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Health Promotion at PARC:

A Report on PARC Rounds

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PARC Rounds Report

Background

On the strength of the research published in *Taking Care of Each Other: Health Promotion in Community-based AIDS Work*, AIDS Vancouver received funding from Health Canada to explore health promotion practice at a national level. Over the past year the National Health Promotion Project (NHPP) developed a program of research, consultation, collaboration and writing, the central focus of which has been producing a "Fieldguide" for community-based AIDS workers. The Fieldguide incorporates the experience of community-based AIDS workers from across Canada, as well as several different theoretical models of health promotion, into a framework for community HIV/AIDS health promotion, offering practical tools for health promotion initiatives to people working in a variety of HIV/AIDS areas.

PARC Rounds were developed as a collaborative way of exploring health promotion practice issues at the organizational level, with each Round focusing on a specific topic in HIV/AIDS work, from outreach to anger, cultural competence to physical safety. The goal was to provide a forum for examining these issues within PARC (with an eye to facilitating greater collaboration and information-sharing between PARC partners) and, through video and audiotaping, provide the NHPP and, eventually, AIDS workers across Canada, with invaluable research on what is happening at the organizational level in AIDS.

Summary

The first Round was held in December 1994, and since then one has been held approximately every 3 to 4 weeks, with a brief hiatus over summer. The first Round included not only staff and volunteer participants, but three television cameras, a film crew, and elaborate sound and lighting equipment. In subsequent Rounds, the video equipment was pared down and, eventually, eliminated in favour of a less obtrusive cassette recorder.

Rounds were originally open to individuals from other community-based AIDS agencies but, in the interests of promoting an environment where participants could speak openly about problems within PARC, after the first few Rounds only PARC staff and volunteers were invited.

Following is a complete listing of Rounds topics to date:

- Round #1: Working in AIDS**
- Round #2: Community Outreach**
- Round #3: Cultural competence in AIDS work**
- Round #4: The Working Environment at PARC**

- Round #5: Rounds Assessment**
- Round #6: Anger**
- Round #7: Front-line AIDS work**
- Round #8: Safety Issues**
- Round #9: Women's Round on Gender**
- Round #10: Men's Round on Gender**
- Round #11: Diversity issues: Future directions**

Rounds topics have covered a broad variety of HIV/AIDS issues and have occasioned both consensus and sharp differences of opinion. Jane Fairbanks, an external facilitator experienced in HIV/AIDS and diversity issues, was asked to facilitate the "Safety Issues" Round, and she has facilitated a number of Rounds since then.

A staff member from each PARC organization sits on a steering committee that assists the Project Coordinator in organizing and developing Rounds, and ensuring issues of concern to staff and volunteers are addressed.

The audiotape from each Round is transcribed, reviewed and filed, with all references to specific individuals deleted to ensure anonymity and confidentiality.

Process/Methodology

The research process at the PARC Rounds is based on the method of inquiry reflected in *Taking Care of Each Other* and *More Reflections*, in this case using a less structured, facilitated focus group of AIDS workers to encourage dialogue on HIV/AIDS practice issues¹. A memo is circulated in advance of each Round, outlining the topic and posing some questions for participants to consider. The Round is facilitated to provide cohesion to the discussion, and to defuse the potential for confrontation.

Participants have been directly involved in driving the agenda of Rounds, with topics for future Rounds emerging as discussions progress and a steering committee providing direction and assistance to the Project Coordinator.

One participant articulated very clearly the primary purpose of Rounds for staff and volunteers:

"I see the Rounds providing support for talking about these issues and for some kind of coming together for action. I don't see the Rounds as a place where you provide the solutions for these issues, but as a supportive environment where people can come together and then restart the safety committee or get people together for action as we did with front-line workers."

In any process that attempts a significant degree of collaboration, of course, there are inevitably divergent opinions on how Rounds should develop and what the priority issues

are that need to be addressed. As Rounds become integrated into the organizational life of PARC, and increasingly seen as an important forum for addressing difficult issues, they are also subject to competing interests and agendas within PARC. The need to adequately and appropriately deal with some of the ongoing, systemic diversity issues that affect the working environment at PARC (e.g. gender, cultural competence) developed into a debate on the overall direction of Rounds and what, in fact, constitutes "practice issues". This discussion eventually resulted in the establishment of an autonomous diversity working group that will work in collaboration with the NHPP to ensure these issues are addressed.

Findings

Discussion has revolved around a variety of issues, linked by their impact on HIV/AIDS health promotion efforts at PARC, and reflective of the challenges of working in HIV/AIDS in any community organization. Throughout the Rounds particular issues have recurred, reflecting participants' experience with the organizational culture at PARC and the communities it serves. The analysis presented in this report is not meant to be comprehensive of our experience with HIV/AIDS at PARC, but it does provide an abridged cross-section of some of the major issues that staff and volunteers continue to deal with in their work.

The past year has been a period of enormous change for all three PARC organizations, and this has had a profound impact on how individuals view health promotion efforts at PARC. Staff and volunteers endured a disruptive, ongoing building renovation that affected both the physical and social environment, there has been significant staff turnover and, particularly at AIDS Vancouver, a recent influx of new staff members. The epidemic, too, continues to change, moving increasingly rapidly into the most marginalized communities in the city, presenting new challenges to staff and volunteers, and placing additional demands on the organizations and services at PARC.

It is always difficult to draw discrete categories from the web of issues that are part of working in AIDS; the following topics intersect and affect each other on many different levels, reflecting the complexity of our experience with HIV/AIDS and the challenges to our response.

Communication

In virtually every Round communication has emerged as a paramount concern in ensuring health promotion efforts at PARC are focused, effective and comprehensive. Communication touches virtually every aspect of working in HIV/AIDS, from community development to political advocacy to interorganizational collaboration. The broad communications issues identified in Rounds can perhaps be best understood by dividing this function into three (overlapping) components: external, interorganizational and intraorganizational communications.

External

During the first several Rounds there was a particularly heightened awareness of the importance of external communications and strong media relations due to several negative editorials and letters in a local community paper:

“We need to be more proactive in setting the agenda in the community... if we don’t get out there and tell the community what we’re doing, we’re letting the rumours go unchecked. I think we have to deal with the consistency of misrepresentation in the community.”

“We’re not proud of our successes and the things we do in the building. We’re not publishing our successes, and that might be a way of building support in the building and in the community.”

The demoralizing impact of negative media attention or rumours in the gay community was acknowledged, with participants underscoring the necessity of developing a proactive communications strategy as an integral component of overall community development and advocacy.

Interorganizational

The need to collaborate more effectively and avoid service duplication were primary reasons for PWN, BCPWA and AIDS Vancouver to come together in PARC three years ago, yet there are clearly ongoing problems in interorganizational communication. The different mandates of the four PARC organizations (including Wings Housing Society, an associate member), distinct methods of organizational operation, and a history that has frequently been fraught with tension are barriers yet to be completely overcome. One participant stated it succinctly:

“Communication is lousy in this building”

“Internal communication is a really, really big issue and it hasn’t been addressed. People from each organization need to get together to work on internal communication strategies.”

A significant amount of work, of course, has already been done to develop PARC into a collaborative model of HIV/AIDS health promotion, but this process is often perceived as grindingly slow, and staff clearly would like to see more attention paid to an issue seen as crucial to the health of PARC:

“There has to be leadership. You can’t expect the staff who are working on the front line to come up and show leadership in communications.”

Intraorganizational

Communication within organizations is particularly problematic in the larger PARC organizations, with the “upstairs, downstairs” communications gap at AIDS Vancouver often commented upon. Yet there have also been important efforts at addressing this issue in PARC:

“There’s one thing we started that was very successful: inter-committee meetings. Advocacy would meet with education, education would meet with support, you would bring different program streams in the different organizations together and they would share the issues they were dealing with. We all learned from that.”

Participants understandably expressed a general loathing of more meetings, but understood, also, the value of connecting their efforts to their colleagues as a way of understanding their working environment and strategizing to make their health promotion efforts more effective.

PARC Working Environment

In many ways PARC is a microcosm of AIDS work in Canada today, with staff and volunteers coming from a wide variety of backgrounds to serve organizations with different mandates and diverse constituencies in an atmosphere that is often chaotic. How effectively individuals are able to do their work is directly related to how supportive their work environment is, and the challenge of ensuring a work environment that promotes the health of staff, as well as clients and members, is formidable.

“We don’t support healthy work habits. I think there is a cultural ethic that says you *will* work a 70 or 80 hour week, you *will* come in when you’re ill, you *will* work on weekends, and you *won’t* take a holiday for 2 years, and those are the things that affect burnout and why we see so much turnover.”

“There’s a sense of urgency always hanging there--you try and ignore it, because you can’t work that way, but it’s there; the client’s feeling it and you’re feeling it as well.”

“How do you slow down, how do you pull back, and where is the support to do this?”

Many comments pointed toward the need for HIV/AIDS health promotion efforts to include the staff and volunteers that work at community-based AIDS organizations:

“We have to be *on* the health promotion continuum: it can’t be just for our clients, it has to include us. We can’t do the job for them if we’re not taking care of ourselves.”

Of course, it is always a challenge to ensure staff are working in an environment conducive to their own health promotion in an arena as stressful and chaotic as AIDS, and the need for leadership on this issue was voiced by a number of participants:

“Management has to set an example: you can bring these issues up but there needs to be action to support the issues.”

And there are a number of factors, systemic to AIDS work, and particularly acute in the PARC microcosm, that need to be addressed to ensure this workplace reflects the health promotion principles it advocates in the communities it serves.

Grief

The devastation of the AIDS epidemic, both on a personal and community level, often seems submerged by the challenges of workaday life:

“I think we’re ignoring a fairly basic reality, which is that we’re dealing with grief that’s never discussed or put out on the table.”

Simply acknowledging grief and loss as part of AIDS work is insufficient, and staff and volunteers had some suggestions on how to address this within the workplace:

“I think if people could participate in some ritual of acknowledgment and external expression of grief, then that would right away cultivate a healthier environment.”

Anger/Conflict

Anger, of course, come in many different guises and is expressed in a variety of ways, from the well-recognized “vent” to subtle put-downs. Dealing with anger is particularly problematic when confronted by an agency’s clients or members, many of whom are dealing with their own mental health issues.

“This totally inappropriate behavior is directed at you and yet you end up feeling guilty because they’re ill, right? It’s not an excuse.”

Again, staff indicated the need to acknowledge and address their own health when dealing with the anger and conflict that seem to be an inevitable part of AIDS work. This is particularly true of front line staff, who often face a variety of abuse in the process of simply doing their jobs.

“I think we shouldn’t be so hard on ourselves at not being able to respond in the appropriate way if that isn’t our training or our background.”

“Part of it is learning how to set boundaries: there are rules for people about how to state boundaries, to clearly identify when you’re stepping over the line and

then what to do. It can be a very clear, concrete structure for everybody at PARC to agree to and move on when abusive behavior begins.”

Gender

The implications of gender and HIV/AIDS health promotion became particularly explosive during the Round dedicated to “safety”. Of the half dozen individuals who raised their hands when participants were asked if they felt unsafe speaking up at Rounds, all were women. PARC is frequently seen by women as a workplace that is, overtly and covertly, hostile to women working in AIDS.

“I know from being part of PWN that there’s been a lot of anger directed at us around our services and facilities. Some of it is very clearly vocalized in terms of us getting money: having a place that is welcoming and looks the way it does.”

“I find there’s a fair amount of hostility towards women which I think is tied to the fact that so few women are [comparatively] affected by the disease.”

And, of course, men have their own perceptions of how gender plays a role in working at PARC, and in their relationships with female colleagues:

“I know men in my circle whose attitude toward women absolutely sucks, but that doesn’t mean I’m that way.”

Some men also felt certain spaces, particularly PWN, was “off limits” to them and, corroborating several comments made by women, reported a certain amount of resentment from colleagues on the amount of resources devoted to women in HIV/AIDS. Yet despite the differing views on how gender affects the working environment and interorganizational collaboration at PARC, there was consensus on the need to address this issue in a systematic way:

“We talk about gender issues and sometimes it feels like it gets more divisive: that’s not what I want and I’m certain it’s not what the people here want. The point is how can we build bridges; how can we work together?”

There are many other factors in the working culture at PARC that affect the work that goes on here: ethnicity, serostatus, and socioeconomic class, among others, all play significant roles in the complex matrix of power relations in the PARC environment and will be addressed by the diversity issues working group in the New Year.

Outreach/Community Development

The question of how AIDS organizations at PARC do outreach in the communities most affected by HIV/AIDS, and how these efforts could be made more effective sparked a variety of responses. One factor, cited earlier in this report, is the need for

strong external communications. Beyond that, however, is the question of how to target the limited resources of AIDS organizations in an increasingly complex AIDS environment.

“I feel that AIDS service organizations are under a lot of pressure to be everything to everybody, so if you come up with a program that only addresses a small population, it comes under criticism: what about all these other people? *We can't* address all the issues. I think outreach should be much more focused.”

Participants also commented on the need to understand and adapt harm reduction messages to the communities they were working in.

“I’m trying to do preventive work in a community where preventive medicine is not useful: it’s a crisis driven area of the city, it’s very chaotic, and there are day to day survival needs. So I try and get a little bit of information about vein management or risk reduction in sex trade work, but I don’t think much of that is going to filter through.”

A number of staff members saw the need for effective outreach efforts to combine education and support, and to directly involve people from the community in health promotion efforts.

“What I’m finding is that by combining education and support, presenting it, and having people discuss issues around health promotion, they feel much more empowered to go out and work with communities and offer them services. I think that’s a good example of how education and support can work together.”

“I see my role in outreach as training the people who are part of that community to deliver the information, because it’s going to be a lot more effective when it comes from one of their own.”

And, of course, collaborating with other agencies is becoming increasingly crucial to effective health promotion, regardless of the sometimes fractious history between them.

“Partnerships: that’s something that I think a number of agencies are trying to do in the downtown east side. They’re starting to talk more to each other, and that’s something I’m doing as well: going to every agency I can find in the area, introducing what I’m doing, and trying to find out who offers what service so that other agencies can start referring to each other.”

Organizational Development

Rounds participants identified a variety of strategies to improve health promotion efforts at PARC, but concerns remained about how simple this would be in an environment where each organization is operating in different frames of reference and with wide-ranging disparities in resources and staff/volunteer complements:

“I think we make assumptions that we have a collective vision about our values. I don’t think we’ve done the groundwork to have that common vision.”

There was, nevertheless, a remarkable degree of consensus on some strategies for making PARC a more effective and comprehensive model of health promotion, many of which have interdepartmental or interagency collaboration and communication as integral components.

“One thing I find very helpful, and informs much of my thinking, is hearing from PWA, PWN and AV who’s coming in and what their issues are. That’s always very informative and keeps me focused on what is really going on.”

“I certainly think that idea of sharing, of each one of us trying to understand more about the roles and people who are in the building is a very good idea. We’ve been talking about the case management of people who use our services when we don’t even have our own case management worked out within the building. This might be a point where we can begin to work out what case management might be among ourselves.”

There is, in many ways, an important component of support in organizational development: implementing policy and procedures changes in response to staff and volunteer concerns ensures a more supportive working environment and a shared sense of common goals.

Participants noted on a number of occasions that PARC Rounds themselves are an important component of organizational development and, as such, need to be more formally entrenched in the working life of PARC.

“We need to see these [discussions] as part of our work, to get better at what we do, to look deeper at what we do and to do all of those things as part of our work life. This hour needs to be valued as much as spending an hour on the phone setting up meetings.”

“This is such an important forum that I don’t think there’s anything wrong with us saying, as an organization, “I’m sorry, we’re closed today at 4 p.m. so that all of our staff and volunteers can participate in this very necessary forum”. Why are we still sitting open?”

Future Directions

There are, of course, many practice issues the Rounds have yet to fully address, but the discussions to date have already provided valuable insights into some of the most contested areas of AIDS work. Research, particularly qualitative research, has been one of the least utilized tools in AIDS work, and part of the mandate of the National Health Promotion Project is to develop PARC Rounds into a model of ongoing organizational research and development that can be adapted and used by AIDS organizations across Canada. Addressing health promotion practice internally, before implementing it externally, can inform planning and development for AIDS organizations and the communities they serve.

The Rounds comprise an important aspect of a developing HIV/AIDS health promotion model, and will be featured in the forthcoming Fieldguide. The Fieldguide contains case studies of successful health promotion initiatives from across Canada, and some future Rounds will likely be dedicated to presenting work from the Fieldguide for comment and feedback from participants. Suggested topics for future Rounds also include exploring how to develop effective policy and program initiatives, PWA participation and empowerment in AIDS work, and presentations by participants on particular areas of HIV/AIDS work in PARC. The NHPP will also collaborate with the Diversity Working Group to ensure issues of diversity in the working environment at PARC continue to be addressed. Rounds will continue to inform both the NHPP and the work at PARC in the coming months, and will hopefully continue after the Project formally ends in September 1996.

¹ *Taking Care of Each Other: health promotion in community-based AIDS work* and *More Reflections on Taking Care of Each Other* are qualitative research reports on health promotion at the Pacific AIDS Resource Centre. The documents are available from the National Health Promotion Project at AIDS Vancouver or the National AIDS Clearinghouse, Ottawa.