REPORT TO THE DOWNTOWN COMMUNITY HEALTH SOCIETY

Concerning Membership

I. Preliminary Observations

According to the National Health Grant application, April, 1972, the specific aim of the D.C.H.S. has a dual nature:

> "The Society aims for a significant improvement in the physical, mental and social health on Skid Road, and for the development and validation of a consumer participation model for the delivery of health care services in the community."

The concern has been expressed by the former researcher that there is an existing conflict between these two goals:

> "There is a contradiction between the stated object of the Society which is to provide efficient services and the goal of involving the communuty member/consumer in the control, operation and function of these services."
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> Researcher's Progress Report
> December 31, 1972 Page 2.

In discussions with the Researcher before his departure, he made the point that this conflict resulted not so much from a structural problem, as it did from differing expectations among those involved in deciding and implementing the goals of the Society. As he pointed out:

> "There are individuals who feel that efficient service is the primary goal and consumer participation is merely a good way to obtain funds to keep the service component functioning. Others feel that consumer participation is the main objective and that work towards this goal must carry on even if the service is disrupted and changed. Of course there are numerous variations between these two extremes which all contribute to a lack of "togetherness" in terms of goals, methods and work of the D.C.H.S. The main point to be made here is this:
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> <u>The Society has not realistically defined and confronted this large problem and its implications.</u>
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> Researcher's Progress Report
> Page 4

It should be noted at this point that problems revolving around the issue of community participation are not specific to the D.C.H.S. Generally speaking, the most problematic concern of other community health centres across Canada and under the O.E.O. programme in the U.S. has been the implementation of community participation ideas. Even the experts cannot agree as to what is needed and how it will be carried out. A term as commonly used as "community" is surrounded by ambiguity.

> "Sociologists have been unable to discover any stable central meaning to the concept of "community". In the hands of administratorss and planners, the meaning (of the term) may shift imperceptably, depending on the issue at hand. Another complication is added by the fact that various meanings are not fixed and may change at different rates and in response to different forces."
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> N. Bell "Study of the Sickness Survey" Unpublished, Clarke Institute.

In his progress report, the former researcher noted the inconsistent or conflicting definitions relating to the issue of community participation:

> "The term community member, or consumer participant has never been defined, although many attempts have been made .... members of the D.C.H.S. have been struggling with this one since inception and it has provided some cause for factionalism, disagreement, and misunderstanding. Perhaps it should remain undefined, perhaps it is impossible to define."

Within the changing context we are now experiencing here at D.C.H.S it would seem impossible to establish a final definition of community participation. In order to facilitate communication in this report I provide <u>working definitions</u> of the following terms. (These definitions are not intended to extend beyond this report and are used only to clarify this discussion).

Community Member - those people living in the downtown inner-city area.

Consumer - those people utilizing one or more of the services provided by D.C.H.S.

Community participation - active involvement of community members in the decision making and control of the D.C.H.S.

II. Community Participation

There are three functionally active components contained within the Downtown Community Health Society:

1. Board of Directors-community participation on the Board of Directors is an established fact. In addition to the Board being elected by the active membership, there are a number of community members on the Board of Directors. Because community members who are elected to the Board usually serve a period of apprenticeship by working for the Society, community participation is achieved with little or no effect on the high quality of service provided.

2. Staff-community participation in the actual work being done at the Downtown Community Health Society has been an unqualified success during the first year of operation. Almost half the operating staff have been recruited from the community without any sacrifice to the high standard of service provided with preference given to community people when job positions open and with the existing staff being given a substantial voice in hiring and firing, increased community participation seems likely.

3. Membership-as of the end of 1972 there were 175 members of D.C.H.S. since there are close to 7,000 people in Skid Road area, the membership represents at best only a fraction of the community that the Society serves. Of the 175 members less than half (about 40%) live here in the Skid Road community.

The process of community involvement has been most successful to date on the staff and the Board of Directors, and by comparison somewhat lacking in the general membership.

III Membership Considerations

During the next two weeks there will be two new staff hired (community organizer and clinic aide) whose jobs will focus on direct contact within the community. In addition the new governments in Victoria and City Hall have both expressed their committment to projects with firm roots within the community. It would seem an opportune time for the Society to strengthen its community base:

Suggestions for consideration:

1. That the D.C.H.S. explore the feasability of publishing a modest leaflet describing the services provided and inviting community members to join the Society and participate in decision making at general meetings.

2. That the D.C.H.S. explore the feasability of publishing a regular information sheet (eg. a monthly newsletter) to complement existing channels of communication with community members.

3. That programmes that promote contact between D.C.H.S. and community members (eg. People-helping-People) be developed, to provide a foundation for a broader community base.