

Thoughts on WHIN

The original concept of the computerized system was that of a database. Since the initial vision was developed (1993), there have been great advancements in the Internet. It would only make sense that we look at re-defining the project to be accessible through the Internet.

What would it look like?

The original vision of the computerized component of WHIN was a database to be used as a tool for the trained Community Health Advocates in the identified communities. The beauty of using the Internet is that all women who can get access to the Internet are able to discover the information we are developing.

Some people may argue that not all women have access to the internet, so this information would not reach them. There are many initiatives in the direction of getting women connected to the internet, including centres with free internet use (public libraries, community centres, women centres, etc) , and work done by the Centre of Excellence for Women's Health in the area of training for women about the internet. With the CHA project underway, these advocates can work towards enabling women to access the internet in their communities.

The idea we are proposing is the development of a comprehensive homepage housing health care information.

This homepage could include the following :

1. Women's rights in the health care system

- ❖ How to find a health practitioner
- ❖ How you should be treated
- ❖ What kind of questions you should ask your doctor
- ❖ How to file a complaint about a doctor
- ❖ Quotes from women who have experienced violence in the system

2. Doctors and Therapists

- ❖ List of practitioners in the Lower Mainland and area of expertise
- ❖ Women's comments about these practitioners (questionable what we can include)

3. What practitioners should know about women's health issues

- ❖ Sensitivity around the health issues for various communities of women (ie lesbians, Muslim women, women in poverty, etc)

4. Health Advocacy

- ❖ What has been done (case studies)
- ❖ Tips and suggestions for advocacy/lobbying
- ❖ BC Health Policies : Who are the decision makers?
- ❖ What are Community Health Committees/ Health Boards/ etc?

5. Community Resources

- ❖ Women's Groups
- ❖ Community Centres
- ❖ Health Clinics
- ❖ Resource Centres
- ❖ Internet links

6. Voices of Women

- ❖ Inputted by Community Health Advocates what are the issues in the various communities we have reached out to already?

7. Health Information

- ❖ General to specific health issues for women (menopause, birth control, abortion, etc)
- ❖ This would be a heavy section because it would have to follow the philosophy of the VWHC that *women have the right to be presented with all types of information to empower them in making safe and appropriate health choices that are right for them.*

What would we need funding for?

Mostly, we need funding for researchers and website developers. These project staff would work with the WHIN Committee to develop the parameters of the project in the development phase.

Researchers : Work with the WHIN Committee to determine which health issues are most important to women. They would then investigate the health files at the information centre, make updates and additions to these files, and decide on other topics which are not included in these files. They would develop a comprehensive summary of the health topics and all the alternatives available to women. Included is where to go for more information.

Website Developers : Would work with the WHIN Committee and the Researchers to develop a website that best suits the needs of the project. It must be user friendly and laid out in a very accessible way. They would also be responsible for promotion of the website through the search engines, women centres, health practitioners, and any organization that would find this information useful.

Community Health Advocate Coordinator : Would liaise with the project staff and train the Community Health Advocates how to use the website. The CHA coordinator could incorporate the information gathered by the researchers to supplement the CHA Manual.

Volunteers : The committees and the project staff would need to develop a simple process of updating and maintaining the website by volunteers. There needs to be a strategy for what type of information gets included in the website so that volunteers can easily select from a pile of information, which info gets included in the website.

How would this work with the Community Health Advocate Project?

The CHA project, as outlined in the proposal with the Vancouver/Richmond Health Board, was partially designed based on funding that would be received for the WHIN database. So, that means that there were some promises made to the Health Board that are really quite difficult with the current situation.

Joint research is the big one, I think!