Speaking Truth to Power: Moving Research on Women & Health Care Reform into Policy and Practice

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LOOKING BACK, THINKING AHEAD: Using Research to Improve Policy and Practice in Women’s Health
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Who We Are

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Discussion Questions

- What strategies, topic areas and/or methods discussed in today’s presentation resonate with you in terms of your own interests in advancing women’s health care?

- Where does women’s health care need to go next?

- What issues should be prioritized and what strategies can assist us in setting these priorities?
Our process

- Expand the categories
- Challenge the evidence, and what is considered evidence
- Broaden definition of policy-maker
- Introduce women’s voices and build on their experiences
- Insert, apply, explain, demand gender-based analysis
- Started from where women are located
The Charlottetown Declaration On The Right To Care

The Right to Care
Canadian society has a collective responsibility to ensure universal entitlement to public care throughout life without discrimination as to gender, ability, age, physical location, sexual orientation, socio-économique and family status or ethno-cultural origin. The right to care is a fundamental human right.

The Right to Care requires:
- Access to a continuum of appropriate, culturally sensitive services and supports
- Appropriate conditions
- The choice to receive or not receive or to provide or not provide unpaid care
- That there is no assumption of unpaid care
- Access to reasonable alternatives and sufficient information

Care is:
- Essential
- An interdependent relationship
- Skilled work
- Multidimensional
- Diverse

Care should be:
- Equitable
- Available
- Accessible
- Continuous
- Responsive and transparent
- Incorporating an awareness of diversity
- Participatory
- Enforceable
- Standards-based
- Publicly administered
- Respectful

These rights to care must be viewed through a lens that recognizes the importance of gender analysis, diversity, interdependence between paid and unpaid care, and linkages among social, medical and economic programs.
Health Care Reform

- Mid 1990’s – cuts in nursing, support or ancillary staff, “early discharge”, bed closures and a lack of implementation of home care and community care, regional health boards
- Women and Health Care Reform established
- Women:
  - majority of paid and unpaid providers and patients
  - have fewer financial resources to assist them in getting or giving care
- Lack of gender analysis
Women & Health Care Privatization

- We saw women being conscripted into care – to the detriment of our income, pensions, and health status.
- We saw care being “privatized”
- Privatization is typically seen as an economic concept. Privatization should be seen as a social concept as well.
- Led to our work on home care which led to our work on long term care
Engaging in Policy

- Presentations to Kirby review (Senate)
- Presentations to Romanow (Royal Commission)
- “Reading Romanow” – critical response and media
- Subsequent agreement by Commission leadership – “Oops we missed”
  i.e. by not including gender analysis in the work at the Royal Commission
Women & Long Term Care

- Frequently women providing care to women
- Long-term residential care operates in the shadows—privatized, low waged, high injury (including violence, racism, sexual harassment) work places.
- What could alternative forms of long-term, residential care be?
Ancillary Work

Who?
- Mostly women who cook, clean, do laundry and serve food or works as health aids

Why?
- Romanow Report defined this work as “ancillary services”
- Ignoring their critical role in health care and the skills they bring to the work.
- Increasingly contacted out work, with links to poor quality food, cleaning and care and to poor working conditions
Exploring Questions of Evidence

- The trajectory we have taken:
  - Privatization
  - Performance indicators
  - Women’s perspectives on quality
  - Sex & gender based analysis and systematic reviews
Performance Indicators

- **The context for our work:** FTP and OECD reports on health system indicators focus on health system performance and quality assessment based exclusively on systems-based measures, and little consideration of the gendered nature of health care and health care experiences.

- **Our response:** policy workshop, gendered analysis of the FTP report on indicators.
Women’s Perspectives on Quality

- **The context for our work**: Women’s analysis was absent from studies on health system assessment, and measures of quality were focused primarily on crude quantitative indicators (e.g. hospital readmission rates, errors) or patient satisfaction surveys.

- **Our response**: A national SSHRC–funded study of 125 women in various social and economic locations, designed to create a space for women’s voices & experiences.
Funny, I don't see myself reflected here.
Sex & Gender-Based Analysis and Systematic Reviews

The context for our work: (1) Absence of systematic studies using SGBA, despite federal policies & commitments; (2) An overemphasis on quantitative measures.

Our response: WHCR developed plain language & other documents to assist women & decision-makers on how to interpret evidence, and how to integrate SGBA & qualitative data in research, and in particular systematic reviews. This work has been augmented by other work carried out through the Women’s Health Contribution Program.
Wait Times & Timely Access to Care
We offered to provide a review of GBA (history, rationale, policy contexts) and demonstrate its application to the issue of wait times.

Case study: ‘total joint arthroplasty’ (TJA – hip & knee replacements) – one of the 5 priority areas for wait times management

We were concerned with identifying a variety of gaps in the literature on gender, wait times and total joint arthroplasty:

- **Methodological gaps:** How are data produced? What are the sources of data?
- **Data gaps:** In what areas are data missing? (e.g. gender)
- **Analytical gaps:** What questions are asked or not asked about gender? What is excluded in the construction of the discourse on wait times and TJA?
Other Knowledge Exchange – Wait Times

- **Presentations:**
  - Health Canada
  - CIHI
  - NCC–DH
  - WHRN (BC)
  - Timely Access Workshop

- **Publications:**
  - Popular piece
  - Book chapter
  - Case study in GBA Guide
Timely Access to Care

- Full-day workshop geared to policy and program decision makers, researchers and policy/program analysts across a range of government departments

Objectives:

- Broadening debate and discussion on wait times to address the concept of “timely access to care” taking into account determinants of health and population health approaches.

- Through concrete examples, illustrate the importance and utility of taking into account the needs and realities of diverse groups through gender-based analysis (GBA) to policy, research and program development.

- Provide capacity building in gender-based analysis.
Lessons Learned, Questions Raised

- Initiating strategic engagement and providing ‘rapid response’ to emerging policy priorities can have significant impact.

- There is an appetite among policy analysts/researchers for the type of knowledge exchange we can deliver.

- We have a contribution to make in GBA-informed systematic reviews in health policy – part of our contribution is how we reframe & expand the questions.

- How to engage with ‘mainstream’ systematic review networks & systems?

- How to sustain our capacity for rapid response?

- Where is the issue of timely access on the F/P/T policy agenda?
Capacity Meets Others’ Priorities

- The Environment of Maternity Care
- Gender and the Mental Health of Women Health Care Workers
- Gender and Disaster Response
The Environment of Maternity Care

- Support to a sister agency – NNEWH
- We commissioned a paper & presentation, journal article
- We expanded the notion of “environment” to include health human resources and their constraints, media, social movements
- What is “normal” maternity care and how does that get redefined?
Gender and the Mental Health of Women Health Care Workers

- Mental health was one of two agreed-upon joint topics
- How to mesh with our expertise & capacity?

Workshop with BCCEWH → Follow-up Policy Event → Popular Piece
Gender & Disaster Response

- The right woman in the right place with the right group with the right priority – Elaine Enarson, PhD and us [www.gdnc.ca]
- Dovetails with complementary work at PWHCE & Pat’s CHSRF/CIHR Chair
- Development & testing of materials in a workshop for Emergency Responders and Managers
Constraints and Possibilities

- Must employ variety of strategies
- Group should have established a formal approach to track follow-up and impact
- Difficult to conduct primary research
- Keeping to “gender” can be difficult
- Difficult to conduct primary research
- The narrower the topic the more difficult it is to identify folks

- Importance of a wide network
- Importance of conceptual work
- Significant impact where we anticipated and provided a “Quick response”
- Successful in getting a wide range of people to consider gender
- Attention to Aboriginal women’s concerns requires additional resources
- Accessible materials are important
Reflections

- Introduce women’s voices and build on women’s experiences
- Expand the definition of policy maker
- Incorporate qualitative methods
- Develop GBA
- Ask new questions
What have we learned about moving research into policy and practice?
The Charlottetown Declaration on the Right to Care
Thank You.

Your Turn.

www.womenandhealthcarereform.ca