

## **Brainstorming Issues for the CHA/WHIN Advisory Group**

We are at a point where the CHA program is ready to fly and we are gathering additional information for the database component of WHIN to secure funding and make it fly, also!

We originally wanted them to fly together, but this can not happen until we get funding for the database.

I will discuss here the direction that I think we need to go in terms of the CHA project. We need to fulfil the requirements of the grant proposal to the Vancouver/Richmond Health Board as well as structure a very stable program which will be intimately evaluated by the Van/Rich HB.

Included in your package are the initial questions that need to be answered with respect the Health Board Evaluation process.

### **Community Health Advocate - Quick and Dirty Summary**

The CHA is a woman in a specific community in the Vancouver/Richmond region. She will be a woman who has time and the willingness to volunteer to do the following :

- Be trained by the trainer at the VWHC on health care issues and advocacy
- Provide health care information to women in her community
- Be a liaison between her community, the other CHA's in the region, and the VWHC
- Determine what the health issues are in her community and communicate this information back to the VWHC
- Work closely with the VWHC to determine what type of advocacy is essential for her community
- Be available for women, either within an office that women can visit, or floating in the community
- Initially, the database was a crucial component of CHA. Now, we have to separate the two and develop CHA without the database. There will be an opportunity to add the database component to the role of the CHA if/when it is developed, and subsequently to train these women on the database.

## **The CHA Coordinator's Role (Brenda)**

- The Community Health Advocate Coordinator, under the advice and assistance of the WHIN Committee, will identify communities who will be a part of the CHA program.
- She will then work with these communities to determine what their specific health issues are - we can't put an outreach program together without finding out the specific needs of the communities we want to serve
- Through these communities, she will identify a handful (approximately 8) women who will act take on the responsibility of the CHA for her community
- She will work with the Van/Rich HB to create evaluation protocol
  
- Once these communities and women are identified, the CHA Coordinator will create a training manual of health care information (this draft outline is included in your package) that will include the issues that were identified by the participating communities. This manual will be provided to the CHAs for them to train the women in their communities.
- An additional manual may be developed that can be sold to individuals/organizations containing similar information as in the trainer's manual. (This manual could be sold - we need to discuss this)
- A workshop will be developed to train the CHA's
- The CHA Coordinator will work with another woman to do the training of the CHAs.
- A procedure for follow up and monthly meetings with the CHA's will be developed. This includes a method for the CHA's to report back to the VWHC about the needs of the women in their community and about the violence that women in the community have experienced in the health care system.

## **WHIN Committee Structure**

What type of committee should this be? What do you expect to be responsible for on this committee?

Can there be a sub-committee who can be an advisory for the Evaluation component of the CHA program?

Who else should be here? When do we bring people from the community into these meetings? Should there be a difference between the VWHC committee and committees with outside groups?

Should we have a different committee for the database and CHA?

Can we identify other groups or individuals whom should be here?

## **CHA vs WHIN vs Database**

We need to use consistent terminology - WHIN refers to the whole program. The Database is one component and CHA is another.

How do we link these two components when now, in the planning stages, we can not proceed with both in parallel?

## **Community Involvement**

Which communities should we involve? (Please see list included in your package of organizations who had initially supported the project).

How do we expect these organizations to make this an important issue for them?

How do we identify the women in the communities who will donate this much time to the project?  
What are the criteria of the CHA?

## **Budget**

Is this a reasonable use of the money we have been allotted? Are there any holes here?

(We have not accounted for the overseeing after the training is done, or the initial planning and development that needs to be done right now! Are we expecting that the follow-up will happen if/when we receive the grant from the COE and the MWE? )