

FUNDRAISING EFFORTS

The AWRC needs to raise a minimum of \$10,000 annually to cover programming costs associated with our adolescent programs, our sexual abuse survivors therapy groups, the self-esteem and mid-life transition programs, the Sister Mary MacLeod Bursary and staff benefits. Our 1996-97 fundraising efforts included:

- a Christmas raffle;
- spring, fall and winter direct mail campaigns;
- funding requests to local service clubs; and
- specific funding requests to unions and corporations.

Raising monies in the corporate sector is difficult. This past year letters requesting funding to help support AWRC programming were sent to companies in the Atlantic Region as well as to corporations that fund activities targeting women and social services. Only four companies responded favourably - Imasco, Cara Operations Ltd, Mt&T, and General Motors Acceptance. Each of these companies made similar donations to our work last year.

The community response to the direct mail campaign showed a slight increase over last year. The number of donors increased although the amount each donated decreased slightly. This reflects the call upon community members to respond to increasing numbers of fundraising appeals from all sectors of the community.

Throughout the year, the AWRC receives in-kind donations from community members. Donations this past year included food for families living in poverty, used clothing, toys, cosmetics, library books, office supplies, concert tickets and raffle donations.

WOMEN'S CENTRES CONNECT!

It seems like someone has turned up the speed on the clock! It has been an exciting and rewarding year for Women's Centres Connect! We have expanded our circle of partners, ventured into new areas and talked to a lot of politicians in our constant quest for equal and adequate funding for all Women's centres. Here are some highlights of the year.

Our need to secure adequate core funding has been a driving force and has become more urgent as demand for services has increased dramatically in all Centres. And for Antigonish and Second Story, changes to Status of Women (SWC) funding make it critical to get that additional funding. SWC has switched to project funding, which means there will be gaps of 3-6 months between grants. This threatens the continuity of staffing and services at these two Centres.

Our lobbying has brought us into closer contact with our sister organizations - Transition Houses and Family Support Centres. Part of our overall strategy has been to educate government about who we are as women's centres, who we work with in our communities, and how our work complements other services for women. On April 23, 1997 Connect! and THANS (the Transition House Association of Nova Scotia) met with Community Services Minister John MacEachern to discuss our respective roles, our need to remain distinct and autonomous yet cooperating organizations, and our dire need for adequate funding. Throughout the year, we continued to meet with politicians to spread the word. In November, we met the new Minister of Community Services, Francine Cosman, and in February, we met with Premier Russell MacLellan.

The good news is that Women's Centres are being recognized for the essential work we do in our communities. The Premier and Minister Cosman both showed a good appreciation of our work, and acknowledged that we do our work far better than a government organization could. So that's progress. As far as the real money goes, we are still waiting for the real commitment. Indications from the Premier are that we will be "negotiating" in the near future. With a recent March provincial election, we are waiting until the dust settles and the budget is announced.

New territory included the SUSO Conference (Standing Up and Speaking Out) which was held in May of 1997. It brought together women from across the province to look at ways we can influence the public policy agenda. Issues looked at initially included policies around social services, access to education and funding women's organizations. A follow-up to this initial conference was intended for May of 1998 to develop some concrete strategies for participation in the policy and program development process.

This is a relatively new area for community-based organizations, however with government stating that they intend to consult with us, we need to have a clear voice at the table.

Another new direction for Women's Centres Connect! is a capacity building project, funded by Status of Women Canada, which will help us share information and resources as well as deepen our understanding of "gender-based analysis" and enable us to critique government policy from a feminist perspective that accounts for women's reality and diversity. Since this is another area where the government has indicated it wishes to consult with community, we will be using every opportunity to bring women's voices forward.

Finally, we have had some changes in staff. Susan Ivany, Coordinator since 1996, has moved on and Georgia MacNeil, a former coordinator of Second Story Women's Centre has taken over the Connect! work.

Many thanks to all for their warm support as I get my feet wet in this new position and best wishes for 1998/99.

Georgia MacNeil
Connect! Coordinator

OTHER GRANTS AND PROJECTS

i. PATH - People Assessing Their Health in the Eastern Health Region

Staff: Doris Gillis, Peggy Mahon

Funded by Health Canada

The PATH Project (People Assessing Their Health) was a community-based health promotion initiative that involved community people in looking at the broad spectrum of factors influencing their health. This project was a joint effort of the Antigonish Women's Association, the Extension Department of St. Francis Xavier University, and Public Health Nursing Services of the Eastern Health Region. It was funded by the Health Promotion Contribution Fund of Health Canada to the Antigonish Women's Association.

At a time when the health system is undergoing dramatic reform, this initiative brought together people in each of three communities in eastern Nova Scotia. They identified factors determining their health and then developed tools for assessing the impact of programs and policies on the health of their communities. The communities were Guysborough County Eastern Shore, which is made up of a series of small coastal communities on the mainland, St. Ann's Bay, which is a rural Cape Breton community extending along St. Ann's Bay to Cape Smokey in Victoria County, and Whitney Pier, which is located in Industrial Cape Breton.

Community health impact assessment is a strategy to enable community members to become more effective participants in the decentralized health system that is evolving throughout the province. Various governments across the country have used health impact assessment to help them determine the impact of their programs and policies on the health and well being of the public. This project is unique in that it involved community people in identifying what determines their health and in developing tools to assess health impacts in their community.

A Coordinating Committee, made up of representatives of the three partner organizations and the two Project Co-coordinators were responsible for the project's management. A Regional Advisory Committee advised the project. It brought together representatives from the three partner organizations, community health development leaders from throughout the Eastern Health Region and, as the project progressed, it included the Community Facilitators and representatives of Steering Committees from each of the three PATH communities.

Over the fall of 1996, the PATH Community Facilitators gathered people together in kitchens and community halls throughout these three diverse communities. By sharing their stories about living, working, and raising families in their communities, people identified factors influencing their health and envisioned what kind of a community they want to live in. A structured dialogue approach to discussion assisted in that process.

The key factors that determine their health emerged out of their talks. Although these factors varied somewhat in each community, they included the following:

- Jobs and employment opportunities
- Healthy child development
- Health services (acute care, home care, primary health care)
- Lifelong learning
- Lifestyle practices (recreational opportunities, healthy eating, addictive behaviours) and coping skills
- Physical environment
- Safety and security (fire and police protection)
- Social support
- Stable incomes

People also considered the following key to building their community's health:

- Communication (lack of information and poor communication are barriers to assuming greater community control)
- Community involvement, local control, and leadership development
- Confidence in one's community
- Coordination and cooperation in service delivery
- Ethics/values and spirituality
- Respect for one's culture and history

In each community, the Community Facilitator, working with members of the local Steering Committee, developed a tool for community health impact assessment. The draft tool was tested at a workshop in each community. Revisions were made, and the final tools were distributed to individual participants, groups and organizations throughout the PATH communities.

The people in the three PATH communities have designed practical and easy to use tools to help them participate in health decision-making. Because local people built each tool, it reflects their concerns and their vision of a healthier community. Community groups, organizations and local governments will be able to use these tools

as they shape the programs and policies that have an impact on their community's health.

The PATH Project was timely because it:

- Supported the key role of community people in making decisions about factors that impact on the health of their communities.
- Built on the province's commitment to decentralised decision-making within the context of health system renewal.
- Emphasised the varied aspects of health and the importance of many health determinants that are broader than health care services.
- Challenged us to think more about what has an impact on our health, how we can assess these factors, and how we can consider them when making decisions about local programs and policies.
- Provided an opportunity for health promoters to work together and learn more about the concerns of their communities and their region as a whole.
- Revealed how important it is that both the public and policy makers work together to create structures to support health promotion in our region.

The results of the PATH Project and the steps taken by each of the three communities in developing their community health impact assessment tools is described in **PATHways to Building Healthy Communities in Eastern Nova Scotia: The PATH Project Resource.**¹

In late October, this resource was launched at a workshop for people interested in promoting health throughout the Eastern Health Region -- the final step in the PATH Project. Participants included Public Health Nurses, health promoters

¹ The PATH Project Resource is available from the Antigonish Women's Association, 219 Main Street, Suite 204, Antigonish, N.S. B2G 2C1 at a cost to cover shipping and handling of \$6.00 in Nova Scotia and \$7.00 outside Nova Scotia.

working with community-based organizations, and members of Community Health Boards.

Workshop participants recommended the following strategies to support the follow-up of action initiated by the PATH Project. These recommendations assume that it is up to every citizen to take responsibility for building health in our communities. The recommendations are that:

Communities in Eastern Nova Scotia:

- Have access to *PATHways: The PATH Project Resource*.
- Have resources and facilitators to model the process of the PATH Project.
- Advocate the provincial government to continue this type of community development in communities throughout the province.
- Connect with municipalities that are looking at "quality of life" indicators.

The Three PATH Communities:

- Continue to support use of the PATH tools by distributing them widely and encouraging more involvement of community members in their use.
- Act as a resource to other communities interested in modelling the PATH process.

The Eastern Regional Health Board:

- Move ahead with the development of Community Health Boards within the region
- Designate resources to support Community Health Board development.
- Enable continued networking of health promoters within the region.
- Bring health promoters and policy makers together to share information, network and strategize on how to build healthier communities.
- Continue to involve the three PATH partners in initiatives to promote health in the region.
- Legitimize the PATH process by providing resources while enabling community control of the process, for example, by providing funding support for local facilitators.
- Support training for communities on how to go about the PATH process.

- Include the PATH process as part of Community Health Board development.
- Promote the PATH Project and *PATHways* through public media.
- Make *PATHways: The PATH Project Resource* widely accessible throughout the region.

The Provincial Government:

- Designate representation of Community Health Board members on the Eastern Regional Health Board.
- Demonstrate that there is the political will to support movement towards building healthy communities.
- Allocate funding to support a community health development process.
- Develop healthy public policy based on the broad determinants of health, as was the focus of community health impact assessment taken by the PATH Project.
- Develop policies that provide incentives to volunteers.

Health Promoters:

- Build and sustain a regional network that enables us to find a voice and to share information on the process of health reform and on health promotion initiatives and strategies.

At their final meeting, held in February 1998, members of the PATH Regional Advisory Committee discussed and gave their support to the above recommendations. Since then, a working group including representatives from the three PATH communities, the three Partner organizations, and others interested in building on the success of the PATH Project have been meeting to discuss follow up support for the three communities and development of a regional network of health promoters. This group has begun the process of identifying internal and external resources to continue the process begun by the PATH Project and to build on its successes and learnings.

The AWA has served as the catalyst to a process that has facilitated the collaboration of new partners in looking at health in new ways in this region.

Respectfully submitted by,

Doris Gillis, Project Co-coordinator
May 27th, 1998

ii. **Coastal Communities Network Project**
Staff: Oona Landry
Funded by the Coastal Communities Network

The AWA/AWRC was contracted by the **Coastal Communities Network** to organize a one and a half day workshop on community economic development in Antigonish as part of their province-wide rural and coastal communities economic development project. We contracted Oona Landry to organize the event which will be co-sponsored by the AWA and the Antigonish Regional Development Authority (ARDA). Along with the Lucille from the AWA and Veronica Gillies from the ARDA, Nancy Wright from the St. F.X.U. Extension Department and Barb Moreton from the Coastal Communities Network formed the Advisory Committee. The workshop, *Coastal and Rural Community Economic Development: Mapping Our Progress in Antigonish*, brought together 41 people together from a diversity of sectors to share information and network; learn about CED being done in our community; determine areas in which future efforts are needed; determine areas in which collaboration between groups may be beneficial; and to identify future goals, opportunities and action plans for the Antigonish area.

A full project report is available at the Women's Centre.

iii. **Teens Take Action:**

A Peer Education Approach to Dating Violence and Sexual Assault
Staff: Barbara Hayes, Lucille Harper
Funded by Canadian Women's Foundation

Using a peer education model, *Teens Take Action: A Peer Education Approach to Dating Violence and Sexual Assault* was designed for Junior High School students, grades 6 to 9. We recognized that teenagers' primary source of information on sexuality, dating relationships, and sexual behaviour comes from their peers (Adolescent Health Project, A Community Based Needs Assessment on Adolescent Health in Antigonish, 1992) and that using a peer education approach would increase the likelihood that students would be open to learning about the issues. In presenting this educational program, we wished to avoid moralizing, preaching or judgmental attitudes. We believed this program would be best presented by peer educators.

The objectives of the project were to provide young people living in Antigonish town and the rural county areas with information about dating violence and sexual

assault -- how to recognize it, what to do about it, and how to prevent. We trained 13 grade 11 and 12, female and male high school students to be peer educators and to facilitate dating violence and sexual assault workshops for Junior School students. They presented these workshops to 15 classes of students -- 3 classes of grade 9 students at Antigonish East High School, 10 classes of grade 8 students at the St. Andrew Junior school and 2 classes of grade 6 students at St. Andrew's Consolidated Elementary School. As well the students presented to two groups of parents.

A full project report is available at the Women's Centre.

iv. Women in Community Development

Staff: Nancy Wright, St. F.X.U. Extension Department

Funded by the Women's Program, Status of Women Canada

Nancy finished and submitted final report on the conference, **Groundwork: Women in Community Development**, along with a financial statement. This brought the project to a close. A full project report is available at the Women's Centre.

v. ACT for Change

Staff: Marcia Baker

Funded by Human Resource Development Canada

The AWRC acted as a sponsor for ACT for Change to hire a coordinator to research sources of possible funding to establish a youth centre in Antigonish, to work with youth in developing a public relations strategy and to support ACT's efforts in both fundraising and public relations.

CONCLUSION

By weaving together the diversity of women's experiences we have created an organization which speaks to women's concerns. We gather our strength as a women's organization from the women who use the Centre, our volunteers, our board members, and our staff.

The AWRC remains strongly committed to meeting the needs of individual women requesting support. As well, we remain strongly committed to addressing, through education, programming and community development initiatives, issues facing women at the community level. While our work is grounded in our community, we connect and collaborate with women at the regional, provincial and federal levels where we work together to promote pro-woman, institutional and systemic change.

Our work this past year has been productive and gratifying. Beyond the direct service work we do with individual women coming to the Centre for information and support, we furthered our work on economic justice by documenting the effects of poverty on women and their families; continued our work on violence against women by developing and facilitating sexual violence education and prevention initiatives; strengthened health planning in our community; and supported youth in naming their issues and developing a youth centre proposal.

We would like to acknowledge the support of both the federal and provincial governments. We thank Pat McInnes, Women's Program, Status of Women Canada, for her ongoing support of the work of the AWRC and for her commitment to improving the lives of women. We wish Pat all the best as she leaves SWC to take on new challenges. Provincially, we would like to thank Judy Jackson, Department of Community Services, and welcome Alicia Nolan who will be working closely with women's centres on our prevention and community development initiatives. In consultation with Judy and Alicia we anticipate broadening our prevention focus in the upcoming year.

Thanks go to the AWA/AWRC Board of Directors for their inspiration, their commitment to women, their sense of humour and for the hours of work they have given to committee work. And our thanks go to our volunteers who do the small and large tasks that contribute to the daily work of the women's centre and that make AWRC events run smoothly. We also greatly appreciate the financial and material "in-kind" support of individual community members, local businesses and institutions. Together we have kept the Women's Centre strong, responsive, healthy, and stimulating.