

Seeds OF Change

A Six-Year Review

Cecile Gousseau
and the Prairie Women's Health Centre of Excellence

Project #59

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Prairie Women's Health Centre of Excellence

The Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Bureau of Health Canada. The PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. The views expressed herein do not necessarily represent the official policy of Health Canada.

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Introduction

The Prairie Women's Health Centre of Excellence (PWHCE) is one of five research centres announced by the federal government as part of a national strategy to address women's health in 1995. The Centres of Excellence Program for Women's Health (CEWHP), co-ordinated by the Women's Health Bureau of Health Canada, is dedicated to the development of community-based research and policy advice which will make the health system more aware of, and responsive to, women's health needs. The Centres focus on the social factors in women's lives which affect their health.

At the outset, all Centres within the CEWHP were given a five-fold mandate: generating new knowledge, addressing information gaps in current database collections, communication and dissemination of information, network building and strengthening, and policy advice to government and service providers. Each Centre has developed its own structures and priorities to address this mandate. At the PWHCE, emphasis has been placed on innovative approaches to research, including the promotion of partnerships between representatives and researchers in the community and in universities and other institutions, the development of close links to policymakers, and the promotion of community involvement in research (for example, through participatory action research (PAR)).

Our Mission

The mission of the Prairie Women's Health Centre of Excellence (PWHCE) is to improve women's health through high quality women-centred, action-oriented research and policy analysis. The Centre supports and fosters research designed to increase knowledge of the factors which influence women's and girls' health and well-being. Building on this research and analysis, the Centre develops gender-sensitive policy and program recommendations which promote women's and girls' health.

Our Vision

Since the initial planning sessions of 1996, the supporters of PWHCE have had a clear vision for the health of women and girls and of the Centre's role in helping achieve that vision. The text of this vision has had only minor modifications, as a result of strategic planning sessions of the Board in 1999, and again in 2001, and currently reads as follows:

All women and girls will lead healthy lives, empowered with the knowledge and resources necessary to promote personal, family, and community health and wellbeing. Gender-sensitive, health-promoting public policies will help to create a healthier, more equitable society. In achieving this Vision, the Prairie Women's Health Centre of Excellence will become an important source of research, analysis, and policy advice on women's and girls' health issues. The Centre will be strengthened by the support and active participation of diverse communities of women and girls.

Values statements and Guiding Principles flowing from the Mission and Vision complete the framework for PWHCE.

Our History

How We Came To Be

The proposal for the PWHCE was developed in 1996 as part of a competitive federal process. A consortium of women's health advocacy groups in Manitoba and Saskatchewan was instrumental in coordinating a series of planning and visioning processes which shaped the prairie submission. The Centre proposal received approval in 1996, and its operations began in the spring of 1997.

While the PWHCE is supported by numerous community organizations and researchers in Saskatchewan and Manitoba, it is legally based on a formal partnership among six of its founding members:

- Fédération provinciale des francoskoises,
- Prairie Region Health Promotion Research Centre, University of Saskatchewan
- University of Regina
- University of Manitoba
- University of Winnipeg
- Women's Health Clinic (Winnipeg)

From the outset, the PWHCE established three program sites in Saskatoon, Regina, and Winnipeg, with the administrative centre attached to the Winnipeg office. The three program offices are housed and hosted at the University of Saskatchewan, the University of Regina, and the University of Winnipeg, respectively. While additional space requirements for the Winnipeg program and PWHCE administrative office have since necessitated a relocation to leased space offsite, the University of Winnipeg as host institution continues to provide invaluable in-kind contributions of administrative support, accounting support, technical support and program advice.

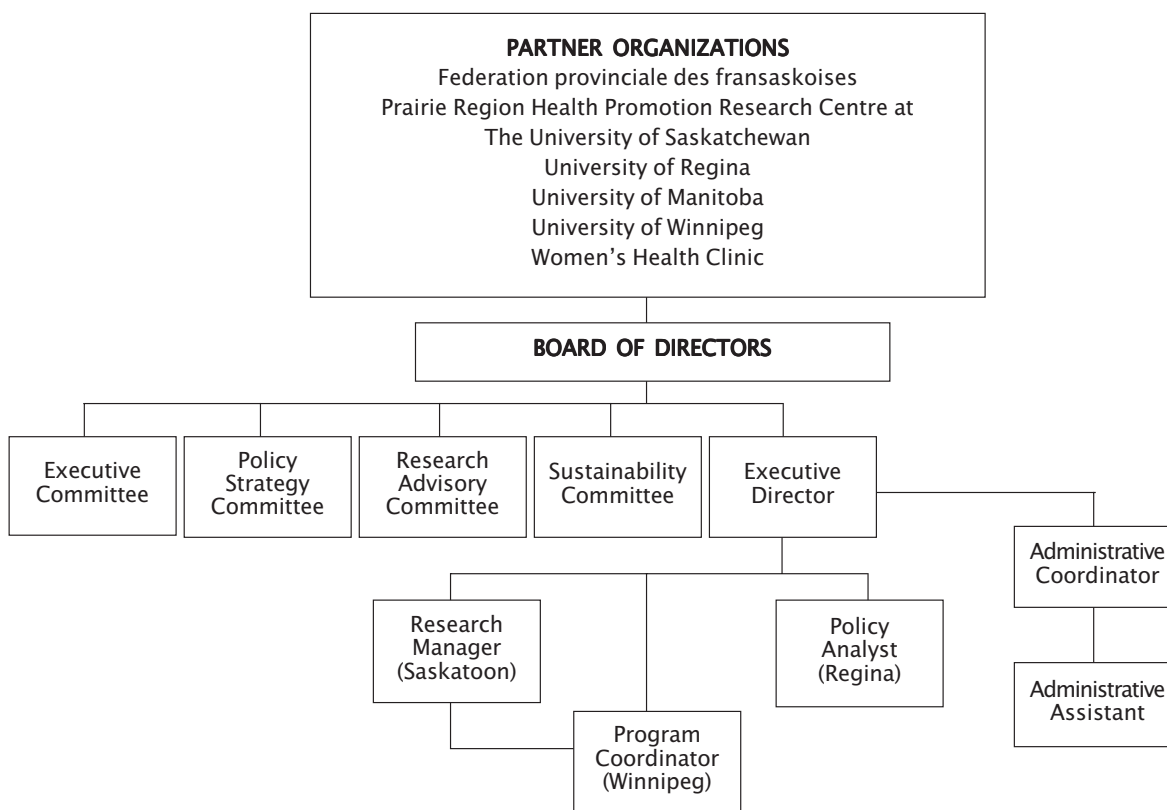
Governance

How We Conduct Our Affairs

PWHCE is governed by a policy board with input from a number of advisory committees (see Figure 1). Membership on these governing structures is representative of the Centre's six signatory partner organizations as well as organizations reflecting a wide range of interests of Saskatchewan and Manitoba women - including the academic, community, and policy sectors. A number of Board positions have also been designated to be filled by rural, aboriginal, northern, senior, and immigrant women.

The Centre has been fortunate in having the same Board Chair for the first six years of its existence, as well as considerable stability in Board membership. This continuity has enabled the Centre to pursue its mandate in a consistent manner, while adapting its processes as required within a known historical context. The Board holds one or two in-person meetings per year, alternating among the three program cities, and meets by teleconference three to four times per year, as needed.

Figure 1.



Original Structures

The Centre's original committee structure was fairly complex and reflected our organization's developmental stage and the work we wanted to do:

The Executive Committee acted on behalf of the Board in situations where timely action was necessary.

The Program and Directions Standing Committee (PDC) coordinated the overall program priorities and directions of the Centre.

The Research Policy Standing Committee (RPC) served as an advisory committee to the Board of Directors on matters related to the goals and priorities of the Centre's research program.

Theme Advisory Groups (TAGs) were appointed by the Board of Directors to establish and oversee the research and policy advice programs for theme areas across the program continuum. Five TAGs were established initially; these were subsequently merged to the following three:

- impacts of selected determinants of health on women,
- effects of health reform on women, and
- policy and program models to improve women's health.

The Diversity Ad Hoc Committee's role was to provide advice to assist the Board in carrying out its value statement of diversity and inclusiveness.

Research Review Teams conducted the review of Stage 2 research project proposals.

Current Structures

In 2001/02, our committee structure has evolved to reflect the Centre's different developmental stage and its new directions and challenges. While the leadership role of the Executive Committee is ongoing, other committees have been realigned as follows:

The Research Advisory Committee makes recommendations on ongoing and new research.

The Policy Strategy Committee makes recommendations for ongoing and new policies for government as well as service providers. The Policy Strategy Committee and the Research Advisory Committee are in constant communication, to inform the new program directions of the Centre.

The Sustainability Committee is pursuing alternate funding sources and research models for the Centre beyond the funding commitments of the Women's Health Bureau.

Administrative Organization

Our Staff

The three program offices were established to ensure an ongoing presence at all program sites and to permit the Centre to capitalize on existing expertise in both Manitoba and Saskatchewan. At the outset, each program site was staffed with a half-time Program Coordinator, with the full-time Executive Director and Administrative Coordinator based in the administrative office. Program Coordinators had broad responsibilities coordinating communications, supporting research teams, and managing the local office; responsibilities extended beyond their geographic area to the national level, and/or to specific themes within the Centre. The expanding workload at all levels of the organization, combined with uncertainty over the Centre's long-term sustainability, resulted in considerable staff turnover at both staff and management levels.

Within the three program sites, staff roles gradually evolved to reflect the lessons learned over the past five years and the changing focus over time. Staff responsibilities have recently been realigned to better meet changing needs of the Centre and to match emerging priorities, and to allow a greater inclusion of the diverse skills and expertise of the staff members. We anticipate that this restructuring will make workloads more manageable and focused, and will enhance opportunities for staff skills development¹.

The staffing complement in 2002 consists of:

- Executive Director (1.0)
- Administrative Coordinator (1.0)
- Policy Analyst (1.0)
- Research Manager (1.0)
- Program and Community Development Coordinator (0.5), and
- Administrative Assistant (0.75).

This staffing is supplemented and complemented by contract workers as required for work on specific projects. Over the years PWHCE has developed a network of other associates. Some have joined in specific projects, and continue to take an interest in the work of the Centres.

¹ With additional, transitional funding from Health Canada for the 2001-2002 fiscal year, we were able to have four program staff members: one in each of Regina and Winnipeg, and two in our Saskatoon office.

Others are allies through common issues and collaboration on committees in the community.

Despite the changes, PWHCE enjoys good working relationships with local and provincial governments, ministerial and Federal/Provincial/Territorial advisory groups. PWHCE staff are active in a number of local steering and advisory committees in Winnipeg, Saskatoon and Regina.

The PWHCE Research Program

Funding Women's Research

The philosophical basis of the Centre's research program is the development of community/academic research partnerships. Within this model, PWHCE supports feminist, community-based research, including participatory action research (PAR) - an approach which allows for development interpretation of research through the lens of women's life experiences. In addition, we are interested in how all health research can be systematically analyzed for gender and racial inequities.

Funding Mechanisms

PWHCE has provided a range of mechanisms to fund research capacity and knowledge generation since 1997:

Capacity-building workshops: Four workshops were held in 1997 in Manitoba and Saskatchewan to discuss community-academic partnerships and to orient new researchers to PWHCE research requirements and processes. These workshops were attended by 124 women in all, including researchers and representatives from women's groups. PWHCE encouraged the formation of multi-disciplinary teams among participants; 31 Stage 1 proposals were submitted by such workshops, of which six went on to be funded at Stage 2.

Developmental Grants: Six developmental, or seed grants were funded for Participatory Action Research projects to develop background work, bringing new research teams together to formulate research questions. Of the six (6) developmental grants funded, two (2) went on to receive funding from PWHCE for Stage 2 research proposals, and one went on to receive full funding elsewhere.

Calls for Proposals: Three separate calls for grant funding were made in 1997, 1998, and 1999. Each call used a 2-stage approval process as discussed above, and reflected one of the research themes established by the Theme Advisory Groups within their broader areas of focus.

PWHCE research projects funded through this grant mechanism have covered far-reaching topics including:

- Aboriginal women's health
- Health reform

- The health of immigrant women
- Informal caregivers' health
- Lesbian health
- Literature reviews
- Low-income women's health
- Older women's health
- Rural women's health
- Women's mental health
- Women, violence, and abuse
- Women-centred health programs & services

Commissioned Research: In the early years, topics for specific, commissioned research were identified within the Theme Advisory Groups; more recently, the Centre Board and staff have defined such projects. Commissioned projects have included such topics as:

- Health issues for Aboriginal women
- Gender and health planning
- Gender-specific program evaluation frameworks
- Literature reviews on women's health
- Models of women-centred care
- The service needs of pregnant and addicted women (funded by Manitoba Health)
- Social housing policy
- The effects of health care privatization.

PWHCE anticipates that commissioned work may remain one of the centre's preferred research funding mechanism for the future because it provides additional opportunities to focus the research agenda and to build a cohesive body of research.

Research Output

The PWHCE has provided direct support for over 50 policy-oriented research projects since 1997. Every one of these research projects has individually contributed to the growing body of knowledge and evidence on women's health. Furthermore, this impressive array of research has directly contributed to the Centre's growing credibility and to the planning and priorities for the years ahead. Following are some highlights of the uptake and impact of a few of the research projects funded by PWHCE. The full listing of PWHCE project publications and uptake is at the back of this publication.

Research Grants

Women Survivors of Childhood Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs

S. Tudiver, L. McClure, T. Heinonen, C. Scurfield and C. Kreklewetz

This study found that health care providers across all professions were largely unprepared to cope directly with issues of childhood sexual abuse (CSA) and either avoided the issue altogether or tried to work around perceived problems. The study makes specific recommendations for curricula development, referral networks, policy formulation, and practice guidelines to meet the needs of women survivors. As a result of this study changes have been made to curricula for dentists and doctors in Manitoba. Educational pamphlets have been developed for both providers and CSA survivors as a resource for helping CSA survivors get through medical examinations (available through the PWHCE or online at www.cwhn.ca/resources/csa).

Prairie Women, Violence and Self-Harm

C. Fillmore, C. A. Dell and The Elizabeth Fry Society of Manitoba

This study focused on the support and service needs of incarcerated women offenders who injure and harm themselves; an area of health behaviour which has not been well understood or researched. After interviewing women who have a history of self-harm and corrections personnel, a new model for care was developed. This report generated much interest across the country, from advisory groups to the corrections system, and has led to multiple publications. The Elizabeth Fry Society, one of the research partners, have taken on national distribution of the report. PWHCE helped to fund a plain-language brochure with ideas for coping behaviours which was also developed and widely distributed.

Domestic Violence and the Experiences of Rural Women in East central Saskatchewan

D. Martz and D. Saurer

This project gave voice to the difficulty faced by rural women seeking assistance from police and health care workers after they have experienced some form of abuse in the home. Women in rural Saskatchewan were invited to discuss domestic violence in a safe environment and to make recommendations for appropriate care in their local region. The project addressed the benefits of inter-sectoral collaboration and the need to develop policies and protocols for a variety of service providers who interact with women experiencing violence. The report has had tremendous exposure. The Catholic paper *Prairie Messenger* of the Centre for Rural Studies and Enrichment of St. Peter's College printed a story on this research project, as did the *Western Producer*. The report has also received support from the Provincial Association of Transition Houses in Saskatchewan, which posted the report on their web site.

A number of policy developments have emerged from this research. The health district which was a partner to the project discovered that women who have experienced violence were encountering barriers to getting appropriate mental health services, and *they have since changed their policies*, even before the report was released. *As a direct result of the study*, there are now new guidelines regarding intake for women who present to the mental health services in the region.

We Did It Together: Low-Income Mothers Working Toward a Healthier Community and Telling it Like it Is: Realities of Parenting in Poverty

Kathryn Green

The purpose of this project was to bring together low-income mothers of preschool-aged children who wanted to learn more about making their community a healthier place to live. Participants identified the factors that typically lead to a woman becoming a low-income parent; often, but not always, it began with her own

upbringing. Community factors such as schools' support for pregnant and parenting students, access to childcare, and levels of social assistance provided to parents of young children without paid employment, can strongly influence whether or not an individual's circumstances lead her to 'parenting in poverty'.

The report makes recommendations for women's health policy in the areas of financial support, recognition for and respite from parenting, access to childcare, safe and healthy housing, addictions prevention and treatment, and lessening the stigma associated with being poor. The women went on to write a book, *Telling it Like It Is: Realities of Parenting in Poverty*, which is a collection of their stories on living in poverty. The book had a successful launch, attended by the mayor of Saskatoon, representatives of the Saskatchewan government, and numerous agencies and individuals. Some of the women went on to present their work to municipal and provincial housing and social authorities.

Commissioned Research

***Invisible Women: Gender and Health Planning in Manitoba and Saskatchewan and Models for Progress* Tammy Horne, Lissa Donner and Wilfreda Thurston**

This commissioned research was initiated to examine the degree to which gender sensitivity and women's health issues were reflected in the planning processes of new regional health bodies in Manitoba and Saskatchewan. Eight (8) of (then) 11 regional health authorities in Manitoba and 17 of 32 Saskatchewan health districts participated in the study. The researchers found little evidence of gender-oriented strategies among regional health bodies in either province. This was attributed to a number of factors, including a lack of understanding of the importance and relevance of gender as a determinant of health.

Invisible Women makes 10 recommendations to address specific priority issues and process deficiencies. These

touch on the need for resource expertise in gender analysis and women's health; the need to incorporate gender analysis throughout the whole planning process; the collection and reporting of gender disaggregated data; and the provision of access to educational materials and events to develop skills in gender analysis.

Invisible Women has received extensive attention from the media and policymakers, and the report is widely cited in literature reviews of health planning and health reform. Presentations have been made to multiple groups on the report and its implications. Ministers of Health in both Manitoba and Saskatchewan met with PWHCE to discuss the study's findings and its practical applications. In addition, the Federal/Provincial/Territorial Ministers responsible for the Status of Women subsequently commissioned PWHCE and the research team to conduct a gender-based analysis of *Toward a Healthy Future: Second Report on the Health of Canadians* and three other key federal documents to determine to what degree women's health needs and concerns had been addressed by the documents.

Invisible Women, Phase 2

The high level of interest generated by *Invisible Women* has led to *Invisible Women, Phase 2*, to develop practical applications of gender-based health planning and programming at the regional level. Development of this project has been a long-term, intense collaborative effort with the governments of both provinces, and has resulted in close working relationships. In addition to the \$10,000 PWHCE contribution, Manitoba Health committed \$20,000 for this project and the Women's Secretariat of Saskatchewan contributed \$10,000.

- In Manitoba, PWHCE documented a successful women's health project to demonstrate an effective example of gender-sensitive health programming: *A Rural Women's Health Program: The Experience of the South Westman RHA* (L. Donner).
- In Saskatchewan, gender-based training has been offered to the health districts to promote gender-sensitive health and gender-specific programming

- and planning in health services delivery.
- PWHCE is developing a guide on gender-sensitive health planning to coincide with new guidelines for Manitoba RHAs conducting community needs assessments. Examples of GBA of existing health utilization data highlight the value and breadth of information that can be hidden in gender-neutral data sets. The guide includes checklists and tools for examining barriers for equitable participation from diverse populations of women.

Left In the Cold: Women, Health and The Demise of Social Housing Policies

Darlene Rude and Kathleen Thompson

The relationships among gender, health, income, and other socio-economic factors are explored in the study, in the context of the housing situations of women who have lived in social housing and also women who have rented low-cost housing in the private housing market in the cities of Regina, Saskatchewan and Winnipeg, Manitoba.

The report finds that gender is a variable that appears to be significant in increasing a person's risk of living in unsuitable housing. Changes in housing policies and programs over recent years have had specific gender effects, particularly for women with children, who report particular difficulties in affording and getting into suitable housing. The current housing system is insensitive to gender-specific housing issues, and there are not adequate processes and mechanisms for women to deal with harassment or abuse by landlords. Key recommendations are made relative to i) health and housing issues; and ii) gender-specific process issues. One of the main messages is the need to address the shortage of adequate and affordable housing for women, particularly women raising young children. As a corollary, a mechanism is required to ensure that basic health and safety rules and regulations are followed in all areas of rental housing, especially in the private housing market.

At the time of writing, the Women's Secretariat in Saskatchewan is currently acting on the recommendations from *Left In The Cold*. Social housing policy is under serious review in light of the findings of the study, and follow-up studies are planned.²

Evaluating Programs For Women: a Gender-specific Framework (2000 Revised Edition)

Joan McLaren

In 1999, the PWHCE published a report from research commissioned to set out the goals, purposes, approach and principles of a gender-specific framework for evaluating programs for women. The evaluation framework was subsequently pilot-tested in two sites providing services to women - one in Saskatchewan and one in Manitoba - and revised accordingly. The framework is based on a set of ten generic steps, each of which has specific considerations to ensure gender-sensitive and woman-centred processes and results.

This gender-specific evaluation model has been used in further studies such as *Invisible Women*, discussed elsewhere in this report. Health Canada's Health Promotion and Programs Branch has also reported borrowing heavily from the concepts, approaches, and framework of this model in their own internal work.

A Study Of The Service Needs Of Pregnant Addicted Women In Manitoba

Caroline L. Tait

Manitoba Health commissioned the PWHCE to undertake research on the service needs and experiences of pregnant and addicted women, resulting from a much-publicized human-rights case in Manitoba which went to the Supreme Court. The commissioned report provides a critical analysis of available information and data, and existing effective program models and "best practices"; The writer provides 49 recommendations to revise program and service components to meet

² Note, the Saskatchewan Women's Secretariat was dismantled and enfolded within other government departments in the spring of 2002.

identified and quantified needs of pregnant addicted women.

PWHCE currently sits on the working group which is addressing the recommendations.

National Projects

Health Reform and Women

The PWHCE has participated extensively in this endeavour. In 1999, as part of the National Coordinating Group on Health Care Reform and Women, PWHCE conducted provincial and regional scans of policies and research related to privatization in health reform and its impacts on women. There have been and continue to be positive outcomes from this national project on health reform:

- The 8 reports from these studies have recently been compiled and published in a book entitled *Exposing Privatization*.³ Two of the eight reports in the book were commissioned by PWHCE⁴.
- The National Coordinating Group sponsored a national think tank on unpaid caregiving, which brought together policy-makers and researchers to examine unpaid caregiving with a gender lens.
- The Coordinating Group made a representation to the Kirby Senate Commission, drawing on its work from the previous 3 years on health reform.
- The National Coordinating Group developed a popular format document entitled *Women and Health Care Reform*, which was widely distributed across the country. This piece was co-ordinated and co-

³ Armstrong, Pat, et al, *Exposing Privatization, Women and Health Care Reform in Canada*, 2002, Garamond Press, Canada

⁴ Willson, Kay and Jennifer Howard, *Missing Links: The Effects of Health Care Privatization on Women in Manitoba and Saskatchewan* (2000)

⁴ Scott et al, *The Differential Impact of Health Care Privatization on Women in Alberta* (2000)

authored under separate contract by Kay Willson, PWHCE's Saskatoon Program Coordinator.

- Multiple presentations have been made on the findings of this policy scan, including one to the Canadian Commission on the Future of Health Care in Canada.
- PWHCE continues to participate in the ongoing work of the National Coordinating Group on Health Care Reform and Women, fostering collaboration and encouraging other health researchers and women's health organizations to take up the challenge of monitoring the impacts of health reforms on women and women's responses to health reforms. Kay Willson of the Saskatoon office plays a vital part on the national group.

Research Synthesis Group

In May 2000, the PWHCE agreed to take the lead in a national initiative by the Centres of Excellence for Women's Health Program to review and synthesize research findings in selected key areas from the work to date. This Synthesis Group also serves as an advisory group to the editor of the CEWHP Research Bulletin. Kay Willson, Saskatoon Program Coordinator, chairs the Synthesis Group, and the PWHCE provides administrative support to the group on behalf of all Centres. This national project has been fruitful and demonstrates the value of PWHCE's extensive resource contribution.

- A synthesis of current Canadian research on aboriginal women's health was commissioned by the Research Synthesis Group; this was followed by a national workshop on aboriginal women's health in March 2001⁵. The project has led to the establishment of a new Aboriginal Women's Health network of organizations and individuals interested in aboriginal

⁵ *Aboriginal Women's Health Research Synthesis Project, Final Report*. M. Dion Stout, G. Kipling, and R. Stout. 2001. Centres of Excellence for Women's Health. www.cewh-cesf.ca

women's health research. The network is seeking further support from the Women's Health Bureau, and PWHCE is committed to actively providing support to the group as it evolves.

- A second synthesis work has been commissioned for internal purposes on the works to date by all Centres on sexual and reproductive health. PWHCE has been instrumental in co-ordinating this project.

National Project on the Health Issues for Women Living in Rural and Remote Canada

PWHCE is a partner with the other Centres of Excellence for Women's Health on a national initiative which will set a research agenda and policy framework for health and health care delivery to Canadian women living outside urban centres. This is especially timely as the health care crisis and researchers projects begin to understand the particular implications for the many Canadians who do not live in a large city. The Centres of Excellence have a vital role to help ensure that women's health is included in research and policy agendas. The four-phase project includes sample focus groups with women across the country in many, varied rural, remote and northern communities. In January 2003, PWHCE will co-host a National Community Symposium where the results of this initial project will be presented.

Additional partnering opportunities

PWHCE partners with other Centres of Excellence in the development and implementation of research projects with far-reaching implications. For example:

- The Healthy Balance Research Program is a 5-year program of research funded by the CAHR, bringing together 25 researchers from universities, public policy, health organizations, and community and government partners to investigate the relationships between women's health and wellbeing, family life, and earning a livelihood. The lead organizations are the Atlantic Centre for Excellence in Women's Health and the Nova Scotia Advisory Council on the Status of Women, and PWHCE has been invited to participate.

Milestones

PWHCE Successes

In 6 short years, PWHCE has had many successes, in terms of research publications and credibility within policy and research circles. Some of the milestones in the Centre's coming of age are highlighted below:

Our Health In Our Hands Conference

In October 2000, the PWHCE hosted the national conference, *Our Health in Our Hands*. Over 250 people attended from Manitoba, Saskatchewan, and across Canada to share knowledge and experience on women's health issues. Researchers addressed a variety of topics in women's health, including women's occupational health and safety, the health of Aboriginal women, immigrant and refugee women, rural and remote women, health reform in the prairie provinces, and other key issues in women's health.

The focus of the conference was the review and endorsement of the draft *Action Plan* (discussed below), which was based on current literature and consultations with women across Manitoba and Saskatchewan. Over 200 conference participants participated in workshops to help refine and strengthen the *Action Plan*.

Action Plan for Women's Health

In January 2001, the PWHCE Board released the *Action Plan for Women's Health in Manitoba and Saskatchewan*. The *Action Plan* highlights 12 overriding priorities in women's health and makes recommendations for change in each of the policy areas. The *Action Plan* provides direction to government and community policymakers on the factors affecting women's health and on proposed strategies for change. It refers to actions that can be taken within the health system, while encouraging advocacy in sectors outside the health system related to health determinants.

Endorsements from community organizations were included in the last version of the *Plan*, and a number of other agencies have publicly endorsed the *Action Plan* since its release. The *Action Plan* has been widely distributed to health planning bodies, has received much positive attention, and is already having an impact on public policy. For example:

- The *Action Plan* was presented at the Women's Secretariat

conference in Regina.

- A request for a presentation was received from the Canadian Federation of University Women (Regina).
- In Manitoba, the Women's Health Unit has incorporated the *Action Plan* into its Women's Health Strategy.
- A presentation was made to the Council of Saskatchewan Nurses in Saskatoon.
- The *Action Plan* was enclosed in a mailing by a regional office of Health Canada, as a resource document to inform decisions about funding community projects on population health.
- Articles about the release of the *Action Plan* were published in both the Winnipeg Sun and the Winnipeg Free Press, regional papers and were picked up by the CBC and several other radio stations.
- RHAs in Manitoba were encouraged by the Minister of Health to use the *Action Plan* in helping identify local priorities.
- Presentations were made at public consultations held by Manitoba Health and the Status of Women to hear about women's health concerns.
- The *Action Plan* was distributed to all participants of the 2000 conference Our Health in Our Hands.
- The *Action Plan* was presented by Margaret Haworth-Brockman, Executive Director of PWHCE, at a conference at the University of Saskatchewan in Saskatoon, The Lived Environments of Girls and Women: An Interdisciplinary Conference.
- The Centre has also developed a plain language brochure on the *Action Plan*, outlining the key priorities and strategies for action.

Presentation to House of Commons and Senate Committees on the Proposed CIHR

In 1999 the PWHCE was invited to appear before the House of Commons Standing Committee on Health, and the Senate Committee

on Social Affairs, Science, and Technology to give testimony regarding proposed legislation to establish the Canadian Institutes for Health Research (CIHR). The presentation was based on a Working Group proposal⁶, which advocated for the establishment of a Women's Health Research Institute as well as a systematic program for the integration of sex and gender across the CIHR. The decision was subsequently taken to establish an Institute of Gender and Health as one of thirteen "virtual" institutes. PWHCE has collaborated on research proposals submitted to the Institute and looks forward to receiving positive responses.

⁶ Grant, Karen, and Ballem, Penny co-chairs, **A Women's Health Research Institute in the Canadian Institutes of health Research, A proposal submitted by the Working Group on the CIHR, Gender and Women's Health Research*, January 2000

Lessons Learned

In establishing itself as a recognized Centre of Excellence over the past six years, the PWHCE set high goals and undertook an inordinate amount of work. Along the way, the Centre has had many successes as highlighted in this review, and has also learned some important lessons which will inform our ongoing operations.

Manageable Workloads

In its 1996 proposal, the PWHCE established an ambitious research program with five theme areas. The workload and coordination requirements were very demanding for the volunteers and staff, and in its 1998 Strategic Planning session, the Board recognized the need to streamline its efforts and focus its resources more narrowly. The 5 themes and 13 strategic goals were collapsed into three main theme areas in a program continuum of: Research, Communication, and Policy Advice.

During strategic planning sessions during 2001-2002 the Centre has refined the focus of the program further, with increased emphasis on policy relevance and uptake.

Internal Evaluation

This process evaluation, completed in 2000, assessed the ground covered by the PWHCE in a few short years. Due to the early stage of the program, the Research agenda was understandably found to be better advanced than Communication or Policy Advice. Major findings and impacts of the internal evaluation were as follows:

- A need for additional emphasis on policy implications was identified and more emphasis has been placed on these areas in subsequent projects.
- The internal evaluation noted the heavy demands placed on Board, committee members, and staff by the Centre's broad objectives, pointing to the need for a focused research program, streamlined committee structures, and manageable priorities. These findings have contributed to the further refinement of priorities and the

recent restructuring within the Centre.

- Board and committee members stressed the fact that success is based in part on relationships and networks, and requested additional opportunities for face-to-face meetings and interaction. This will be facilitated by the streamlined committee structure.
- The challenge of community-academic partnerships was highlighted, with research teams reporting varying levels of satisfaction with relationships and processes. More information on community-academic partnerships below.
- Commissioned research projects were found to allow for a greater degree of control over the product and its dissemination. Commissioned research may become the PWHCE's primary method of research funding.

Mid-Program Review

PWHCE participated in the mid-program review sponsored by the Women's Health Bureau in 2000. The review recognized the extensive progress made by the Centres to date, while pointing to the need for more focused research and to the potential for more coordination of efforts among the Centres on several fronts. The report made general recommendations for action, which, while pertinent to the PWHCE, tended to be national in scope. Recommendations included:

- Additional efforts to build unity and coordination across Centres.
- Consolidation around key strategic themes and issues where there is the greatest potential for impact.
- Greater cross-Centre sharing of results.
- A research synthesis mechanism to aid in shaping new research directions and dissemination in the most strategic manner.
- A focused cross-Centre communication strategy with CWHN playing a major role.
- Greater national coordination for research dissemination, communications, and policy advice.

PWHCE has participated in the successful implementation of many of these recommendations, as discussed throughout this document.

Community-Academic Partnerships: Lessons Learned

In 2001-02, the Centre commissioned a study to obtain feedback and insight on the successes and challenges encountered by the community-academic research partnerships. Input was sought from Board and committee members, individual members of research teams, and staff, through a combination of surveys and telephone interviews. Overall, respondents reported a high across-the board satisfaction with the quality of research output, despite dissatisfaction with such factors as communications within the team. While the value of community-academic research partnerships was recognized, there was considerable variation in satisfaction between community and academic respondents on issues such as PWHCE processes, the report review process, and the clarity of expectations of teams.

Key findings and participant recommendations include the following:

- The major challenge faced was in the formation of effective teams. Most successful teams had joint interests and commitments, and often a history of collaboration; forced partnerships led to fragmented teams.
- Time and funding for face-to-face meetings are of the essence to shape a project, develop a sense of team, and ensure that all skills are utilized successfully (especially so for geographically dispersed research teams).
- There is a role for the PWHCE in clarifying team roles and on the broad dissemination of research findings.
- PWHCE should provide ongoing communication and feedback to participants during the course of a project.
- A mechanism is required to help align community members residing outside university centres with an academic researcher.
- Care should be taken to match the size of research grants to the efforts required in applying for said grants.

- There is a need to create opportunities for networking between researchers / teams, e.g. conferences, casual lunch meetings.
- Larger grants and multi-year projects were broadly supported to look at broader issues.

The Board and staff of PWHCE are using this valuable information to make policy and practice changes in light of these findings.

Looking Ahead

Future Directions

At the March 12, 2001 meeting, the Board of PWHCE reaffirmed its commitment to long-term sustainability, and passed a motion stating *“That the Board is in favour of sustaining the Centre beyond the year 2002 with the same values, similar strategies, commitments, and guiding principles.”* Since that time, considerable effort has been expended in considering alternate funding mechanisms and in lobbying the federal government for ongoing core funding of the Centres of Excellence. The PWHCE is delighted with the recent commitment to continuation of the Centres, and looks forward to working collaboratively with the Women’s Health Bureau in developing the details of future mandates, funding mechanisms, and terms and conditions.

Later in 2001, the Board of PWHCE approved a new committee structure to better suit its emerging needs. Changes implemented in administrative structure and roles reflect the change from grant funding to commissioned research and the increased focus on national projects, collaboration between Centres, with a heightened emphasis on policy and dissemination.

While seeking opportunities for participation in national or shared research projects with greater depth and wider applicability, we remain committed to identifying and pursuing local gaps in women-centred health research, focusing specifically on these 4 areas in the next few years:

- Women and poverty
- The health of women in rural and remote areas
- Issues of aboriginal women, including a focus on racism
- Policy implications of research completed on caregiving.

The PWHCE remains committed to having staff and offices in three sites across Saskatchewan and Manitoba, and to maintaining its working relationship with researchers and the community sector on the prairies and across Canada.

As the PWHCE adapts to meet future opportunities and challenges, we will build on our strengths and experience. The skills and networks developed over the past 6 years will serve us well in furthering the cause of women-centred health research. We look forward with anticipation to the future before us.

Projects and Publications

The following is a complete list of reports supported by PWHCE developmental, research and commissioned grants to April 2002. Additional information on all reports is available from the Prairie Women's Health Centre of Excellence and on the Internet at www.pwhce.ca

Action Plan for Women's Health in Manitoba and Saskatchewan, 2001

Prairie Women's Health Centre of Excellence

Developed in consultation with over 250 women in Manitoba and Saskatchewan, the Action Plan sets out 12 areas of priority to be addressed to improve the health of women. Recommendations are made for change within the health system and beyond. Set in a context of current literature and women's health as a human right, the Action Plan calls upon inter-governmental and inter-sectoral collaboration to make genuine change and improve the health of prairie women. Manitoba Health has distributed the Action Plan to the Regional Health Authorities, asking for their responses. PWHCE continues to use the Action Plan to guide program direction.

Highlights:

- Over 1000 copies distributed
- Presentation at Gender Matters conference, Regina, Saskatchewan, March 2001
- Presentation at Lived Environments of Girls and Women, Saskatoon, SK, July 2001
- Saskatchewan Nurses Association
- CBC, CJOB and rural radio
- Launches in Manitoba and Saskatchewan attended by over 50 people and media
- Plain-language brochure

Aboriginal Women's Health

Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project

C. Deiter
L. Otway

Aboriginal women in Saskatchewan and Manitoba were invited to discuss what health, and health communities mean to them and how health is promoted with the community and personally. The discussions are set in a context of Canadian Aboriginal history, the effects of

colonization and the current literature on Aboriginal people's health. Highlights:

- Over 750 copies distributed
- Featured in the Research Bulletin, vol 2, issue 3, Centres of Excellence for Women's Health
- Presented at Montreal Anthropology Conference
- October 2001 National Aboriginal Peoples Health Conference
- Network, volume 4/5

***Aboriginal
Women's Health***

**Peepeekisis First Nation #81
(Balcarres, Saskatchewan) in
partnership with Qu'Appelle
Haven and Brighter Futures
Program**

**Effects of Multi-generational Caring on On-Reserve
Women, Developmental Grant**

Examined the issues facing on-reserve women who care for multi-generational families. The combination of caring for more than two generations of family in a rural community with little or no support services, and being employed outside the home, presents significant stressors which have the potential to affect the overall health and well-being of reserve women. The project provided information about the extent and effect of multi-generational caring on the women involved, and established a process for women to talk about an issue of common concern, and the capacity to develop a supportive network.

***Aboriginal
Women's Health***

**B. Elias
A. Leader
J. O'Neil
D. Sanderson**

**Living in Balance: Gender, Structural Inequalities, and
Health Promoting Behaviors in Manitoba First Nation
Communities (© 2000)**

First Nation health planners, who are often women, require good information to make informed and equitable decisions on First Nations health and related social policies and programs. The Manitoba First Nations Regional Health Survey is part of a national longitudinal First Nations and Inuit general health survey. The survey was designed to address health and socio-economic issues identified by the 62 Manitoba First Nations in a 1996 qualitative study. In Manitoba, 17 communities participated in the study; First Nation community members interviewed 1,948 adults (of which 1,150 were women) and 868 children (of which 404 were girls). The project examined the health and health service use differences among women and between women and men within the Manitoba First Nations population by linking this survey with the Manitoba Health Services Commission database. These differences were further examined through such determinants as income, education, employment, traditionally (i.e., participation in cultural activities, ceremonies, use of plant medicines), social environment, and social roles to determine health promoting behaviours.

- Part of a PhD Thesis, publications pending

Health Reform

Invisible Women: Gender and Health Planning in Manitoba and Saskatchewan and Models for Progress (© 1999)

T. Horne
L. Donner
W. E. Thurston

The research team developed evaluation frameworks used to analyze regional needs assessment and health plan documents. That was followed by interviews with key stakeholders within the regional health bodies that had provided written documents. The report explains how health planning, in order to be effective, must take the twelve health determinants into account. The researchers focussed on how well technical aspects of health planning were being done in Manitoba and Saskatchewan in terms of gender as a health determinant, with particular emphasis on women's health. Nine major conclusions were drawn about the level of consideration of women's health and gender in health planning. Invisible Women makes recommendations to address specific priority and process deficiencies. The report also reviews health sector-specific planning tools, and presents a number of exemplary projects being implemented in various jurisdictions that apply these principles. In addition, the report provides background information on determinants of women's health, different approaches to gender analysis both within and beyond the health care sector, additional tools from sectors other than health which may have relevance to health planning, and public participation in health planning.

- Widely distributed to government departments and libraries
- Cited in Manitoba Health Documents
- Release event in Regina was attended by over 25 people, reporters and film crews from CBC Television, CBC Radio, Radio-Canada, Global Television, CTV and the Leader-Post
- The authors and PWHCE staff gave 4 different interviews on radio stations across Saskatchewan
- SK Associate Minister of Health Judy Junor referred to the report and the PWHCE in her remarks to the Canadian Farm Women's Network Conference in Saskatoon
- Release in Winnipeg was attended by over 45 people, including media
- The Women's Health Clinic issued a media release endorsing the report's recommendations.
- Research Bulletin, 1(1).

Health Reform

Missing Links: The Effects of Health Care Privatization on Women in Manitoba and Saskatchewan

K. Willson
J. Howard

An overview of some of the forms of health care privatization which have taken place in Manitoba and Saskatchewan in recent years, and some of the effects of those changes on various groups of women.

Although the vast majority of health services and programs in Manitoba and Saskatchewan are provided as publicly-insured services, with no additional fees, many people pay privately for prescription drugs, dental care, optometric services, complementary medicines, treatments by non-physicians, long-term care, and some home care services. Since 1990, public expenditures as a proportion of total health spending have declined and private health expenditures have risen substantially. There have been significant changes to provincial prescription drug plans and the provincial public health insurance plans have delisted or excluded several important health services. The shift from institutional to community-based care has also resulted in a transfer of costs to the individual, as services, provided at public expense to hospitalized patients, are no longer covered for outpatients. Private health insurance programs have expanded to fill the gaps in public coverage, but private insurance is not accessible to all. Recent studies point to the need to develop policies which will promote the well-being of care providers and enable them to deliver a high quality of care. The effects of health care reform on women has not received the attention it deserves from the research community, although some women have been voicing their concerns about the adverse effects these changes have had on their lives and their health. There is a continued need for a more thorough assessment of the impacts of health care privatization and other aspects of health care reform on women.

- Over 500 copies printed and released
- Inclusion in *Exposing Privatization* Armstrong et al (eds). Garamond Press 2001
- National Think Tank on Gender & Unpaid Giving, Charlottetown, 2001

Health Reform **The Differential Impact of Health Care Privatization on Women in Alberta**

- C. M. Scott** Explores the extent to which health care privatization is taking place in Alberta and to determine the impact of health care privatization on women. A gendered review of a number of key provincial health policy documents was conducted between February and April 2000.
- T. Horne** Privatization takes several forms - shifting service delivery out of public institutions such as hospitals to private clinics, shifting costs of services from government to individuals, shifting caregiving work from public sector health workers to unpaid caregivers and adopting the management strategies of private sector business. Albertans may perceive that health care restructuring was initiated and continues without having an overall plan in place. While there may have been a lack of clarity regarding specific strategies for change in the health system, there has been a consistent commitment to increasing the
- W. E. Thurston**

involvement of the private sector in health care financing (e.g., out of pocket costs) and delivery (e.g., services delivered through for-profit clinics, work for family caregivers, particularly women). This commitment has not wavered, despite the equally consistent expression of public concern regarding the potential negative impact of health care privatization. Women are providing more services at home, in the not-for-profit organizations, and with less support. Women working in services in Alberta know that, as elsewhere, the gendered impacts of restructuring are not evenly distributed among women, and that young women, immigrant women, women of colour and working class women have been hardest hit. Restructuring has been linked to the intensification and feminization of poverty for young and elderly women in particular.

- Over 500 copies printed and released
- Inclusion in *Exposing Privatization* Armstrong et al (eds). Garamond Press 2001
- National Think Tank on Gender & Unpaid Giving

Health Reform

Community Perception of Rural Hospital Conversion/ Closure: Re-Conceptualising as a Critical Incident

P. Petrucka and P. S. Wagner in partnership with Saskatchewan Women's Institutes, Saskatchewan Health Districts

The Health of Immigrant Women

Health and Resilience: Salvadoran Refugee Women in Manitoba, 1999.

S. Bowen
Department of Community
Health Sciences, University of
Manitoba, in partnership with
the Manitoba Salvadoran
Community

Winnipeg received approximately 2,000 refugees from El Salvador between 1982-1992. The new arrivals fled extreme violence and many had been exposed to war-related trauma. At the time of the study, the participants had been in Canada from 7 to 17 years. The research describes the health of Salvadoran women, from their own perspectives, their understanding of the causes of health and illness, and the strategies they use to maintain health and cope with health problems. Generally, the women described themselves as healthy. Most differentiated between physical and emotional health, and tended to rate their emotional health somewhat lower than their physical health. They describe clear links between psychological health and somatic symptoms. Many women described their lives as full of challenge, loss and suffering. However, they did not see themselves as victims. In most cases they have found ways to survive and adapt, while protecting those close to them.

- Part of a post-graduate thesis - independently published

*The Health of
Immigrant
Women*

**Post Traumatic Stress: The Lived Experience of
Immigrant, Refugee and Visible Minority Women of
Saskatchewan, Developmental Grant**

Immigrant, Refugee and Visible Minority Women of Saskatchewan Inc.
(IRVM)

*The Health of
Immigrant
Women*

**Post Traumatic Stress: The Lived Experience of
Immigrant, Refugee and Visible Minority Women of
Saskatchewan**

**Immigrant, Refugee and
Visible Minority Women of
Saskatchewan Inc. IRVM**

This study was conducted under the auspices of the Immigrant, Refugee and Visible Minority Women of Saskatchewan. Immigrant and refugee women often come from war-torn countries and may have experienced disaster, incidents of extreme trauma and continued gender oppression. The aim of this research project was to study the personal experiences of immigrant and refugee women who self identified as sufferers of Post Traumatic Stress Disorder (PTSD) and interview service providers, physicians and psychiatrists to gather information regarding their knowledge and awareness of service provision, service accessibility and barriers to services and healing.

The study provides a literature review of research on PTSD and excerpts from the stories recounted by immigrant and refugee women. The overall aim was to make recommendations for policy change and to do follow up action that would enhance the healing of immigrant and refugee women suffering from Post Traumatic Stress Disorder. A follow-up study of the policy recommendations is currently being developed by the Immigrant, Refugee and Visible Minority Women of Saskatchewan.

- Presentation in Winnipeg by Judy White, Principal Investigator, hosted by the Immigrant Women's Association of Manitoba, PWHCE and NEEDS Inc. - Centre for War Affected Families. Over 60 people in attendance, more than 35 requests for copies of the publication.
- Released in Regina, January 2002.

The Health of Informal Caregivers

**Coping as a Rural Caregiver: The Impact of Health Care
Reforms on Rural Women Informal Caregivers**

**B. Blakley
J. Jaffe**

This study focuses on women informal caregivers within the North Valley Health District, SK, but highlights issues of concern in other

rural centres as well. There were four goals for the project. The first goal was to describe and analyse the perspectives and expectations of women informal caregivers within the North Valley Health District. Second, to provide women in the District the opportunity to discuss how health reforms and diminishing social supports are directly affecting informal care giving. Third, to identify what these women feel they need in terms of adequate supports and health services. The fourth goal was to design a strategy as to how these needs can be met through policy changes and community participation.

- Over 500 copies of the executive summary and report requested and distributed
- Shared at the 2001 National Think Tank on Gender and Unpaid Caregiving
- Research Bulletin, 1(1)

The Health of Informal Caregivers

The Effect of Care Giving on the Health of Informal Caregivers

S. Fowler-Kerry

Long-term care of the chronically/terminally ill, disabled or elderly rests on a vast network of informal caregivers. While home care is available to assist in care, the burden of care often falls unevenly on mothers, wives and/or daughters who are unpaid for services. Physical effort combined with lack of support, medical knowledge, and sleep can often place the health of caregivers at risk. The study examined the effects of care giving on the health and well-being of a group of Saskatoon women who are informal, unpaid caregivers.

The Health of Informal Caregivers

Health of Informal Caregivers: Effects of Gender, Employment, and Use of Home Care Services

**P. Hawranik
L. A. Strain**

Women most often assume the role of primary informal caregiver to an older adult. Previous research has suggested that women assume elder care without relinquishing their other duties, such as employment, and often experience stress and conflict when both employed and caring for their aging spouses or parents. However, there is a lack of research that examines the relationship between gender, employment status, home care service use, and the health of the caregiver. This study examined the impact of these factors on women's health, and whether the health of female caregivers is affected differently than that of males.

- Centre on Aging Symposium, Winnipeg 2000
- National Think Tank on Unpaid Caregiving, Charlottetown, 2001
- Peer-review papers pending

The Health of Informal Caregivers

A. Williams
S. Wagner
M. Buettner
A. Coghill

Department of Geography,
University of Saskatchewan in
partnership with the
Saskatoon District Health
Home Care Communications
Committee and the College of
Nursing, University of
Saskatchewan

Women's Formal (Paid) Home Care Work in Transition: The Impact of Reform on Labour Process Change in Saskatoon, Sk.

Although each Canadian jurisdiction has been managing health care reform differently, there has been movement away from institutional services to services provided in the home and community. While demand is increasing for complex home care as a result of de-institutionalization, and a growing aging population, the home care sector continues to be restructured for cost-efficiency. One form restructuring has taken is labour process change, which affects the lives of the predominantly female workforce. This study examined the changing work lives of home care workers. Examining labour process change in home care is an opportunity to better understand the impact of system reform on women. The home care sector also allows the diversity of women's experiences to be examined-specifically three practitioner groups reflecting a different occupational and socio-economic status: registered nurses, licensed practical nurses and home health aides.

- Research Bulletin vol. 3 no. 3
- Canadian Association of Geographers Journal
- Canadian Journal of Nursing Research
- 3 peer-review papers pending
- National Think Tank on Unpaid Caregiving, Charlottetown, 2001
- Paper presented at Graduate Student Conference, University of Saskatchewan, 2000
- Canadian Association of Gerontology, 2000
- Saskatoon District Health Coordinated Assessment Unit

Lesbian Health

Staying Well Together: Social Support and Well-Being Among Lesbian Couples in Manitoba

J. Mitchell

Department of Sociology,
University of Manitoba in
partnership with the Winnipeg
Gay/Lesbian Resource Centre

The study is designed to understand how experiences of social support influence wellness among lesbian couples. Social support, known to be a positive influence on health, is especially beneficial for a stigmatized and marginalized group. Social support literature indicates that lesbians may not have the same degree of support from family, co-workers, and religious organizations as heterosexuals. Lesbians typically derive support from partners, friends, and gay/lesbian community organizations. With limited support from society-in which lesbians are often made to feel closeted even when they have "come out"-support received from partners may contribute substantially to lesbians' general well being, and to their ability to cope with stressors.

- Congress of Social Sciences and Humanities, 1999
- Canadian Lesbian and Gay Studies Association, 1999

Literature Reviews

C. Alarie **L'impact du Support Social Sur La Santé Des Femmes:
Une revue littéraire (1999)**

B. L. Janzen **Women, Gender and Health: A Review of the Recent
Literature (1999)**

M. L. Weber **She Stands Alone: A Review of the Recent Literature on
Women and Social Support (1999)**

Low-Income Women's Health

S. Forsyth
Institute of Urban Studies,
University of Winnipeg in
partnership with Fort Garry
Women's Centre; North End
Women's Centre; Winnipeg
Harvest; Youville Centre; Social
Planning Council of Winnipeg;
Canadian Union of Public
Employees; and Métis Resource
Centre

Mothers' Health and Access to Recreation Activities for Children in Low-Income Families

Forty-nine low-income mothers were asked their experiences getting access to community recreation programs for their children in Winnipeg. Despite planning to the contrary, subsidized programs are not consistent and guidelines are not well publicized for inclusion of low-income families. Membership and participation costs for families and children have risen disproportionately over the last ten years, compared to adult fees. Mothers identified the additional stress of being unable to have their children participate in local recreation as compounding the health issues they already face. Winnipeg was compared with eight other, comparably-sized municipalities, many of which have more consistent guidelines for low-income families. Besides the full report, there is a 4-page plain-language summary sheet.

- A successful launch of the project was attended by over 25 people and media
- Release of the project has led directly to changes in availability and access to recreation facilities in Winnipeg, Manitoba
- Winnipeg Free Press full article, May 15, 2001
- A plain-language 4-page summary of the report was provided by PWHCE and has been widely distributed

Low-Income Women's Health

Women's Undervalued Work: Impact on Workers, Services and Agencies

J. Lavallee, Ikwe-Widdjiitiwin Inc. (Winnipeg) in partnership with North End Women's Resource Centre; Women in Second Stage Housing; Native Women's Transition Centre and Inner City Social Work Program, Faculty of Social Work, University of Manitoba (Developmental Grant)

Low-Income Women's Health

K. Green
Department of Community
Health and Epidemiology,
University of Saskatchewan in
partnership with Saskatoon
Child Hunger and Education
Program, Community
Development Team (Saskatoon
District Health), Healthy Start,
West Side Community Clinic,
Working for Women,
Saskatoon Inner-City Ministry

“We Did it Together”: Low-Income Mothers Working Toward a Healthier Community

This report presents the results of a participatory action research project involving low-income mothers of preschool-aged children. Over the course of several months they shared their experiences and analyzed the factors in their communities that affected their health. The women created murals in which they identified changes that could make their communities healthier places to live. They invited representatives of community agencies to view their murals and engage in a dialogue about ways to build healthier communities that would provide support to low-income families. The participants emphasized the importance of healthy social relationships - treating each other with respect, freedom from violence and discrimination, a sense of belonging, caring, co-operation and valuing children and elders. They emphasized the need for adequate incomes and access to stores, clinics, and schools. They identified the need for safe, affordable, secure housing located in safe neighborhoods.

Low-income mothers have limited resources with which to cope with the many stresses in their lives, and it is not surprising that the women found poverty to be an underlying source of many of their problems. Through this project they identified several factors which had contributed to their poverty and several factors which modified the impacts of poverty on their health and developed recommendations for policy changes.

- Participants met with representatives from the Saskatchewan Department of Social Services to give input on possible reforms.
- Over 700 copies requested.
- Research Bulletin 2(2)

The women involved in this project developed a book of stories based on their own experiences.

Telling it Like It Is: Realities of Parenting in Poverty

This is a collection of true stories about the realities of parenting in poverty, told by the women involved in the project described above. The book also includes basic facts about poverty which combined with the stories help to dispel several myths and negative stereotypes of low-income mothers.

- Book launch at public event in Saskatoon attended by over 50 people, including Jim Madden, Mayor of Saskatoon, Peter Prebble, MLA for Saskatoon-Greystone, and representatives from the regional office of the Department of Social Services.
- The event was covered by the local media: CBC radio (Saskatoon & Regina), CTV news, and the Saskatoon Star Phoenix.
- Group received grant from the Saskatchewan Women's Secretariat

to hold another public event for International Women's Day. Several group participants read excerpts from *Telling It Like It Is* and engaged in small group discussions with members of the audience to address the issues raised in the book.

- Book is currently being used by classes at the University of Saskatchewan and the University of Regina, as well as in parenting groups in Manitoba.

Low-Income Women's Health

**D. Rude
K. Thompson**

Left in the Cold: Women, Health and the Demise of Social Housing Policy, 2001

Adequate shelter is a prerequisite of good health. Yet for some women, a lack of affordable housing may mean living in an unhealthy physical environment-with crowded, noisy conditions, inadequate water and sanitation facilities, and poor air quality-or in a relationship that can expose them or their children to abuse. This study describes the health effects of a lack of adequate and safe housing from the perspective of the Manitoba and Saskatchewan women themselves. The study documents the erosion of the federal social housing policy in the 1990s, and examines existing social housing initiatives through a gender- and ethnic-sensitive lens. The research project also addresses the issues of process for women who face particular difficulties with landlords or housing agencies. The authors make recommendations for change so that women's concerns can be included in the development of social housing policy.

Even before its release the government of Saskatchewan consulted with the authors to include the research results in policy development

- In Regina the report was successfully launched with over 35 people in attendance
- In Winnipeg presentations by one of the authors were attended by Family Services, Housing, Health and municipal employees.
- Over 500 copies printed and released to universities, libraries, governments and local community activists
- PWHCE has been approached to develop the policy recommendations further for each province.

Women's Mental Health

Social Support and Women Living with Serious Mental Illness

**W. Chernomas
D. Clarke**

Social support in the lives of women living with schizophrenia is important because people in social support networks can help find solutions to problems, validate a woman's identity, and provide comfort

when necessary. This research project asked women about their formal and informal sources of support; the kind of support people in their lives provided; and the kind of support women felt was lacking.

The most supportive people women identified were family members and mental health care providers. Female friends with serious mental illness provided a meaningful source of connection for women; however, the nature of the support was largely affective.

Recommendations include the need for more intersectoral partnerships between agencies to address gaps in the support system for women and access to female health care providers. Women require financial or in-kind support for telephone service and bus passes to access social supports. The participants identified the need for vocational training programs sensitive to the needs of women with serious mental illnesses.

Older Women's Health

The Effect of Social Isolation and Loneliness on the Health of Older Women

**M. Hall
B. Havens**

This study investigated the influence of social isolation and loneliness on the health of older women. Social isolation is defined as a low number of regular contacts with other people, and social loneliness is the expression of dissatisfaction with a low number of social contacts. This issue is of special concern for older women because they tend to live longer than men and often outlive spouses, friends and family members who previously provided the social and emotional support that are important for health and well-being. From the perspective of population health, isolation and loneliness are determinants of health status in that they influence access to health care and the effectiveness and outcome of care received. Work on this important topic is scant worldwide and virtually non-existent in Canada. Using personal interviews and administrative data from the 1996 Aging in Manitoba Study the study explores the gender differences related to isolation and loneliness; their relationship to health care utilization; and the role of social and behavioural factors. The study joins researchers with community organizations concerned with the health and welfare of seniors. Specific recommendations are made to enhance social networks and reduce loneliness, which will be of interest to groups, agencies, and government bodies who plan programs and services for older individuals.

- Research Bulletin Vol. 2 no. 2
- Saskatchewan Health
- Peer review papers pending

Older Women's Health

**K. Ash
M. M. Macleod**
**College of Nursing, University
of Saskatchewan in
partnership with Saskatoon
Housing Authority and
Saskatoon District Health**

Health Practices of Community Living Senior Women

“Wellness” has become a key word in Saskatchewan health care. In order to achieve wellness goals, individuals must be knowledgeable about their health needs and willing to take charge of their health care decision. Nearly 59% of seniors living in Saskatoon are women. This study explores the knowledge, values and health practices of elderly women, and provides a social context for their lives to contribute to understanding of their policy and program needs. The project examines the values, coping skills, and health practices of senior women living alone in the community to design or enhance health promotion and maintenance services and supportive policies for successful and meaningful independent living.

Rural Women's Health

An Exploration of Health-Related Impacts of the Erosion of Agriculturally Focused Support Programs for Farm Women in Saskatchewan

**N. Gerrard
G. Russell**

Farm women face many adversities, including geographical isolation; lack of access to numerous services ranging from health to child care; lack of access to various employment, social, educational and cultural opportunities; increased risk due to farm accidents and exposure to farm chemicals; exclusion from agricultural policy consultation and formation, etc. All of these have an impact on their health and well-being. To help farm women deal with these adversities, various support programs were established at the federal and provincial levels, many of which have been eroded in the past few years. This study describes these programs from a historical perspective since 1970, situating them in political, social, environmental and economic contexts, and documents, through interviews with farm women, the health impacts they describe resulting from the programs' existence and, where appropriate, subsequent erosion. This research will focus on what action needs to occur to address (a) farm women's health issues; (b) the inclusion of women in the development of agricultural policy; and (c) this erosion of social support.

- Research Bulletin vol. 2, no 1
- CBC News
- National Farm Women's Conference, 1999
- Subsequent funding from Status of Women Canada for follow-up project

Rural Women's Health

Women and Health: Experiences in a Rural Regional Health Authority

**J. Roberts
M. Falk**

**South Eastman Community
Health Assessment Unit**

Researchers from the South Eastman Regional Health Authority, in collaboration with community partners, used a variety of methods to consult with over 170 South Eastman women from diverse backgrounds and life experiences. The study identified barriers that prevent women from getting good health care and gives insight into the problems women face in taking responsibility for health, communicating with the health care system, and gaining access to quality services. Participants offered recommendations to assist the RHA in working with communities to improve women's health, with particular focus on women's health issues, information, advocacy and mutual assistance. The study highlights the ways in which social and cultural environments influence women's health and the importance of planning for health from a gender perspective. The findings offer specific direction for the RHA and other community agencies and groups on in policy making and planning for women's health.

- Over 500 copies distributed among Regional Health Authorities, health planners and programmers
- Requests from libraries and government departments across Canada
- Presented at Manitoba Health
- Presented in 2001 to the Canadian Public Health Association, Saskatoon

Rural Women's Health

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

L. Donner

As part of the collaboration between Manitoba Health and the PWHCE, following the release of the *Invisible Women* project, this report documents a successful women's health project from a Manitoba Regional Health Authority. Although many local health authorities 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. In South Westman RHA, careful thought and consultations have contributed to an education series and women's health clinic which have contributed to women's greater understanding of their own health, and greater comfort with the health care they receive themselves.

Women, Violence and Abuse

Women Survivors of Childhood Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs

**S. Tudiver
T. Heinonen
L. McClure
C. Scurfield
C. Kreklewetz**

The prevalence of childhood sexual abuse (CSA) has been described as “shockingly frequent” in both Canada and the US, with estimates ranging from 15 to 38% in the female population. Increasingly, research is uncovering the emotional, psychological and physical sequelae of this tragic statistic. The implications of these findings have not been considered in the development of health policies, particularly in the field of health promotion. Neither have the needs of these women been taken into consideration in the delivery of women’s health care. The result is that women avoid routine and preventive services or suffer in silence when they do receive care. A consultation with health care providers including physicians, nurses, mammography and ultrasound technicians, dentists, was done in Winnipeg, Manitoba. Practitioners were largely unprepared to cope directly with CSA issues, and either avoided the issue altogether or tried to work around perceived problems. The study findings encourage appropriate professional bodies and individuals to consider developing new structures (eg. referral networks), appropriate curricula, and to formulate policies and practice guidelines that meet the needs of women survivors of childhood sexual abuse. An educational tool in the form of a booklet will be developed for both providers and CSA survivors to support these endeavours.

- Widely distributed and requested. The PWHCE has recently released a second printing
- Presentations at the University of Manitoba School of Medicine
- Website (www.cwhn.ca/resources/csa/index.html) and two brochures: *Helping Women Survivors of Sexual Abuse Get Through Medical Examinations*, and *Getting Through Medical Examinations: A Resource For Women Survivors of Abuse*
- PWHCE will be supporting a reprinting of the initial project by these authors
- Qualitative Health Research Conference, Edmonton, 2001

Women, Violence and Abuse

**C. Fillmore
C. Dell
Elizabeth Fry Society of
Manitoba Inc. in partnership
with Department of Sociology,
University of Winnipeg**

Prairie Women, Violence and Self-Harm

Self-injury among women is a serious health concern in Canada. In recent years, the Elizabeth Fry Society of Manitoba, in its work with female offenders, has recognized an alarming increase in the number of women who identify themselves as self-injurers. The link between the experience of physical, sexual, emotional and mental violence and self-injury is well-documented in the research literature. However, two areas of self-injury that remain seriously under-researched are the support and

service needs of incarcerated female offenders. The researchers interviewed women who have a history of self-harm and corrections personnel. A new model for care was developed. The report is distributed nationally by the Elizabeth Fry Society and a plain-language brochure has also been developed.

Communications Highlights:

- Correctional Services of Canada - Research & Mental health Divisions
- Canadian Association of Elizabeth Fry Societies
- RESOLVE - Research & Education for Solutions to Violence & Abuse
- Lived Environments of Girls & Women, Saskatoon, 2001
- American Society of Criminology Conference, 2000
- Manitoba Women's Advisory Council - "Lunch & Learn" 2001
- Women, Girls & Criminal Justice (pending)
- Canadian Journal of Public Health
- World Forum on Drugs
- Network - 4(3)
- Meetings with Manitoba Justice, Minister of Health, Correctional Service of Canada

***Women, Violence
and Abuse***

**Health Histories and Costs for Adult Survivors of
Childhood Sexual Abuse: A Preliminary Analysis -
Developmental Grant**

Tamara's House Inc. (Saskatoon) in partnership with Faculty of Social Work, University of Regina

***Women, Violence
and Abuse***

**I Couldn't Say Anything So My Body Tried To Speak For
Me: The Cost Of Providing Health Care Services To
Women Survivors Of Childhood Sexual Abuse**

**Tamara's House: Services for
Sexual Abuse
Survivors Inc.**

A comparative cost analysis of treating female survivors of childhood sexual abuse through traditional health care resources and community-based services is provided. Twelve women were given an opportunity to review their Saskatchewan medical records spanning a ten-year period. The data include medical charts, prescription usage, medical, hospital and outpatients services, day surgeries and emergency services. Participants in the study were asked, through the use of questionnaires and focus groups, to review their medical histories and analyze with the project team how medical services addressed sexual abuse issues, and if these services helped or hindered their healing process. This research considers the efficacy of costs associated with traditional health resources versus funding community-based services.

- In press

Women, Violence and Abuse **Domestic Violence and the Experiences of Rural Women in East Central Saskatchewan**

D. Martz
D. Sarauer
Centre for Rural Studies and
Enrichment, St. Peter's
College in partnership with
Central Plains Health District;
Partners for Rural Family
Support; Faculty of Social
Work, University of Regina
and Department of Geography,
University of Saskatchewan

Violence and abuse against women is a silent problem in rural Saskatchewan. Although national statistics indicate that one in four Canadian women is abused by her partner, there is little recognition of this problem in rural areas, and little support for women who encounter violence. This project invited women to discuss the issues in a safe environment and to make recommendations for appropriate care in their local region. The study has been well received and has already led to changes in local mental health guidelines and policies

- policy changes implemented in the Central Plains Health District mental health services
- Provincial Association of Transition Houses of Saskatchewan website
- Western Producer, December 14, 2000
- Canadian Woman Studies, April 2002
- Research Bulletin 2(1)

Women, Violence and Abuse **Developing an Evaluation Framework of the Sexual Assault Public Education Programs**

S. Kehoe in partnership with Saskatoon Sexual Assault and Information Centre - Developmental Grant

Women-Centred Health Programs and Services

Evaluating Programs for Women: a Gender-specific Framework (1999)

J. McLaren STATUS: Publication out of print; see revised edition below

Evaluating Programs for Women: a Gender-specific Framework (2000 Revised Edition)

J. McLaren The first edition of this report was published in 1999. The revised edition builds on the lessons learned by the application of the Framework in two pilot evaluations conducted with:

- the Birth Control and Unplanned Pregnancy Counselling Program at

the Women's Health Clinic in Winnipeg, Manitoba. The program evaluation report was completed in June 1999.

- the Grandmothers' and Girls' Violence Prevention Education Program guided by Intercultural Grandmothers Uniting in Fort Qu'Appelle, Saskatchewan.

Social structures and processes affect health and the quality of life.

Gender specific health programming is emerging as a significant focus across Canada and internationally, stemming from a growing awareness of the need for effective, gender sensitive, woman-centred programs and a concomitant need for gender-based program evaluation approaches to examine these programs.

- Over 500 copies distributed to health and policy agencies, government departments.

***Women-Centred
Health Programs
and Services***

**D. E. Clarke
L. Rogala
A. Bedard**

**Manitoba Cardiac Institute
(Kinsmen Reh-Fit Centre) in
partnership with the Faculty of
Nursing, University of
Manitoba**

Rehabilitation for Women with Cardiac Disease: A Needs Assessment

A study of three groups of women: those who have attended a cardiac rehabilitation (CR) program; those who attended but did not complete the program; and those who chose not to attend CR. The women were asked what barriers prevent them from participating in CR programs.

- PWHCE was not involved in the distribution and dissemination of this project.
- National Conference of the Canadian Association of Cardiac Rehabilitation.

***Women-Centred
Health Programs
and Services***

**Y. Peters
K. Lawson
in partnership with the
Winnipeg Women's
Health Clinic.**

The Ethical and Human Rights Implications of Prenatal Technologies: The Need for Federal Leadership and Regulation

The decision to obtain genetic information about a fetus can be a complex choice, fraught with a variety of human responses. Because prenatal technology has the potential to revolutionize pregnancy and birth, we must broaden our vision and look beyond the realm of private choice, to the social impact that such technologies can have on society as a whole. The authors describe the social context underpinning prenatal technologies as it relates to disability rights and feminist values of reproductive choice. Although these two ideologies may conjure up two distinct discourses, in the case of prenatal technologies, there are clearly points of intersection and interdependence. The authors make recommendations on some of the steps that Canada can take to begin

the process of addressing prenatal technologies and their impact on ethical and human rights concerns. Just as the Federal government has provided public education on the hazards of tobacco smoke, precautions against the spread of AIDS and good nutrition, so to does it need to educate the public on both the promises and the pitfalls of genetic technologies.

- This paper is newly printed and dissemination and communications strategies are just underway.
- Requests for copies from libraries, activists and provincial governments

***Women-Centred
Health Programs
and Services***

**M. Moon
L. Brietkreuz
C. Ellis
C. Hanson**

**Manitoba Traditional
Midwives' Collective
(Brandon) in partnership with
the Midwifery Association of
Saskatchewan**

Midwifery Care: What Women Want

The study investigated the assumptions midwives make regarding women's needs in the childbearing cycle with the actual expectations and experiences of women receiving midwifery care. Midwives and women were remarkably similar in their desire for appropriate care and preservation of traditional model which had been largely under-ground on the prairies. The study was the first of its type conducted in Canada prior to the proclamation of midwifery regulation. The project findings are invaluable to policy development work PWHCE will be undertaking based on recent developments in Manitoba and a need for midwifery care in Saskatchewan.

- School of Human Justice, University of Regina, January 26, 2000
- Public Presentations in Regina and Saskatoon, April 6, 2000
- Research Bulletin, 1(2)

***Women-Centred
Health Programs
and Services***

Resource Management Counselling Services for Women in Saskatchewan

B. Zalinko, Regina Home Economics for Living Project Inc.
Developmental Grant

***Women-Centres Health
Programs and Services***

**C. L. Tait
Commissioned by
Manitoba Health**

A Study of the Service Needs of Pregnant Addicted Women in Manitoba

Following the Supreme Court decision in the case of Winnipeg Child and Family Services (Northwest Area) v. G. in September 1997, community service agencies approached the Province of Manitoba to express concerns with regard to barriers pregnant women experience in

accessing and completing addictions treatment. The service providers suggested that it would be useful to conduct a survey of existing referral agencies, service providers and consumers to determine what services are currently available to pregnant addicted women, and to determine the specific needs of this population group that are not being met within the existing system. Manitoba Health commissioned the PWHCE to conduct a research study to describe and examine the service needs and experiences of pregnant addicted women in Manitoba. A critical analysis of this information and data, and existing effective program models and “best practices” are to be used to formulate recommendations to improve or develop new programming for pregnant addicted women.

- Published through Manitoba Health.
- Five hundred copies printed and circulated to government and service agencies.
- PWHCE now sits on a Working Group which will address the recommendations.
- Copies are now only available through the Manitoba Health website www.gov.mb.ca/health/documents/title.

***Women-Centred
Health Programs
and Services***

**Sexual Violence and Dislocation as Social Risk Factors
Involved in the Acquisition of HIV Among Women in
Manitoba**

**S. Reid
I. McKeown
P. Orr**
**Social Planning Council of
Winnipeg in partnership with
Kali Shiva AIDS Services**

Prevention strategies and research on HIV have focused primarily on men, while research that addresses women’s vulnerability has lagged far behind. The rate of women testing positive for HIV was relatively low compared to men early in the AIDS epidemic. However, this rate has increased steadily. Understanding the barriers to individual risk reduction is an integral element in prevention strategies, program and policy development, and is an important area for future research. This project explores the relationship of migration, violence, economic situations of HIV+ women to answer the following question: What are the social factors that prevent women from making healthy lifestyle choices that lead to the contraction of HIV? The project highlights some of the areas which community AIDS service organizations in Winnipeg and women with HIV identify as having the greatest impact on their lives. Policy and programming recommendations are under development.

- Release pending.

Women-Centred Health Programs and Services

**S. White
R. Barnett
T. Horne**

Voices from the Front Lines: Models of Women-Centred Care

A literature and best practices review provides a framework for interviews with health service providers and clients about what constitutes good, women-centred care and best practices. The project complements on-going national work as well as the PWHCE Phase II (*Invisible Women*) project.

- In Press

Population Health Data Through a Gender Lens

A Gender Analysis of *Toward a Healthy Future: Second Report on the Health of Canadians & Selected Other Population Health Documents*

**L. Donner
T. Horne
W. Thurston
PWHCE**

On behalf of the Working Group of Officials Reporting to Federal/Provincial/Territorial Ministers Responsible for the Status of Women, PWHCE commissioned the three contractors who had developed a GBA framework for the *Invisible Women* to adapt the framework for the report *Toward a Healthy Future: Second Report on the Health of Canadians*. The review examines the report and three other key documents to determine to what degree women's health needs and concerns had been addressed by the documents.