

How to Become a Skin and Wound Care Advocate to Drive Change and Improvement

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What is an advocate?

Simply put, an advocate is someone who intervenes on someone else's behalf. If you are a health-care professional you are probably already involved in advocating on behalf of individuals — patients/clients/residents, family members and caregivers — to improve access to appointments, supplies, devices, tests and test results, technology or specialists.

Wound care advocates play a much-needed role in helping to improve and sustain skin and wound care in any health system — and anyone can be an advocate.

- **Patients** can advocate for themselves.
- **Family members** and other care partners can advocate to ensure their loved ones receive the care they need.
- **Frontline health-care providers** can advocate for individual patients and for general improvements in their facilities/organizations, such as direct health-care-related processes, as well as

issues such as workplace safety and ongoing professional development/training.

- **Administrators and policy makers** can act as advocates and also implement processes and procedures for which others have advocated.

Advocacy can take place at an **individual level**, such as when a health-care professional or family member works to ensure a patient receives the best care possible and at an **organizational level**, where an advocate lobbies for changes in a facility, institution or health region. At a **national or international level**, individuals and organizations can work to create awareness and inspire change at the highest (macro) levels. In all cases, the advocacy should be informed by the best science available.

Advocacy works best when the different levels have different areas of focus. For example:

Micro: screening, proper care, patient self-management education, frontline staff time allocation



Meso: barriers to care, social determinants of health, working within the institution to address issues

Macro: increased public awareness, best-practice-based policy recommendations, support for frontline staff, health leaders, purchasers, managers, directors, researchers, and policy makers

Why are advocates important?

Every Canadian will develop a wound in their lifetime, and many will heal without health-care system intervention. However, preventing and managing wounds and treating and managing hard-to-heal and complex wounds represent a significant burden to people at risk for, or living with, wounds, their families and society as a whole. Complex and hard-to-heal wounds consume significant health-care system resources, involving health-care professionals, educators, researchers and multiple areas of health-care systems.¹⁻⁴ When best practices in identifying

risk are not implemented, delayed diagnosis and improper intervention can be the result. This can add to the development or complexity and chronicity of wounds, as well as further complications, such as chronic inflammation and infection, risk of amputation, hospitalizations and death.^{5,6}

Knowledgeable and effective advocates can influence policies that support best practice in all areas of wound prevention and management. This can be accomplished by:

- working within individual institutions and agencies to influence decision making regarding policies, procedures, culture and resource allocation
- presenting a unified voice to governments and actively leveraging collaborative relationships to develop and implement public health policy related to prevention, assessment, prevention, assessment and management of wounds.⁷
- raising the profile of wounds in Canada with the public and decision makers

Can I be an advocate as a skin and wound care clinician? *“What is clear is that everyone can do it, and indeed everyone probably is doing it, or has done it, at some point, whether as part of their job or as an individual.”⁸*



If you are a frontline clinician or administrator, you are also likely to regularly engage in interactions with someone — such as a family member of a patient — who is advocating to you on behalf of someone else. Aviles⁹ challenges health-care professionals to ask themselves: Are you truly engaging individuals and their health advocate in wound care planning? Are you welcoming to the health advocate? Do you engage the advocate alongside the patient? Do you fully explain the assessment process and findings? Do you discuss the care options, considering social determinants of health and relevant real and perceived barriers to wound care?

Health advocate organizations promote positive change at a systems level through general implementation of best practices for wound prevention and management, improved funding for wound care, better access to needed services and support for wound-related education and research. The following are a few recent examples of advocacy activities that had specific targets:

- improved access in Ontario to offloading devices for persons with diabetic foot ulcers¹⁰
- increased availability and use of pressure relieving surfaces for persons experiencing a pressure injury¹¹
- advocating for application of best practices across Canada for persons injecting drugs who may experience skin and soft tissue abscesses¹²

The Challenges of Being an Advocate

While being an advocate can be a rewarding calling, there are some associated difficulties, and even risks. One of the challenges of the advocacy role is the sense of hesitation that may occur with mention of the words *being a supporter*, *being in alliance*, or *being an advocate* or *lobbyist*. The Berkeley Group¹³ discusses the importance of being an advocate, though individuals and organizations may shy away from the objective of advocacy, or from the roles of an advocate or lobbyist, as they fear appearing too forceful or radical on the issue. If one believes they may be putting their employment at risk, they may back away from advocacy activities.

Family members can be afraid to advocate for a loved one because they think it may have a negative impact on care. Kelly O’Leary, speaking about her situation when her father was in the hospital following surgery for a broken hip, said: “One of the biggest things I think that I had was fear to speak up. I was so afraid to speak up and ruffle feathers that I thought his care would get even worse, so I was afraid to approach anybody.”¹⁴

Advocates can also become frustrated, and may even give up, when their advocacy efforts are ignored, or if the role is not fully understood. As well, organizations may pull back from certain types or degrees of advocacy activities if they fear it will negatively affect their funding or essential relationships.

Advocacy Theories and Frameworks

Advocacy carried out by civil society, including non-governmental organizations (NGOs) and academics, plays an important role in policy processes, and uses a range of actions to frame issues, set agendas, influence discourse, stimulate policy change and ensure adequate policy implementation so as to protect the public good and promote public health.⁸

Advocates may use several types of activities, depending on the political milieu or skin and wound issues at hand (see Table 1).

Table 1: Advocacy Theories and Frameworks⁸

Type	The Role of Advocacy	Methods and Activities	Examples of Application in Wound Care
Advocacy Coalition Rooted in political sciences and requires co-ordinated efforts, shared beliefs and vision to increase likelihood of change	<ul style="list-style-type: none"> • Share resources, expertise, knowledge and people – power across sectors to help increase power and leverage change • Focus on changing public opinion/norms with a range of methods • Target different stakeholders, rather than focusing on the policy makers themselves • Research 	<ul style="list-style-type: none"> • Policy analysis • Coalitions/networks • Use of social media • Consumer awareness • Watchdog role (industry and governments) • Undertake research 	National coalition to address the offloading funding initiative: www.woundscanada.ca/docman/public/wound-care-canada-magazine/2017-vol15-no3/1012-wcc-winter-2017-v15n3-final-p-12-17-thousand-steps/file
Punctuated Equilibrium Theory Implies that significant changes in policy can occur abruptly when the right conditions take place (e.g., following a crisis, research development, new perceptions/governments, increased media attention, public interest, new stakeholders) May be useful for looking at large-scale policies.	<ul style="list-style-type: none"> • Increase the likelihood of change occurring • Be prepared for a quick response when such a change does occur • Frame, mobilize, attend to policies at a fundamental level 	<ul style="list-style-type: none"> • Secure media coverage • Stakeholder meetings • Provide expert advice at hearings and committees • Consumer awareness • Undertake research 	New reports highlight action needed to save limbs and improve lives: www.diabetes.ca/media-room/press-releases/new-reports-highlight-action-needed-to-save-limbs-and-improve-lives
Policy Window Theory Focuses on policies, politics and problems and argues that change occurs when “windows of opportunity” arise due to two or more of these streams aligning <i>Politics</i> refers to the political climate, stakeholders and national mood on the issue. <i>Problem</i> refers to how a policy issue is framed, and the relevance of policy to address it. Policy refers to the different policy options available to do this.	<ul style="list-style-type: none"> • Ensure the problem is framed in a palatable way for politicians • Suggest range of policy options • Be prepared for a quick response when a change does occur • Raise awareness among citizens and stakeholders to create demand • Advocate for knowledge, time, relationships and good reputations 	<ul style="list-style-type: none"> • Policy analysis • Publish reports and briefs • Use of social media • Consumer awareness • Watchdog role (industry and governments) • Calls to action/manifestos 	How is COVID-19 affecting the delivery of wound care?: www.woundsinternational.com/resources/details/early-covid-19-and-experiences-canadian-wound-care-clinicians-preliminary-findings
Social Movement Theories and Grassroots/Community Organizing Focuses on the processes required to stimulate change, e.g., the coalitions, framing and sustained action. Collective action is defined as “collective challenges, based on common purposes and social solidarities, in sustained interaction with elites, opponents, and authorities” while grassroots and community organizing theories suggest that policy change is made through collective action of those affected by the problem. These theories suggest that power is changeable and dynamic, rather than being held by elites. Power comes as a result of capacity building and coalitions that focus on the need for change by institutions not individuals.	<ul style="list-style-type: none"> • Build social networks • Share resources, e.g., expertise, knowledge and people-power • Frame the issue • Seek support, empower others • Facilitate collaborations 	<ul style="list-style-type: none"> • Secure media coverage • Publish reports and briefs • Form coalitions/networks • Use social media • Train and build capacity • Protests and media stunts 	A journey of a thousand steps to #ActAgainstAmputation: www.woundscanada.ca/docman/public/wound-care-canada-magazine/2017-vol15-no3/1012-wcc-winter-2017-v15n3-final-p-12-17-thousand-steps/file

Adapted with permission from Brinsden and Lang.⁸



Tips for Being an Effective Advocate

The Canadian Medical Protective Association¹⁵ recommends the following when advocating within your institution:

- 1 Approach the issue with transparency, professionalism and integrity.
- 2 Work within approved channels of communication.
- 3 Discuss concerns, suggestions and recommendations calmly.
- 4 Provide an informed perspective and seek the perspectives of patients and other health-care professionals.
- 5 Use evidence to help persuade others.
- 6 Remain open to alternative suggestions or solutions and try to build on areas of consensus.
- 7 Be cognizant that not all good ideas can be implemented at once; be patient.

What now?

Several not-for-profit organizations have created various types of advocacy toolkits you may find helpful (see Table 2).

The Canadian Community Economic Development Network¹⁶ recommends the following before you start an advocacy campaign:

1. Create a “who’s who” list
2. Compile useful data
3. Build a coalition
4. Know the players
5. Understand the process
6. Brief your Board of Directors

To then operationalize the advocacy campaign do the following: identify the goal, who the targeted are, what the message is, who the messenger is, who are our trusted partners and identify tactics and how the campaign will be implemented.

Call to Action

Our existing health-care systems are complex and rapidly changing. As a result, patients will continue to look to you for information and support. Practice your leadership by being a health-care advocate to advance change and improvement.


- **Leverage** conferences, research, events and publications to engage
- **Attend** meetings and contribute to submissions and development of proposals
- **Build** and connect alliances
- **Identify** opportunities for formulating strategic, persuasive arguments
- **Join** awareness campaigns 

Table 2: Not-For Profit Organization Advocacy Resources

Organization	Resources
Canadian Health Advocates Incorporated	Health Advocates: www.canadianhealthadvocatesinc.ca/advocates/ Patient Advocacy Case Studies: www.canadianhealthadvocatesinc.ca/patient-centered-education/case-studies/
March of Dimes of Canada	Self-advocacy Toolkit: www.marchofdimes.ca/en-ca/aboutus/gov-relations/dan/Pages/Self-Advocacy-Toolkit.aspx
Ontario Nonprofit Network	Advocacy Toolkit: A guide for nonprofits to meaningfully engage your community: www.theonn.ca/wp-content/uploads/2019/07/ONN-Advocacy-Toolkit.2019.pdf
Royal College of Physicians and Surgeons of Canada	Health Advocate: www.royalcollege.ca/rcsite/canmeds/framework/canmeds-role-health-advocate-e

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Additional Reading

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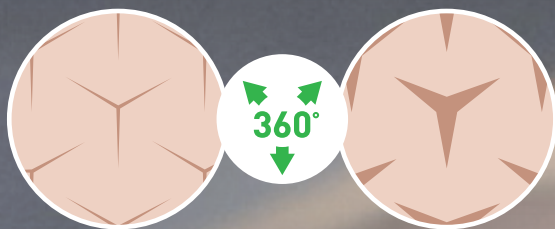
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