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STRENGTHENING COMMUNITY HEALTH WORKSHOP

"I didn't know I knew so much"

SEPTEMBER 22, 1987

THE VANCOUVER URBAN CORE WORKERS ASS'N

assisted by
Health Promotion Directorate, Health & Welfare Canada
B.C. Public Health Association

Planned & facilitated by:
Jeff Brooks - Downtown Community Health Clinic
Margaret Chisholm - New Hope Centre
Rusti Cairns - Multi Service Network
Joyce Jones Second Mile Society
David Jones - CrossWalk Salvation Army
Sue Harris - Downtown Eastside Residents ass'n
Sharon Martin - Vancouver Health Department
Rita Stern - Health Promotion Directorate.

INTRODUCTION:

"I didn't know I knew so much" is an appropriate name for a community health workshop held in the downtown eastside community of Vancouver.

On September 22, 1987, The Vancouver Urban Core Workers Association with the assistance of BC Public Health Association and the Health Promotion Directorate held the first "Strengthening Community Health Workshop" in a local community. The participants, using the Achieving Health For All: A Framework for Health Promotion as a starting point, responded to the document, identified major health issues affecting their community and developed strategies to meet identified health needs. The major issues, headings and themes for the written report draw heavily on the direct input from the workshop. The workshop, as well as producing useful information for planning, also allowed the participants to gain insights into the strengths within their community.

The major issues effecting health were identified as:

(i) Insufficient services to people who fall through the cracks; native people, deinstitutionalized individuals, street kids, the isolated, women with children and persons aged thirty-five to fifty-five
(ii) Inadequate planning, consultation and coordination of services
(iii) Not enough recognition or support is given to existing self help system
(iv) A shortage of quality housing
(v) Inadequate treatment programs for the addicted
(vi) The need for purposeful activity
(vii) Reduced quality of life
(viii) Inadequate income
(ix) Unsafe environment
(x) Insufficient mental health services.

The overriding themes that emerged were:

(i) This community wants to participate as partners in the decisions that effect their quality of life. This includes involvement in the planning, development and implementation of direct services.
(ii) This community wants to have a role in the creation of a decent, safe

neighbourhood: access to safe, affordable housing, a range of recreational and social services and opportunities for involvement in purposeful activity.
(iii) This community wants to raise the standard of living and reduce the effects of poverty, this would provide the residents with more control over their lives and the ability to make their own choices.

The main questions raised were:
(i) How do we, as a community, persuade the policy decison makers to see it is in their interest to work with us?
(ii) What is the intention of the federal government to follow up on the implementation of the framework?
(iii)What will the urban core association and its members do with this information?

The enthusiasm and willingness demonstrated by all participants at this workshop is significant. The people of this community want to be included in this kind of consultative process and want to have their strengths and opinions recognized, particularly by official agencies. A high level of agreement about what the issues were emerged naturally, in an atmosphere that was free of defensiveness and criticism. From the point of view of those who organized the workshop, the process was equally important to the content. It was important to have participants recognize their own strength and potential, to recognize the contribution of various sectors involved in this community and to build on the existing community structures.

The Process:

In May,1987, at the Urban Core Workers monthly meeting, two workers who had attended the BC Public Health's provincial 'Strengthening Community Health Workshop gave a report to the group. The association passed a motion to hold a similar workshop in September, 1987. A committee was formed and included the following:
Jeff Brooks- Downtown Community Health Clinic
Margaret Chisholm - New Hope Centre
Joyce Jones - Second Mile Society
David Jones - CrossWalk Salvation Army
Rusti Cairns - Multi Service Network

This group was expanded to included Rita Stern - Health Promotion Directorate and Sharon Martin - BC Public Health Ass'n., who agreed to join in the development and implementation of this community based workshop.

The participants came from a cross section of residents and agencies living and working in the community. They represented residents, grassroots and voluntary agencies, government and community agencies. Administrators, nurses and doctors debated health issues with residents, volunteers, church workers and community organizers. They came from agencies that provided housing, policing, recreation, mental and community health and drop-in and shelter services to children and mothers, the homeless, natives, street kids, alcoholics and many others. Sixty-five persons were invited, the fifty who participated included fifteen residents of the community, twenty-five community workers and ten staff from government agencies.

Using small group format, the workshop was designed on a feedback process with the outcome of each workshop session reported back to the larger group for their response. To keep to the ideas expressed during the day. this report is written with the input of the facilitators from the notes kept throughout the workshop.

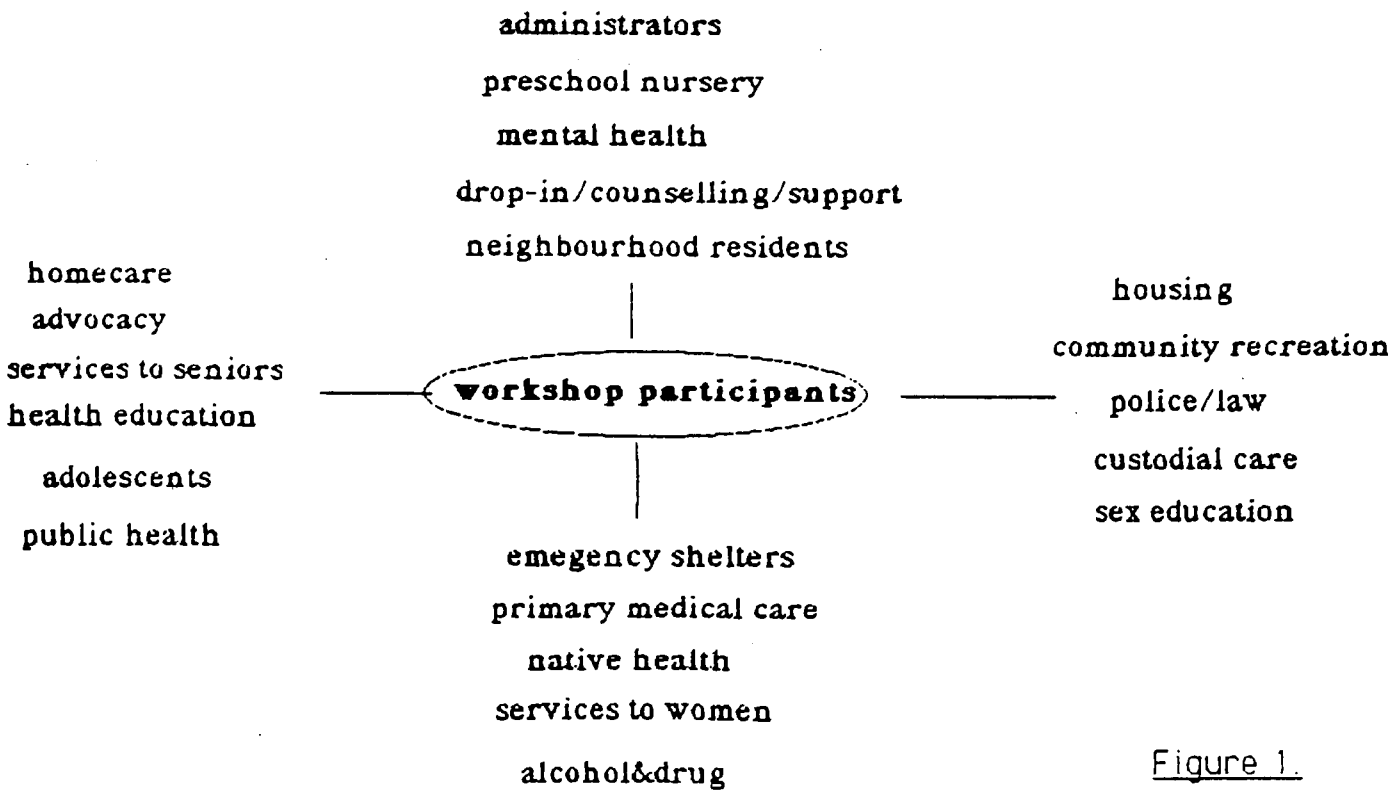

Figure 1.

SUMMARY

Summary - Group Session #1- Response to the 'Achieving Health for All Document' document

There is general agreement and acceptance of the broad definition of health.

The principles are sound - but how are they going to be made relevant for this community?

This document assumes we are working with healthy people.

Are the terms broadly defined for a reason ie. what does the document mean by self help?

The policy challenges that were most relevant to this community were:

1-Policies to reduce inequities given the high percentage of residents with low income and the corresponding negative influences to their health,

2-Policies that create supportive environments, including availability of recreational resources, housing and access to serv

3-Policies that encourage community participation in decisions affecting health and social services.

1-QUESTIONS FOR THIS COMMUNITY:

A-How does this community get in - have a say in how health care is to be delivered?

B-How will it affect standards/implementation of health programs?

ie. Presently one group-physicians decide and set priorities for delivery of health care services.

C (a)In this dialogue that has been started - notice provincial ministers are making public statements on health care costs

The Federal Minister of Health is presenting this document,yet document does not address provincial committments

(b)Costs are emphasized, but where is the money going now? Who is being paid - the professionals?

The health care professional who receives the largest share is the physician.

(c) if local communities set the priorities - would they set different priorities?

1-Would more money go to community initiatives and less money to professional care, more to prevention, less to treatment?

2-Would mental illness receive any funds?

3-Recently the province spent a large sum on a pamphlet on Aids to be delivered to every household in the province;
at the same time the province has limited funds for community groups working on Aids.
but the boards are largely appointed by the government.

F-Local input is needed to address local issues.

(a)-Administration - should it be at a local level? Hospitals are suppose to be locally controlled,

(b) What is the process we need to use to get our message to Ottawa, Victoria, Council
Is the document a "pep" talk to prepare for privatization of services within communities?

E-Participation- it takes money to organize, draw out and include wide sector of community residents

1-participation doesn't just happen, it requires leadership.

2-participation will only continue to happen if people are listened to by authorities

3-this process will only continue if there is a response to local input

Summary - Group Session # 2 - The Identification of Major Health Issues in This Community

Participants, using brainstorming, group process techniques, identified these health issues as their major concern.

PRIMARY ISSUES WERE:

1-Not Enough Support is given to Existing Self Help Network

2-Lack of Self-Care and Self Help within the Community

3-People Who Fall Thru The Cracks

(i) Native people, deinstitutionalized individuals, street kids, women & kids, person age 35-55, isolated

4-Isolation

5-Lack of Planning, Consulatation and Coordination of services

OTHER IMPORTANT HEALTH ISSUES;

1-Nutrition decrease in welfare rates - increase in food line-ups where food is filling but nutritional level?

(i) no control or choice of what we eat & when & how

2- Poor Quality of Housing - Fire/health /safety standards not enforced

3-Addictions-lack of treatment programs

(i)coordination of policies and services

ie. someone with both alcohol and mental health problems will not recieve service from either
agency because they do not fall purely into the mandates of mental health or alcohol&drug

4-Health and Social service Professionals need to recognize community input and resources.
5-Access to purposeful activity- not everyone can be employed but everyone can be useful
6-Increase focus on Prevention
7-Quality of life issues - pollution, noise, high density living, stress, melting pot, prostitution
8-Income - 90% of community live below poverty line
9-Inadequate funding to agencies, inadequate availability of skilled resources to work WITH community
10-Changing population - more single mothers, children, no services
11-Safety - Visitors to community at night to bars clubs, for drugs, abusive to locals
12-Inadequate services to meet needs of specific groups ie. one service not able to serve moms, children and seniors
13-Mental health and criminal designation
14-3 C's communication, cooperation, coordination
15-Sexually Transmitted Diseases and TB are ongoing concerns.
16-Health Care System- few options other than public system as many not on BCMP

Summary - Group Session # 3 -Strategies and Recommendations

Each group focused on one major issue and planned strategies and recommendations for that issue.

GROUP 1 -ISOLATION:

This a multi-faceted problem with high priority in this community as many people with low status, depression live here
The community itself has low status compared to other communities in the city
There is a strong infra-structure within this community by contrast to many communities
There is strong sense of committment by many persons in this community.
The many positive things that do happen in this community need to recognized and strengthened

RECOMMEND THE DEVELOPMENT OF A PROJECT THAT BUILDS ON THE NATURAL SUPPORTS AND STRENGTHS IN THE COMMUNITY -
a natural helper project - see Appendix 1

GROUP 2 - PLANNING:

1-Broad based neighbourhood planning that includes the community, relates to surrounding neighbourhoods and the city, provin
volunteer and federal initiatives is needed

2 - Aim is to develop short and long range plans. For the details on how we go about developing a planning vehicle
for this community see Appendix 2

GROUP 3 -PEOPLE WHO FALL THRU THE CRACKS

All agencies from the local urban core committee, the city , mental health, provincial and federal agencies who provide services to this community must examine their procedures to reorganize resources so that they address the following groups

These groups are of grave concern to this community:

1 - those aged 35 -55 years,
2 - deinstitutionalized individuals particularly mental health patients
3 - isolated individuals,
4 - Native people,
5 - street kids
6 - woman and children
for specific details see Appendix 3

GROUP 4 - SUPPORT THE EXISTING SELF HELP NETWORK

by providing:

resources - money, people, and information
recruitment
education
networking
activities that empower individuals
see Appendix 4

GROUP 5 - SELF-CARE - SELF HELP

The definition used incorporated self-care/self-help within a supportive environment.

Concern was expressed not to "blame the victim" with respect to health habits or difficulty in coping with social problems.

One resident shared his experience of how mutual aid has not only assisted seniors in coping with family tensions, but also helped them to better access health and social services.

He felt that self-help/mutual aid groups was an excellent way of dealing with the isolation and despair felt by his group.
See Appendix 5 for specific details

APPENDIX 1 ISOLATION

POVERTY- make something other than $$$ the medium of Exchange

SOCIETIES VALUES ie. new toys vs. old toys

RECOGNIZE THE ROLE OF DIMINISHED STATUS

be an advocate in the welfare system
look for incentives that people might want to work
educate policy makers as to what really goes on in this community

STRATEGIES to reach Isolated

1-we can meet this problem by having special people
build upon natural helping networks in this community
peer support
ministers
nurse
block visitor, hotel managers and staff
every block needs a health worker -not to much training but everyone gets a visit

2-Assess natural or hidden support that may be there in place
ie. a rundown hotel may have the caretaker doing informal health checks
(i)Workers are already meeting some of the isolated people
(ii)make the caretakers aware of the various resources - alert them to such things as th aging process
invite them to workshops
(iii)encourage shop keepers, hotel managers to keep alert to someone in need
encourage room checks
things may change if we have a monitoring -follow-up system
(iv) transportation to resources needed
(a) more handydart rides

APPENDIX 2

1. Planning- local, city, province, federal, volunteer sector

1.1. short and long term, specific groups, policies and consequences

1.2. All requires time to coordinate, the resources $$$$, research , energy and time of local people, & distribute to community

1.3. How do we

1.4. get professional planners and policy makers from outside to liase

1.4.1. (i)with urban core

1.4.2. (ii)community member/informed

1.4.3. (ii)we need a common direction

need a mission statement

1.5. WHO SHOULD BE ON THE PLANNING COMMITTEE andWHO INVITES THIS GROUP

1.5.1. (i) it should be wide range and include:

agency/community

ethnic representation

consumer representation

representatives city, feds

1.5.2. (ii) needs clear operational mandate

define expectations

1.5.3. (iii) the ideal is to have half community members

1.5.4. (iv)requires internal and external credibility

constant communication between professional /resource people

1.5.5. (v) issues of power and costs must be addressed

1.6. URBAN CORE SHOULD GO TO SUB-COMMITTEE STRUCTURE

1.6.1. SPECIFIC SUB-COMMITTEE STRUCTURE

1-alcohol and drug

2- police liason

3-selfhelp groups

4-issue oriented groups

5-church groups/association/outreach

6-other agencies and associations

7-Ethnic groups

8-school Rep's

9-int. mental health

10-child poverty action group

1.6.2. SUGGESTIONS FOR COMMITTEES:

1.6.3. (i)Surveys of community using different methods

provide information to make decisions that are realistic

1.6.4. (ii)Coordinate with other communities through :

existing networks

housing reulations

1.7. THIS TYPE OF PLANNING NEEDS

1.7.1. (i)position papers
time
consistency
plan -history of planning group

1.7.2. (ii)$$$$$ - staff person
meetings to develop links, 4c's and consistency

1.7.3. (iii)Credibility
acceptance within community

1.7.4. (iv)Donation of time - student's grants, master students

APPENDIX 3 - People who fall thru the cracks

Native people

1- encourage immediately a health clinic in the Indian Centre

2-that a native streetworker/nurse program be established

3 N.B. -that various levels of government along with native organizations and native individuals

meet and seriously discuss and identify major problems and plan real solutions

4-that there be a review of Seattle's strategy around native people and services

RESPONSIBLE #1 &# 2 Federal & city; #3 &#4 city/federal/prov. Urban Core &b native people

Deinstitutionalized individuals- OF GRAVE CONCERN

1- that there needs to be discharge planning done before individuals leave institutions (ie, prison, jail

that this planning be carried out with the individual concerned, the institution and local community where people choose to

2-that overall planning be carried out with institutions and governments and communities/agencies

ie. developing appropriate activities and funding for proper support

3- regular buddy system established

RESPONSIBLE MENTAL HEALTH AGENCIES FOR 1&2, #3 local plus Urban Core

Age (35 - 55)

1- that people in the downtown Eastside identify their employment needs and co-ordinate this with identified jobs and work

in D.E.S. and that adequate training, wages and benefits be a part of this

That the welfare rates be raised to at least the city/prov/fed poverty level

That this age group needs to meet to discuss and develop appropriate programs in consultation

with agencies, gov't etc.

ie. a drop in that runs from 10pm.-8am. to meet residents needs not budget needs

RESPONSIBLE INDIVIDUAL/AGENCIES

Street Kids

1- there needs to be permanent funding of a streetworker program in the downtown eastside

2-that family support workers need to be immediately re-established to keep kids in the home

with support the family might manage better and the kids would not end up in the downtown eastside on the street

3-that a mobile van be established for street kids

that provides food, counselling, drop-in employment, job training and legal info

staffing include nurse,social worker, lawyer - paralegal

RESPONSIBLE * 1 city and province, *2 province and federal(CAP)*3 city,(health dept), province, Federal(indian affairs)

Woman and kids

1- that there needs to be an appropriate women's detox

2 N.B.- that provincial and federal Ministry of women be requested to become involved-

as consultants to assist in developing women's and kids facilities in the downtown eastside

3 more proactive planning for the future need of residents while the housing being built

Appendix 4

1. RESOURCES NEEDED TO SUPPORT EXISTING SELF HELP NETWORK

1.1. $$$$$$
- 1.1.1. approach governments: city, province, federal, private agencies,
- 1.1.2. for donations and fundraising

1.2. people
- 1.2.1. who are interested in specific area of self help
- 1.2.2. some who have professional training in the area - retired or unemployed ie. professional assoc.
- 1.2.3. residents
- 1.2.4. community churches
- 1.2.5. area councils- ie. social planning have developed in other areas?

1.3. information- make connections with:
- 1.3.1. established groups with same interests - similar groups
- 1.3.2. government and private agencies
- 1.3.3. universities and colleges
- 1.3.4. libraries
- 1.3.5. immigrant services centre, refugee centres and ethnic associations

1.4. RECRUITMENT
- 1.4.1. requires organization - a sense of how we are going to go about marketing this idea
  - networking and individual approach (hands on) people walk in
  - referrals
  - media exposure
- 1.4.2. educational workshops
  - volunteers or helpers need to get something; improve what they know and do
    - communication skills, community knowledge
    - as you recruit you have to promise people you will help them along the way

1.5. EDUCATION
- 1.5.1. peer counselling/communication skills
- 1.5.2. experiential learning - a way to learn was to try it
- 1.5.3. university/college degree
- 1.5.4. how do you develop trust? group process issues

1.6. NETWORKING
- 1.6.1. links with professionas and para-professionals people who have information
- 1.6.2. links with all people involved in the like kind of work

1.7. FIND ACTIVITIES FOR SPECIFIC GROUPS/SELF-EMPOWERMENT

1.7.1. find useful and purposeful opportunities for using free time
1.7.2. peer counselling and support - individuals need their own supports
individuals/groups need support in as wide a way as possible

APPENDIX 5 SELF-CARE RECOMMENDATIONS

In order for sef-care information to be usefusl need to increase literacy in the community

need to develop educational programs/materials culturally sensitive to groups in communities;

different languages; audio/visual resources

need to provide information in settings where people frequently go welfare offices/grocery stores, bathing facilities

need to find outreach workers for housebound clients

inorder to prevent AIDS need educational materials geared to different ethnic populations and street kids

availability of condoms

one strategy for the community would include taking one health issue

focus all information, agencies and services for 3-6 months

Community spirit needs to be awakened

food co-ops

literacy campaigns - assist in organizing residents - helping residents to read and write

Urban Core Network was perceived as a key co-ordination mechanism because residents know and trust members

Environments that would support self help

a recreational centre with a pool and physiotherapist

a counselling clinic for health

availability for funding for family dwellings and single gardens, exercise rooms, food co-op, child care centre