

Engendering Regional Health Planning in Manitoba

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Objectives

- To consider progress and potential of a research and training project aimed at improving the implementation of gender-based analysis (GBA) in regional health planning
- To describe GBA workshops recently held in every Manitoba Regional Health Authority (RHA)
- To reflect on the successes and challenges

Our Partners

- + Manitoba Health and Healthy Living
- + Bureau of Women's Health and Gender Analysis, Health Canada
- + Health Canada, Manitoba and Saskatchewan Region
- + Women's Health Clinic, Winnipeg

PWHCE & Gender in Manitoba Health Planning

Invisible Women: Horne, Donner & Thurston 1999

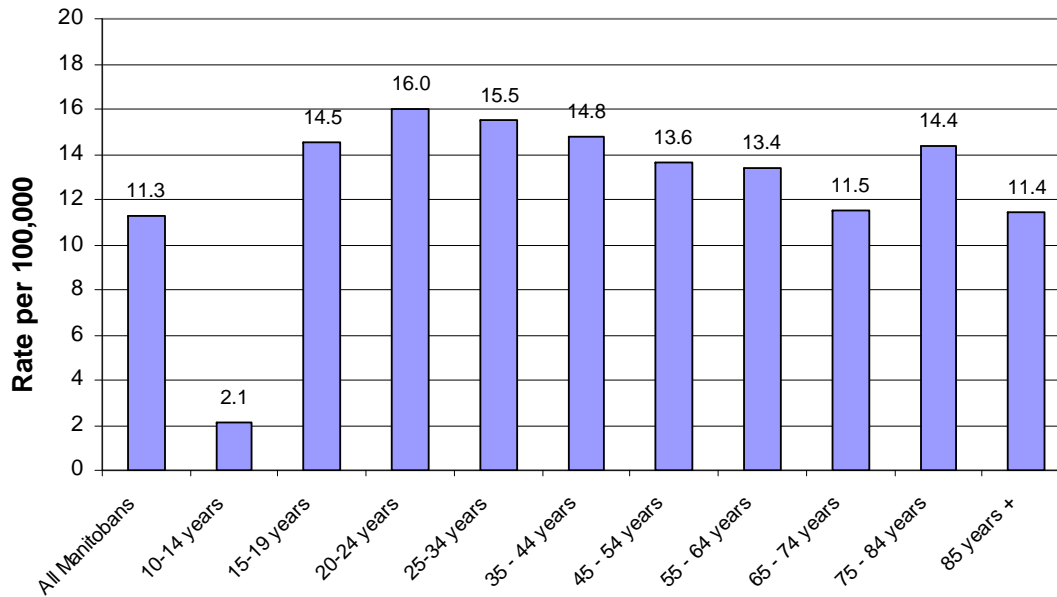


*Including Gender In Health Planning: A Guide for Regional
Health Authorities* 2003 (rev 2005)

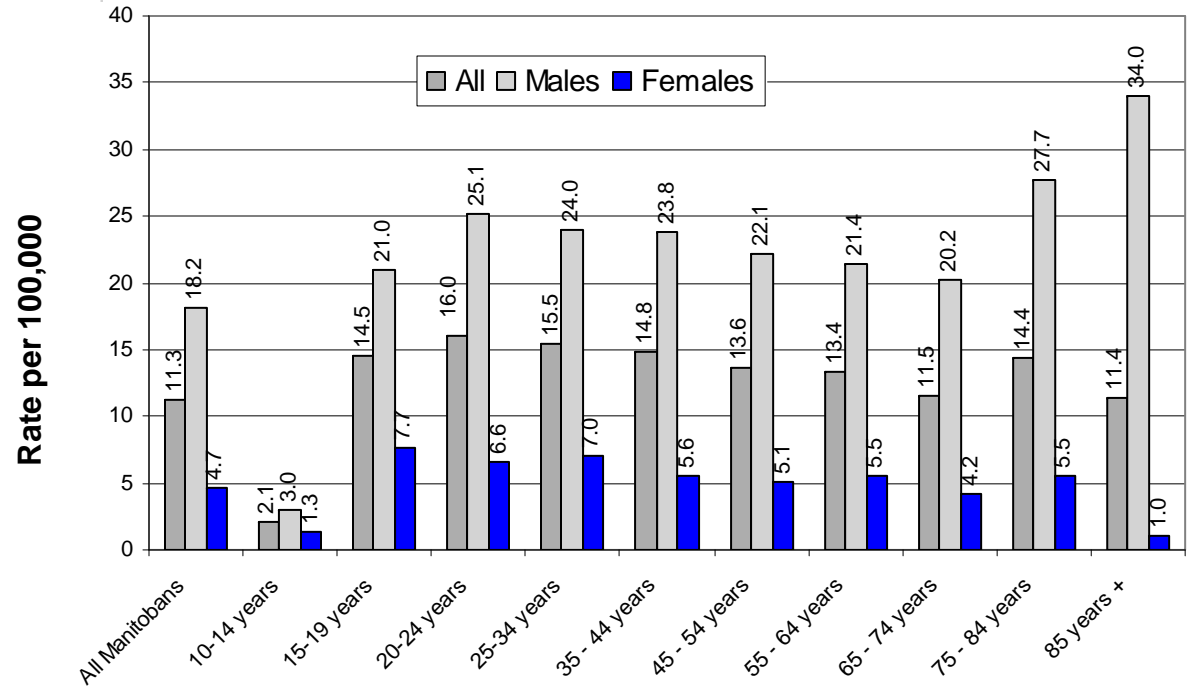
Case Studies

1. Mental health
 2. Diabetes and complications
- ✓ Case studies that demonstrate gender differences, without relying on sexual or reproductive health
 - ✓ Recognizable and familiar data
 - ✓ Accurate, but not comprehensive
 - ✓ Tie into reporting & accountability structures





Suicide in Manitoba 1990 to 1999



A Checklist for Gender-Inclusive Health Planning

Analyzing Data

- ✓ Sex disaggregated data is presented and analyzed;
- ✓ Women, girls, men and boys are included in data collection, as appropriate;
- ✓ Data is available for individuals and communities;
- ✓ The effect of gender as a determinant of health is considered;
- ✓ The influence of gender on health outcomes is considered;
- ✓ Data about diversity among women and girls is presented and analyzed;
- ✓ Data about women, girls, men and boys with a higher burden of illness or whose health is at greater risk is presented and analyzed.

Program Planning

- ✓ considering the similar and different health needs of women and boys;
- ✓ with input from the women/girls and men/boys;
- ✓ using existing knowledge about the health needs of women and boys;
- ✓ considering diversity among women and girls.

Including Gender In Health Planning

A Guide For Regional Health Authorities

Lissa Donner
May 2003

PRAIRIE WOMEN'S HEALTH

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GBA Guide for Regional Health Authorities 2003 (rev 2005)



Workshops in RHAs 2004



Women's Health Profile Feasibility
Study 2004



*A Profile of Women's Health in
Manitoba* 2005-2008

✓ Broad Understanding of Health

✓ New information & new understanding through GBA

✓ Health data plus current literature of how gender roles and responsibilities influence the data

Lissa Konner
Harpa Isfeld
Margaret Hawor
Caitlin Forsey

Final
November 2008

PRAIRIE WOMEN'S HEALTH
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150 Indicators of

Ⓢ Socio-Economic Determinants

A Prairie Women's Health
Ⓢ Violence Against Women

Ⓢ Behaviours and Lifestyle

Ⓢ Sexual and Reproductive Health

Ⓢ Women's Health Status & Services Use

Ⓢ Life Expectancy /Mortality

Ⓢ Aboriginal Women and other sub-populations throughout

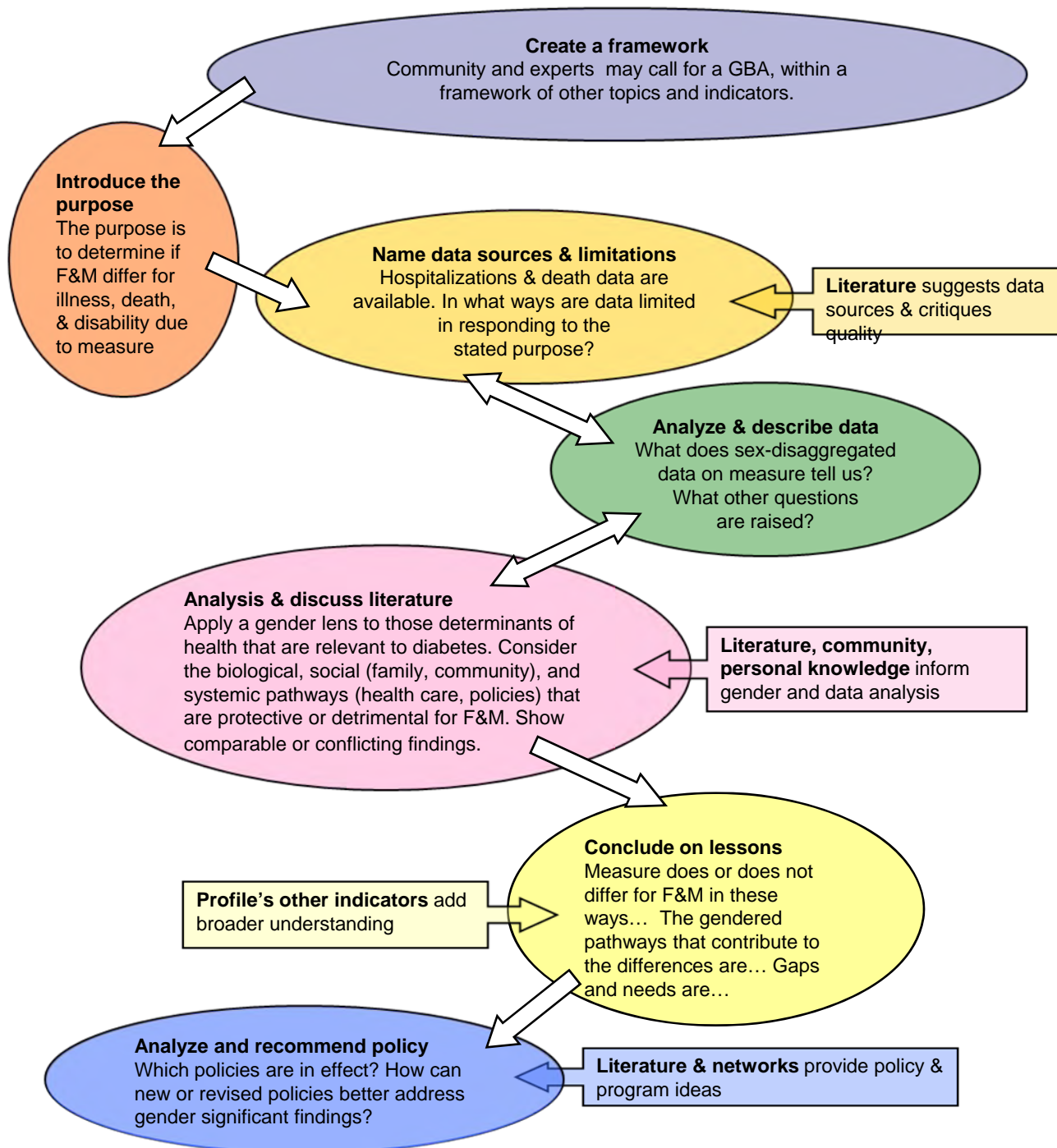
In the course of the work on the Profile

- ✿ *Injuries in Manitoba: A 10 year Review*
- ✿ Performance Measures and Framework
- ✿ Met with **Community Health Assessment Network** numerous times
- ✿ Developed stronger relationship with Health Information Management
- ✿ Release of *Sex Differences Report* - Manitoba Centre for Health Policy

Methods: *GBA* of the Indicators

For each of the indicators we:

- Retrieved and described the data
- Described & presented the primary analysis, including by
 - age, "Aboriginal" identification, geography, income
- Reviewed literature and considered sex and gender influences to broaden the story of our data
- Discussed the policy implications



PWHCE & Gender in Health Planning

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Workshops in RHAs 2004



Women's Health Profile Feasibility Study 2004



Women's Health Profile 2005-2008

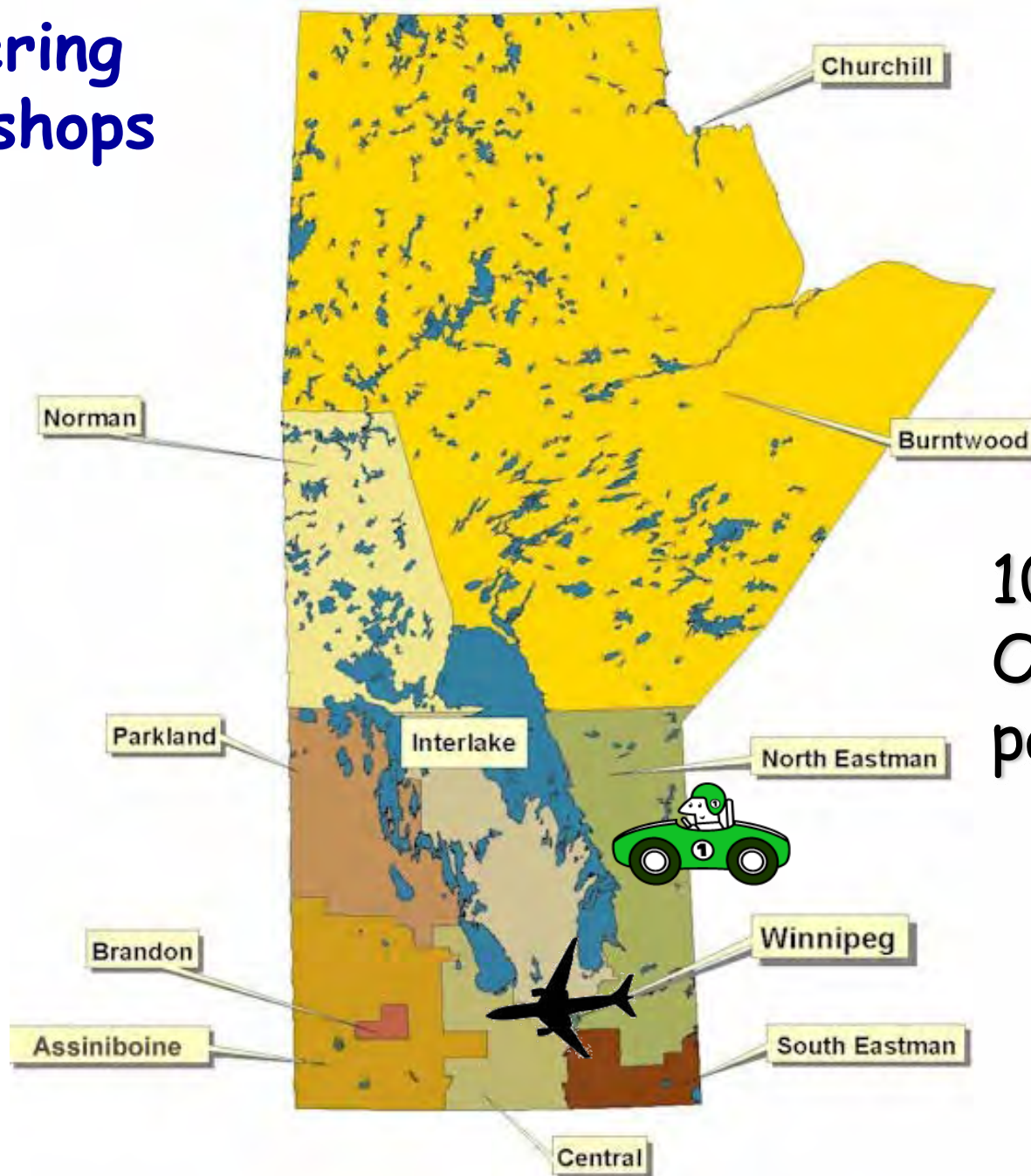


WHO Core
Set of
Indicators
2006

**Training
Workshops and
others, Manitoba
2008-2009**

PAHO
Guides 2008

Delivering Workshops



10 RHAs (Of 11)
Over 110
participants

What we set out to do

- objectives -

- ➡ To share results of 'Profile' pertaining to RHAs
- ➡ To help build or reinforce existing skills in GBA that would support its use in regional community health assessments
- ➡ To develop our relationships with RHAs

Developing the RHA Workshops

We sought regional engagement by:

- ✦ Getting CHAN representatives' buy-in
- ✦ Providing promotional bulletin to attract staff
- ✦ Reviewing reports and consulting with staff to identify RHA priorities
- ✦ Selecting themes/indicators that balanced local priorities with new information from the *Profile*, variety of indicator types, and data limitations

Then tailored case studies and exercises to each RHA for the demonstration topics.

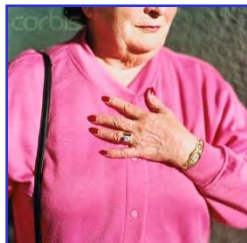
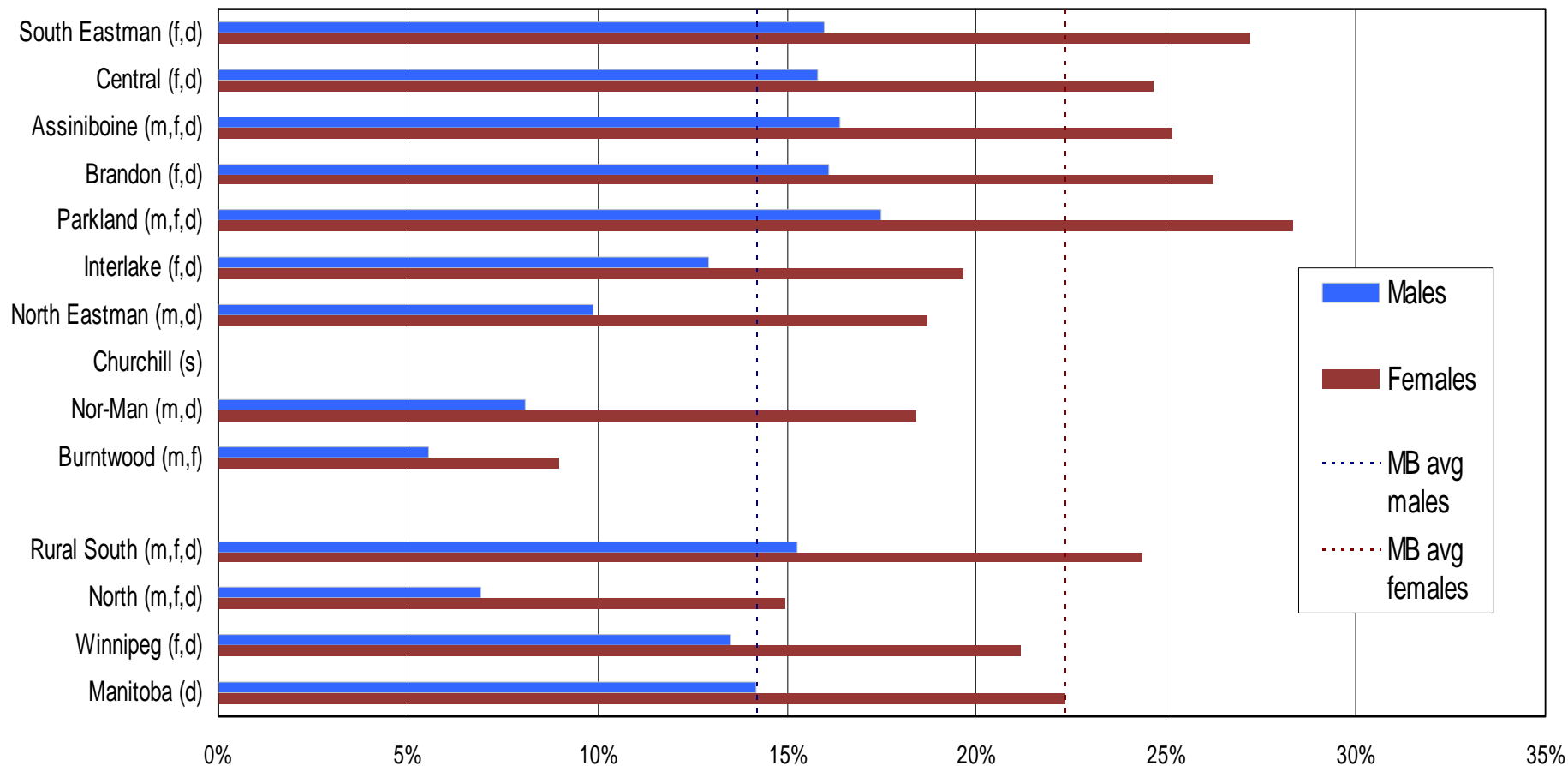


Figure 6: Community-Dwelling Seniors with Benzodiazepine Prescriptions by RHA, 2003/04

Crude percent of non-PCH seniors with 2+ prescriptions or greater than a 30 day supply, age 75+



'm' indicates area's rate for males was statistically different from Manitoba average for males
 'f' indicates area's rate for females was statistically different from Manitoba average for females
 'd' indicates difference between male and female rates was statistically significant for that area
 's' indicates data suppressed due to small numbers

Typical Workshop Agenda

- ✓ Introduction to concepts: gender, sex, gender-based analysis
- ✓ Group exercises to become familiar with concepts
- ✓ Introduction to 'Profile' methods, results
- ✓ Walk through 2 case studies
- ✓ Hands-on, small group exercises on 1 of 3 topics

Group Exercise



- @ Analyse & discuss data
- @ Consider other information from the RHA that can expand understanding
- @ What this information says about women in the RHA
- @ Consider gender influences on the issue, linking the biological and social factors
- @ Discuss interventions that would be more gender-sensitive
- @ Deliver brief presentation

SUCCESSES: Renewed Interest

- Participants expressed renewed interest for using gender as an organizing principle in their planning and programming work
- Even those RHAs with good understanding of gender concepts & methods, there was a recognition that the workshop was important to advancing change

"It's interesting! This brings gender more to the forefront. I'll be more likely to look at gender now."

"I'm going back to my survey to reanalyze by gender."

"Sometimes we just need someone like you to come in and ask the questions. We have all the information."

...Added Insight



Participants felt they had...

- challenged their assumptions,
- recognized bias in mainstream knowledge,
- expanded their awareness of the health issues and needs of women in their region,
- and gained a more holistic understanding of health.

"I was challenged to think about sex/gender in a different way...."

"It highlights important issues in health care that are neglected"

"It was useful for programming and bridging gaps in health care."

"As service providers, we need to be able to see the whole picture, not one component"

Built practical skills for planning

- Through hands-on exercises, the workshop took a 'learn by doing' approach.
- Staff built skills in data analysis for which they could see direct applications in their current and future work.
- Participants saw clear applications for community health assessment

"I think it really helps you to understand and translate the statistical data in a more concrete, practical way."

"Knowing how to use data in such a powerful way to do direct planning... and generating questions as to what needs to be done and who needs to be involved."

"I do think that when the PRHA is ready to present the health assessment, this explanation of GBA would help in the following planning process."

Provided tools, time, and a forum for change

- RHA staff are keenly interested in time to brainstorm, share information, network, and plan for change.
- GBA training, followed by discussions helped to generate ideas for interventions.

"I would love an opportunity to learn more...to develop this as a policy forum and learn also from other regions."

"We need more indicators on remote and isolated health regions"

"We need CVD clinics specifically geared toward women"

CHALLENGES - Who's engaged?

- Did not work as well with just front line staff
- Male & Aboriginal staff may have been less engaged:
 - Men may have believed that they do not need to work in women's health, including discussions of feminine values and social experiences affecting health
 - Fewer Aboriginal staff in policy & programming? Discomfort with our format and request for presentations back to the group?

Data, your friend or foe?

- ☀ Data complexities can promote learning, but are also daunting
- ☀ Lack of regional-level data, especially on socioeconomic conditions of women, constrained our efforts to engage participants using local content
- ☀ In small northern RHA, incomplete or lesser quality data detracts from GBA lessons
- ☀ Data issues can hijack objectives



Bridge Paradigms ... in an hour!

- ② Process couldn't always adequately demonstrate broad scope of analysis necessary, or bridge the gap between sociological, feminist research and medical practice.

Participants approached maternal care exercise with health care mandate & orientation, which favours service provision (epidurals, C-section, induced labour).



Yet Profile demonstrates services not promoting health in women & infants



Other Lessons Learned getting the right balance:



- More/ample time (2:3 lecture/group work)
- Articulate which data & why; avoid data 'overload'
- Scenarios, exercises with personal, concrete examples in all workshops
- Combination of formats, resources for different types of learners
- Simplify/prioritize objectives (Illustrating good GBA? Sharing regional findings?)

Thank you.

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