



# Health Policy by the Homeless

Empowering the Marginalized to Become Policymakers through Research and Theatre

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# Disclosure Statement

- I have no affiliation (financial or otherwise) with a pharmaceutical, medical device or communications organization.



# Background

- HEART
  - Participatory action research program that combines qualitative health research, research-based theatre, and public advocacy to address issues of health equity for marginalized populations
  - Create the basis for “patient-centered policy-making” in health systems





# Background (cont'd)

- The political determinants of health & the political economy of health
  - Analyzing how different processes affect health at different levels of governance
  - Resources are allocated according to power
    - Organizational power: Ability to define the “rules of the game”
- Public and Patient Engagement
  - Actively involve citizens and patients in various domains and stages of health systems decision-making
    - Focus groups, town hall meetings, task forces, citizen juries
    - Theatre!

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# Background (cont'd)

- Research-based theatre
  - Engages affectively and cognitively, allows understanding of issues that can be complex, interpersonal, emotional, psychological, and embodied
  - Potential as powerful and effective tool for engaging public in health policy issue that is scientifically and morally complex, emotionally charged, and controversial
- Augusto Boal & Legislative Theatre
  - Participatory theatre used to create and pass 13 laws devised by 19 theatre groups from all over Rio de Janeiro in 1992-96
  - “All municipal hospitals must have doctors specializing in geriatric diseases and problems”

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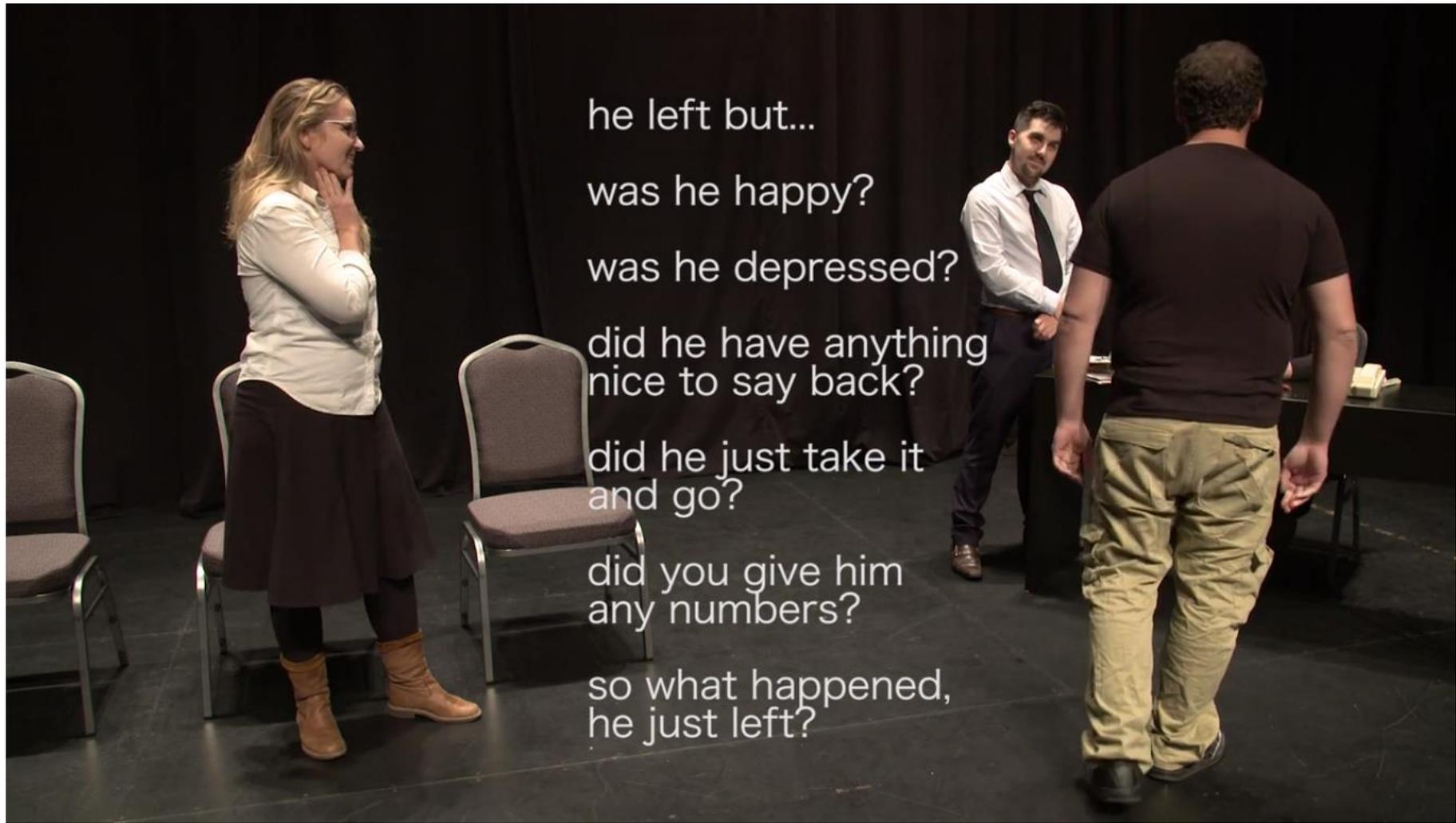
# Program Overview





# Patient-Centered Policy-Making

- 25-minute, research-based theatre performed in St. Catharines, ON in November, 2016
- Homeless participants (n = ~36) improvised as actors in play and attempted to address true-to-life barriers encountered by community when seeking healthcare
  - a. Play performed once in its entirety
  - b. Select scenes representing conflict or key themes are then performed again
  - c. Participants able to yell 'Stop!', replace an actor on stage, and improvise their own solutions
  - d. Participants' performance ends when they have tried their solution (success or failure)
  - e. Facilitator leads a brief discussion after each intervention with participant and audience



he left but...

was he happy?

was he depressed?

did he have anything  
nice to say back?

did he just take it  
and go?

did you give him  
any numbers?

so what happened,  
he just left?



# Patient-Centered Policy-Making (cont'd)

- Expert panel generates policy ideas based on audience improvisations
  - Mayor Walter Sendzik (Municipal), Dr. Suzanne Johnston (Hospital), Rachelle Hall (Health System), Susan Venditti (Social Services), Glenn Norton (Community)
- Policy ideas/program proposals presented to audience for consideration
  - Discuss, suggest amendments, share experiences, and vote
- Participants also completed Public and Patient Engagement Evaluation Tool (PPEET)
  - Assess quality and impact of PPE activities in health system organizations
  - 'Participant Questionnaire' assesses integrity of design and process of intervention
  - 14 questions on 5-point Likert scale, three open-ended questions, and additional comments
  - n = 9, all participants did not complete

maybe it's time to make a difference





# Health Policy by the Homeless #1

Petition to the HNHB LHIN and NHS to collaborate to realign resources to allow for dedicated triaging space in the ER that will offer wrap around services for patients with mental health concerns.

- a. This will ensure appropriate resources/staff are available to provide appropriate and compassionate care during the assessments, holding, and admission and to offer a warm handoff at discharge to community and support services.
- b. This should include offering peer support on a volunteer or paid basis.
- c. Patients with lived experience should be included in the planning for this model.



## **Health Policy by the Homeless #2**

Cultural competency and sensitivity training for health service providers could be made mandatory through the LHIN to improve provider and patient interactions. Training would be specific to mental health and homeless population.

# PPEET Results - Demographics

	Homeless Community (n=9)
<b>AGE</b>	
18-24	0%
25-29	22%
30-39	5%
40-49	22%
50-59	11%
60+	11%
Did not specify	33%
<b>GENDER</b>	
Female	22%
Male	67%
Unspecified	11%
<b>HIGHEST EDUCATION COMPLETED</b>	
Elementary School	11%
High School	33%
Community College	11%
Bachelor's Degree	0%
Postgraduate or Professional Degree	11%
Did not specify	33%

# PPEET Results - Item Descriptive Statistics

Public and Patient Engagement Evaluation Tool (PPEET)	Means (SD) (n=9)
The purpose of the activity was clearly explained	1.22 (0.67)
The supports I needed to participate were available (e.g. travel, child care, etc.)	2.25 (1.28)
I had enough information to contribute to the topic being discussed	1.44 (0.73)
I was able to express my views freely	1.33 (0.50)
I feel that my views were heard	1.5 (1.07)
A wide range of views on the topic were expressed	1.25 (0.71)
I feel that the input provided through this activity will be considered by the organizers	1.11 (0.33)
The activity achieved its stated objectives	1.44 (0.73)
I understand how the input from this activity will be used	1.22 (0.44)
I think this activity will make a difference	1.11 (0.33)
As a result of my participation in this activity, I am better informed about barriers and facilitators to accessing healthcare for homeless individuals	1.44 (0.73)
As a result of my participation in this activity, I have greater trust in my ability to influence health policy change	1.33 (0.50)
Overall, I was satisfied with this activity	1.11 (0.33)
This activity was a good use of my time	1.22 (0.44)

# PPEET Results - Written Responses



How do you think the results of your participation will be used?

"great"

"constructively"

"I hope it will make a change happen"

Please identify at least one improvement we could make for future engagement activities?

"not a thing"

"to address homeless and landlord/tenant injustices"

"empathy of medical staff"

"more input on topic"

What was the best thing about this engagement activity?

"well put"

"I believe that it was so strongly expressed that all its parts are full success"

"community involvement, the use of drama"

"the play, actors, facilitators, the panel"

Additional Comments:

"very well performed, very well done"

"more tolerance and freedom in regards of accommodation of issues that are leading to homeless problems"

"the struggle will continue"

"Amazing event - you will change lives. Wonderful platform. Great job."



# Policy Campaign

- Publications
  - Policy paper, blog post
- Open Letter
  - 158 signatories
    - 43 organizations
    - 18 executives
    - 20 medical professionals
- Invited Presentations
  - Niagara Poverty Reduction Network, Public Health, Niagara Research and Planning Council, Niagara Community Foundation
- Higher-Level Meetings
  - Medical Officer of Health & Commissioner, Community Services
  - HNHB LHIN Sub-Region Director & Clinical Lead
  - Health Links Transformation Lead



# Conclusion

- ‘Patient-centered policy-making’ may provide basis for innovative action on the ‘political determinants of health’
  - Influencing the social determinants of health, health status, and access to health care resources downstream
- Paradigm shift to viewing marginalized people as change agents and partners in the design of healthcare services
  - Public engagement techniques (e.g., participatory theatre) may allow marginalized communities to participate fully in public health policy development
  - Reflects social position, lived experience, ways of knowing, and knowledge in the policies that shape their lives



**Thank You!**