

Why Advocacy Fails

We don't talk enough about why advocacy fails. Since the issues we advocate for often don't have a clear-cut expiration date and most will continue to be relevant far into the future (that's one of the reasons we advocate for them), it can be easy to think we have more time, or that delayed success redeems the missed opportunities of the past ("better late than never"). Many factors involved with issues we advocate for are outside our control, so it can be difficult to reflect on what can be done differently without automatically attributing shortcomings to system variables (don't get me wrong – these are 100% valid, but they're not 100% of the picture). It also doesn't help that collectively we have an aversion to discussing, or even calling things, a failure, but if we don't recognize at least some of the pitfalls we have control over, we won't be able to escape them.

A few years back, my family encountered a number of system issues that disadvantaged folks seeing workers' compensation. We did many right things – researched the issue, reached out to our MLA, reviewed potential legislative changes. Nothing changed, and six years later, I hear people going through the same barrier-filled cycle. Research, reaching out, and recommending legislative changes is a familiar triad of advocacy. It would take me a few years of working in politics for me to

figure out why our endeavour failed and shed light on the traps we all fall into when we engage in advocacy.

1. We abandon advocacy too soon.

So you've convinced your MLA or MPP or MP of your advocacy goal – mission accomplished, right? Nope. We often think of advocacy as convincing elected officials of the need for a change. That's just step 1 – and that's often where we abandon advocacy, but your political representatives must now convince their colleagues, their party, their caucus, their cabinet, often their constituents, and others that this change is worth prioritizing. There is a whole internal, intricate layer to advocacy, including delegations and committee meetings and one-on-ones and compromises and question periods. We may not be involved as directly with these layers but staging what level the issue is at and what supports are required to push it to the next level is important. This is also why it's important to engage with multiple representatives and link them with each other – have joint meetings, if possible, find allies, build support.

2. Loss to follow-up.

“For some time he refused. But finally he said to himself, ‘Even though I don’t fear God or care what people think, yet because this widow keeps bothering me, I will see that she gets justice, so that she won’t eventually come and attack me!’”

- Luke 18:4-5

That was from the Parable of the Persistent Widow. For those unfamiliar, there's a widow who keeps asking an unjust judge for justice – an oxymoronic endeavour – bound to fail. Now, this judge doesn't give a rat's ass for what anyone thinks of him – but even he eventually gives in. Why? Because the widow is so persistent. She keeps coming to him. She keeps making her plea. She keeps following up.

We've appraised enough journal articles in pharmacy school to know loss to follow-up is bad. In our classes and on rotations, we develop comprehensive monitoring plans for interventions, including follow-up appointments. There isn't a lot of that follow-up going on in our advocacy, which is a massive loss because persistence actually works, and that's true in ancient times as it is today. Persistence must come with patience and understanding, but interestingly patience and understanding gets developed through consistent follow-up as well. Even when we develop monitoring plans in pharmacy, there is follow-up delegated to be initiated by the patient, not all by the pharmacist. Similarly, there is follow-up that we must initiate, even schedule, every few weeks to months to ensure our advocacy efforts are not lost to follow-up.

3. We do it alone and burn out.

“If you want to go fast, go alone; if you want to go far, go together”

- African proverb

The last few paragraphs have discussed reaching out to multiple representatives, consistently following up, and maintaining persistence. None of this is possible alone. The top reason these things don't happen is because we approach advocacy with a one-man team. At first, it's energized by a spark and a passion, but life happens, a million things call for our attention, and the issue that once was at the forefront of our minds gets put on the backburner – and in parallel, it gets put on the backburner in our elected representative's office. That's how advocacy fails. Just like any involved endeavour, advocacy is a team effort, and that's where organizations like CAPSI and its local councils and national committees can be those supportive teams that prevent burnout. These teams shouldn't only be teams of pharmacists and pharmacy students and interns. Depending on the issue, they should be teams of our patients, caregivers, friends, families, other healthcare professionals, and community members.

4. We do the same thing over and over again.

“Insanity is doing the same thing over and over again and expecting different results.”

- Rita Mae Brown (commonly misattributed to Albert Einstein)

Research, reaching out, and recommending changes is a familiar triad of advocacy. When it doesn't work, we often try it again. Even when our advocacy fails (perhaps because we don't even acknowledge it as failure), we continue to implement

the same strategies that led to failure. I've seen organizations be persistent and work in teams but fail to learn from mistakes or rather misattribute slow-moving advocacy to so many things – possibly valid things – rather than looking inward. We do this all the time too. Re-sending the same letter on a regular basis won't yield to different results if it's failed before. Re-stating the same talking points won't yield to change if it hasn't already. We have to learn what matters to those we're communicating with, and then we have to learn how to translate our issues into their language. If a detailed review of legislation isn't cutting it, re-approach the issue with stories of patient and community impact. If approaching a certain legislator leads to no response, approach others and ask how to better reach them. I think we fear inconsistency in our methods, because we think this indicates inconsistency in our reliability, but inconsistency in methods is not inconsistency in goals. Expecting a different output from the same inputs as before will not lead to success.

One of the wonderful things about each advocacy failure is that it often comes accompanied with some version of a reason (or at least an excuse) for why no progress was made. This response is not the last chapter. It's a launching pad, a preamble of sorts, for the next one – but only if we acknowledge it, reflect on it, and figure out how to do things differently with the new knowledge at hand.