

Community Health Advocate UPDATE

*For WHIN Committee and Steering Committee
Submitted by Brenda Kent
August 6th, 1998*

1. Overview of the Proposal

Budget

Of the \$38,500 that was given to us by the Vancouver Richmond Health Board for this project,

There were a lot of promises made in the Vancouver Richmond Health Board Proposal which were made under the assumption that we would secure money to fund a full-time coordinator (see Appendix A under Ministry of Women's Equality - \$38,500). As it stands, we have one part-time coordinator and the opportunity for another trainer for 7 weeks of this project. That money allotted for salary accounts for 50.2% of the total project grant.

The following is a breakdown of the proposal : (the "∞" indicate Brenda's interpretation of this item)

A) Develop community Advocacy Steering Committee

- ∞ it will be an AdHoc Committee, meeting twice*
- ∞ It will consist of individuals from the following groups :*
 - Doctor, therapist, Van/Rich Pop Committee for women, community health clinic, street nurse/community health nurse, 4 individuals from interested groups (lesbian centre, downtown eastside, Chinese community, etc), WHIN committee. Approx 12 people.*

B) Write, design, and produce a manual for training CHAs.

- ∞ Some has been done, but quite a bit of research still has to be done, particularly in the area of Advocacy and case studies of successful community advocacy projects*
- ∞ Mid to Final stages of the workbook will be presented to the AdHoc Committee*

- ⌘ Have \$750 for this. Photocopying will not be that much AT ALL. So I will look at professional desktop costs. Perhaps that line item was under the assumption of professional desktop publishing.*
- ⌘ Also look into translating, if that is necessary at this point.*

C) Design and produce a workshop for CHAs

- ⌘ Final stages of the workbook and workshop will be shared with the second trainer in late September/early October*
- ⌘ Again, \$750 for the workshop materials. I will assume this money is for ALL the workshops outlined in the proposal (CHAs, community groups, practitioners. See below.)*

D) 80 hours of direct instruction of CHAs, including meetings every two weeks following training session (for three months) and apprentice in communities

- ⌘ This seems a little unrealistic given the time span. I could see the training happening in the following way :*
 - 1 full weekend training all the CHAs (in late October)*
 - Meet every two weeks following training (2 hours each meeting, 12 hours total) for three months (end of January)*
 - Trainers will pay site-visits to the communities to support and gain better insight into the role of CHA (from end of training to end of Jan)*
 - Each month, feedback will be documented from CHAs categorizing the experiences of women in their community (form to fill out)*
 - Meetings once a month in Feb and March. Post-grant time (after March 31st, 1999), CHAs will meet every two months.*
 - An additional day-long training session to incorporate learnings over the apprenticeship period (this is in the proposal, but I am not sure how important it is after all of those meetings. Perhaps if it were regarding "Conflict Resolution", or "How to Talk to the Media", or specific health issues that are consistent throughout all communities.)*

E) Will have 9 CHAs working in communities by the end of March 31st, 1999

- ⌘ Yup - This is feasible and quite desired. It does not specify how many communities, which is a blessing! I am aiming to have 5 communities on board with 2 advocates per community.*

F) One research study linking women with health care workers to develop 'better practices' around the issues of power imbalances

☞ I don't know how we can pull a research study out of all of this. What can we do here?

G) Two (2) day-long workshops to deal with power imbalances to prevent the direct violence against women from health practitioners, and empower practitioners to adopt these 'better practices'.

☞ This follows from the research study. This is a BIG job. What can we do here? I am sure there is a way for the second trainer to develop something 'appropriate' here.

H) Two community-specific workshops for each identified community around the manifestations of violence in the health care system.

☞ That could be as many as 10 workshops!! Sounds like a job for the second trainer (see below)

I) Evaluation of Project by: CHA success with integration and outreach, increased input into community health plans, and evaluation of the overall program by community and CHAs.

☞ In addition, the more extensive evaluation by the Van/Rich Health Board.

Second Trainer

At 20 hours a week for 7 weeks. October 1st - November 19th (ish)

Task List

- ☞ Take part in the final planning stages for the workshop for CHAs. Be there on the training day. (2 weeks at beginning of Oct)*
- ☞ Do the follow up after the training sessions (visit the CHAs in their environment to help them and support them)*
- ☞ Attend follow-up meetings (every two weeks for the first three months, or as indicated by the CHAs).*
- ☞ Do 2 workshops for each community on the manifestations of violence in the Health Care System, working with the CHA to make it community-specific.*
- ☞ Coordinate the two (2) day-long workshops with health practitioners and women consumers*

Brenda's Timeline

July 6th -

July 31st

Six page Status Report in to Van/Rich Health Board

Brochure for Community Health Advocate finished in draft to take to Communities

August