

Communicating Effectively with Policy Makers

*Effective Knowledge Translation and
Exchange in Environmental and
Occupational Health Research*
BCEOHRN Workshop Spring 2007

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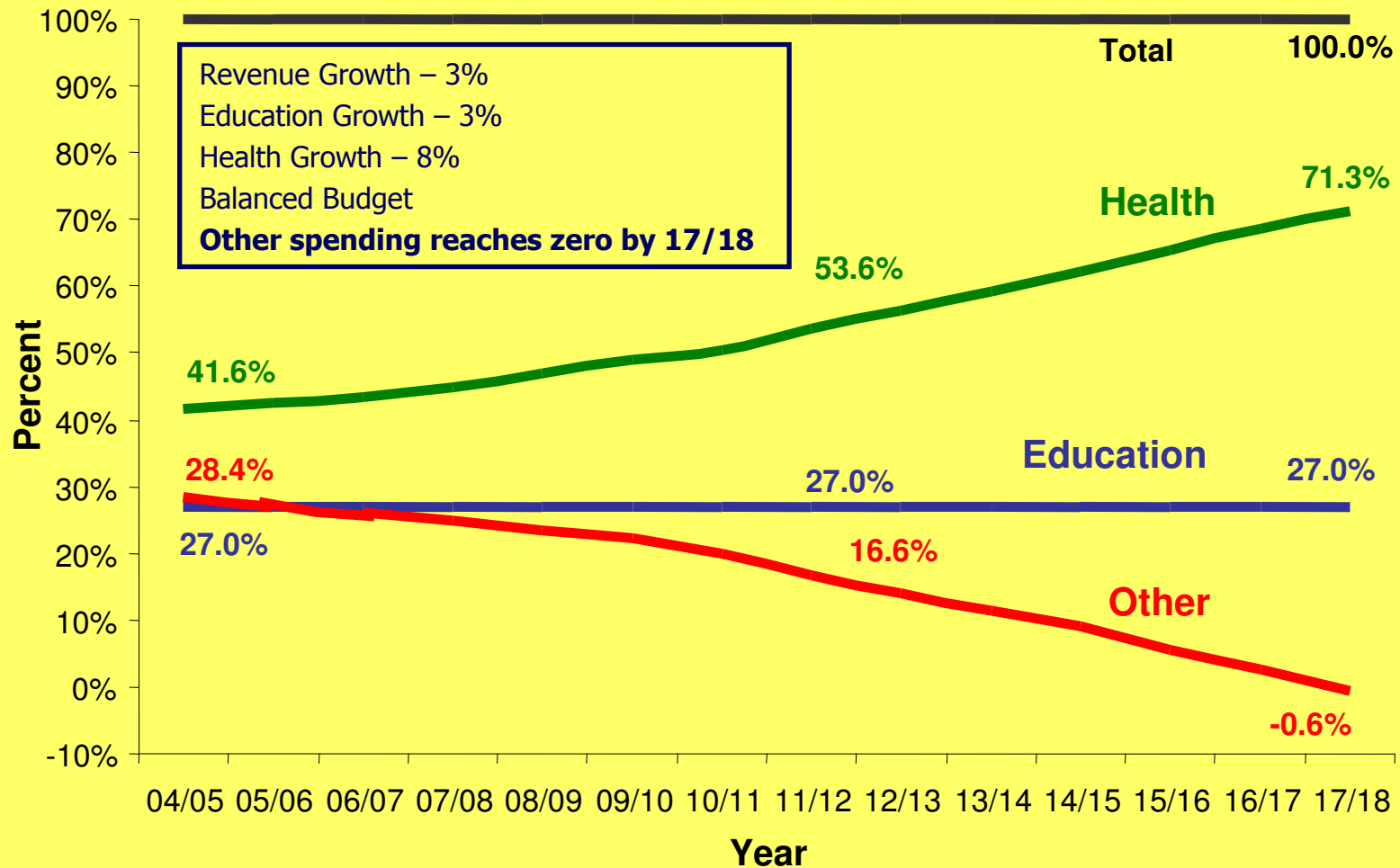
Government 101!

What is the Government's Frame of Reference

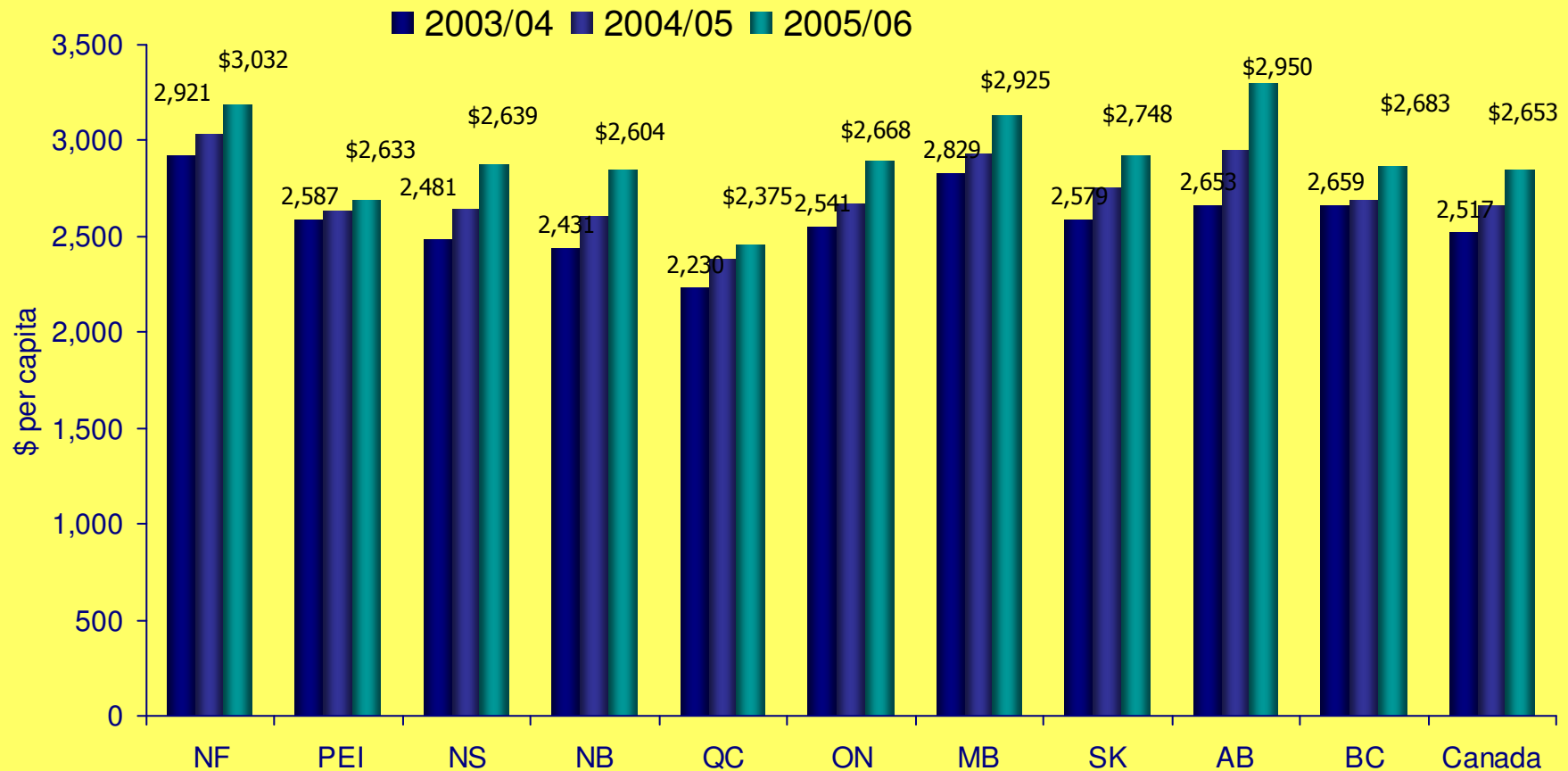
- fiscal conservatism
- Business - oriented
- Values based
- Process oriented – consultation
- Strong belief in public sector
- Strong belief in private sector
- Approach to “regulation”
- Response to issue management

Context of Health Issues

Revenue/Spending Scenario

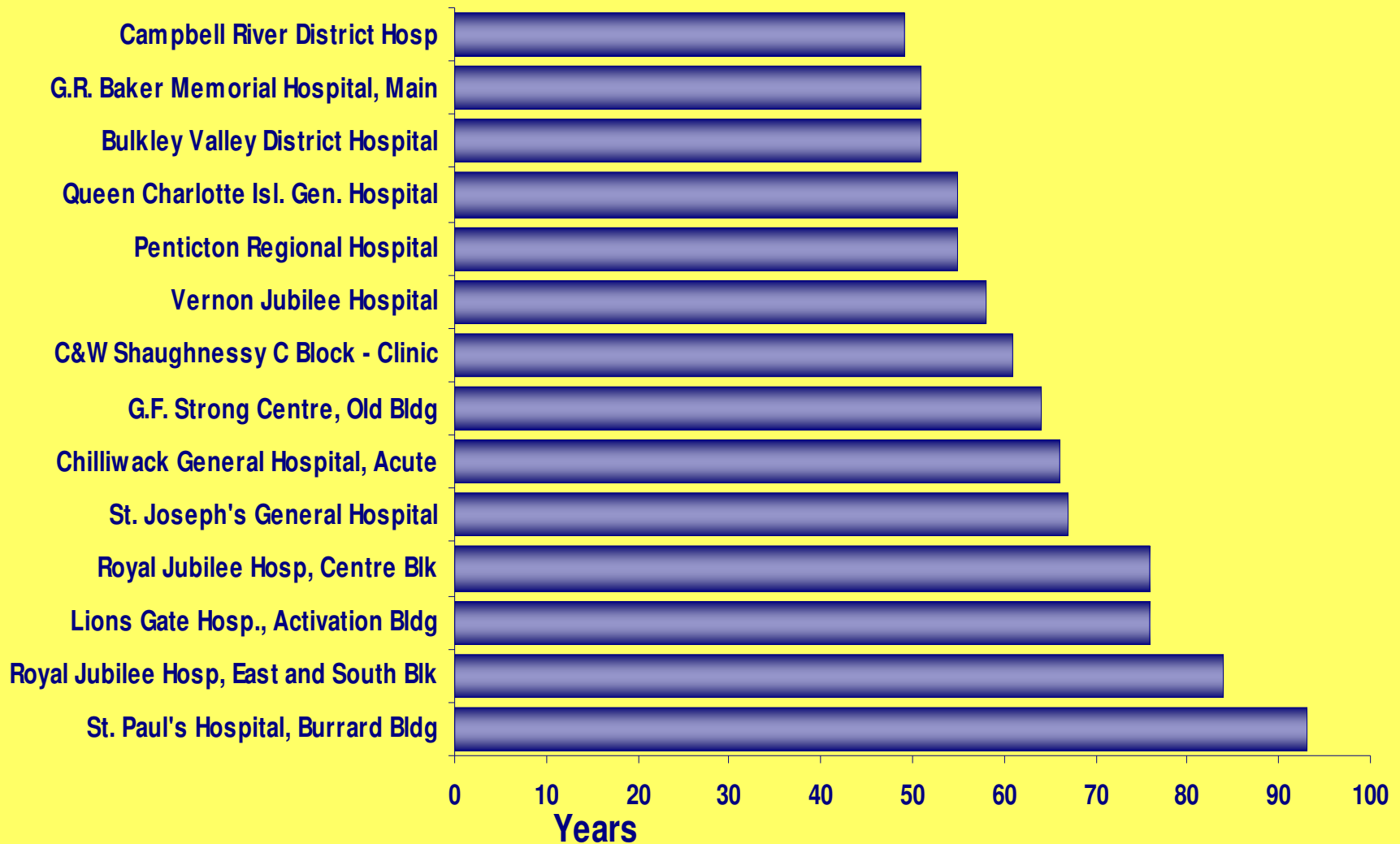


Provincial Government Health Spending per Capita

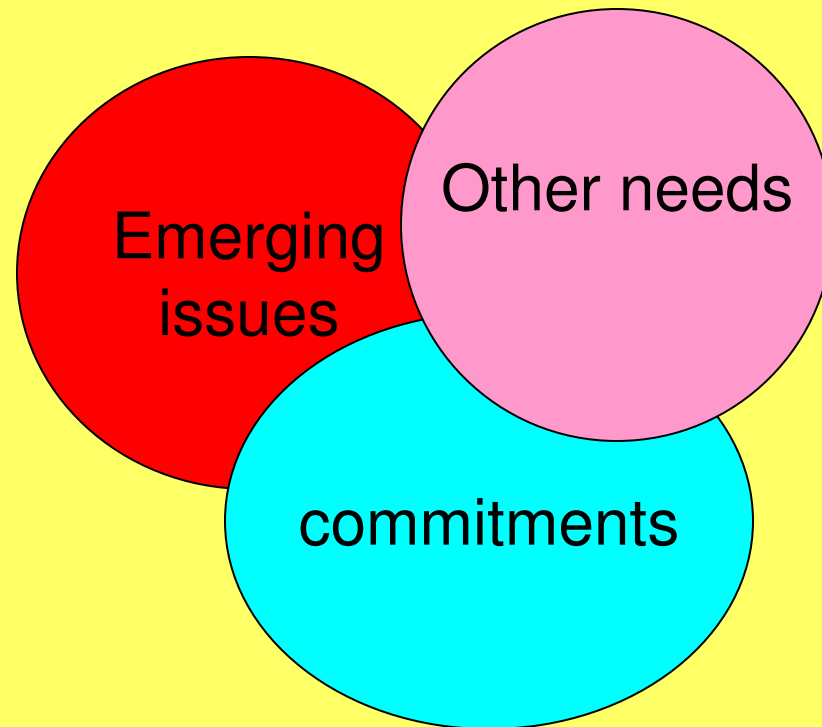


Amongst the 10 Provinces, BC per capita health care spending ranked 3rd in 2003/04, 5th in 2004/05 and 7th in 2005/06.

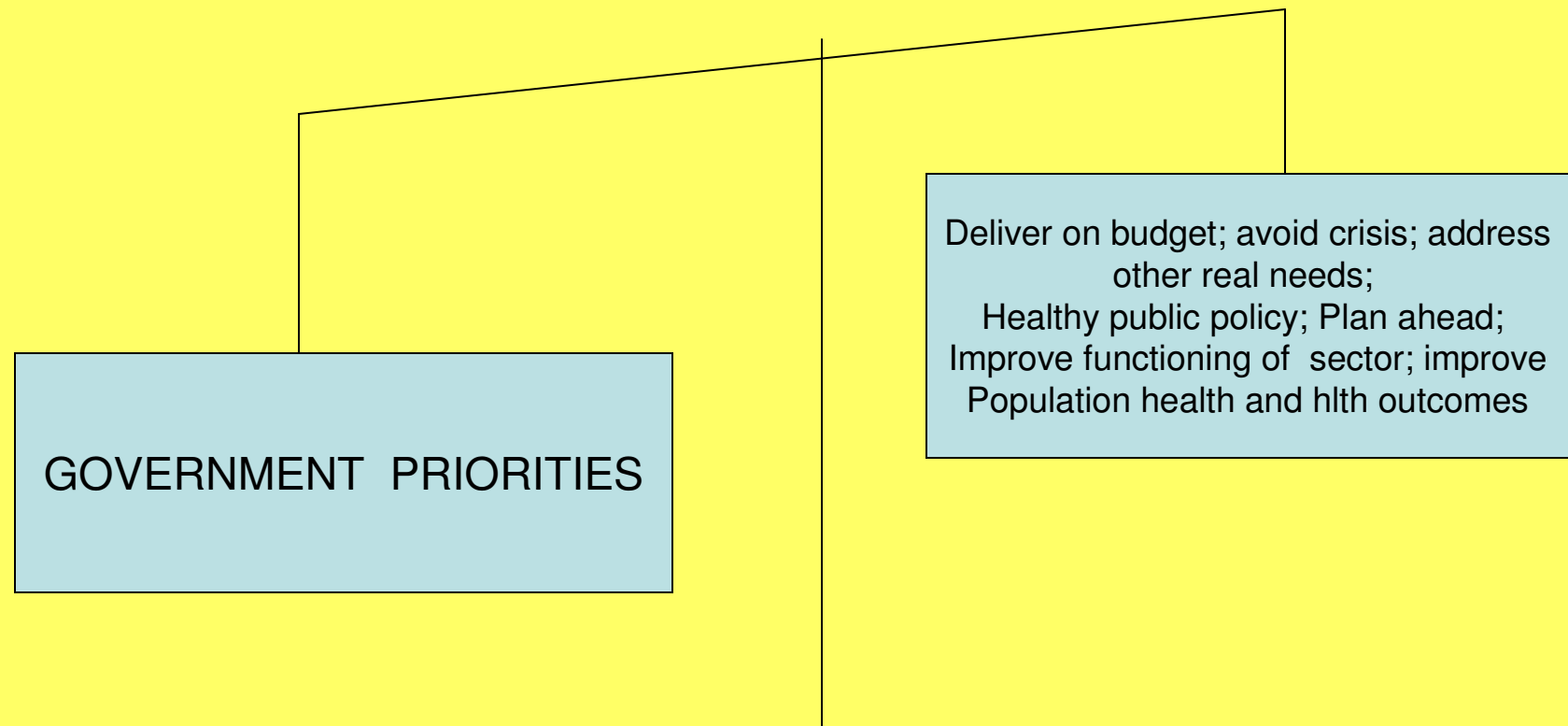
Many Health Facilities are Old



Government Priorities



ROLE OF DEPUTY MINISTER



Democracy

- Constituents = voters (note: constituency by constituency)
- Power-base of political party: business, unions, interest groups, etc
- Issue based spokespeople/organizations – closely correlated with media appeal
- Media
- New media: blogs, chat-rooms, etc
- Public service advice: ministry staff; other public sector entities

Understanding Key Platforms: Occupational Health

- Legislation and Regulation; policy
- Legislative committees: federal, provincial
- Provincial health officers; local medical health officers
- BCCDC; Health Canada; PHAC; CFIA
- Auditor general
- Work-Safe BC or equivalent
- Other regulatory bodies
- Other platforms with explicit government mandates:
 - OHSA, Forestry Organizations, Atomic Energy Canada etc

Understanding Power Dynamics

- In government:
 - Across ministries, among ministers
- In broader public sector:
 - Among agencies: WCB/ Public Health/ regulatory bodies
- Among other key stakeholders:
 - Unions
 - Organized medicine
 - Business sector
 - Municipal governments
 - NGO's

Relationships

Key attributes

- Integrity
- Transparency
- Consistency
- Forgiving

Specific to policy-makers:

- Respectful of their expertise
- Share knowledge strategically: data, facts, evidence – avoid triangulation
- Cognizant of their responsibility and complexity of task
- Have realistic expectations

Some important challenges

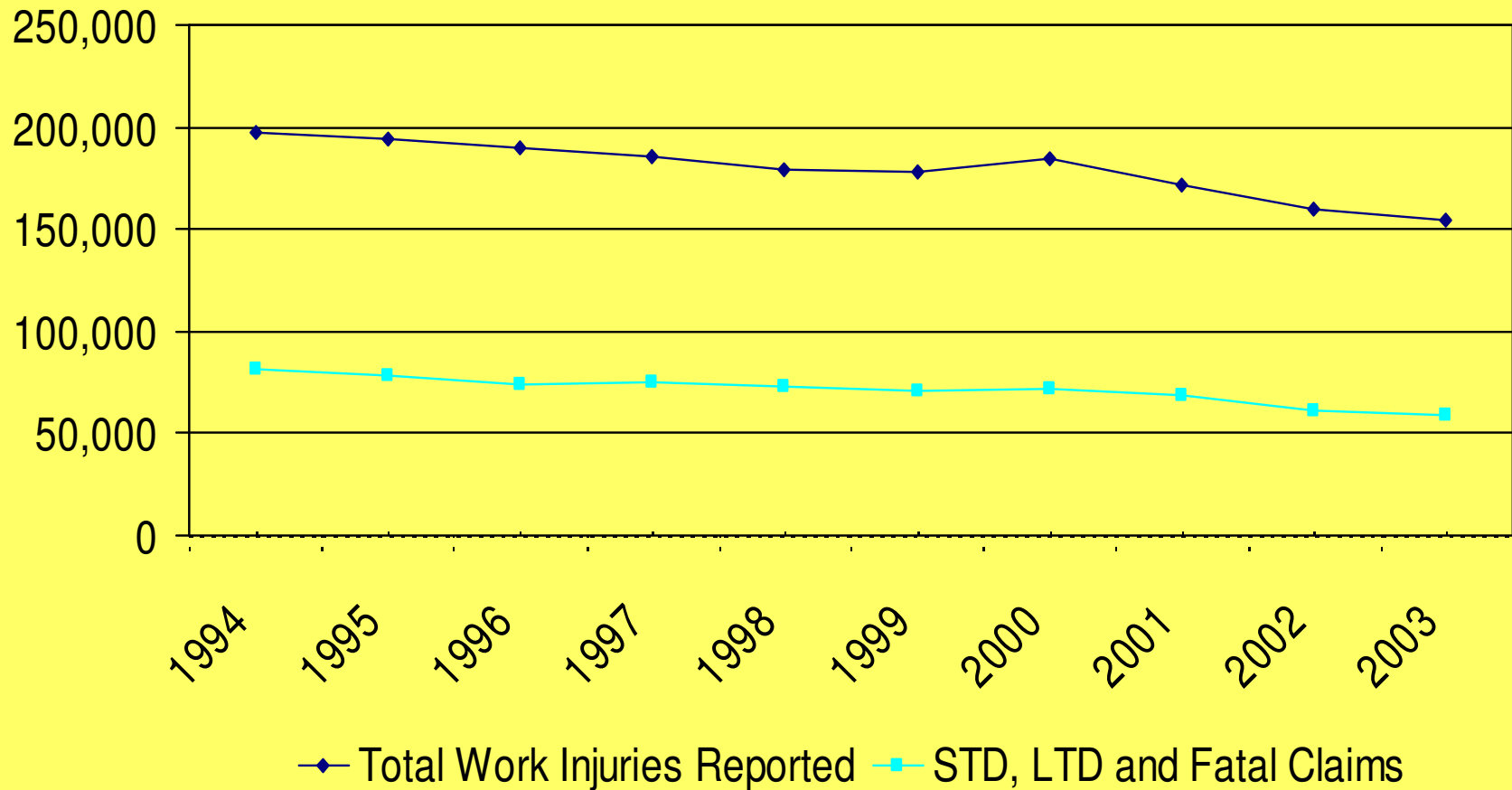
- Sorting out jurisdiction over decisions
 - Often multiple players
 - Overlapping of responsibility usually means no decisions are made
- Politics of issue
 - Polarities around issue
 - Crisis often leads to “policy on the run” – to be avoided
 - Overlap of responsibility often leads to power struggles
- Conflicting advice/ science/ evidence
 - Makes decisions very difficult for politicians and bureaucrats
- Financial implications
 - May be significant – direct and indirect impact; short and long term
 - Often leads to delays

Potential Pandemic Impact: King County

CHARACTERISTIC	MODERATE (1958/1968 -like)		SEVERE (1918 -like)	
	U.S.	King County	U.S.	King County
Illness	90 million	540,000	90 million	540,000
Outpatient care	45 million	270,000	45 million	270,000
Hospitalization	865,000	5,190	9,900,000	59,400
ICU care	128,750	773	1,485,000	8,910
Mechanical ventilation	64,875	389	742,500	4,455
Deaths	209,000	1,254	1,903,000	11,418

Adapted from **Pandemic Influenza Response Plan, Public Health – Seattle & King County**, available at: <http://www.metrokc.gov/health/pandemicflu/plan/index.htm>

Decline in WCB Injury Rates 1994 – 2003



Some interesting examples

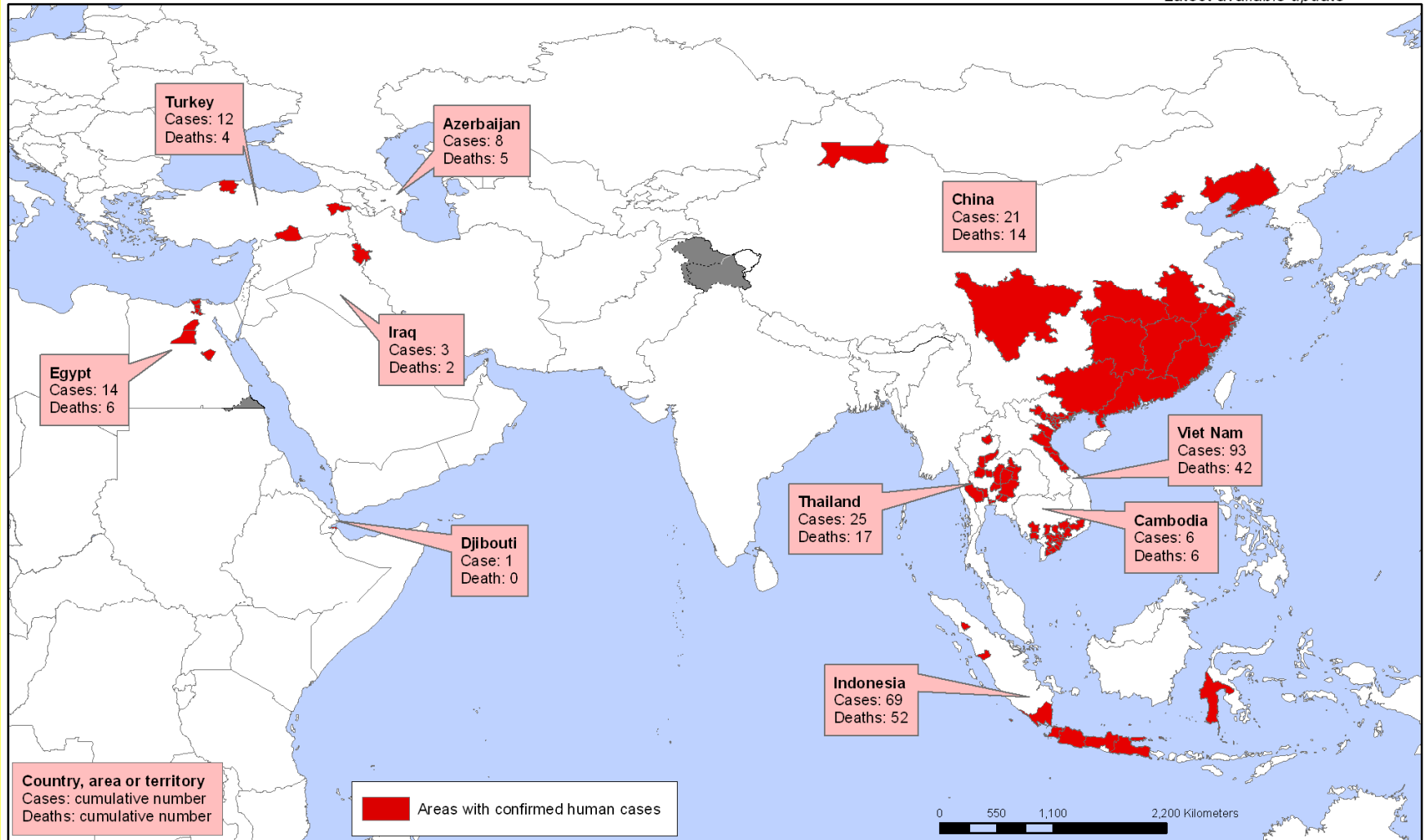
AVIAN FLU – Fraser Valley

Avian Influenza in Southeast Asia



Affected areas with confirmed human cases of H5N1 avian influenza since 2003

Status as of 3 October 2006
Latest available update



World Health Organization

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: WHO / Map Production: Public Health Mapping and GIS
Communicable Diseases (CDS) World Health Organization

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AVIAN FLU OUTBREAK: FRASER VALLEY

CFIA

PHAC

AGRI
Canada

Health
Canada

f Feds

Min
Labour

MOH

Sol Gen
PEP

Min Agri

Min
Transp

Provincial Government

Local
govt

GVRD

Local
Police

FHA

VCHA

WSBC

Local
PEP

BCCDC

IHA

Public

Poultry
Assoc

unions

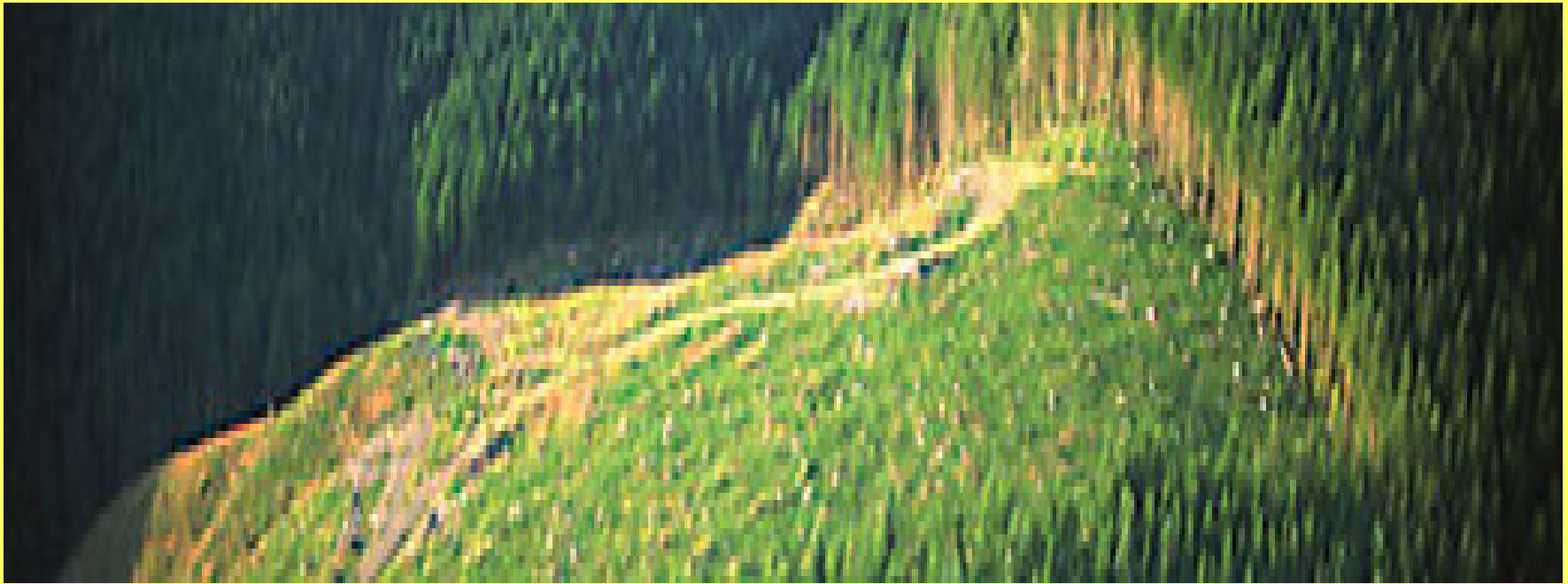
Key learnings

- Clarity of roles and accountability; identification of leaders with decision-making authority and scope
- Continued focus on key outcomes, expectations and short, intermediate and longterm goals for all sectors
- Relationships – new and old; ability to leave baggage behind
- Coherent information
- Evidence base – consistent; with willingness and ability to introduce new data, learnings, etc
- Strategic and effective briefing of ministers, senior officials, key community/sectoral leaders, media

What else

- New experience for many leaders – can be used to build knowledge, lever more proactive approach to other occupational health issues: eg: Pandemic flu
- Ability to clarify roles where overlap led to paralysis
- Ability to create a community of interest across a number of sectors:
 - Workers' safety – public health, WSBC, local organizations
 - Public/animal health/ laboratory facilities
 - Integration of emergency planners and co-ordinators

Forest Worker Morbidity and Mortality





2006 Serious Injury and Fatality Statistics

Updated: November 23, 2006

Category	Fatalities*	Serious Injuries**	All Injuries (Including Serious)†
Manual Tree Falling	-	9	13
Yarding/Mechanical Harvesting	2	8	18
Log Hauling	5	6	18
Silviculture	-	-	-
Helicopter Logging	-	-	1
Forest Fire Fighting	-	-	-
Sawmills	1	17	41
Traveling to and from Work	-	-	3
Other	3	3	8
.....			
Total	11	40	102

*Workplace Incident Fatalities

Workplace incident fatalities are cases where a worker dies at a work site, or as a result of injuries sustained at a work site or on the way from or to a work site.

**Workplace Incident Serious Injuries

These include spinal cord injuries that result in partial or total paralysis; brain injuries and severe head injuries; near or total blindness; amputations; or any other severe disability resulting from an occupational injury or disease.

†Workplace Incident Injuries

All injuries reported by WorkSafeBC in the forestry harvesting. This number includes Serious Injuries.

Migrant Agricultural Workers

Cytogenetic analysis of South Asian berry pickers in British Columbia using the micronucleus assay in peripheral lymphocytes.

[Davies HW](#),
[Kennedy SM](#),
[Teschke K](#),
[Jenny P](#),
[Quintana E](#).

Occupational Hygiene Programme, University of British Columbia,
Vancouver, Canada.

- This study indicates that South Asian berry pickers in British Columbia **may be at risk for genetic damage**. More studies in other ethnic groups and in males are needed to generalize the findings of this study. More direct measures of exposure are needed to elucidate the sources of genotoxicity.
- PMID: 9725996 [PubMed - indexed for MEDLINE]



HEALTH SECTOR

Infection Control/ Patient Care/ Worker Safety







Other key health sector issues

Trends in RN Absenteeism Canada 1987-2005

Figure 1 - Aggregate FTEs Lost Per Year Due
to Absenteeism

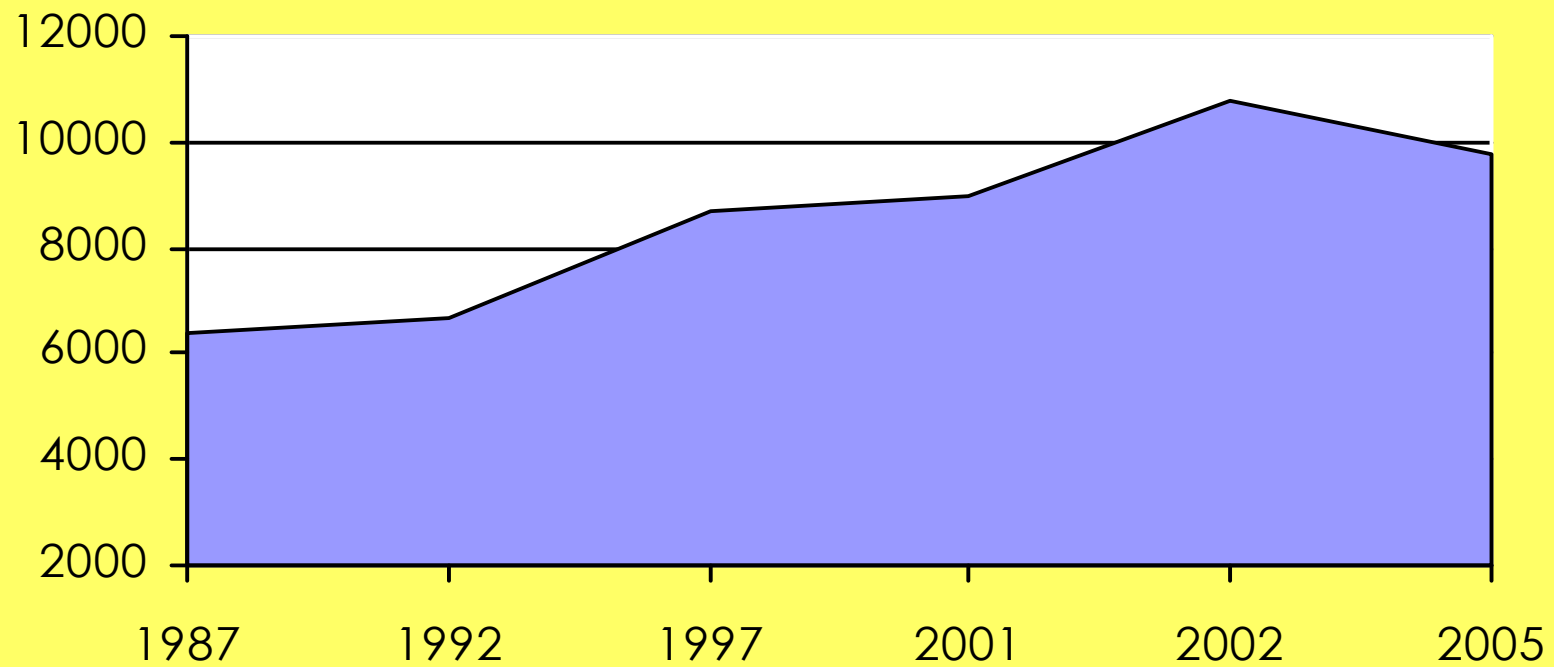
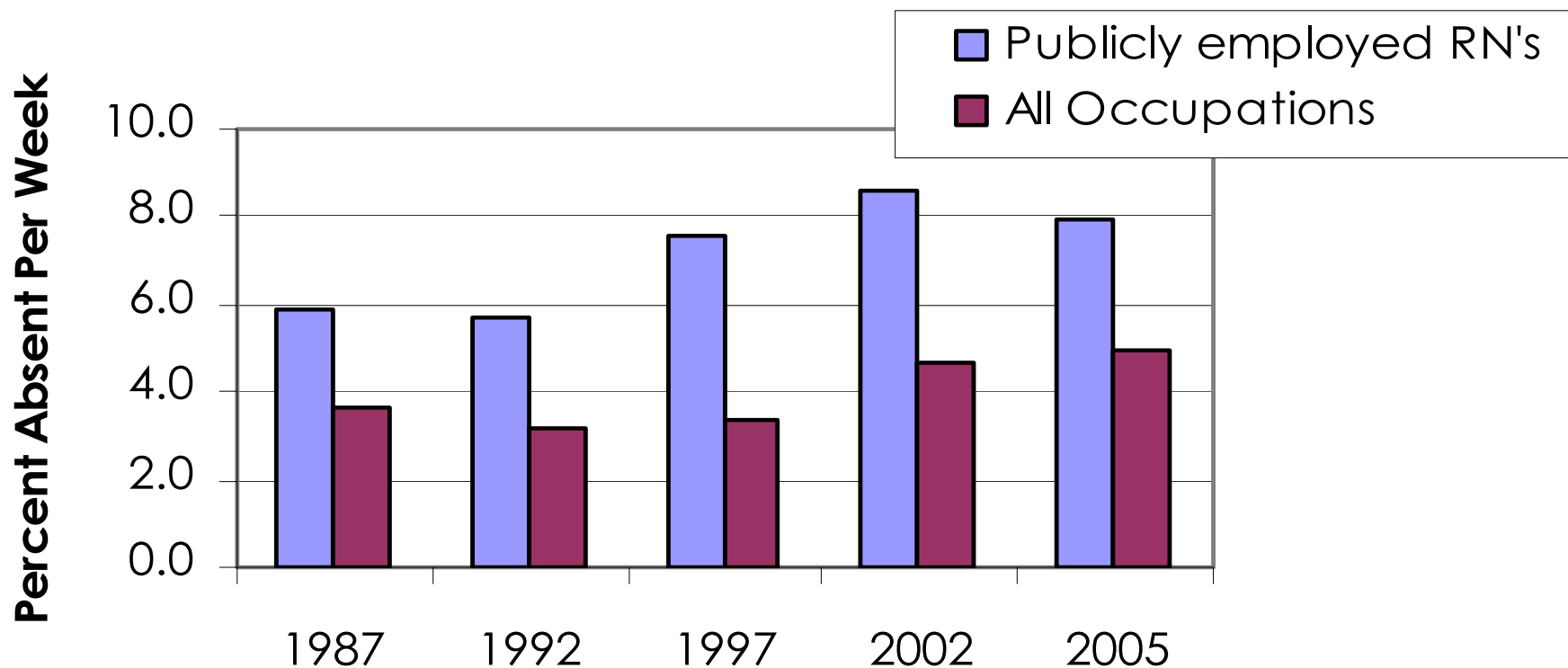
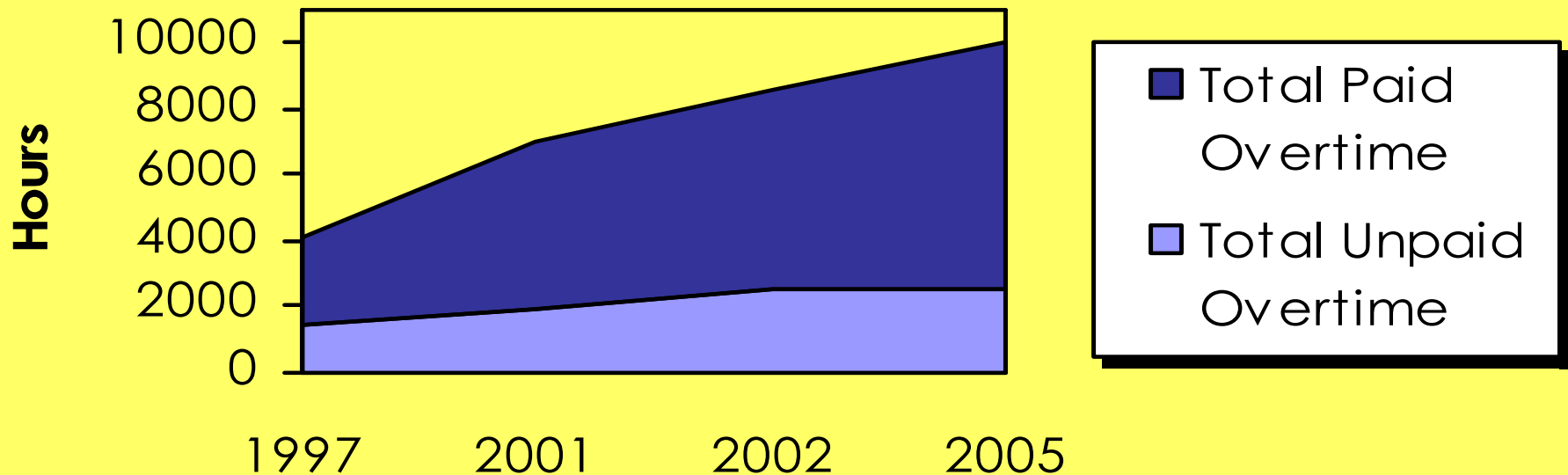


Figure 2 - Rate of illness and Injury-Related Absenteeism, Full-time Workers, Canada



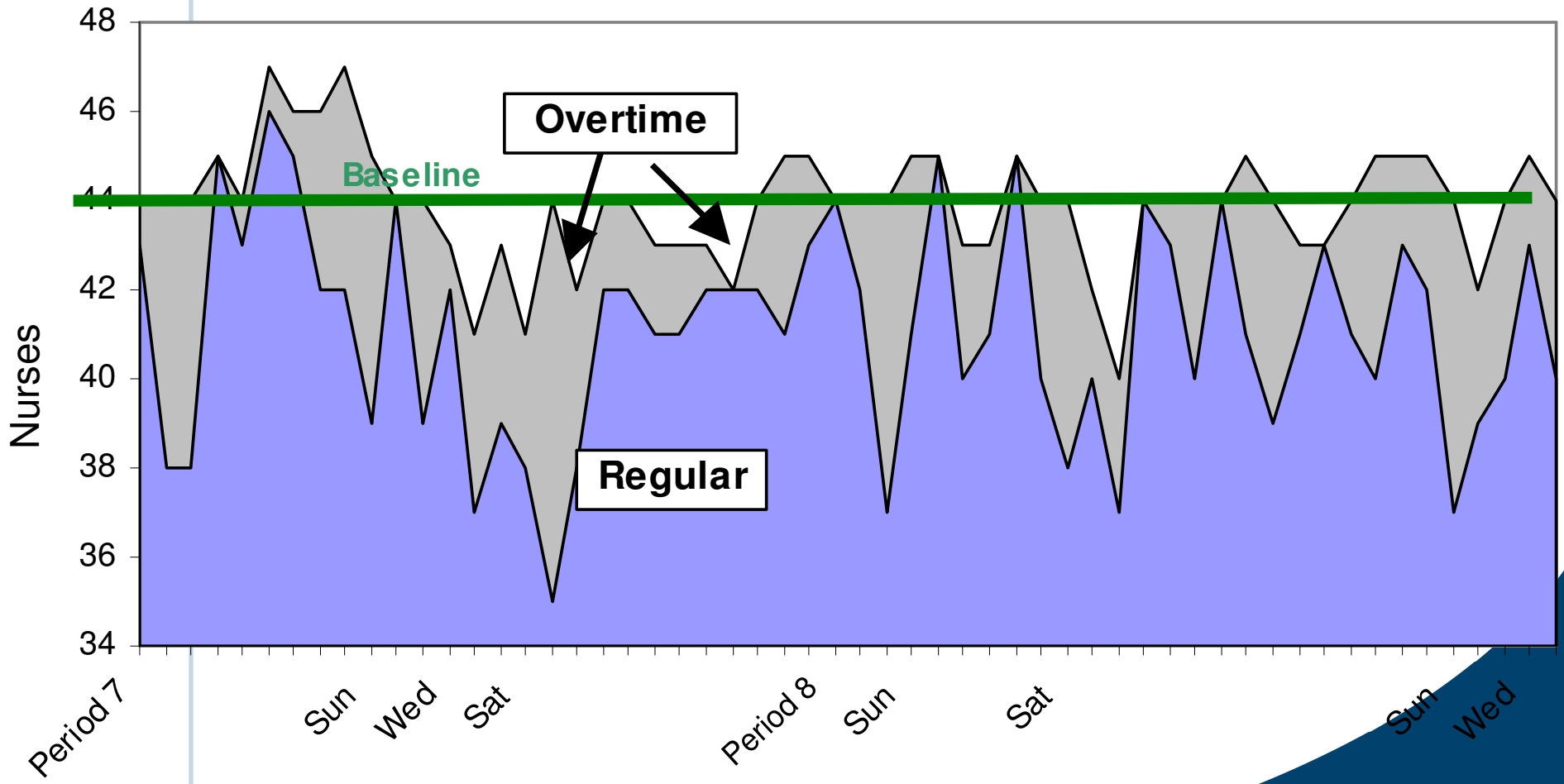
Canadian Nurses Working Overtime

Figure 3 - Aggregate Annual Overtime Hours as Full-time, Full Year Equivalents



In 2005, overtime among publicly employed RNs 26% compared to 22.5% for rest of labor force

VGH ICU
Regular Shifts and Overtime Shifts worked - 24 Hour Total
Period 7 (9/9-10/6) and Period 8 (10/7-11/3)



Some Current Facility Conditions



RJH Patient ward closed

Rooms sealed to contain mold



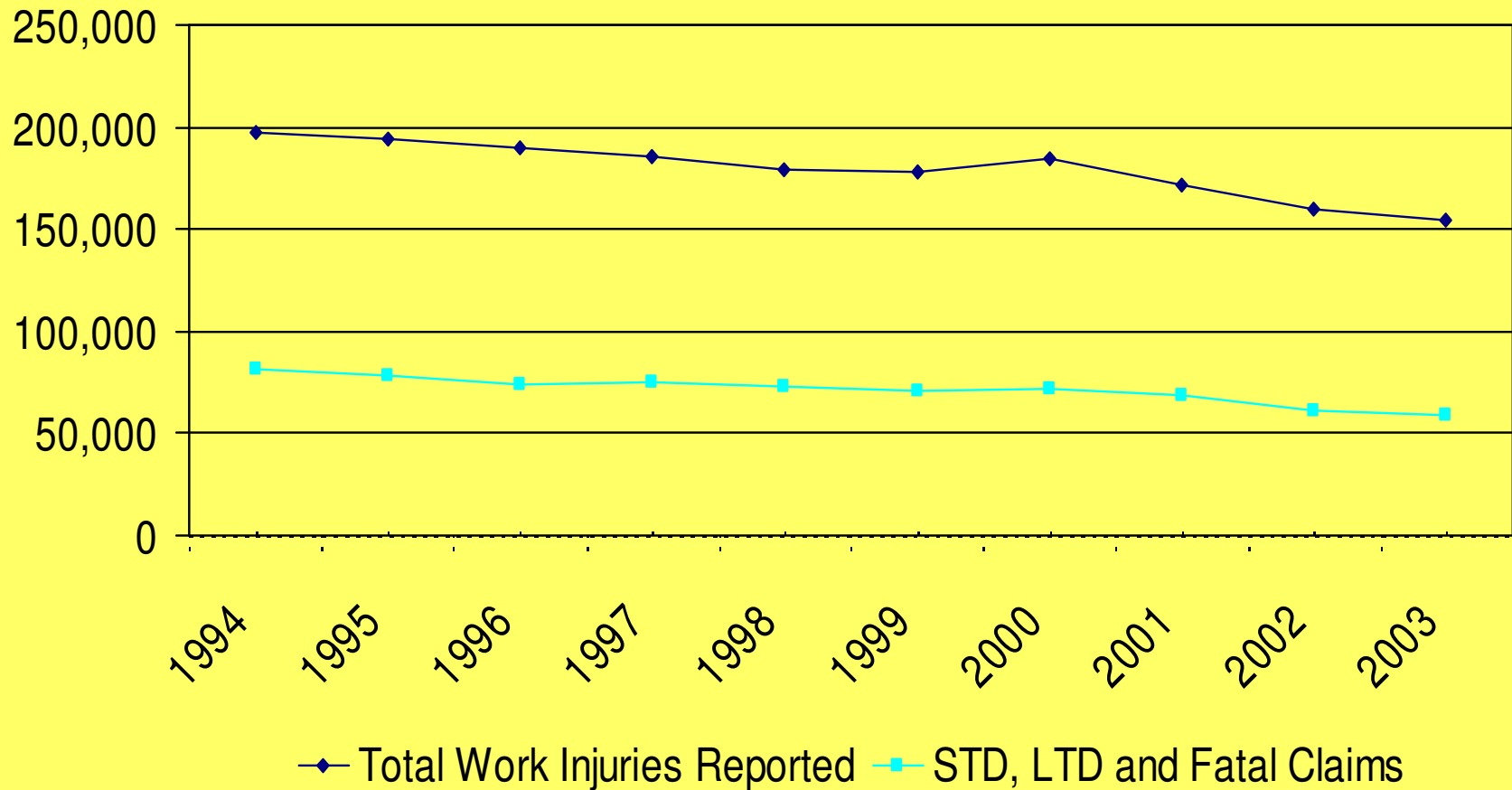
St. Paul's
Stretcher Bays



RJH Organic material
growing out of pipes.

Metal pipes too
deteriorated to repair

Decline in WCB Injury Rates 1994 – 2003



WCB reports a steady decline in base rates in health care in the past three years and expect a further decrease by 20% in 2005

Summary

Moving the Occupational Health Agenda

- Strategic building of knowledge base among officials, politicians, other key offices
- Relationships
- Transparency re: knowledge gaps/conflicts
- Menu of options – flexible re solutions – but clarity of measures of success
- Connect the dots:
 - Worker supply issues: recruitment, retention etc
 - Business case
 - Risk issues
 - Building trust among key constituencies
- ***Lever all opportunities***

Never Give Up!!