

Project Overview

Community Health Advocate Program

Helping Women Protect Themselves Against Violence in the Health Care System

A Network of Community Health Advocates will advocate for SAFE, RESPECTFUL and APPROPRIATE health care for women in their communities.

- CHAs will talk to women about their experiences in the health care system. The more stories that we hear, the better able we are to understand and address the needs of women in the community
- The CHA Program will **increase awareness** about the issue of violence against women in the health care system
- CHAs will **address the needs** identified by the community in a way that best suits the women, the community partners, and CHAs. This program is true community-based advocacy.
- The CHAs will **educate women** about their rights in the health care system, **empower them** to take control of their health and, ultimately, feel **confident** during visits to health care practitioners. Inner knowledge and a better understanding of rights will help reduce the disrespect and violence many women experience in the health care system.

What is our definition of "Community"?

- A community is a self-defined term. Community may mean an ethnic group, a geographical region, or a group of women with similar needs/interests. The flexibility in the term signifies the over-riding goal of this project

What do we mean "violence against women"?

- Violence against women can occur in many ways in the health care system. Many people are uncomfortable about using the term 'violence' to convey some of these situations, and may feel more comfortable using the terms 'disrespect', 'abuse' or 'harassment'. We encourage each community to use the term that most appropriately reflects the issues of the women in their community.
- We chose the term 'violence' because components of the health care system which harm a woman's physical, emotional, spiritual or sexual health causes injury - it IS violence!

"He wouldn't treat me for my migranes. He said all I need to do is lose weight."

"I complained about pain during menstruation and was told it was normal. 2 years later, I found out that I had endometriosis."

"Women with disabilities are considered asexual in our society. They do not get the same information about sexuality as able-bodied women."

"When I told my doctor I am a lesbian, she became very uncomfortable. Then she told me I did not need a PAP smear because I am not sexually active [with men]."

"...what is empty cell syndrome? Why can't my doctor tell me why I can not have children in words I can understand?"

English was her second language and the doctor didn't have enough patience to understand her problem. She was treated like a child and left the office with no help.

WHO is the Community Health Advocate?

- The CHA may be a volunteer who dedicates time to working within her community to work directly with women in the community.
- She may be someone who does paid work within a target community group who will have an additional pool of knowledge and sensitivity around health care issues.
- She may be a woman who sits on committees or focus groups within her community, who can add health care issues to the discussions.

This is a flexible program based on the needs and abilities of the of the communities. Originally, this project was developed so the CHAs were all volunteers. Realistically, this may not work for some of the community groups, so we have to support these groups in whatever way they chose to support the project.

If we are so flexible, how will our goals be reached?

The flexibility is the KEY to the goals of this project being successful! A project that demands a certain structure from volunteers and non-profit service organizations will not have long-term success unless it benefits them in a convenient and effective way.

As long as the ultimate goals of this project are reached, the CHAs have the flexibility to structure their 'position description' in a way that will reach these goals.

Primary Goals of the CHA's Role

1. Record 30 stories from each CHA before March 31st, 1999. These stories are from women in their community regarding their treatment in health care
2. Documented contact of 50 women in their community about health care issues
3. Regular communications with VWHC about the health care issues arising and what types of advocacy the CHA has been doing
4. Get feedback from communities and CHAs on structure of program for further years
5. Promote the VWHC Info Centre as a resource for women to research their own health issues
6. Provide the Info Centre with information about health needs of the women in their community so we can research the topics identified and have resources available
7. Provide a log-book of information (or other type of tracking device) about their work in the community (Contacts, Meetings, Thoughts, etc)

Types of Advocacy

The way that the CHA chooses to advocate for women's health in their community depends on the needs of the community, the input from community partners, and the interests/abilities of the Community Health Advocates.

- Workshops
- One-on-one
- Phone calls
- Focus groups with key people in the community
- Newsletters
- Media (Newspapers, Radio, Internet)

The role of the advocates is three-fold :

- 1) They will educate women in their community about their rights in the health care system and ways to overcome the barriers that prevent them from receiving safe health care. This education will empower these women to take greater control over their health and to know the steps that can be taken if they have experienced violence in the health care system.
- 2) They will meet regularly with the CHA Coordinator and the other CHAs to discuss various barriers to safe health care that they have discovered in their community and their plans to confront these systemic barriers. They will share stories of the violence that women in their community have experienced with us so we better understand the issues that women in this region are dealing with so we can better provide the services they need and advocate for changes in the health care system.
- 3) They will be the advocates for their community to do the type of work that is suitable for the women in that community in order for them to have access to safe and appropriate health care. It will be community-based advocacy.

In the 26 years that the VWHC has been operating, we have found that by slowly raising a women's awareness that she has the right to be dealt with in an appropriate manner - be listened to, not to be physically, emotionally, or sexually abused, to be given a range of choices about how to deal with her health care concerns - a woman will become a better health care consumer. She will make better health care choices and be more disposed to take an active responsibility for her own health.