

Community Health Advocates:

Prevention of Violence Against Women In the Health Care System

**PROPOSAL FOR VIOLENCE AGAINST WOMEN PREVENTION PROJECTS
MINISTRY OF WOMEN'S EQUALITY
STOPPING THE VIOLENCE BRANCH**

SUBMITTED BY:

**VANCOUVER WOMEN'S HEALTH COLLECTIVE SOCIETY
219-1675 WEST 8TH AVE.
VANCOUVER, BC V6J 1V2
PHONE 736-4234
FAX 736-2152**

CONTACT: RAINE MCKAY

abstract

This pilot project will setup a training program for the development of community health advocates. It will examine the efficacy of using community health advocates to help prevent the direct violence experienced by women from their health care providers. The community health advocate will work to prevent violence in three ways:

- 1. by holding workshops that will; facilitate an understanding of the power imbalances between women and health practitioners; to share & illustrate methods to deal with these imbalances to prevent the direct violence women experience from health practitioners; and to empower women to use these methods**
- 2. by supporting women in their dealings with the health care system through a variety of advocacy roles**
- 3. to document province wide incidence of violence against women in the health care system**

introduction

This proposal is based on the assumption that the violence that women experience in the health care system is no more or less a 'health issue' than violence they experience at home, in the street and at work .

While the awareness around family violence has dramatically increased over the last 5 years, there is still little awareness or acknowledgment of the direct abuse women suffer at the hands of their health care practitioners. The health care system reflects society at large and we as a society continue to turn a blind eye to its continued direct & indirect violence against women.

In the women's community an analysis of violence against women in the health care system has been around for nearly 25 years, yet it continues to be treated as a 'health issue' - somehow separating it from other situations of violence. Why is it that the direct violence - sexual abuse, castration, induced drug addiction, mental abuse, unnecessary excised organs and emotional abuse is considered a 'health issue'?? In the delivery of health care, women are placed in a situation where they are emotionally, mentally & physically vulnerable; where they are expected to - no required to! - hand over all of their power to individuals who are a product of a health care system that is built on misogynist values & practices.

The lack of action around these issues sanctions this violence and reinforces the values & practices that it spring from.

This pilot project is designed to systematically raise the awareness around the direct violence women experience from the health care system and to empower women to take steps to prevent the manifestation of this violence in their own lives.

agency profile

Vancouver Women's Health Collective Society

Founded on a philosophy of self-help the Vancouver Women's Health Collective (VWHC) is non-profit grassroots organization that has been helping women help themselves for the last 23 years. At present there are no other organizations in Canada doing similar work to the VWHC.

As our mission statement below demonstrates, the Vancouver Women's Health Collective uses a holistic approach to empowering women to deal safely with the health care system .

Women's experiences show that the established health care system undermines and denies the needs of women; therefore, the Vancouver Women's Health Collective will lobby and advocate to change the established health care system and provide women with resources to make their own health care choices.

We believe that because of our broad based approach to the power imbalances in the health care system and our extensive years of health advocacy and grassroots workshop experience, the VWHC is more than qualified to do this work.

We have an extensive network of organizations that we liase with in BC and across Canada. This will enable community health advocates to access information quickly and it forms a rich base for them to draw support from.

These are some current activities illustrates how we use this network:

Provincial Women's Health Lobby (PWHL)

The PWHL was started at the Vancouver Women's Health Collective's Women's Health Conference in the fall of 1992. The structure of the lobby is intended to draw it's strength from the diversity of women's voices in the province. It's first action was a successful lobby for a province-wide conference around the development of a women's health policy in the Ministry of Health. The PWHL is currently lobbying to

ensure that the results of this conference are taken back to the community for the prioritization of actions and the development of a comprehensive implementation plan.

The PWHL continues to lobby for operational funding for grassroots women's health organizations to properly reflect the government's New Directions document. In May 94 the PWHL held a day long conference that enabled women from the Vancouver Region to come together and draft policy proposals for the Van. Regional Health Board around women's issues.

As part of the Canadian Women's Health Network, the PWHL is well supported in their efforts to lobby for systemic change in the health care system.

They are currently writing a workbook for women's centres about how to lobby the regional & community health boards.

For the last 17 years the VWHC has offered health advocacy to women. This experience will be invaluable in the development of the training project. It will serve as a guiding force to help deal with the challenges that the community health advocates will face.

One on One Advocacy Work

Over the past 17 years the VWHC has offered a telephone help line in addition to informal drop-in advocacy services for women. Through the development of an active advocacy committee 1992, the VWHC widened the base of it's advocacy services. The women of this committee are trained to do intensive one on one advocacy work with women around issues of access to health care providers and services, sexual, emotional & mental abuse by health care practitioners, ways to ensure that every woman gets the quality and choice of health care she wants; and to work with women to prevent unnecessary excised organs, castration and induced drug abuse.

Research into Need for Health Care Advocates

In the fall of 1992 the Vancouver Women's Health Collective (VWHC) received a grant from the Ministry of Social Services to conduct a needs assessment around the role of health care advocates. The report generated from this research outlined the overwhelming support and need for health care advocates and eloquently described the gaps in the advocacy processes that presently exist.

The research into the existing services available continues, and an ongoing critique is being developed in conjunction with other community groups.

The transfer of the VWHC's extensive resource library to the Women's Health Information Computerized Database will facilitate the community health advocates access to much needed information. This database will also be used to track the incidence of violence women experience in the health care system.

These are some of the resources a community health advocate will have access to:

Resource Library

With the move to a larger space in March 1993, the VWHC's resource library has expanded in it's ability to accommodate more comfortably women researching their health care choices. Our resource library currently contains over 1,500 titles. The 748 files containing newspaper clippings and medical, research and health journal articles on women's health issues are updated monthly.

Our resource library is opened four times weekly and volunteers are available to help the women who come in. Also, during the hours that the information centre is opened, volunteers answer the help line; research health issue concerns for women who are unable to come into the resource centre and provide one on one advocacy for women requesting it.

Health Care Practitioner and Therapist Files

These files contain information about a great many lower mainland health care practitioners and therapists. The file cards provide women with information concerning the location, specialty, existence of a waiting list and sex of the health care practitioner or therapist. The files are composed of forms filled out by the health practitioners & therapist themselves and by women who have used their services. Women are asked to comment on various aspects of their treatment. These forms are designed to allow other women a variety of opinions to help make a decision around the appropriateness of this individual to provide them with treatment options.

The VWHC continues to research various health care practitioners and therapist to ensure a wide base of choice for women. This service has recently been computerized in order to be accessible through the VWHC's health information database. The VWHC is working with other

health collectives and women's centres to expand the scope of the files beyond the lower mainland.

Educational Workshops/Seminars

The education committee of the VWHC offers workshops on menopause, PMS, reproductive health concerns, breast cancer, physiology of women, pharmaceutical abuse of women and the politics of the health care industry. These workshops are delivered to all types of women's organizations, unions and the public at large. The VWHC is developing a series of lunch time sessions around several health issues. Our summer film series will be extended and programmed into fall and winter sessions.

In addition to these specific activities, the educational committee is in the process of developing a comprehensive feminist health curriculum based on our 44 health issue factsheets, to be used for ongoing public and institutional education.

Educational Publications

Over the last 13 years the VWHC has produced 12 books on an array of women's health issues. Currently the VWHC is looking for funds to revise these works and translate them into various languages. The publication committee has just received funding to transform our major publication "Avoiding Pregnancy" into pamphlet form and have it translated into Cantonese, Punjabi and Hindi. At present we have three books being edited and prepared for publication; an updated menopause booklet and books on hysterectomy and candida.

Another form of information the VWHC produces are 44 Fact Sheets on a variety of women's health issues from breast cancer to the politics of the health care industry. These fact sheets are, on average, 2 pages in length, using a feminist critique to outline the basic information available from a wide range of perspectives on various health issues. All of the VWHC's publications, along with hard to find publications on women's health, are available through our mail-order service.

All of the VWHC publications strive to take inaccessible health information, apply a feminist critique, lower literacy level and when translated to provide a culturally - sensitive translation, in order to make it possible for women to inform themselves and thereby make educated health care choices.

Computerized Women's Health Information Database

To increase women's access to alternative and basic health information, the VWHC is in the final stages of developing a computerized health information network to be piloted at women's bookstores and women's centres province wide.

This database contains a wide range of resources - books, pamphlets, information kits, videos, films, ect. - available on various health issues; local and provincial community resources & advocacy routes; a symptom listing to help assess environmental and occupational health concerns; and an issues forum for networking on the computerized bulletin board.

The system is being designed to be user friendly, cost effective, physically accessible and to be used with all kinds of computer hardware and software. The VWHC proposes that this system be used in conjunction with community health care advocates.

Given our resources & experience we believe that we are in the best possible position to actualize the role of community health advocate into one that will be vital in the struggle against violence against women in the health care system.

proposal

introduction

The province wide study conducted by the VWHC in 1992 to examine the need for community health advocates, demonstrated the need for a systematic program to train community health advocates. (Is There a Need for a Community Based Health Advocate, VWHC 1993). While this study addressed the general need for community health advocates, we see the role of a health advocate being of special importance to women - ***as a tool to help prevent the direct violence women experience at the hands of their health care providers.*** This role was reinforced at the Provincial Women's Health Conference (Women's Health Conference - Moderator's Report; Ministry of Health and Ministry

Responsible for Seniors, BC.; 1993; pg 36) and at the Vancouver Regional Women's Health Policy Development Forum in the spring of 1994 (Women's Health Document, Health Forum Document Committee; June 1994;).

This program is designed to jive with and accommodate for, the current move to regionalize the health care system. The community health advocate program will allow for the following:

- a systematic way for uniform information to be shared
- allows health advocates to modify the information base to meet the needs of their communities
- allows for the possible funding of the training and /or work of the health advocate to be secured at Community Health Council level (the place where women would have the most direct access to insuring that the program is supported)
- cuts the cost of the program by supporting the women in their region to develop programs of their own
- with the use of the Women's Health Information Database that will be available at women's centres, the necessary link between programs and the exchange of the updated information will be provided

structure of project

The goals of this project are to expose the systemic violence against women in the health care system & develop an effective means to empower women to prevent that violence at their point of entry in the system - the health care provider.

We will do this by training community health advocates to:

1. - to hold workshops that will; facilitate an understanding of the power imbalances between women and health practitioners; to share & illustrate methods to deal with these imbalances in order to prevent the direct violence women experience from health practitioners; and to empower women to use these methods
2. - support women in their dealings with the health care system through a variety of advocacy roles
3. to document the province wide incidence of violence against women in the health care system

And we will support this action by:

1. - encouraging and supporting the development of health advocacy programs in all regions
2. - offering a train the trainer program that will offer training for communities across the province through funding from community health councils

The project will be divided into 4 sections:

manual development
training
apprenticeship
evaluation

manual development

The first step is to create a comprehensive training manual that can be used by communities train health advocates. This manual will be organize and build on the information that we presently use in training health advocates at the VWHC. It will be written & designed to allow communities to abstract information into pamphlet or fact sheet format for distribution and/or translation. The curriculum development coordinator

with the VWHC's Community Advisory Board, will be responsible for the development of the manual.

The manual outline is as follows:

Section One - Power Imbalances in the Health Care System

- herstorical perspectives on women & the health care industry
- indirect & direct manifestations of violence against women in the health care system

Section Two - The System

- an update on the hard facts around changes in the health care system province-wide, as they affect women
- detail women's points of access to health care
- outline responsibilities of all of the ministries involved; RHB;CHC & health care providers;
- the rights of the health consumer in access to services
- overview of province wide advocacy organizations and their relationship to the community health advocate

Section Three - Action towards Prevention of Violence Against Women

- overview of role of community health advocate
 - in delivering empowerment & awareness workshops
 - in advocating for health care consumer:
 - with health care providers
 - with systems
 - in information sharing & networking
- empowerment & awareness workshops
 - content
 - delivery methods
 - insuring cultural & community sensitivity are maintained
- methods of direct advocacy
 - skill development in various techniques
 - reporting
 - situational role plays
- information sharing & networking
 - using the Women's Health Information Computerized Database
 - using bulletin board system for networking
- reporting techniques

training

The collective will train 6 community health advocates in the Vancouver Region from various communities we are presently working with - houseless women; sexual abuse survivors; indo-canadian women; young women; single mothers; asian women and lesbians. The community organizer will work with these communities to select the women for the program and to ensure that there is ongoing community support for the women once the training is done.

The training will be 80 hrs of direct instruction by the trainers, to be followed by a 3 month community apprenticeship.

The training will be conducted by two experienced trainers from the VWHC Advocacy Committee.

apprenticeship

Each trained community health advocate will spend the next three months in their community doing the following:

1. holding & evaluating at least 3 'empowerment & awareness' workshops
2. direct advocacy in their communities
3. recording incidence of violence.

The trainers will act as support for the health advocates during this three month training period - meeting with them every 2 weeks to debrief and update & exchange information.

evaluation

Outlined below are the various elements that will be evaluated. The form that the evaluation will take may vary based on the input from the various groups involved in the project - but all will be evaluated by community members & community health advocates.

training

content & delivery of curriculum

apprenticeship

use of trainers
feelings of adequacy in community health advocates
use of advocacy tools - database, networking

applicability of curriculum content to community

effectiveness of health advocate to empower women & raise awareness of issue

general use of health advocates in community

specific advocacy needs of community

an increase in discussion within communities around issues

an increase in calls to VWHC help line around these issues

direct feedback from participants of workshops

health advocates follow-up of workshop participants

job descriptions

VWHC Advocacy Committee

This group of volunteer health advocates will be responsible for coordinating the pilot project .

1. This committee will provide support to:

community organizer

- around advocacy work already happening in the Vancouver Region

- contacts in identified communities

curriculum development coordinator

- base information they currently use for the development of the manual

trainers

- to help design & conduct training

community health advocates

- to provide support throughout the pilot in doing advocacy work & evaluation

2. Write end report based on evaluations
3. Obtain funding for next stage of work
4. Document a cost analysis of community health advocates.
5. Liase with Community Health Councils, Regional Health Board, Women's Advisory Committee to Regional Board and community health practitioners around the need for health advocates.

6. Promote the need for health advocates in the prevention of violence against women in the health care system

Community Organizer

This individual will work with the VWHC Advocacy Committee to perform the following tasks:

1. - work with identified communities in the selection of women to go through pilot training
2. - work with training health advocates to promote the concept of health advocates in their community
3. - with communities identify a strategy for promoting the concept of health advocates with CHC & RHB
4. - with input from community health advocates document the pros & cons of volunteer vs paid health advocates

Curriculum Development Coordinator

1. create advocacy training manual
2. in conjunction with community organizer design training protocol & timeline
3. design evaluation process for curriculum content & training protocol for:
 - training sessions
 - apprenticeship

Trainers (2)

These women will be responsible for:

1. - delivering the training program
2. - conducting the evaluations on the curriculum content & training protocol
3. - holding biweekly meetings with trained health advocates
4. - working with the health advocates around project evaluation

Community Health Advocates (6)

These women will:

1. - will liaise with curriculum development coordinator around the specific needs of their communities

2. - will liase with community organizer to raise profile of health advocates in their community
3. - participate in 80hrs direct training
4. - agree to hold at least 3 empowerment & awareness workshops in their community
5. - to volunteer 5 hours a week to provide direct advocacy to their communities
6. - to document & evaluate advocacy provided for the 3 month pilot
7. - to make recommendations around:
 - role of advocate in their community
 - volunteer health advocates vs paid health advocates
8. to record incidence of violence

follow-up activities

Phase two will be based on the evaluations from Phase one. The approach and content of the training will be modified to enable the community health advocates to better set up programs in their communities. The health advocate training program will obtain funding to support the trained community health advocates in training of 2 women from their own community to become community health advocates.

timeline for activities

date	who is involved	logistics	development	implementation	evaluation
May 1 - 19	VWHC Advocacy Committee (ac)	hire curriculum development coordinator (cdc)			
	cdc & ac & identified communities		develop curriculum Section one		
May 22 - June 30	cdc & ac & identified communities		develop curriculum		
			Section two		
July 3 - July 28	cdc & ac & identified communities		develop curriculum: Section Three		
	ac	hire community organizer (co)			
	co			make community contacts & promotion of program in identified communities	
July 31 - Aug 18	co & communities			selection of program participants	
	ac	hire trainers (t)			

	cdc & ac & communities		have communities review curriculum & finalize		
Aug 21 - Sept 1	cdc & communities & t			design training sessions	
Sept 5 - 29	t & community health advocates (cha)			training	
	t & cha & cdc & ac				training evaluation
October 2 - Jan 3	cha & t & ac			pilot	
	co			work with community to develop strategy for promotion of program to CHC & RHB	
Jan 4 - 26	t & cha & ac				pilot evaluation
Jan 29 - March 1					write report & recommendations
	cdc				amend curriculum for phase two
	cha			recruit 2 new trainees	
	ac & co			implement promotion strategy	
	ac	obtain funding for phase two			

budget

All rates of pay are based on the VWHC's pay scale.

Salaries		amount
Curriculum Development Coordinator	300hrs for curriculum research/development/training design @ 18/hr 20hrs for evaluation @ 18/hr 25hrs for rewrite @ 18/hr	6210.00
Community Organizer	120 hrs community organizing @18hr 30 hrs for strategy prep/implementation @18hr	2700.00
Trainers	10 hrs prep @ 18/hr x 2 80 hrs training time @ 18/hr x 2 40 hrs support contact @ 18/hr x 2	4680.00
Community Health Advocates	honorarium of @ 500.00	3000.00
Development/Training	child care for training printing of manuals transportation	1000.00 300.00 300.00
Apprenticeship	room rental for workshops 3/participant @ 25 each child care for workshops transportation	450.00 500.00 75.00
Overhead (fax;phone;office space; computer & printer use; material & supplies)	20 % of total	3843.00
Total		23,058.00

attachments

Please find enclosed a copy of the most recent community based research papers done by the collective which outline the need & support for this pilot project.

- 1. IS THERE A NEED FOR A COMMUNITY BASED HEALTH ADVOCATE?**
- 2. MARGINALIZED & HOUSELESS WOMEN SPEAK: 'WHAT WE NEED SO WE CAN EFFECTIVELY IMPROVE OUR OWN HEALTH & WELL BEING...**
- 3. WOMEN'S HEALTH FORUM DOCUMENT**

Letters of Support are available upon request.