

Community Health Advocate Program

of the VWHC Women's Health Information Centre.

Community Health Innovation Fund
Interim Progress Report

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EXECUTIVE SUMMARY

The Community Health Advocate (CHA) Program is designed to provide women in the Vancouver/Richmond region with a consistent means to deal with the systemic violence they may experience in the health care system. The means by which this program will satisfy this overall goal is through the training and supporting of **advocates for women's health** in different communities across the region.

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.
- 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.
- 3) They will be advocates for the women in their community for the access to safe and appropriate health care. The type of advocacy they do will depend on what the women in that community need (e.g. One-on-one advocacy, lobbying for policy change, raising awareness in the community, etc)

The Vancouver Women's Health Collective has committed to selecting, training and supporting these advocates in their role, as well as steering the overall vision to decrease the reality of violence against women in the health care system.

A. PROGRESS TOWARDS THE GOALS AND OBJECTIVES

A1) Preventing violence against women in the health care system.

Steps taken :

- Part-time CHA Coordinator hired in July, 1998
- Overall plan and budget of the program has been outlined (see budget attached)
- Beginning of the creation of a CHA Training manual
- Individuals in specified communities have been contacted and meetings scheduled to discuss the needs of their communities and begin recruiting of CHAs

A2) Most important objectives

- To create a network of advocates and partners in the region working towards a common goal of making the health care system a safer, more respectful place for women
- To train Community Health Advocates in various communities to advocate for the prevention of the violence that women in their community experience in the health care system
- To educate women on their rights, and empower them in making safe and appropriate health care choices
- To work with health practitioners and policy makers to address the issues identified by the CHAs

A3) Number of clients

I am unable to answer this at this time. Training of CHAs will not happen until October, so a better estimate on numbers will be available in the fall.

A4) Population

Communities in which there are the largest barriers to accessing safe and appropriate health care (e.g. Women with disabilities, lesbians, women of color, etc). This program will focus on 4 to 5 communities this year. Numbers of women unknown at this time.

A5) Measurable Benefits

- The number of women accessing the CHAs in their community
- The number of women who learn how to attain safe, respectful and appropriate services
- The number of health care practitioners who are educated by the CHAs
- The visibility of the CHA in the community (i.e. Do many women know the CHA is available)
- The number of women who access the services of the VWHC Women's Health Information Centre due to interaction with the CHAs

A6) Significant Successes

Since funding began:

- Hiring a part-time CHA trainer/coordinator
- Developing a realistic plan for the program despite inability to secure funding for a full-time coordinator
- Developing a CHA Committee of committed internal volunteers
- Making contact with like-minded communities (e.g. *The Centre, BC Coalition for People with Disabilities, Downtown Eastside Women's Centre, etc*)

Before March 31st, 1999:

- Accomplishing the goals outlined in A1 and A2
- Creation and maintenance of strong partnerships with like-minded organizations
- Extending the outreach of the VWHC Women's Health Information Centre
- Further development of our Information Centre based input from CHAs (e.g. *More information on identified issues, greater outreach to marginalized populations, etc*)
- **Securing further funding to ensure that this program is ongoing.**

A7) Anything further regarding the mandate of the Population Health Advisory Committee for Women?

Not at this time. We will be in touch as this program evolves.

B. INVOLVMENT OF "AFFECTED POPULATIONS" IN DECISIONS

B1) Current Approaches

We have just started consultation with the "affected populations" about this program over the phone and at meetings taking place in their communities. The response has been excellent - the communities we have reached are very interested in the program and there have been links made between this program and other projects happening around the *region* (e.g. *The LGTB Community Health Care Project*). There is a strong sense of the interest in sharing resources, expertise, and assistance.

B2) Future

An ad hoc Community Health Advocacy Advisory Committee (CHAAC) will be developed consisting of our partners and other interested individuals. Key groups that are unable to be on the committee will be consulted individually. This group of people will review and comment on the CHA Training Manual, identify potential advocates in their community, and give input into the overall coordination of the program.

Please note that there was extensive community consultation done during the past few years of planning. One example is the report entitled, "Is there a Need for A Community Based Health Advocate?" produced by the VWHC in June, 1993.

Community involvement is ESSENTIAL in this program. We rely on them for their expertise on the issues specific to their communities.

C. NEW PARTNERSHIPS

C1) Steps taken to strengthen existing partnerships

Much of the ground-work and creation of partnerships for this program was done over the past three years, and much of it was based on the vision of the overall Women's Health Information Network (WHIN). This vision included a database which would be housed in the centres of the various partners. Since the database program has not been funded yet, the original partners may change slightly.

A re-evaluation of the 8 partners identified in the program is currently being done to determine if they are the most appropriate groups for helping us gain insight into their communities and assisting us in identifying and supporting CHAs.

The CHA Coordinator/Trainer has contacted the appropriate past partners and will meet with each at their centres to discuss how we can work together. Meetings are scheduled for the weeks of July 27th - 31st, August 3rd - 7th, and as required.

C2) New Partnerships

In addition to the partners identified in the proposal, the CHA Coordinator/Trainer will meet with :

- BC Coalition of People with Disabilities will help us to gain insight into the barriers for women with disabilities and secure a partnership in that community
- SUCCESS sponsors a Women's Club based in Richmond. This group has a membership of over 200 women in the Lower Mainland and will help us reach women in the Chinese community
- BC Centre of Excellence for Women's Health - We are currently working towards establishing a partnership to begin development of the health information database
- Ministry of Women's Equality - A Safer Future for BC Women. We will be requesting funding for the overall administration of the Women's Health Information Network (WHIN), which encompasses the development of the *Health Information Database*, and the maintenance and growth of the *CHA Program*.

D) PLAN / MILESTONES / TIMELINE

July 27th (ongoing)

- Initiate discussions with partners about their needs and how we will work together
- Develop guidelines for CHAs
- Produce CHA Update, by August 31st, outlining the program's goals and plans, and

highlighting some community advocacy champions in the region (*based on discussions with partners.*) We hope this will be a regular publication, but it will have to be reevaluated in the fall based on time availability of the coordinator and discussions around the best use of the promotions budget.

- Continued development of manual with input from a variety of local communities and research on successful advocacy strategies

Early September

- Rough draft of the CHA Manual complete for committee review
- First meeting with the CHAAC for review of manual, discussion of program overall plans, identification of individuals in community who may act as advocates, and successful advocacy techniques

Late September

- At least 5 CHAs identified (overall goal is 9 CHAs)
- Second draft of manual circulated to CHAAC for review
- Initial contact with local media about the program (*to be followed up on by CHA Coordinator/Trainer and trained CHAs*)

Early October

- Remainder of CHAs identified and ready for training
- Additional trainer hired for the program for a duration of approximately 2 months
- Manual in final revision and workshop design and production underway

Mid - late October

- Workbook and workshop materials in final production stages

Late October - early November

- Aim to have CHA Training Session scheduled for late October. (Flexibility needs to be built-in due to the nature of volunteer schedules)

November and December

- CHAs will be mentored in their respective communities by the two trainers
- Follow up meetings with each CHA will take place regularly following the training session (every two weeks, or as required)
- Each CHA will provide a report to the CHA Coordinator/Trainer each month on their outreach, specific health issues identified, experiences of women from their community, and their additional advocacy successes
- CHAs will identify the additional support they need from the VWHC
- Liaise with the CHAs and the communities to arrange community-based workshops around the health advocacy messages for that community (to be conducted between December 1998 and April 1999)
- Begin planning for workshops with health practitioners and women consumers to take place in the new year

January - March 31st

- Community-specific workshops (described above) will be conducted
- Workshops for health practitioners will be conducted
- Additional training session for CHAs on the database component of the overall WHIN program (see C1). *This is pending funding of this component of the program.*
- Continued support and mentoring of the CHAs in their communities
- Plans for funding to ensure the continuation of this project
- Meeting with CHAs and CHAAC for the evaluation of program

E. CHALLENGES

E1) Difficulties

We were unable to secure funding for a full-time CHA Coordinator. The funding from the Vancouver/Richmond Health Board was for the *trainers* and *materials* involved in this program. So, there was no identified amount of funds for the overall coordination of the program.

- We have dealt with this challenge by hiring a part-time trainer in early July who is also acting as the coordinator of the program. In addition, we have a lot of support from the other staff at VWHC and the commitment of volunteers.

E2) Challenges

The most significant challenge that this program will face this year will be to recruit talented, passionate CHAs whom are committed for the duration of this program and, hopefully, beyond.

- We will aim to provide effective training for CHAs so they are comfortable in their role and able to advocate soundly in their communities.
- We will build strong relationships with the partners that are supporting the CHAs.

Another significant challenge will be working with the health practitioners to educate them on the issues that are raised by women in the communities regarding their experiences in the health care system.

- We will reach out to physicians, therapists, and other health practitioners through meetings, letters, and/or workshops, to assist them in recognizing and being sensitive to the health care issues of women (as identified by the CHAs).

Finally, another significant challenge will be ensuring the continued funding of this program so that we can reach beyond the few communities in this pilot program

- We feel that the success of this program will be the best indication that it must continue and be expanded over future years, and feel strongly that the Vancouver/Richmond Health Board will be eager to provide continued funding for the benefit of all the women in the region.

F. KEY LESSONS

Keep track of the history of the program! Many projects, such as this one, are in the planning and visionary stages for several years before adequate funding is secured. Components of the program can be done piecemeal over the years, but it is really important that these pieces are not lost in staff/volunteer turnovers. Having an effective tracking system of all the information gathered saves redundant planning when the funding is approved and the program gets off the ground.

G. CELEBRATION

The VWHC Women's Health Information Centre is very proud of this program, which was in the vision stage for several years! The hard work and passion of our *committed volunteers, current staff, and past-administrator Raine McKay*, has been invaluable to the success of getting this program underway. In contacting our various partners, we have found that all of them are still very interested in the program and willing to join forces for the betterment of women. That is very rewarding and helps the CHA program get off to a running start!

cc. Lorraine Greaves, BC Centre of Excellence for Women's Health
Celeste Wincapaw, BC Centre of Excellence for Women's Health
Robin Barnett, BC Women's Hospital
Susi Milne, Ministry of Women's Equality