





The **Heart** *of the* **Streets**

By Dennis Hryciuk | PHOTOGRAPHY BY 3Ten

Most people avoid Edmonton's inner city. But for these health workers, the streets are ripe with opportunities to help others

Edmonton's inner city is an area that many of us read about, but never venture into. A walk through the Boyle McCauley area means confronting issues like homelessness, substance abuse, prostitution, crime and poverty.

Yet it's an area that health workers Tracy Parnell, Jocelyn Stone and Alvina Yellowknee wander through every day. The three community health representatives (CHRs) do everything from linking the sick with doctors to convincing homeless people that they should be tested for sexually transmitted infections (STIs). It's a gritty and challenging job, but Parnell says there are many rewards.

"It's helping other people. It's being there when they need somebody," she says, adding that the work they do is somewhat unusual in the health care field. "We go to the people instead of the people coming to us," Parnell explains. "We approach them in a respectful manner. We know when to back off and when to push."

The three women work out of the Boyle McCauley Public Health Centre – as central to the inner city as one could imagine, plunked right along 96th Street just south of 107th Avenue. A day's work can mean directing a pregnant woman who might not have health insurance to a nearby clinic for prenatal care; calling an ambulance for an unresponsive intoxicated man; looking at someone's skin condition to see if it needs medical attention; helping a person who has no

identification get the appropriate documents; or trying to find out what might be medically wrong with someone who has trouble putting his or her ailments into words.

"It's never the same," says Yellowknee. "The diversity is rewarding. Every day is different because of the range of clientele." Despite working in a part of the city that makes many people feel apprehensive, safety concerns are overblown, Stone says. Once, she left the key to her van in the car door and it was some time before she noticed. "I thought it would get stolen, but nobody touched it. Actually, a guy who was drunk said he was watching the van to make sure nobody would take it. I was in tears. I was like, 'I love everybody here!'"

A typical day starts at 8:15 a.m. Stone and her co-workers pack their bags with specimen collection supplies, medical history questionnaires and lab requisitions. Then, teamed with a community health nurse, they take turns visiting various outreach sites, such as the Bissell Centre, the Youth Emergency Shelter or Kindred House, a safe house for women and transgendered individuals involved in street prostitution. Kindred House program coordinator Shawna Hohen-dorff believes the three women help inner city people overcome barriers that keep them from getting the care they need. "Our client base can connect better with someone whose language level isn't above theirs. It's about creating trust," she says. "I think their role is really important."

COMPASSION ON THE GO: Community Health reps (from left) Alvina Yellowknee, Tracy Parnell and Jocelyn Stone tend to the streets' most hardened inhabitants

A Day in the Life

Sometimes, they will walk around, searching for obvious drug or alcohol users, prostitutes and homeless people. They will try to convince a drug user to get tested for Hepatitis C and HIV – which can be spread by sharing needles or other drug paraphernalia. Or they will try to advise a sex-trade worker to get tested for STIs. They will attempt to get a homeless person to a health centre if he or she needs medical attention. Because of how friendly and accepting the CHRs are, clients allow the nurses to do their work, says Patsy Conroy, a community health nurse. “And it’s quite clear that if the three were

not around, many people would fall through the cracks of the health care system,” Conroy adds.

Much of their work requires having people skills in very sensitive areas – such as getting a client with an STI to divulge the name of his or her sexual partners. Getting some of these people to do what they are advised, or to divulge important information about their health, can be difficult. A whole range of barriers, from language and cultural differences, to mental health problems and distrust, need to be overcome. “For the homeless, their survival skills are focused on finding food and a place to sleep,” Stone says. “They

have all those things going through their heads and they might seem a bit chaotic and unable to focus on their health. But I think if I ate only one meal a day, I’d be that way, too.”

For aboriginal people, language and cultural disconnect can create problems. “I find a lot of aboriginal people don’t know how to get their point across so that somebody else can understand them,” Stone says. “And medical staff don’t know how to speak in lay terms. A lot of times, the patient is in a doctor’s office for five minutes and then he’s out the door saying, ‘what just happened?’” Stone believes being aboriginal herself

“It’s quite clear that if these three were not around, many people would fall through the cracks of the health care system,” says community health nurse Patsy Conroy.

helps her serve these clients. “We’re not wearing lab coats. We’re wearing regular clothes.”

Where ethnicity fails, food can sometimes succeed. When someone is hostile, they might back off, but only after handing them a chocolate bar or some Gatorade. “The next time we meet them, they might be more receptive to us,” Stone says.

A huge obstacle to their work is people’s fear of stigma. Some feel afraid they will be humiliated because of their drug habits or their participation in the sex trade. “They’re afraid they will be shamed by others,” Stone says.

Often, the women follow up with people who might otherwise be forgotten. “One day we went looking for someone in Tent City because she needed staples removed from her leg,” Stone says. On another day, Parnell accompanied a woman to a hospital – a trip that lengthened her workday to 10 p.m. “You have to be really flexible.”

That kind of commitment is what elicits praise from the health office’s supervisor, program coordinator Penny Parker. “They really do go the extra mile to help these people,” says Parker. “The real value of the community health representatives is being able to build relationships and bridge the gap with those in the inner city.” **YH**



NOT SO CLINICAL: Alvina Yellowknee consults with a client at the Boyle McCauley Public Health Centre