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Community Health Advocate Program History

Many innovative community health promotion and primary health care programs have used community members in an outreach capacity. They are referred to as community health workers (CHW), lay health advisors (LHA), community health representatives (CHR), and public health aids. There is no agreed upon set of skills they possess, and no clear role definition.

In the 1950s and 1960s, the Public Health Service determined that primary health care was a priority. One of the strategies to meet this goal was a community health worker. The reasoning is that an individual’s and a community’s peer network are an important influence in health decision making.

Increase in the 1990s. There was a massive change in the US health care system, including the increase in managed care, which is now linked to Medicaid. There is also the increase in diversity of the US population (varying ethnic groups and languages). Therefore, CHWs are an important asset to navigate others through the system. Recently, partnerships have formed between CHW programs and academic medical centers.

Contributions of Community Health Workers

- Increasing access to health care – can translate health system information into the community’s language and value system. e.g. increased access to prenatal care, a link to those at risk for HIV and medical services.
- Can facilitate community participation in the health system and educate providers about community health needs, cultural relevance and outcomes of care.
- Health education and outreach, e.g. increased detection of breast and cervical cancer.
Advocate Scenario for Group Discussion

“Bill”

Bill has been a resident at Scenic Towers for over five years. Until recently he has been a good tenant and neighbor. He’s never caused any problems, and for two years he was a floor monitor. This past year, however, he has been behaving differently. At times he appears to be very angry and upset with everyone. Just last week he started yelling at another resident in the community room for no apparent reason. The manager was called and had to escort him back to his apartment. When he acts like this, no one wants to be around him. At other times Bill is extremely quiet and doesn’t come out of his apartment for several days at a time. He doesn’t want visitors and doesn’t answer the door or his phone.

Several residents have expressed their concerns about Bill to you. Some residents are angry with him for his loud and unpredictable behavior, while other residents are concerned for his well-being when he stays in his apartment. Although Bill isn’t a close friend of yours, you’ve known him since he moved to Scenic Towers, and you worked on a couple of projects together in the past.

What would you do in this situation?
Definitions of an Advocate

Noun – proponent, supporter, champion, backer, promoter, believer, activist, campaigner, sponsor

Verb – encourage, support uphold, side with

Roles and Responsibilities

- Assist others in obtaining appropriate health care resources
- Serve as a link between community members and partner organizations
- Promote community participation in health promotion/disease prevention activities
- Contribute information on community needs
- Meet on a regular basis
What is Leadership?*

**PURPOSE OF LEADERSHIP**

To focus and/or motivate a group of individuals thereby enabling them to meet a given goal and objectives related to this.

**LEADERSHIP**

The ability to clearly see the needs in a given situation and respond appropriately.

**LEADERSHIP STYLES**

1. The “Autocrat”-Dominates team members using a singular approach and method.

2. The “Laissez-Faire”-exerts little control allowing the group to pretty much find its own way.

3. The “Democrat”-consults with the team while maintaining responsibility for the group process.

**RESPONSIBILITIES**

1. Clarity of self/values

2. Clarity of goals and objectives

3. Development of team identity

4. Development of realistic goals

5. Monitoring of goal attainment

6. Revising and motivating as necessary
   
   a. Directing
   b. Coaching
   c. Supporting

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* Leadership component of the curriculum developed by James Holifield, SET Ministry, Milwaukee, WI Wolff, M. and Young, S. (2006) Center for Healthy Communities, Department of Family and Community Medicine, Medical College of Wisconsin
CHARACTERISTICS OF SUCCESSFUL LEADERS

1. Integrity
2. Self renewal
3. Fortitude
4. Perception
5. Judgment
6. Performance
7. Boldness
8. Team facilitation
9. Collaboration
10. Inspiration
11. A desire to be of service
12. Enthusiasm
KEEPS THE TEAM TOGETHER

1. Provides opportunity for all to participate

2. Reinforces the importance and value of the group

3. Helps individuals appreciate their importance

4. Clarifies goals

5. Identifies progress

6. Acknowledges achievement
Qualities of Successful Advocates

1. State of open-mindedness
2. Personal responsibility
3. Decision making ability
4. Ability to keep others’ confidences
5. Ability to be a team worker