Women and Health Care Reform

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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Women and Health Care Reform

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?

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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, socioeconomic 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.

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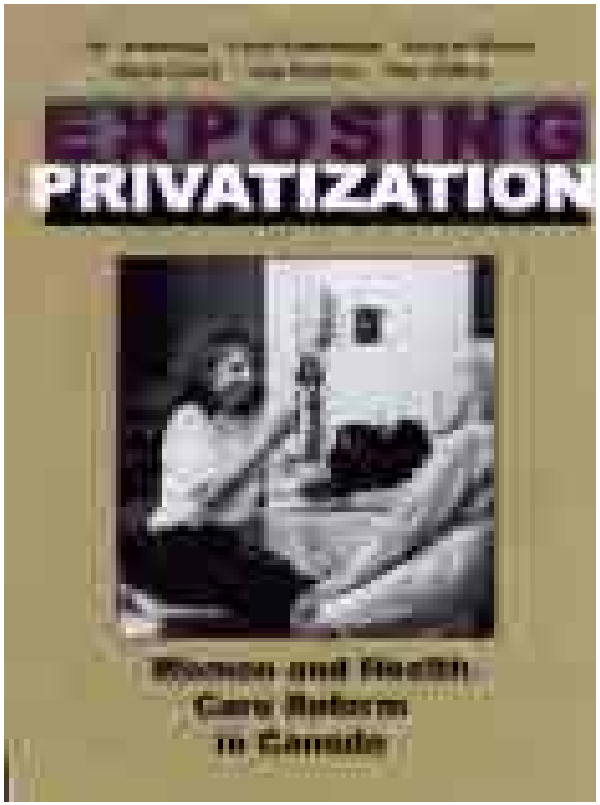
Health Care Reform

- 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

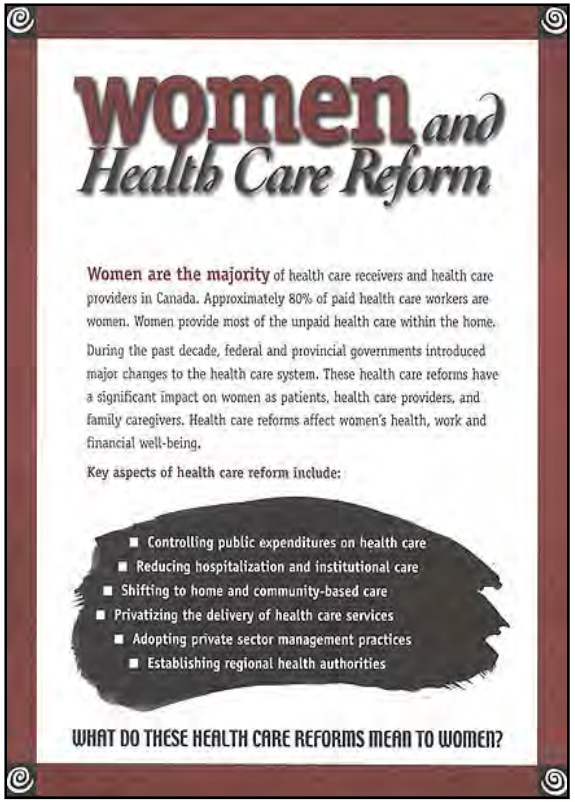


Engaging and Empowering

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

Informing Women



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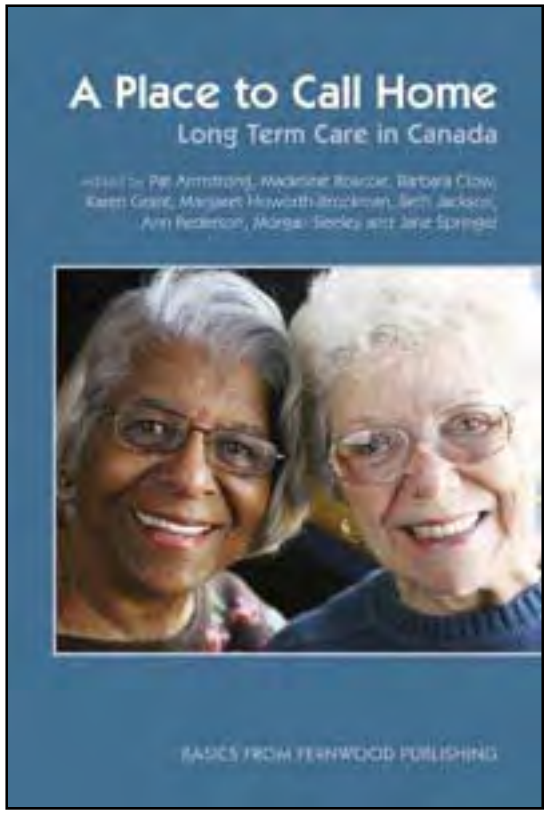
Women & Long Term Care

- 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?



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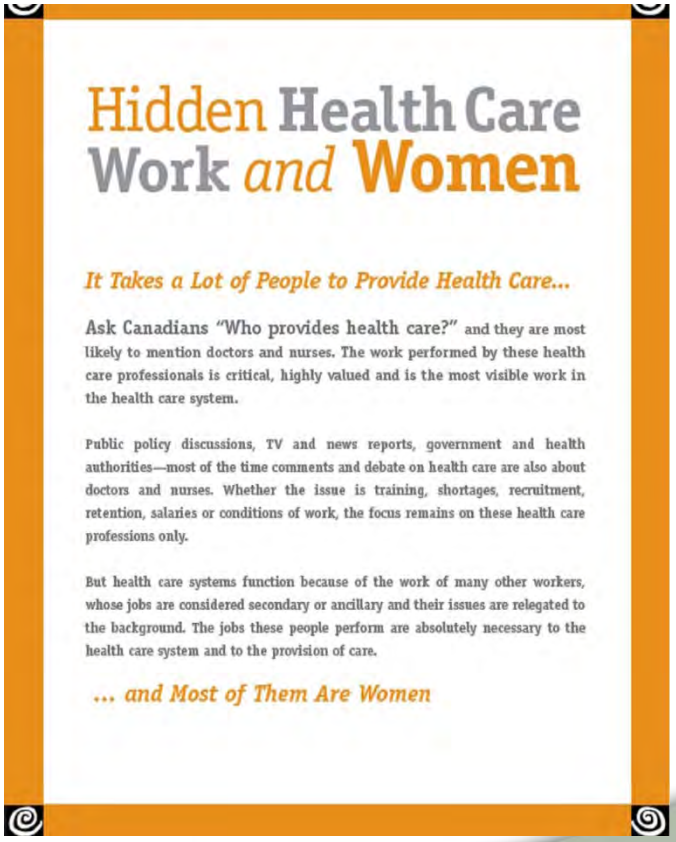
Ancillary Work

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



Hidden Health Care Work *and* Women

It Takes a Lot of People to Provide Health Care...

Ask Canadians “Who provides health care?” and they are most likely to mention doctors and nurses. The work performed by these health care professionals is critical, highly valued and is the most visible work in the health care system.

Public policy discussions, TV and news reports, government and health authorities—most of the time comments and debate on health care are also about doctors and nurses. Whether the issue is training, shortages, recruitment, retention, salaries or conditions of work, the focus remains on these health care professions only.

But health care systems function because of the work of many other workers, whose jobs are considered secondary or ancillary and their issues are relegated to the background. The jobs these people perform are absolutely necessary to the health care system and to the provision of care.

... and Most of Them Are Women

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Exploring Questions of Evidence

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

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Performance Indicators

- <u>The context for our work</u>: 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
- <u>Our response</u>: policy workshop, gendered analysis of the FTP report on indicators

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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.
RESEARCH

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Sex & Gender-Based Analysis and Systematic Reviews

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

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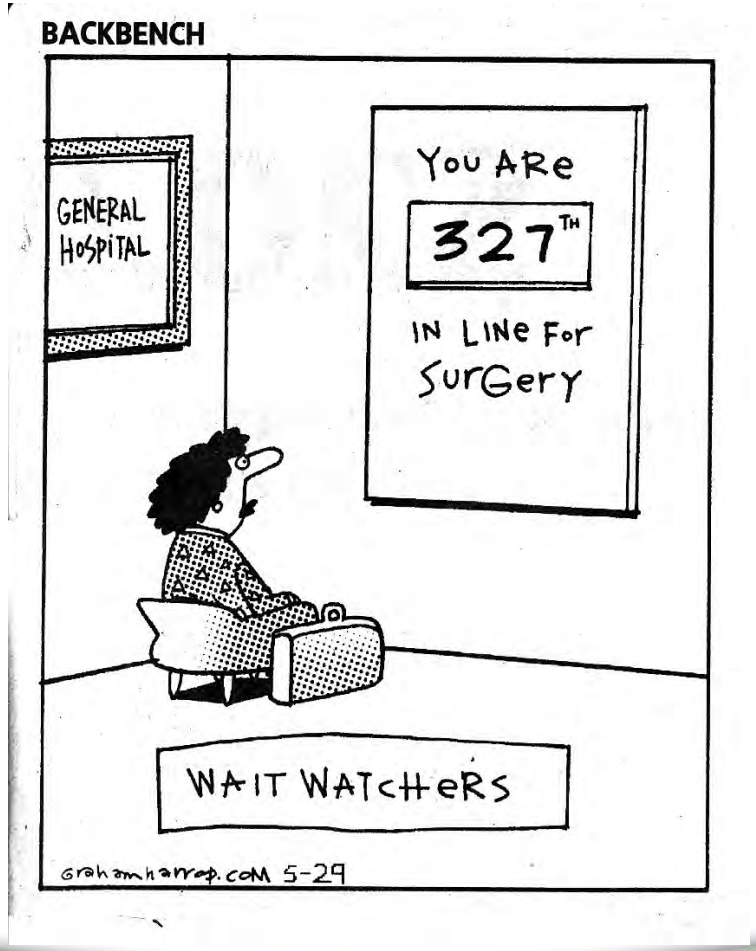
Wait Times & Timely Access to Care



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Wait Times: Capacity Meets Opportunity

- 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?

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Other Knowledge Exchange – Wait Times

WOMEN and wait times

Why are wait times women's issues, and what are the issues for women?

We all want quality health care when and where we need it. Even though wait times for some health care services have been stable in recent years, the 'crisis' of wait times has become a key political issue. Waiting for care is indeed a critical concern for women because they are the majority of care providers (paid and unpaid) and because they are more likely to use the health care system on behalf of others as well as for themselves. So we need to be clear about how waiting—and how we define it—affects women.

- How might differences *between* and *among* women's and men's lives shape their need for and access to certain tests and procedures?
- How might waiting for these tests and procedures affect women and men?
- What are the costs?
- Do official wait times reflect the whole experience of waiting for women and men?

AND:

- What can be done about wait times?
- What is the relationship between wait times and timely access to care?

We explore these questions through the example of hip and knee replacement surgery.

- Presentations:
  - Health Canada
  - CIHI
  - NCC-DH
  - WHRN (BC)
  - Timely Access Workshop
- Publications:
  - Popular piece
  - Book chapter
  - Case study in GBA Guide

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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.

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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

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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?

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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

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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?

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The Charlottetown Declaration on the Right to Care

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Thank You.

Your Turn.

www.womenandhealthcarereform.ca