage in the policy advocacy process. Resources include tangible materials, such as funding, as well as intangible resources, such as personal energy, that are needed to persevere through the policy advocacy initiative. Competencies in resource management include:

- a) examining resources that are available to invest in the process of making policy change;
- b) evaluating personal capacity (i.e., energy, mental well-being, knowledge, and skill) to engage and persevere in an advocacy initiative;
- c) identifying and recruiting helpful people to share their expertise;
- d) estimating financial costs to conduct advocacy;
- e) appraising political and budgetary cycles to time requests for resources; and
- f) justifying the need and decisions to acquire additional resources.

2.4.6 Strategies for Teaching and Learning

Interviewees from community-based organizations were asked to provide insight on what they believed to be the most effective methods for teaching knowledge and skills in policy advocacy to students. Responses were categorized as community-based learning techniques and classroom-based learning techniques. Here, community-based learning

refers to mentored education that occurs outside of the academic institutional setting and within the environment in which advocacy work occurs in a real-world context, while classroom-based learning includes structured activities designed by academic institutions and delivered through a facilitator who is employed by the academic institution.

Seven organizations recommended some form of community-based learning, with suggestions for practicums or placements (Cases 1, 3, 4, 8), observational experiences for students (Cases 1, 8), mentorship (Cases 3, 7, 8), and ‘one-off’ experiences (Cases 2, 3, 5, 7) including volunteerism. One caveat before students engage in community-based learning opportunities is to have them prepared with theoretical knowledge to enter placement, as under-preparedness can burden organizations rather than be of help. Classroom-based learning strategies can be an ideal starting point for developing competencies in policy advocacy. Classroom-based learning strategies that were suggested by organizations include using the case study method (Cases 1, 3, 6, 7, 8) where students can create an advocacy strategy after learning about the process, hearing from speakers with personal experience in advocacy (Cases 1, 6, 7, 8), and exposing students to different policy perspectives (Cases 4, 8).

2.5 Discussion

This study sought to develop educational competencies for public policy advocacy that could be applied to post-secondary curricula for health care and social service students. It involved first identifying the process of how community-based organizations engaged in public policy advocacy; then exploring the knowledge, attitudes, and skills involved in this work; and then finally, creating educational competencies that can be applied to health care and social service post-secondary programs. When the knowledge, attitudes, and skills were combined and analyzed for patterns, seven major educational competencies were formed: collaboration, communication, critical thinking, policy process, relationship building, research and analysis, and resource management.

In 2016, members of the Canadian Federation of Medical Students (CFMS) and Federation Medicale Etudiante Du Quebec (FMEQ), in consultation with VP Education and VP Government Affairs, prepared a detailed policy document on advocacy and

leadership (CFMS et al., 2016). This document proposed a curriculum of courses and learning activities for each of the four years of medical school education, as well as competencies for this education that included advocacy, communications, health systems, health policy, determinants of health, patient barriers to health, physician social responsibility, and legal and ethical considerations. While the document presents some overlap with the competencies presented here, as well as competencies that were not found in this research, the present study highlighted relationship building as an important competency, which was not included in the document.

In the literature review at the beginning of this chapter, which focused on sources within the health care and social service fields, few authors discussed the strategy of building relationships as a means to achieve successful policy advocacy. For instance, Cullerton et al. (2016) found that advocates were more successful when they cultivated relationships, while Sethi et al. (2013) suggested that professionals form relationships with political candidates early in the candidates' career to help leverage power in the future. Outside of health care and social service literature, the concept of relationships and policy advocacy are discussed in greater detail. Ruggiano and colleagues (2014) examined 'relationship management strategies' used by non-profit organizations for the purpose of policy advocacy. Through a regression analysis, the researchers found two strategies significant to successful policy advocacy with government officials: organizations contacting government officials about their opinions and thoughts ($\beta = .14, p < .05$) and organizations providing a personal response to government officials' concerns ($\beta = .13, p < .05$). The findings from the Ruggiano et al. (2014) study relates to findings presented here, as identifying and meeting the needs of the policy maker and following through on commitments were described as paramount for developing trust and future collaboration.

Mosley and Jarpe (2019) focused on advocacy within collaborative governance networks and found that providers who are highly engaged in advocacy and influential in advocacy decision-making had stronger relationships with policy decision makers. While relationships are not the only factor that contributes to successful advocacy, based on the findings presented here as well as from the literature reviewed, it appears to be an important one. How these relationships are initiated, nurtured, and maintained for the

long-term still need to be explored, particularly from the perspective of all stakeholders (i.e., including policy decision makers and elected officials). Interviewees from community-based organizations described their approaches to cultivating these relationships, which included simple acts such as making a phone call for an invitation for coffee, identifying the needs of policy decision makers and elected officials, meeting these needs by following through on commitments, and then following up for impact.

Another finding that came through is the competency of resource management. Resources, including one's personal capacity to engage in advocacy, are critical to determining the feasibility of engaging in an advocacy initiative. Policy advocacy can be a prolonged process, oftentimes requiring years of work to initiate change. Although organizations did not discuss rules limiting their ability to advocate, six of the eight organizations have registered charity status, meaning they must follow Canada Revenue Agency (CRA) regulations that limit their advocacy work. Prior to the 2018 legislation changes introduced by the federal government, CRA regulations only permitted 10% of charitable revenue to be spent on advocacy work, which has since been updated in 2018 to allow for 100% of revenue to be spent on policy development activities if these activities align with the purposes of the charity (see Cameron & Kwiecien, 2019).

Authors have discussed risks to career when errors were made in advocacy (Avolio, 2014; Buck-MacFadyen & MacDonnell, 2017; Chang et al., 2009; Karkara, 2014; Registered Nurses' Association of Ontario, 2015). This study found that there is potential for cuts to funding and exclusion from collaborative advocacy initiatives when community-based organizations used aggressive tactics that could bring embarrassment to the government. Risks to reputation, people, property, relationships, finances, expectations, legal status, and timing have been described in detail by Watson (2015). Risks can be managed by making informed judgments about acceptable risks; carefully planning the initiative by understanding the issue, the political context, and target audience; using reliable sources of evidence that can withstand scrutiny; maintaining strong communication within the advocacy team; and being prepared for trouble, including stopping the advocacy initiative if necessary (Karkara, 2015).

2.6 Implications

This study has a number of implications for education, practice, research, and policy. One of the most important implications is for education, as a major barrier to engaging in public policy advocacy is the lack of knowledge and skill. The public policy advocacy process outlined here is a model that students can review and apply to engage in advocacy initiatives, while the competencies can be applied to and integrated within existing curricula. Many competencies are already present in these programs but require clear explanation of how they can be translated to the policy advocacy context.

In terms of implications for practice, if future health care and social service providers are better prepared to engage in policy advocacy, then theoretically, they may have more involvement in making system level change. The public policy advocacy process presented here is provided in detail so that a strategy can be devised. Resources, such as toolkits, also exist that can provide more information for each sub-concept. As time is often limited among health care and social service providers, workplace environments need to be designed so that they support providers' engagement in policy advocacy work, a part of their professional role that is addressed in entry-to-practice competencies across the professions.

Since this study was exploratory in nature, implications for research involve further exploration of the role of relationships with elected officials, their staff, and the general public in achieving successful public policy advocacy by health care and social service providers, as well as other strategies that do not involve a relational approach. Validating the policy advocacy process presented here with perspectives from elected officials will lend more credibility to the model. There is also potential to explore each stage of the model in greater depth in terms of successful and unsuccessful strategies. For instance, research exploring communications with elected officials and the general public as a target audience would be valuable to developing effective advocacy initiatives and for generating support for a policy idea. As well, the literature review revealed that nurses tend to have lower levels of influence in the policymaking process, so research that explores how to improve nurses' influence in policymaking would be helpful to promote their engagement and adoption of recommendations.

As for policy implications, the involvement of health care and social service providers in creating healthy public policy is necessary for evaluating and altering systems that impact the health and well-being of populations. Providers work in front-line, research, academia, and other settings and contexts. They are experts on conditions that contribute to health and illness and can identify trends that result from inequitable policies or lack of policy. While investment is required in strategies that contribute to population health, the outcomes include economic benefits that are sustained in the long-term (Frenk, 2004; Weil, 2014). The input of providers can support the creation of viable policies and programs that work as they are intended, or to provide valuable feedback to adapt policies so that they work better. Greater inclusion of clients and people impacted by problems or problematic policies, with their inclusion in all stages of the policy advocacy process, is an important implication in the policy realm.

2.7 Limitations

A significant limitation in this study is that this qualitative comparative case analysis was exploratory in nature, which inherently applies bias. To reduce bias, findings were linked to specific cases and data, and an audit trail was developed to trace the audio recorded interviews to the codes and categories that were created. Since the study was exploratory and based on the recounting of experiences, the findings are considered preliminary and need to be validated through additional research that could involve an explanatory case study approach. Methods may include observation and evaluation studies that involve other stakeholders, such as clients and policy makers.

Since this study did not include interviews with policy makers and elected officials who are often the target audience of policy advocacy initiatives, there is the potential that the public policy advocacy process outlined here may need to be altered after exploring their perspective; however, the public policy advocacy process was reviewed by community and academic leaders who have rich experiences with policy advocacy initiatives, which contributes to the internal validity of the findings. Since only community-based organizations from southern Ontario were interviewed, these findings may not be applicable to all orders of government. To mitigate this limitation, the community-based organizations that were interviewed described a variety of experiences in public policy

advocacy at the local, provincial, and national orders of government, but more research is needed here to explore similarities and differences in strategies, as well as outcomes.

While the number of cases in this project was moderate for a qualitative study (n=8), the range of community-based organizations that were interviewed was a strength and contributed to saturation within the concepts. Some participants described approaches that were not successful in leading to policy change, while other organizations were highly involved in public policy advocacy initiatives and regularly worked alongside elected officials. This diversity contributed to rich descriptions in processes and the revelation of patterns from the data. Another strength of the research is the open-ended nature of the interview questions in the semi-structured interview guide that allowed participants to reveal processes based on their own experience, reducing interviewer influence over the dialogue. For example, the finding of relationships came from multiple participants describing it as an essential factor to successful policy advocacy, which, as discussed, is supported by other scholars in the research literature, but was not directly asked during the interviews.

2.8 Conclusion

Overall, the findings from this study suggest that Kingdon's multiple streams theory can be applied to form a process for public policy advocacy from the perspective of community-based organizations and that the process developed can be used to form educational competencies for post-secondary curricula. One unexpected finding is that an underlying relational approach appears to be foundational to this work; however, the mechanism of relationships has yet to be explored in depth, such as how these relationships are nurtured and enacted at different orders of government and how they apply to health care and social service providers. Building relationships with the targets of policy advocacy is a more advanced competency that can be initiated in post-secondary education by preparing students for engagement in policy advocacy. Educational institutions can incorporate the public policy advocacy process within classroom activities and experiential learning opportunities.

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Chapter 3

3 Implications

Advocacy is a competency expected of graduates from health care and social service programs in Ontario. This study aimed to develop educational competencies in public policy advocacy that can be applied to post-secondary health care and social service programs. These competencies were developed by interviewing leaders and a staff member from eight community-based organizations in southern Ontario to first uncover the process of how they conducted public policy advocacy, and then from this process, extract the knowledge, attitudes, and skills that are used in this work, and then finally, form educational competencies from these knowledge, attitudes, and skills.

The public policy advocacy process was categorized under three major concepts from Kingdon's (2003) multiple streams theory: problem stream, policy stream, and politics stream. Activities in each of the streams were developed from a deductive and an inductive analysis of the data. Activities in the problem stream involved identifying problems, prioritizing problems, identifying attributes of the problem, and determining the feasibility of addressing the problem. The policy stream involved activities of engaging policy stakeholders for collaboration on developing policy solutions, determining the target audience to direct these solutions, conducting research to inform and support policy recommendations, and then developing policy recommendations. The final stream, the politics stream, included activities of strategizing communication for the target audience, including the content of communication and medium of communication, building relationships with the target audience, influencing the target audience (i.e., policy makers, both directly and indirectly, and the general public), and having the option of alternative strategies, which are more aggressive tactics that can be used when a relational approach is not working. A total of seven competencies were created: collaboration, communication, critical thinking, policy process, research and analysis, relationship building, and resource management. This chapter will describe implications of these findings for nursing education, practice, research, and policy.

3.1 Implications for Education

One of the most important implications of this study is aimed at integrating competencies for public policy advocacy within nursing education, since a major barrier to engagement identified from the literature review is the lack of knowledge and skills among students and providers. The College of Nurses of Ontario (CNO, 2019) includes the role of advocate as an entry-to-practice competency for registered nurses. The document states that a registered nurse “7.4 (a)dvocates for health equity for all, particularly for vulnerable and/or diverse clients and populations,” “7.8 (s)upports healthy public policy and principles of social justice,” “7.11 (u)ses knowledge of population health, determinants of health, primary health care, and health promotion to achieve health equity,” and “7.14 (u)ses knowledge of health disparities and inequities to optimize health outcomes for all clients” (CNO, 2019, pp. 7-8); however, the manner of providing this support is not made explicit and is left to interpretation. The public policy advocacy process proposed here provides a framework that students can use to plan advocacy initiatives that contribute to the development of healthy public policy that intend to achieve greater health equity and reduce health disparities for populations. The educational competencies that were generated from the findings are formatted so they can be integrated within existing curricula without requiring major alterations to courses in accredited programs. It was important that the findings be transferrable to existing programs, particularly for schools that receive accreditation, to prevent the need for major program restructuring, re-accreditation, or exclusion of the policy advocacy content.

The teaching and learning strategies discussed by participants suggest a range of practical and classroom-based methods for faculty to instill competencies of public policy advocacy in students. Respondents recommended ‘real world’ practical experiences, such as observations, placements, and practicums, as well as classroom-based methods, such as case studies and guest speakers, which may be particularly helpful when practical experiences cannot be provided. Classroom-based methods may be useful for preparing students with the capacity to participate in community-based learning opportunities that require application of knowledge, attitudes, and skills by creating a competency base before they participate in hands-on practical learning environments. Organizations in this

study, and even authors from schools in other countries, have described challenges when students lacked knowledge to apply their skills in the practical environment (Grace & O'Neil, 2014; Kathuri-Ogola et al., 2015; Qin & Villarreal, 2018). Certain competencies, such as research and analysis, may already be developed in courses that are part of the curriculum and their application to the policy advocacy realm be made explicit. Courses that have flexibility for content, such as community-based practicums, may provide opportunities for observation and application.

3.2 Implications for Practice

The health system in Ontario is undergoing transformation, and the role of registered nurses will change with it (Registered Nurses' Association of Ontario, 2016). If registered nurses are better prepared to engage in policy advocacy, then ideally, they may have more engagement in system level change. Self-efficacy, or confidence, is one factor identified from the literature review that can influence whether a provider will participate in advocacy. To build this confidence, nurses must possess knowledge and skills in advocacy and be able to apply these learnings to their practice. The public policy advocacy process presented here contains detail so that it may be followed by providers. As time is often a limiting factor among health care and social service providers, workplace environments need to be designed so that they support providers' involvement in advocacy work and to recognize and support advocacy as a part of the professional role. Opportunity to participate is another limiting factor identified in this research, so there is the prospect for organizational leadership to include staff in advocacy initiatives. Windows of opportunity can also impact timing and success of advocacy work (Kingdon, 2003). Registered nurses may alleviate some of the workload that is involved if their organizations are more intentional in including them. Individual nurses may also participate in advocacy initiatives that are happening in larger collectives, which may require investment of personal time.

To meet the criterion for rhizomatic validity, feedback from the members of the *Mobilizing Narratives* parent study was sought. Some respondents questioned the lack of presence of the client when community-based organizations engaged in advocacy work. The findings that were presented to them were a condensed version, which may have

inadvertently minimized the role of the client, but their input was acknowledged and promised to be addressed here. All eight community-based organizations described clients as a source for identifying problems and prioritizing them based on the impact of problems on clients. In the policy stream, clients were engaged as stakeholders on policy solutions, sources of evidence to inform solutions, and collaborators to develop policy recommendations. The politics stream placed less emphasis on clients and more prominence on organizational leaders to communicate messaging and build relationships with elected officials and the public. Although organizational leaders were more involved than clients in the politics stream, a few organizations discussed how they created opportunities so that clients with personal experience could share their knowledge with political officials and clarify the impact of problematic policy conditions. Organizations also highlighted their ethical concerns when including clients in public communications, as those who shared their personal experience can face the risk of public scrutiny. The possibility of harassment and threats (Woodruff et al., 2020) and even harm to people associated with the client (Mellick & Fleming, 2010) have been reported in literature.

3.3 Implications for Research

Since this study was exploratory in nature, there are a number of implications for research. Further evaluation is needed to validate the public policy advocacy process model for its fit to practice. Because relationships are an important factor of successful policy advocacy, future studies are needed to explore the nature of these relationships and how they are developed and maintained with elected officials, their staff, and the general public. Once the process model presented here is evaluated, there is opportunity to explore each stage in greater depth for sub-processes that outline successful and unsuccessful strategies. For instance, research that explores communication strategies with the general public as a target audience would be valuable to developing effective advocacy initiatives and increasing public support for a policy position. As such, competencies proposed here may need to be revised. Since the literature review revealed that nurses typically have lower levels of influence in the policymaking process, research that explores the degree of nurses' influence in policymaking may be helpful to understanding the strategies that increase their influence.

3.4 Implications for Policy

The involvement of health care and social service providers in creating healthy public policy is necessary for evaluating and transforming systems that impact the health and well-being of the population. Providers work in front-line, research, academia, and other settings and contexts. They have expertise on conditions that contribute to health and illness and, in partnership with clients, are able to specify trends in health and illness that result in part from inequitable policies or lack of policy structure. Greater investments in strategies that contribute to healthy populations are needed, as outcomes include improvement to health and economic returns over time (Frenk, 2004; Weil, 2014). Providers can be involved directly to create viable policies and programs so that they work as intended and may give valuable feedback to adapt policies so that they function more optimally. Nurses and clients need to be actively recruited in these collaborations and have equitable opportunities to engage in policy formulation. Such opportunities need to be communicated well within the community by organizers.

Policy decision makers can intentionally involve providers and clients when generating and altering public policies and make these collaborations more explicit to the public and other providers. One recommendation is for policy makers to be more accessible and include providers in policy initiatives of the government. Consultations are one example but may not be a resource that everyone will use. Practical resources for advocacy such as funding and staffing can be limited as discussed by the participants in this study, which may make it challenging to raise policy problems with government leaders who provide the funding; therefore, in having greater leverage of power, government leaders can make conditions more equitable by welcoming and valuing opinion from multiple perspectives of experience. Therefore, the policy advocacy process should involve a more collaborative approach.

3.5 References

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Appendices

Appendix A: Ethics Approval



Date: 8 February 2018

To: Dr. Marlene Janzen Le Ber

Project ID: 110221

Study Title: Mobilizing Narratives for Policy and Social Change

Application Type: NMREB Initial Application

Review Type: Delegated

Full Board Reporting Date: 02/Mar/2018

Date Approval Issued: 08/Feb/2018 17:19

REB Approval Expiry Date: 08/Feb/2019

Dear Dr. Marlene Janzen Le Ber

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
SSHRC PDG Mobilizing Narratives Email Script 2017.12.12	Recruitment Materials	12/Dec/2017	2
SSHRC PDG Mobilizing Narratives Letter of Information and Consent Feb 8 2018	Written Consent/Assent	08/Feb/2018	1
SSHRC PDG Mobilizing Narratives Verbal Consent Script January 23 2018	Verbal Consent/Assent	23/Jan/2018	3
SSHRC PDG Semi Structured Interview Guide	Interview Guide		

Documents Acknowledged:

Document Name	Document Type	Document Date	Document Version
SSHRC PDG Model	Supplementary Tables/Figures	19/Sep/2017	1

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Please do not hesitate to contact us if you have any questions.

Sincerely,

Katelyn Harris, Research Ethics Officer on behalf of Dr. Randal Graham, NMREB Chair

Note: This correspondence includes an electronic signature (validation and approval via an online system that is compliant with all regulations).

Appendix B: Letter of Information and Consent

Project Title: Mobilizing Narratives for Policy and Social Change

Document Title: Letter of Information and Consent

Letter of Information

1. Invitation to Participate

The purpose of this letter is to provide you with the information you require to make an informed decision on participating in this research study. Please take the time to read this letter carefully and feel free to ask questions if anything is unclear.

2. What is this research study about?

The main objective of this research is to better understand how narratives, such as storytelling, can lead to policy and social changes. The process, coordination, and challenges of narrative knowledge co-creation will be investigated. At its core, this project seeks to understand current and potential impacts of narrative methods, and create new, meaningful ways to evaluate these impacts, with particular attention to system-level change. Your participation will inform the development of a conceptual model that illustrates, explains, provides insight into the policy impacts of narrative-based research and articulates the most effective strategies, barriers, facilitators, and challenges to advocacy for change. The resulting insights hold the potential for application to other narrative-research initiatives, both by community organizations and academics, at regional, national or international level. Participants in this study are chosen based upon their affiliation with community organizations and research projects that employ narratives in four thematic areas: poverty and inequality; discrimination, violence, and marginalization; working conditions/ employment security; and legacies of colonialism and contemporary realities.

3. How long will you be in this study?

This study is a three year project.

4. What will you be asked to do?

Over the course of this study, you will be asked to participate in up to three interviews, approximately one hour each. These interviews will take place in a private location of your choosing. If a face to face interview is not possible, a telephone interview may be made available. Interviews will be recorded only with your permission. Should you not wish to have your interview recorded, field notes will be taken by the researcher conducting your interview. You may also be invited to voluntarily attend monthly workshops, two think tanks, and policy advisory meetings. These initiatives are entirely

optional and will provide you with an opportunity to be debriefed on the progress of this research project, and to learn about the potential of narratives in creating policy and social change. No data collection occur during these initiatives.

5. Are there any possible risks or harms?

There are no known possible risks or harms.

6. What are the potential benefits of taking part in this study?

Participation in this study may benefit you and your organization by identifying best practices in the use of narratives to advocate for policy and social change.

7. Will you be compensated for participating in this study?

You will not be compensated for participating in this study.

8. What happens to the information?

Your interviews will be audio-recorded and transcribed. The only people who will listen to the interview recordings and/or read the transcripts will be the researchers and a transcriptionist. In the case of organizations representing Indigenous communities, the principles of OCAP (Ownership, Control, Access and Possession) will guide this study.

Information and quotes collected from your interview will be included in publications, presentations, and thesis dissertations. You will be identified using study numbers to ensure your anonymity. If you would like to receive a copy of any potential study results, please provide me with your name and contact number.

All identifiable information will be stored in password protected files on password protected computers on Western University servers behind institutional firewalls, or in encrypted and password protected files on password protected computers or USBs. Hard copies of consent forms will be stored in a locked filing cabinet in a locked office on campus. Your privacy will be protected to the maximum extent allowable by law. All information will be erased after 7 years.

Representatives of The University of Western Ontario Non-Medical Research Ethics Board may also require access to your study-related records to monitor the conduct of the research.

9. What are the Rights of Participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your employment or affiliation with the organization you represent. You can also choose to request withdrawal of any data collected prior to your decision to withdraw from this study. This data will be erased.

We will give you new information that is learned during the study that might affect your decision to stay in the study. You do not waive any legal right by signing this consent form

10. Who can I contact for more information?

This letter is yours to keep for future reference.

Consent Form

Project Title: Mobilizing Narratives for Policy and Social Change

Study Investigator's

Name: _____

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

I agree to have the research sessions I participate in to be audio recorded.

YES NO

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research

YES NO

Participant's Name (please print): _____

Participant's Signature: _____

Date: _____

Person Obtaining Informed Consent (please print): _____

My signature means that I have explained the study to the participant named above. I have answered all questions.

Signature: _____

Date: _____

Version Date: September 27, 2018 Participant Initials _____

Appendix C: Semi-Structured Interview Guide

Interview Guide: Competencies in Public Policy Advocacy

Overall Research Questions:

1. How do health care and social service providers from community-based organizations conduct public policy advocacy?
2. What knowledge and skills do health care and social service providers from community-based organizations identify as key to being effective in public policy advocacy?
3. How can the knowledge and skills for public policy advocacy identified by community-based organizations be translated to enhance or support competencies for undergraduate education?

Suggested Interview Guide:

1. How engaged or interested are you or your organization in positively influencing public policy?
2. What actions would you take in addressing an issue through policy advocacy?
 - a. How does an advocacy initiative typically start?
 - b. What makes an issue appropriate for addressing through advocacy?
 - c. How do you identify and prioritize policy issues?
 - d. Describe the process of how you generate policy solutions?
 - e. Who is involved?
 - f. What kinds of resources do you typically use?
 - g. What routes do you use to address the issue (e.g. political)?

- h. Who do you intend to reach when you are presenting solutions? (e.g. policy decision makers, government officials, the public, particular populations)
 - i. Is there an element of timing involved?
 - i. What factors affect your timing?
 - ii. How do you identify it's the right time to advocate for an issue?
 - j. What advocacy strategies create the most impact?
 - k. What advocacy strategies have the least impact?
 - l. What happens if you're not reaching the outcomes you anticipated?
3. What do you see as the knowledge and skills that lead to positive outcomes in policy advocacy?
4. What do you see as the role for the people in your organization (health and social service providers) in advocating for public policy and social justice?
5. What types of barriers do you and the people in your organization encounter in advocacy work?
- a. Is there a downside to advocacy work?
6. What helps you in your advocacy work?
- a. Relationships with other networks, providers, groups, or government?
 - b. Resources?
 - c. Information?
 - d. Skills?
 - e. Networks?
 - f. Opportunities or focusing events?

7. When you have new people in your organization, how prepared do you feel they are to engage in activities around public policy advocacy?
8. What should be taught to students in health and social service programs to prepare for policy advocacy work?
9. How should knowledge and skills in advocacy be taught to students?
10. What has helped you the most in learning about the public policy process? The least?

Appendix D: Demographics Form

Demographics Form

1. Are people who work at the organization volunteer or hired staff?
2. Population served by the organization
3. Age of organization
4. Scale of organization (local, provincial, national, international)
5. Number of staff at this particular agency
6. Typical level of education and fields of the people who work at the organization?
7. Formal training in policy?
8. What proportion of your funding is by government funding? What level of government is involved/funding model?

Curriculum Vitae

Name: Amy Lewis

Post-secondary Education and Degrees: Durham College
Oshawa, Ontario, Canada
2003-2006 Pharmaceutical and Food Science Technology

The University of Western Ontario
London, Ontario, Canada
2013-2017 BScN

The University of Western Ontario
London, Ontario, Canada
2017-Present MScN

Honours and Awards: Ontario Graduate Scholarship
2018

Katherine J. Little Graduate Nursing Scholarship
The University of Western Ontario
2018

Arthur Labatt Family Graduate Scholarship in Nursing
The University of Western Ontario
2017

Dr. Edith M. McDowell Award
The University of Western Ontario
2017

Global Winner in the category of Nursing, Midwifery, and Allied Health
The Undergraduate Awards
2017

Inductee, Sigma Theta Tau International Honor Society of Nursing
Iota Omicron Chapter
2016

Board of Trust Memorial Award for the Highest Average in Nursing Theory
Western-Fanshawe Collaborative BScN Program
2014

Related Work Experience

Research Assistant, Mobilizing Narratives for Policy and Social Change

The University of Western Ontario
2017-Present

Research Assistant, Mental Health Nursing Research Alliance
Lawson Health Research Institute
2014-Present

Publications:

Lewis, A., Donelle, L., & Oudshoorn, A. (submitted). An integrative review of the political and social processes surrounding supervised consumption facilities in Canada.

Lewis, A. (submitted). A review of our understanding of the care provider perspective. In C. Forchuk (Ed.), *From therapeutic relationships to transitional care: A theoretical and practical roadmap*. Routledge/Taylor & Francis.

Kamini, K., & Lewis, A. (submitted). New technologies. In C. Forchuk (Ed.), *From therapeutic relationships to transitional care: A theoretical and practical roadmap*. Routledge/Taylor & Francis.

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