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From Research to Action

I believe Florence Nightingale was our greatest nursing researcher. I recently heard Professor Lynn McDonald speak about her research. She's the author of 'The Collected Works of Florence Nightingale'. I thought I had a good historical knowledge of Nightingale but I was stunned, and moved, by Lynn McDonald's presentation.

Who knew that Florence Nightingale pioneered the pie chart?

Who knew that she was so passionate about social justice? At a time when child labour was the norm, she spoke out saying: ***'No child should ever be in a workhouse.'***

Who knew she was so outspokenly courageous! In 1877 she said: ***"I know of no class of murderers, who have killed so many people, as hospital architects."***

Of course she was greatly influenced by the horrible conditions she saw in the military hospital in Scutari, during the Crimean war. But from research to action she became a leading hospital reformer and a reformer for better living conditions.

Who knew she was an advocate for the relevance of housing to be included in the ***census?*** Let's remember, at that time housing choices included: hovels, stables, cottages, flats, cellars, back to back houses and mansions.

Florence, I wish you had been here, to help our fight to keep ***the long-form census***. The loss of that benchmark information, that helped monitor trends in vulnerable populations, will now lead to more purposeful policy neglect.

Florence, I wish you were here today, to say: ***'No child should ever be in a homeless shelter'.*** Children all across this country have been forced to sleep in church basements, in bursting at the seam family shelters in the few cities where they do exist, and in some cases the crummy motels that cities have come to rely on, instead of decent shelters or proper housing.

We don't need more research to know that two year old Maleek, who has subglottic stenosis requiring a tracheotomy tube, who fled to Canada with his family after the Japanese earthquake, should receive some kind of housing and not, as he did, end up in a homeless shelter.

We have enough evidence now, to know that lack of housing was a major contributing factor to the deaths of the 13 men and women whose names we added to the monthly Homeless Memorial in Toronto in January. Surely the Provincial Coroner's office, the Medical Officer of Health and the Ministers of Health and Housing should take responsibility for these statistics and be examining the underlying situations.

Florence, I wish you were here to say, as you said about hospital architects: ***"I know of no class of politician who has allowed so many people to suffer and die in Canada as our housing ministers."***

Florence Nightingale used her research to move people to action. It's why I sought out her advice in my newsletter a few years ago during Nursing Week. I was disillusioned that yet another federal budget had been delivered without commitment or money for a national housing program. I interviewed Florence Nightingale using her own words, it's on my website. Here is a brief excerpt:

CC: Florence, we have an enormous problem of poverty and homelessness here in Canada – over 250,000 people homeless and it has been called a man-made national disaster because our senior level of governments cancelled our national housing program and made cuts to other programs like social assistance and employment insurance.

FN: What cruel mistakes are sometimes made by benevolent men and women in matters of business about which they can know nothing and think they know a great deal.

CC: Do you have any last words to guide those of us trying to carry on…?

FN: "Yes, you must create a public opinion which must drive the government, instead of the government having to drive you.

These are real quotes from Nightingale and it is interesting because today Naomi Klein essentially says the same thing. She puts it this way – that in order to create policy change, we the public, need to build 'movement muscle'.

Today, I want to talk with you about how we as nurses can create what Nightingale calls ***'a public opinion which must drive the government'*** and what Naomi Klein calls '***movement muscle'***, that force that creates real change and policy wins.

Research can and should play that role.

In 2005 I gave a speech in Winnipeg called ***'Research with a Pulse'***.

What did I mean by 'Research with a Pulse?'

It is research that is alive, infused and driven by the people most affected. Research that has a life after it is published and released. It doesn't just sit on a shelf, or have a life of poster presentations alone, or become simply and only required reading for nursing students.

Research with a pulse is not research to accommodate academic interest or because funding was available. Instead its purpose is for strategic social change and policy change. It's about actually bettering the lives and the possibilities of people.

After all, as my friend and long-time colleague Beric German says 'No matter how many reports or research we produce, if they sit on a shelf, they won't house anyone'.

Research with a pulse - four of my favorite examples.

1. The Street Health Report - 1992

The 1992 Street Health Report interviewed 458 homeless men and women over a six week period with interviews ranging from at least an hour and possibly over two. The report was ultimately praised by the World Health Organization. Its findings on the disproportionate burden of ill-health, unequal access to health care and experiences of discrimination are historic. However, it was the shocking result that 10% of the 458 people sampled, reported being assaulted by the police. That finding likely lead to a reduction in police assaults against homeless people, at least for a short time.

You may find it interesting that our study was so threatening to the Toronto Police force, that a special detective team was created to actually investigate the research and find the people who had participated, potentially compromising confidentiality. Our original research had to be placed in protective hiding.

Today, we know that without a massive re-investment in housing, the health outcomes for homeless people have actually worsened over the years and now include health catastrophes. Conditions and diseases emerged that none of us had seen before: SARS, TB, Norwalk, H1N1, MRSA, bedbugs and a lot of death.

2. Declaring Homelessness a National Disaster - 1998

Even more historic, as a piece of research, was the use of simple observations and qualitative data woven into already known statistics. That allowed the Toronto Disaster Relief Committee to write the 'State of Emergency Declaration' and declare homelessness a national disaster. The most profound research at the heart of this national campaign for a national housing program was simple math. It was the statistic, exposed by Professor David Hulchanski, that when governments were funding housing, when we had a national housing program, on average the federal government and their provincial and municipal counterparts spent 1% of their budget on affordable housing.

This national campaign was absolutely instrumental in the momentum of 'movement muscle' across the country that forced Prime Minister Chretien to appoint then Labour Minister Claudette Bradshaw as the first ever Minister Responsible for Homelessness. They also launched a new federal program for homelessness relief, a program that is like disaster relief, which put $1 billion into major cities across this country. However, as Michael Shapcott always said *'this made homeless people more comfortable while homeless but it didn't give them a home'.*

3. Public Inquiries, secret cameras and documentary film

Public inquiries, such as the ***'Shelter Inspection Report'***, documented inadequate shelter conditions by observing them and literally measuring certain conditions such as bed spacing. Homeless people, employed in the research and actually sleeping in the shelter, used a simple piece of string to do those measurements.

'One is too Many', looked at homeless conditions and homeless deaths and ***'TB or not TB'***, looked at Toronto's tuberculosis outbreak in the homeless population and the cluster of TB deaths. Both of these public inquiries were held in a drop-in centre, both provided street credible qualitative evidence, and both had prepared community experts, including homeless people, for the actual inquest, experience on the witness stand, as well as the subsequent intense media and political advocacy that followed.

We now know the world wide power of the internet and social media to effect change. But years ago we relied on film. My most stunning experience of this was the secret film footage, shot with a hidden camera in a baseball hat for the documentary 'Street Nurse', directed by Shelley Saywell. That footage was so shocking we realized we had to release it prior to completion of the film. We had a moral responsibility to use it, and use it we did, and it became a national news story. It was the first to capture, in images and sound, the shelter conditions in Toronto that violated the United Nations standard for refugee camps. Consider this:

- 120+ men and women sleeping on a concrete basement floor well beyond the fire code;
- 4 people in the space that one person should have, according to the UN;
- lights kept on all night because bodies were so close together;
- a stagnant and airless basement with sounds of coughing and hacking.

I should mention, that prior to resorting to this secret filming, Jack Layton and I had taken the Medical Officer of Health and the City's Manager of Shelters to this location as part of a nighttime disaster tour of homeless conditions. Those bureaucrats witnessed the same conditions and took no action.

We made VHS copies of the tape for the media, held a press conference at City Hall, and conditions in that one shelter were fixed almost immediately.

Later that year when it was apparent the City would not extend its remediation of shelter conditions beyond this one single case, Toronto Disaster Relief Committee rented our own secret camera from a spy shop and took to the streets and to the shelters once again.

Our new footage showed line-ups for food and shelter, reminiscent of the depression era. The inhumane images of emergency shelter conditions did not meet UN standards. As Dri from Tent City said "if people saw animals kept in these conditions – they would be so upset."

Actions like this resulted in hundreds of new shelter beds and new and improved standards for city-funded shelters.

Filmmaker Laura Sky and I also used film to show the conditions for homeless families with children in our documentary film project Home Safe. This series, supported and funded by the CNA, RNAO and CARNA includes 'Home Safe Calgary', 'Home Safe Toronto' and 'Home Safe Hamilton'. These films gave a voice to the families and especially the children, and are now being used by individuals and groups to move issues forward, from research to action.

4. The Tent City Census

Research doesn't usually house people but in the case of Tent City, the encampment on Toronto's waterfront, it sure helped. I think this is one simple piece of research Nightingale herself would be proud of.

At one point Tent City was growing so rapidly TDRC decided to do our own census to track the numbers, because of course homeless people are rarely counted in a government census. We distributed shower bags in the process, as a gift to people for participating.

It was a good thing we did our count – only a month or two later the Home Depot and the City's forced eviction happened and we were able to unequivocally say to the media and the world that Tent City consisted of 120 people, 14 dogs, 50 shacks, etc. Over the next 48 to 72 hours we used that data to fight for the residents' safe relocation to a new emergency shelter and to housing. We ultimately won a historic emergency pilot rent supplement program.

Fortunately, several years later, the City of Toronto did the necessary research to document the program's success. That research simply confirmed that when you provide affordable housing and necessary supports, people will stay in the housing and for the most part do well. In fact, no one asked to return to Tent City.

These examples remind me of the many, many policy wins that occurred as a result of research with a pulse. These policy wins are important to acknowledge, chronicle, and celebrate. I'm happy to say our materials are now housed in the City of Toronto Archives for future researchers.

Thirteen years of a national social welfare disaster

I have never accepted that Canada should experience mass homelessness. I could never imagine I would be standing here, exactly thirteen years to the month of founding the Disaster Declaration to find the situation worse.

That's why I'm appealing to you all today to move from research to action because I believe nurses can play a profound and historic role in ending mass homelessness in Canada. I have some ideas about this and your invitation to be here today allows me to put some of these ideas to you for your consideration, support and leadership.

Stuck in cryogenic sleep

I sometimes think nursing has been frozen in what I can only describe as a 'cryogenic sleep' – obsessed and fixated with the development, teaching and comparisons of nursing theory, nursing theorists and nursing diagnoses. I realize this was done for lots of good reasons; one of those being to help legitimize nursing as a true profession, but it was done at the expense of our conceptual and political growth.

Take our current approach to the concept of social determinants of health. By the way, the average Canadian would stare at you blankly if you asked them Which social determinant of health are you most affected by? If you were to ask the average voter, during this recent federal election: 'How do you think the leaders' platform compared on the social determinants of health?' you would get a puzzled expression.

We carry this conceptual alienation to our work on social determinants of health. We research **them**, we write about **them**, we theorize about **them**. We teach **them** to nursing students, we expect students to develop learning goals that address **them** and to integrate nursing interventions in relation to **them**. Yet students across the country tell me they don't really understand **them**, they haven't been made real or relevant to **them**, and they can't figure out what their role as a nurse is to address **them**. As a result, their eyes glaze over; they simply rehash the literature for their assignments. They are deeply frustrated because their actual potential, for example, to do something unique, important and interesting about for example - hunger, remains stifled.

It seems to me we have once again over intellectualized a concept. Social determinants remain 'in our head', not in our lived experience, let alone our actions. We have not developed or prioritized the necessary curriculum, such as economics, political theory, or nursing

history that will bolster students' ability to engage in issues such as democracy, equity, social justice through advocacy, community development and activism.

Social Justice Nursing: Nurses and nursing students as agents of social change.

The need for this has become so pronounced that progressive faculty and students are beginning to seek out new ways of teaching and working on these issues. Cheryl Van Daalen from York University has even coined the phrase 'Social Justice Nursing'. That phrase in and of itself suggests a powerful engagement by nurses in the real world.

The current issue of 'Creative Nursing' features an article by Siobhan O'Mahoney Paquin titled ***'Social Justice Advocacy in Nursing: What is it? How Do We Get There?'*** She urges us to acknowledge and turn to our nursing roots. She writes about 'upstream nursing' that is imbedded in social, economic and political systems, recognizing that health outcomes are connected to these systems. Siobhan developed this article while studying at the University of Windsor.

In my opinion, there are two courses desperately needed to bring nursing education into modern times. One is a course on 'Social Justice Nursing' which needs to incorporate the history of social justice work within nursing and look at current issues with a social justice lens. The second is a course on 'Political Literacy for Nurses' because we need to teach nurses the political structures and strategies for political and public policy change.

Across the country there are many signs that universities are now embracing the concepts of social justice, social responsibility, and democracy, but nursing has been a little behind on these fronts. For example, Schools of Management, Business, Policy Studies, Political Science and Journalism have all, in recent years, appointed prominent people to their faculty as distinguished Visiting Professors or Fellows to be leaders and mentors on social issues. In particular, marketing and journalism courses regularly pay detailed attention to current and emerging social justice trends and issues.

It's not unusual for there to be a visiting poet or writer in residence at a university. Why not a 'Visiting Nursing Professor in Social Justice' or better yet a 'Nursing Chair in Social Justice'? Let's work to ensure that Deans of Health Sciences, Chairs of Community and Social Service faculties and the like, begin to recognize the rightful power of nursing faculties within their universities.

1/3, 1/3, 1/3

As nurses, I propose we do a major about turn and shift our personal and collective response to issues of poverty, homelessness and hunger. One guiding tool to do that by is what I call the 1/3, 1/3, 1/3 approach.

That means, whether it is your time, your energy, your passion, your volunteerism or your money – consider allocating:

- 1/3 to 'downstream', the homelessness relief efforts, some of which will include charitable endeavors
- 1/3 to the 'upstream' solutions
- 1/3 to the 'upstream' advocacy work

Let me elaborate.

1/3: The Downstream includes relief efforts and charitable endeavors.

Nurses are probably best at this first 1/3 example, through donations to the front-line services in our communities that help people with emergency shelter, food and clothing.

Nurses do this all the time. I recently spent time at a church food program. Programs such as this have on average 50-100 volunteers involved, making delicious hot food for people who are homeless. A number of the volunteers were nurses or retired nurses. Nursing students also regularly collect food, socks or clothing for organizations. This is all good generic Canadian generosity. But I tell nursing students today that Grade 4 classes can collect socks and cans of food and I know that they can do more.

I know we can all do more and we can do it differently. Can we participate on Boards or committees of these organizations? If we plan to donate to them can we be more strategic? Rather than donations of food or second hand clothing to an organization, a phone call to them would tell us that they actually need donations so they can buy a freezer, or specific donations such as cell phones for single moms or age specific items for pre-teen boys and girls.

1/3: The Upstream Solutions must include housing.

Do we put enough effort into 'the upstream'? In this case, the upstream means supporting the creation of homes. What can we do to help the community organizations that are desperately struggling to pull together the funds to complete an affordable housing project?

First, learn who they are. Fundraise, give money, and promote them. It is one of the best things we can do. We can do it as a RNAO chapter, or with a church group or class. Have fun funding! Maybe it's asking guests at your 40th birthday party to donate $25 in lieu of a gift to a fund for the housing project. Maybe it's holding a benefit that promotes nursing's support of housing and raises money. Maybe it's a silent auction at your event, or raffle tickets, or a walkathon.

I only recently found out that in Toronto we have 6 affordable housing projects under development. I knew about two of them because I'm on the board of St. Clare's Multifaith Housing, but I'm now asking nurses to support all of these projects.

1/3: Upstream is also about advocacy.

This is an area where I'm really proud to say that RNAO is providing great leadership. RNAO routinely analyzes provincial housing policy, budgets and does deputations and advocacy appeals related to poverty and housing. Sign up for their ***Action Alerts*** if you don't already get them.

Nurses absolutely must address the fact that we do not have a national housing program, nor do we have a federal government, now in a majority position, that really cares. The Ontario government's recently announced housing strategy does not even mention

homelessness or those at risk of homelessness. The recent federal budget was silent on housing. The recent provincial budget made cuts to its housing budget.

Housing, believe it or not, is not yet a human right in this country despite our international human rights obligations. TDRC is part of a network that has now filed a constitutional charter challenge in the courts. I will make sure nursing is given lots of opportunity to support this process.

Although I'm hopeful about nursing's potential I'm also realistic, but I hope I'm proven wrong.

I recently put out a fundraising appeal for TDRC. In reference to Nightingale, I wrote "How do you nurse the room when 300,000 Canadians are homeless?" and I appealed for a very modest donation, $50 from working nurses, $25 from students, to help TDRC's advocacy work on housing and homelessness. I received only 4 cheques from nurses. I thought in my next fundraising letter I would go with the unlucky number 13 and ask for $13 from anyone who cares about housing and homelessness, $1, one loonie for each of the 13 years homelessness has been declared a national disaster. Advocacy does need money.

Research with a pulse

I will concede that there are a few circumstances where we could still benefit from research on homelessness. Bedbugs may be one of those areas. Homeless deaths may be another. We also need to take a critical look at the success, or really the lack thereof, and the housing longevity of people being housed through the American style 'Streets to Homes' type programs that some Canadian cities are trying to implement.

I will also say that nurses need to continue to support the disaster relief efforts, the soup kitchens, shelters, drop-ins, homeless outreach programs. They literally save lives.

But please tell me there's more. Surely nurses with our experience, our passion and our commitment to caring can and will do more.

Surely what we alone witness, calls for dramatic action:

- watching while a homeless man you have cared for in the emergency department is discharged to the street;
- observing during a home visit the challenges a vulnerable family with a disabled child face living in a basement apartment;
- receiving a frantic call from a senior living in a bedbug infested rooming house;
- responding to the deteriorating mental health of a woman who moves from shelter to shelter, night after night, for years;
- watching the growing desperation of families and individuals, created by the wicked triad of homeless, poverty and hunger.

Let's remember how solvable these problems are and let's do a 'Nightingale' and take charge of the steering to drive our governments and policy makers in the right direction.

Nurses do have the muscle, we just have to learn to flex it.

Check with delivery