

**A Rural Women's Health Program:
The Experience of the South Westman RHA**

**Prepared for
The Prairie Women's Health Centre of Excellence**

**by
Lissa Donner**

September, 2001

SW South Westman
Regional Health Authority Inc.

*Mission – Improved Health Status for all Individuals, Healthy Communities, Healthy Environment
and Quality of Life for Seniors and People with Disabilities or Chronic Conditions.*

Table of Contents

Preface

I	Introduction	Page 2
II	History of the Women's Health Program (WHP) in the South Westman Regional Health Authority	Page 3
III	Description of the South Westman RHA Women's Health Program	Page 4
	A. Local Advisory Committees	Page 4
	B. Women's Health Survey	Page 4
	C. Monthly Educational Luncheons	Page 5
	D. Women's Health Clinic	Page 8
	E. Smoking Cessation Program for Young Women	Page 10
IV.	Conclusions and Recommendations	Page 12
	Acknowledgements	Page 12

A Rural Women's Health Program: The Experience of the South Westman RHA

Preface

The Prairie Women's Health Centre of Excellence (PWHCE) is funded by the Women's Health Bureau, Health Canada, to compile information, support research and develop policy advice which will enable the health system to become more responsive to women's health needs.

In the fall of 1999, the PWHCE released a research report entitled *Invisible Women: Gender and Health Planning in Manitoba and Saskatchewan and Models for Progress*, by T. Horne, L. Donner, and W. E. Thurston. The report was an analysis of community health needs assessments, and health planning documents developed at the regional or district level, as well as interviews with representatives of health districts (Saskatchewan) and regional health authorities (Manitoba). The documents and the interviews analysed in the study revealed little evidence of gender analysis being used to inform health planning at the regional or district level. Information on health needs was rarely disaggregated by sex, and consultations with women's groups were the exception, rather than the rule.

Although many local health districts and regions provide women's health programs and services, they are often focussed somewhat narrowly on women's reproductive health or women's assumed responsibility for the health and care of their families.

The lack of attention to identifying and planning for women's health needs seems to contradict international, federal, and provincial commitments to gender-based analysis of public policies and programs. While both Saskatchewan Health and Manitoba Health recognize gender as an important determinant of health, this recognition is not reflected well in the regional and district health planning processes.

As a result of the *Invisible Women* report, Saskatchewan Health, the Saskatchewan Women's Secretariat, the Manitoba Women's Health Unit, and some regional health authorities and health districts expressed an interest in undertaking further work on gender and health planning. In Manitoba, women have been designated a priority population by Manitoba Health since the early 1990s. Recently, the Minister of Health endorsed a *Women's Health Strategy* that formally recognizes gender as a determinant of health. It also identified a commitment to work with regional health authorities to promote gender-based analysis and planning, and awareness concerning women's health issues across the life cycle.

In Manitoba Prairie Women's Health Centre of Excellence is supporting these steps to improve women's health and women's health planning through the Gender and Health Planning Project. One part of the project is this report which records the success of the South Westman Regional Health Authority Women's Health

I Introduction

The Prairie Women's Health Centre of Excellence, in collaboration with the South Westman Regional Health Authority, commissioned this report about the Region's Women's Health Program (WHP). It has several purposes:

1. to describe the history of the WHP;
2. to describe the operation of the WHP;
3. to describe the strengths of the program and the challenges which it has faced;
4. to draw conclusions and recommend areas for future consideration.

The following steps were undertaken by the consultant in order to prepare this report:

1. A preliminary meeting was held with staff of the South Westman Regional Health Authority.
2. Written material about the WHP was reviewed.
3. Women's health education lunches, which are part of the WHP, were observed in both of the communities involved in the program.
4. Two Focus groups of women involved in the program were held, one in each of the communities involved. The focus group participants were selected by RHA staff and included women who had used either or both of the clinical and educational elements of the program.
5. Eight key informant interviews were held with the staff involved in the WHP, a family physician not involved in the program, a high school teacher and a community volunteer.

The South Westman RHA launched its WHP as a two year pilot project by reallocating existing resources. They have continued the program with no additional funds from Manitoba Health. While they have demonstrated that it is possible for a small, rural regional health authority to develop and deliver a women's health program, additional funds may be required to continue this program. Additional funds will certainly be required if the Program is to expand beyond the original two targeted communities of Boissevain and Melita.

II History of the Women's Health Program in the South Westman Regional Health Authority

In 1998, Ms Penny Sorensen, then Vice President of the South Westman RHA, prepared a proposal to establish the Women's Health Program as a pilot project in the Region. She did so after she learned that Dr. Mairi Burnett, a female family physician who had immigrated to the Region, was interested in focussing on women's health issues in the RHA. While she practices in Canada as a family physician, Dr. Burnett began residency training in Scotland in obstetrics and gynaecology and has a particular interest in women's health.

Ms Sorensen, now the CEO of the South Westman RHA, has remained an important champion of the WHP.

The proposal for a two year pilot Women's Health Program was accepted by the CEO and the Board of the RHA and funded from existing internal resources. Once approval had been obtained, a team was built which also included Jacquie Philip-Loucks, a public health nurse already working part-time with the RHA, and Faye White, the Manager of Regional Health Planning. The Region contracted with Ms Philip-Loucks for an additional 2 days per month of her time for work related to the WHP.

The commitment of these four key staff members, Penny Sorenson, Mairi Burnett, Jacquie Philip-Loucks and Faye White, and other RHA staff, has been crucial to the success of the Women's Health Program.

The RHA included the program in its 2000/2001

Health Plan, submitted to Manitoba Health, and plans to continue the program beyond its original two year mandate. Staff are considering possible modifications to the program, based on feedback received from women who have taken part as well as the focus groups and key informant interviews which formed part of this follow-up project.

The proposal submitted by the RHA defined the program goals as follows:

1. To increase knowledge and understanding of women's health and women's health needs in South Westman.
2. To support the provision of effective health services to women in South Westman.
3. To promote good health through preventative measures and the reduction of risk factors that most imperil the health of women in South Westman.

III The Women's Health Program

The Women's Health Program (WHP) operates in two communities of the South Westman RHA, Melita and Boissevain. Both towns are situated in a predominantly agricultural region of southwestern Manitoba, near the American and Saskatchewan borders. Melita has a population of 1383. Boissevain's population is 1534. The total population of the two towns and their surrounding rural municipalities is 4,116, of whom 2,063 are women¹.

The WHP has had five major components. These are:

- A. The establishment of local advisory committees in the two communities;
- B. A *Women's Health Survey* distributed to women in the two selected communities and a separate survey of student health conducted in Boissevain only;
- C. Monthly educational presentations in each community, presented at a luncheon workshop;
- D. A Women's Health Clinic run by Dr. Mairi Burnett, held for two half days per month in each community;
- E. A smoking cessation program for young women in Boissevain;

Each of these elements is described below.

A. Local Advisory Committees

Before the WHP was launched, RHA staff wrote to and met with, women's groups in the area, both in order to solicit their support for the program, and to gain their advice about the design of the program and the topics to be

discussed at the educational luncheons. RHA staff recruited interested women in Boissevain and Melita to form Local Advisory Committees. *Key informants stressed how valuable this process was and the importance of involving community women early in the process of establishing the program.*

In Boissevain, this local advisory group was able to build on the "kitchen table consultations" on women and health reform, conducted by Laurie Potovsky-Beachell on behalf of the Women and Health Reform Working Group, in 1998. The Working Group was a project of the Winnipeg Women's Health Clinic and other groups.

The Local Advisory Committees are less active now, as the future educational topics are currently set according to suggestions from the women attending the sessions.

Both RHA staff and program participants commented on the high level of community support for the program. Consultations with women's groups prior to the program's launch, the ongoing role of the Local Advisory Committees, and the use of the evaluation forms at the educational luncheons have all contributed to this. The approach of the RHA's staff, in understanding and respecting the contributions of women in the community, has been critical to this success.

B. Women's Health Survey

In 1999, as part of the Women's Health Program, the RHA surveyed women in Boissevain and Melita about their health status and their health needs.

¹Statistics Canada, 1996 Census Data.

South Westman RHA Women's Health Project

Those surveyed were not randomly selected. The surveys were widely distributed by volunteers in the two communities, at locations including grocery stores, a pharmacy, a medical clinic, an arena, and a hotel. The surveys were distributed by volunteers, including a group of high school students. The completed surveys were returned by the respondents to sealed boxes. It is not possible therefore to estimate a total response rate. However, in Boissevain, where 250 surveys were distributed through community drop-off points, a total of 125 were returned, for a response rate of 50%. A follow-up distribution, when surveys were sent home with high school attending daughters, for their mothers to complete, had a much lower response rate of only 7%.

In all, 267 surveys were returned, 142 from Boissevain and 125 from Melita. The RHA hired Pat Morka, a nurse and graduate student in nursing, to complete an analysis of the data. RHA staff have used the information from the survey to help determine the topics for the educational sessions, as well as to deepen their own understanding of the situations, health status and needs of the women in their Region.

Faye White, the RHA's Manager of Regional Planning, also prepared a special analysis of the RHA's 1997 Community Health Needs Assessment (CHNA), looking only at women in the two communities of Boissevain and Melita.

Respondents described their own health as follows:

- excellent or very good 45.0%
- good 40.1%
- fair or poor 10.8%
- no response 4.1%

Seventy percent of respondents identified their lives as either stressful or very stressful. This is consistent with the results of the 1997 CHNA, in which respondents identified stress as the most

important problem in their lives. Among the 1999 survey respondents, the following were identified as having "caused a great amount of stress...in the past year":

- money 35.2%
- health of others 33.0%
- personal health 19.5%
- work 18.7%
- loneliness 9.7%
- housing 5.6%
- unemployment 3.4%
- other 28.1%

The RHA also conducted a health survey of male and female high school students. This survey was distributed in the Boissevain High School and students were actively involved in the process. The RHA has relied on volunteer assistance in data tabulation and analysis. Unfortunately, this has led to delays and the results are not yet available to the RHA. When the data become available, the RHA plans to use them to help to shape the future of the Women's Health Program.

C. Monthly Educational Luncheons

Educational luncheons have been an important part of the WHP since its inception. Many of the sessions have been presented by Dr. Burnett, with some use of speakers from within the South Westman RHA and other organizations. Topics have included particular diseases and conditions, as well as those with a focus on health promotion.

Information about the topics and numbers attending is presented in the following chart.

Month	Topic	N	Rank
	number over 15,000 women.		
	Both key informants and focus group participants expressed their strong support for the educational sessions.		
Feb 2000	depression	132	2
Mar 2000	stress	100	8
Apr 2000	appreciation for the sessions.	71	14
May 2000	fad diets, something new and that they take this information home and share it with others. This is consistent with women's traditional roles as gatekeepers of family health.	124	4
June 2000	osteoporosis	123	5
Sep 2000	hormone replacement therapy	85	10
Oct 2000	menopause	79	12
Nov 2000	women & men	68	14
Dec 2000	packing your care kit	98	11
Jan 2001	cervical cancer	86	4
Feb 2001	fitness	108	6
Mar 2001	practical ways of living well with arthritis	98	11
Apr 2001	living well with arthritis	81	11
May 2001	arthritis	90	3
Jun 2001	cancer prevention	77	13

The eleven sessions held in 2000 attracted a total of 983 participants, averaging 109 participants per session. The six sessions which have been held to date in 2001 have attracted 588 participants, averaging 98 participants per session. To put this into context, this means that on average 105 women, or approximately one-half of one percent of the total female population (including girls and women) of 2,063 (in the two towns and their surrounding rural municipalities) attended each session. By comparison, if a similar proportion of the female population of the City of Winnipeg were to attend, they would

Dr. Burnett noted that in her experience the educational sessions would potentially lead to more appropriate use of health care services, rather than necessarily to less use of services. She noted that while some women would have their questions answered at the sessions and therefore not seek a physician appointment, others would be more likely to seek care because of information which they received during a presentation.

Several participants noted the importance of the contacts made among participants themselves,

South Westman RHA Women's Health Project

especially for farm women who came to town for the presentations. They found “just getting together with other women” to be helpful.

The concerns which focus group participants expressed about the educational sessions were in fact a testament to their success. They wanted more time for questions. They wanted Dr. Burnett to be able to remain in the hall after the session to talk with them. One suggested a “question card” system, rather than raising hands, to encourage the less vocal members of the group to ask their questions.

Focus group participants noted that holding the sessions over the lunch hour was a barrier and prevented the participation for women with young children, employed women and high school student. They suggested alternative means of sharing the information presented with these women, including: making similar presentations to “mothers morning out” groups, videotaping the presentations and showing them on the local community access cable television station, preparing a written version of the presentation for publication in the local newspaper. Young women high school students have attended some of the educational sessions, with an accompanying teacher. However, this requires special permission as the high school lunch period is shorter than the educational sessions.

Focus group participants did not consider the charge for lunch (\$6 to \$7) to be a barrier to participation.

Evaluation forms are on the tables during the luncheon sessions, for the participating women to complete; 777 responses received are summarized in the chart below.

	Exce-llent	Good	Fair	Poor
Was the information right for your learning?	56.7%	41.1%	2.2%	0
Was the topic current & informative?	59.1%	38.8%	2.1%	0
Was the information presented in an interesting & easy to understand way?	74.0%	25.6%	0.4%	0
Was the speaker knowledgeable about the subject?	75.1%	24.2%	0.7%	0
Overall, did you find the presentation helpful to you personally?	58.3%	37.5%	4.2%	0

In conclusion, the educational luncheons are an important and valued part of the WHP. RHA staff, key informants and focus group members all stressed the importance of including both educational and clinic elements in the WHP.

The RHA has a large number of Hutterite Colonies. For religious and cultural reasons, the women who live in these communities cannot attend the luncheons. A public health nurse with the RHA has initiated contact with women in one of the Colonies near Boissevain, to find out what women's health information they would like. In addition to cultural and religious barriers, language barriers exist in communicating with these women. Their first language is a German dialect and they may be uncomfortable discussing intimate and private health matters in English.

D. Women's Health Clinic

As noted above, Dr. Burnett is contracted by the RHA to staff a "Women's Health Clinic" two half days per month in each of the two selected communities. Participants in the focus groups understood that the clinics were limited in scope to conditions specific to women (e.g. reproductive health concerns) or more common among women (breast cancer, osteoporosis).

From October, 1999 to December, 2000 there were 431 patient visits to the Women's Health Clinic. The primary reasons for these visits were as follows:

Primary Reason for Visit	Number	Percent (exclusive of other/not recorded)
Cervical cancer screening (Pap)	99	29.3%
Other/not recorded	93	
Complete physical exam	62	18.3%
Hormone replacement therapy	40	11.8%
Family planning	26	7.7%
Breast health	23	6.8%
Vaginal exam	21	6.2%
Depression	16	4.7%
Menstruation	14	4.1%
Menopause	12	3.6%
Osteoporosis	11	3.3%
Urinary tract disorders	7	2.0%
Sexually transmitted diseases	4	1.2%
Pregnancy	3	0.9%

This is consistent with the descriptions of the reasons for using the Clinic given by both the focus group participants and the key informants.

Clinic users were overwhelmingly women in their middle years. Almost 64% of Clinic visits were by women aged 35 to 64. A more detailed age breakdown is presented below.

Age	Number of visits	Percent (exclusive of other/not recorded)
not known	50	
under than 20	42	11.0%
20 to 34	41	10.8%
35-49	137	36.0%
50 to 64	106	27.8%
65 to 79	42	11.0%
80 and older	13	3.4%
Total	431	

RHA staff, key informants and focus group participants all commented on the need to find strategies to encourage increased participation of younger women in all aspects of the Women's Health Program.

The Clinic received the overwhelming support of focus group participants, key informants and the women who have used the Clinic.

From January to June, 2000, 53 women who used the Clinic returned surveys about the quality of the services and information which they had received. Of this group, 78.8% described the service as "excellent" and 21.2% described the service as "good".

Delivery of care by a female physician was a major issue. *Focus group participants*

expressed their strong preference for reproductive health care to be provided by a female physician. In both communities the majority of participants believed that many women do not attend their family physician for complete physical exams, breast exams, or Pap smears because they are uncomfortable having a man perform these examinations. One participant commented that before the clinic was available she had travelled to Brandon to see a woman physician. Another participant stated that she had not seen a physician for any health concern in several years because she was uncomfortable being examined by a man.

Focus group participants also appreciated the time which Dr. Burnett was able to take with each clinic patient. They felt that unlike with other physician visits, that they did not have to rush and that it was fine to take the doctor's time to discuss their concerns. She was described as more understanding, knowing and experienced than the male family physicians in their communities. They appreciated her "open door" policy and spoke of their comfort in knowing that they could bring their daughters to see her. Because the RHA has contracted with her for this time, she is not required to submit billing cards to Manitoba Health. This removes the pressure to make all patient care activities "billable".

Dr. Burnett noted that in her experience, women know that it is fine to use the clinic if nothing is "wrong", if they wish to discuss issues such as hormone replacement therapy or osteoporosis. In response to women raising mental health concerns in their discussions with her, Dr. Burnett referred these women to the Community Mental Health Workers in the area. The Community Mental Health Workers however were unable to respond to increased demand from the ensuing new referrals. The RHA is currently considering other means to deal with these concerns, including the development of a package of information about other available sources of

assistance for women with mental health problems in the Region.

Since the Clinic began in Melita, a woman family physician has begun to practice in the town. However, this has not reduced the number of women seeking care at the clinic.

One issue for the RHA in planning the clinic was that Dr. Burnett's contracted time not be seen as taking patients away from the fee-for-service physicians in either community. Focus group participants in both communities were clear that this was not the case. With the exception of one participant, who would not see a male physician, all had family physicians whom they saw for other concerns.

A male family physician interviewed as a key informant noted that the Clinic has been a very positive experience for him. He noted that some women came to see Dr. Burnett who had chosen not to see a male physician for female-specific health concerns. For example, he noted that in his own practice, he was doing fewer Pap smears, and thought that this was because of the Clinic. He also observed that because of this Clinic, some women who had previously sought medical care outside of the Region, had now returned to the Boissevain clinic. They saw Dr. Burnett at the Women's Health Clinic for female-specific health concerns and saw the male family physicians at the Boissevain Clinic for other health concerns for themselves and their children. ***In this way, the WHP has contributed to the strengthening of other local health services in the RHA.***

Prior to the launch of the WHP, the RHA's analysis of provincial data showed that women in the South Westman Region had a cervical screening rate of 49%, lower than the provincial average of 59%. This is concerning since cervical screening tests (Pap smears) detect changes in the cells of the cervix. If untreated,

South Westman RHA Women's Health Project

these changes can lead to cancer of the cervix. Cervical cancer can be prevented through the detection and treatment of early changes to the cells of the cervix.

Respondents to the 1999 Women's Health Survey were asked about cervical screening. Almost 43% indicated that having a Pap smear made them uncomfortable. In response to a further question about the source of their discomfort, 37.1% of those who answered this question stated that they were uncomfortable having the procedure done by a male examiner.

In response to the low screening rate in the region and to women's expressed discomfort with male examiners performing cervical screening, the RHA has made this one of the priorities of its WHP. In June, 2001, the RHA has also implemented its own follow-up program and all women who attend the Clinic for Pap smears are sent recall letters when it is time for their next test.

While most cervical screening in Manitoba is done by physicians, the RHA is considering expanding the WHP, and public health nurses have already been trained to conduct cervical screening outside of the two communities involved in the WHP. This idea already has broad community support, as well as support from some local family physicians. The physicians understand that some women who are uncomfortable with having cervical screening done by a man, are either not having the procedure done on a timely basis, or, are leaving the South Westman Region in order to see a female physician. However, the RHA lacks the resources to fund additional Public Health Nursing time.

The situation may be now helped by the introduction in April, 2001, of a new cervical screening registry and follow-up system in Manitoba. Under the new system, all cervical

screening results must be submitted to the Manitoba Cervical Cancer Screening Program (CCSP). The CCSP maintains a Registry and will follow-up all results (normal, low risk abnormal and high risk abnormal) with the health care provider (physician or nurse) who took the cervical smear. However, the professional responsibility for, and the cost of, notifying women of the need for re-testing, or for treatment, remains with the health care provider.

The CCSP will also have the capacity to produce special reports if requested by a Regional Health Authority, clinic, or physician. For example, the CCSP could work with the RHA to generate special reports about the incidence of normal and abnormal results in the Region, as well as reports which would allow the RHA to pro-actively contact women to invite them to be re-tested. The CCSP is also interested in co-operating with RHAs in the development of pilot projects to improve cervical cancer screening and follow-up in Manitoba. This could, for example, take the form of a jointly funded mobile screening clinic, staffed by nurses, in the Region.

In conclusion, this Clinic, providing the equivalent of one day of service per month in each of two rural communities, has become a valuable and respected part of the services provided by the RHA. Focus group participants, RHA staff and key informants expressed their strong support for the continued existence of the Clinic.

E. Smoking Cessation Program for Young Women

The RHA arranged for three volunteers to receive training in a gender-specific smoking cessation program for women, called "Catching Our Breath", offered by the Women's Health Clinic in Winnipeg. The original plan called for these

South Westman RHA Women's Health Project

volunteers to offer the "Catching Our Breath" program to female high school students in Boissevain during the 2000/01 school year.

Publicity for the program was not successful, and RHA staff plan to work with the trained volunteers to try to establish the program during the 2001/02 school year. Several key informants indicated that the publicity was directed at teachers rather than students, and that using posters to publicize a program like this was unlikely to be successful. They suggested that person-to-person communication would be most effective.

This case illustrates some of the difficulties involved in relying on volunteers who have with limited time and other commitments of their own, to deliver public health programs.

IV Conclusions and Recommendations

It is clear that the success of the Women's Health Project has hinged on the trust developed by the south Westman RHA with local women, because of the consultations and involvement women have had and continue to have to make the project work for their circumstances. Prairie Women's Health Centre of Excellence encourages Manitoba Health and all Regional Health Authorities to put careful thought and consultations into developing local women's health programs to improve community health. We know from this example that they can be successful.

1. The South Westman RHA, a small, rural regional health authority, is to be commended for taking the initiative of launching a Women's Health Program.
2. The consultations with women's groups which the RHA did before the formal launch of the WHP, and its use of ongoing formal and informal consultative mechanisms has been an important factor in the success of the program.
3. The WHP enjoys the support of Board members, RHA staff, the women in the two communities who use the WHP, community physicians, teachers and others. However, the WHP, like other health prevention and promotion programs, is vulnerable as the RHA faces continued financial pressures and demands to maintain or expand acute care services.
4. The educational luncheons are an important and valuable part of the WHP. RHA staff, key informants and focus group members all stressed the importance of including both educational and clinical elements in the WHP. It is recommended that RHA staff use the results of the focus

groups conducted for this project, as well as the knowledge of the members of their two Local Advisory Committees to find ways to reach women for whom attendance at a regular educational luncheon is difficult.

5. The Women's Health Clinic, providing the equivalent of one day of service per month in each of two rural communities, has become a valued and respected part of the services provided by the RHA. Both focus group participants and key informants expressed their strong support for the continued existence of the Clinic.
6. While the WHP has been successful in reaching women in their middle years, and older women, it has been less successful in attracting younger women. It is recommended that the RHA continue its efforts to reach younger women, (including students, those working in the paid labour force, and those at home), and to involve them in the WHP.
7. It is recommended that the RHA's efforts at reaching women who live in Hutterite Colonies in the Region should continue. It is recommended that the RHA take steps to address the language barrier that exists between these women and the English speaking public health nursing staff.
8. Given the high rates of stress reported by women respondents to the two health surveys (1997 and 1999) conducted in the Region and the need for mental health services, it is recommended that the RHA work with other service providers to prepare a package of information for women with mental health concerns.

South Westman RHA Women's Health Project

9. It is recommended that the RHA work with the Manitoba Cervical Cancer Screening Program to design one or more pilot projects for the Region. These might include CCSP's financial support for a mobile cervical cancer screening clinic, operated by nurses employed by the RHA, and/or special reports about the incidence of normal and abnormal results in the Region, and/or reports which would allow the RHA to proactively contact women to invite them to be re-tested at the appropriate time.

Acknowledgements

The author would like to thank the staff of the South Westman Regional Health Authority, especially Penny Sorensen, Jacquie Philip-Loucks, Faye White and Mairi Burnett for their assistance. Other key informants for this project also gave generously of their time. They were Lisa Oliver, Helen Hole, Dr. Doug Beauchamp and Michelle Johnson. Thanks also to Brenna Shearer-Hood, Manager of the Manitoba Cervical Cancer Screening Program, for taking the time to explain Manitoba's new screening program.

Thank you as well to the 13 focus group participants in Melita and Boissevain for sharing their time, their experiences and their ideas.