

Centre of Excellence Proposal Questions

General Project Questions

1. Will this project provide practical, action-oriented policy suggestions for improving women's health?

The project is a database of women's health information created as a part of a community health advocate program and designed to reach women in marginalized communities. It will work toward improving women's health by providing accessible health resources and information on health topics which they may not otherwise feel comfortable researching- especially if they are new to their community. More specifically, the WHIN system will offer women resources for general practitioner's and specialists in their area as well as alternative health care resources such as naturopathy and counseling. The Vancouver Women's Health collective will also offer more information on the practitioner's included in the database at our location if anybody needs to gather confidential or very specific information. The WHIN system will operate as a resource for community health advocates not only through housing health information but through giving women resources on how to teach health information in their community.

2. Does it give authority to the voices of women?

The WHIN system gives authority to the voices of women by using women's opinions about health issues and their experiences with health practitioners as a basis for the information to be included in the system. This will allow other women to make safe choices for better health care. As a partner to the Community Health Advocate Program it promotes women working as health advocates within their community by offering women an accessible collection of health information and resources upon which they will build their own advocacy program suited to the needs of their community.

3. Is there a team of people or organizations working together on this project? Any individual or team of people with experience in working with women's health issues may apply for a grant. There are no formal educational requirements for researchers or research teams. Potential researchers or research teams will be assessed based on a combination of balance, experience, education, community linkages, previously demonstrated commitment and demonstrated ability to complete the proposed research project.

This project is proposed by the WHIN Committee of the Vancouver Women's Health Collective. It builds on a grass roots service that has been delivered by the Vancouver Women's Health Collective for the past 25 years. The project team includes Elaine Walkden-WHIN Coordinator, Brenda Kent - Community Health Advocate, Candice Bennett - Computer Technician, Marion Smith and Erin Elliot - long time collective members and steering committee members. We also have several volunteers who are interested in helping get the WHIN system get off the ground.

4. Does this project demonstrate community support with matching funds from other sources, donations in kind, or other forms of support? While this is not required, it is encouraged.

We are currently in the midst of applying for funding from several different organizations including the ministry of Women's Equality and
(make a point about involvement of other organizations in CHA)

5. Is this project consistent with the Centre's mission and priorities?

6. Organized into themes of Health Status and Health Determinants, Healthy Women in Healthy Communities, and Women-Centred Care, the Centre funds projects including those which focus on the needs of women who are marginalized due to poverty, racism, ageism, homophobia, cultural stereotypes, geographic isolation, and/or addictions.

More specific questions about the database system:

1. What is the sustainability plan for keeping the data current and the system working?

We are in the process of researching our funding possibilities for the next two years. Currently we are applying to the Ministry of Women's Equality for a grant from the Safer Futures program which will be used to maintain the system over the next year. Our Community Health Advocate program has already received funding for the next year, which will help us establish the component of WHIN which will be used as a tool by the health advocates. We also operate with the ongoing help of volunteers. We hope to recruit more volunteers who are interested in the WHIN project over the next few months. This will be an attractive opportunity for many to work with in that it will offer women a chance to get familiar with the internet for free.

2. Will database and or electronic information retrieval be included in the training for the community health advocates or for collective volunteers? How will this be financed?

The Community Health Advocate will train volunteers on how to retrieve information from the system. The funding will be provided by the Community Health Advocate program budget and the funding. The Community Health Advocate budget includes an Honoraria fund of \$4725.00 to be used to pay those volunteers who will learn how to operate the system and subsequently teach the community about the system.

3. What is the function/scope of the data being entered and in what quantity?(e.g. What are the parameters of what will and will not be catalogued

We have a rough outline of the information we would like to include in the system. Information collection and research will be an ongoing process which will include the input of researchers, volunteers and community health advocates.

The webpage/database 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 (i.e. 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

- ❖ Inputed 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.*

4. How will the data be protected from malicious use?

Initially we were going to include information about health practitioners as a part of their files on the database system. We have decided that in order to protect those who may be in risk of danger from the inclusion of this information in a publicly accessible place we will only give this information to women who come into the centre. Instead our link to information about practitioners and specialists will only include their regular information such as area of practice, location etc. The Vancouver Women's Health Collective will however reserve the right to choose who will be included in our database of practitioners. If a practitioner has been given several poor reviews we will not offer them as a resource to women.

5. Will the system interface with the Canadian Women's Health Network?

The system will have the ability to interface with CWHN but it will be set up on a separate server. We are very interested in pooling information and resources with the CWHN and are planning to create a link to the CWHN as a part of our homepage. This link will aid us in that it will prevent the duplication of research and information for our database. It will also be beneficial in that it will allow us to gather current information without having to go further than the internet. Our link to the Canadian Women's Health Network will allow us to offer information about our organization and the community Health Advocate program to all women's organizations across the country. This will hopefully help us to generate new ideas about women's health advocacy across Canada.

6. Which operating system, software and hardware will be purchased?

Instead of creating a database with a program such as Access or Minisis or hiring a database designer we have decided to create a website for the internet. This will allow us a quicker, cheaper and more accessible system which will have the ability to start out small with the potential to grow as the information is collected. This also allows us to pilot the project as a resource for the community health advocates so we can see how effective it is before we expand it. There are a few pieces of equipment and hardware we will need to purchase before we can set up the WHIN system. (see budget attached). We will especially 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.