ATLANTIC CENTRE of EXCELLENCE for WOMEN'S HEALTH

Promoting social change through
policy-based research in women's health

Atlantic Centre of Excellence for Women's Health

Retrospective: Highlights from the Foundation Years

July 1996 - May 2002

DALHOUSIE University

IWK Health Centre

centres of excellence *for* WOMEN'S HEALTH

PO Box 3070
Halifax, Nova Scotia
B3J 3G9 Canada

Telephone 902-470-6725
Toll-free 1-888-658-1112
Fax 902-470-6752

acewh@dal.ca
www.medicine.dal.ca/acewh

The Atlantic Centre of Excellence for Women's Health is supported by Dalhousie University, the IWK Health Centre, the Women's Health Bureau of Health Canada, and through generous anonymous contributions.

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1 Message from the Executive Director

The recognition of the central role of women's health for the welfare of the whole society is a key insight of our times. Health Canada's establishment in 1995 of the Women's Health Contribution Program is an exceptionally well crafted policy response to this insight. Their action not only made possible the creation of the Atlantic Centre of Excellence for Women's Health (ACEWH)[1] – and its six year record of achievements – but it also created a strong national network of centres, linked by the Canadian Women's Health Network (CWHN) from which an important synergy of research results has arisen.

ACEWH is pleased with the leadership role we have been able to play with respect to women's health issues in our own region. Moreover, we are very proud to have contributed – together with our sister centres across the country and CWHN – to putting Canada into the global vanguard of women's health research.

Seven years ago, the consortium that developed the proposal for ACEWH envisioned a partnership that would contribute to the health and well-being of women in Canada through research, programs and policy initiatives emphasizing a broad determinants of health approach over the life span. This foundation has evolved into a network of researchers, community organizations, clinicians, policy makers and women's health advocates spanning the four Atlantic provinces, Canada and beyond. This dynamic group of individuals has generated new knowledge in women's health, created an extensive web of communications, and had a direct effect on healthy policy development that extends well beyond the shores of Atlantic Canada.

The health status of women in the Atlantic Region continues to trail the health of women in other parts of Canada. ACEWH has generated $4.3 million dollars in research grants and donations, including an endowed Chair in Women's Health and the Environment. It is widely respected as a leader in social and economic inclusion, a key issue with respect to the health of Atlantic Canadians. The Centre engages directly with hundreds of Atlantic Canadians each year and serves as a key resource in Atlantic Canada for citizens, policy and research

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[1] The Atlantic Centre of Excellence for Women's Health, formerly called Maritime Centre of Excellence for Women's Health, changed its name on April 1, 2002 in recognition of Newfoundland and Labrador's contribution to its program.

bodies and community and health groups. In addition we have responded or taken part in many other federal program and policy initiatives where expertise on gender and women's health is required. We have extended our partnerships across the globe in a effort to highlight the impact of HIV/AIDS on women.

We have taken up the opportunity and challenge of addressing a wide variety of issues in women's health research. This report highlights the achievements of our work.

Carol Amaratunga, PhD
Executive Director

2 Messages from Partners

On behalf of the Faculty of Health Professions at Dalhousie University, I would like to congratulate Dr. Carol Amaratunga, staff, members of the Steering Committee, a myriad of research associates, and innumerable friends of the Atlantic Centre of Excellence for Women's Health for their tremendous support over the past six years and for setting the stage for a promising next funded period. The past six years has seen interest and work in women's health at Dalhousie, and in the Atlantic Region, grow and succeed in moving policy forward in the interest of women's health. The work of the Centre has been accomplished through funded research projects, advocacy initiatives, think tanks, joint initiatives with other Canadian Centres, recognition of leaders in women's health, dissemination of monograph publications and books, and policy leadership in women's health issues. The Centre has spoken to women, women's groups, policy makers, and politicians throughout the region and more recently, internationally. As a result, the Faculty of Health Professions has named women's health as one its three research foci with Health Promotion and Health Outcomes the other focus areas. We have supported and benefited from the Elizabeth May Chair in Women's Health and the Environment, based at the Centre. We are enormously grateful to our partner, the IWK Health Centre for its real support and genuine commitment to the Centre. We are absolutely delighted that Health Canada has renewed its commitment to Women's Health through the Centres and look forward to the next six years keeping the exciting work of women's health flourishing in Atlantic Canada.

Congratulations to all!

Dr. Lynn McIntyre
Professor and Dean, Faculty of Health Professions
Dalhousie University

ACEWH is a valued partner of the IWK Health Centre. As part of the Centres of Excellence for Women's Health Program across the country, ACEWH brings a national and international perspective of women's health research.

ACEWH has changed the way Atlantic Canadians think about women's health; and through their community research, ACEWH has provided new information and insights into women's health.

We are committed to the success of the Centre and look forward to a rewarding future as we strive for excellence in women's health.

Judith Hockney
Director, Women's Health Program
IWK Health Centre

3 Evolution of the Atlantic Centre of Excellence for Women's Health

The Women's Health Contribution Program follows up on the Liberal government's 1993 Red Book promise to support research on the social determinants of women's health in Canada. In 1995, the federal government committed $12 million to create the Program. The initial Program included five Centres of Excellence for Women's Health to be administered and managed by the Women's Health Bureau, Health Canada.

Funding was also provided to the Canadian Women's Health Network to undertake national coordination of the networking component of the Program and the building of a national information storage, dissemination, and communications function.

ACEWH opened in July 1996 in office space provided by the Atlantic Health Promotion Research Centre at Dalhousie University, which had been instrumental in providing project support in the proposal development phase. ACEWH has two founding partners: Dalhousie University and the IWK Health Centre. Dalhousie serves as the administrative host of the Centre, providing cost sharing towards the salary of the Executive Director as well as substantial in-kind contributions of financial, information technology support, library, human resources and public relations services. In August 1997, ACEWH and Dalhousie University signed a Memorandum of Agreement (MOA) to form a strategic alliance with the IWK Health Centre. The IWK Health Centre provides the physical site of the Centre and an annual commitment of office space, furnishings, information technology, and public relations support. In 2002, the MOA was renewed for an additional six years to March 31, 2008.

The Centre and its founding partners share a mutual interest in promoting social change through research on women's health through policy-based research, capacity building, and human resources development. As a regional health centre, the IWK Health Centre and ACEWH share a common women's health constituency and complement each other's programs. The work of the Faculty of Health Professions, Dalhousie University embodies the broad concept of individual and population health and well-being, concepts that underlie the Centre's goal of affecting social change for the health of women. Collectively, the partners provide significant policy leadership and a women's health research presence in the Atlantic region.

Centres of Excellence for Women's Health

British Columbia Centre of Excellence for Women's Health

Prairie Women's Health Centre of Excellence

National Network on Environments and Women's Health

Centre d'excellence pour la santé des femmes[1]

Atlantic Centre of Excellence for Women's Health

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[1] In July 2001, the Board of Le Centre d'excellence pour la santé des femmes voted to dissolve the Centre.

As mentioned above, the Atlantic Health Promotion Research Centre played a lead role in developing the letter of intent and proposal for ACEWH through the Maritime Consortium under the leadership of Drs. Miriam Stewart and Karina Davidson as co-principal investigators, and Drs. Susan Kirkland, Anita Unruh, and Erica van Roosmalen as investigators. The Consortium, a collaborative individual, community, and institutional network, consulted over 300 community groups, academic researchers, government representatives, practitioners, and non-governmental organizations from the three Maritime provinces. The consultation identified several needs: to better understand the determinants of women's health and well-being over the lifespan, to measure the impact of health and social policy changes on Maritime women's health, and to construct tools for assessing gender equity in the policy evaluation process. The Consortium's framework of communication, coordination, and networking continues to guide the knowledge generation, communication of research findings, policy advice, and action projects of ACEWH. In its submission to Health Canada, ACEWH was the only Centre to identify gender-based analysis and gender as a determinant of health. This has influenced the work of the Centre and helped it to become a leader in this field in Canada and internationally, particularly in the area of gender mainstreaming and HIV/AIDS.

ACEWH is governed by a Steering Committee with the Executive Director serving as an ex officio member. The Steering Committee has representation from the four Atlantic provinces and membership is invited from across the academic, community, clinical, and public policy domains. The Steering Committee has endeavoured to include members from First Nations and African Canadian communities.

Past Steering Committee Members

Chris Balram
Audrey Currie
Karina Davidson, PhD
Maura Davies
Julie Devon Dodd
Jocelyn Downie
Karen Field
Judith Grant
Jean Gray
Rose-Aimée Haché
Joy Ikede
Susan Ivany
Mary Ann Ketchum
Stella Lord
Claudy Lynch
Gabrielle Morrison
Cari Patterson
Laraine Poole
Wendy Robbins
Lisa Shaffer
Elizabeth Shears
Miriam Stewart, PhD
Anita Unruh, PhD
Glenda Vardy Dell
Dolly Williams
Carolann Wright-Parks

ACEWH Steering Committee

Sandra Bentley, RSW (PEI)
Interministerial Women's Secretariat, Province of PEI

Jeannita Bernard, BSc (PEI)
Health Promotion & Education Directorate, Veterans Affairs Canada

Judith Hockney, RN, MN (NS)
Women's Health Program, IWK Health Centre

Bonnie James (NF)
Centre for Collaborative Health Professional Education, Memorial University of NF

Judith Kazimirski, MD (NS)
Capital District Health Authority

Katherine Kelly, MEd (Candidate) (PEI)

Joan Kingston, BN, RN (NB)
Region 3 Hospital Corporation

Susan Kirkland, PhD (NS)
Community Health and Epidemiology, Dalhousie University

Andrea Perry, MSc (Candidate) (NS)
School of Nursing, Dalhousie University

Dorothy Robbins, MSW (NF)
NF Women's Policy Office

Claudia Simon, Med. Health Adm. (Dip) (NB)
Big Cove Health Centre

Mary Simpson (NB)
Community Health Promotion Network Atlantic

4 Building Partnerships

In the current political, economic, and social context, new models of collaboration are required to respond to the health needs and issues of women. No one institution or body has the capacity to deliver solutions to today's health needs on their own. Fundamental to the success of sustaining the research focus on women's health are: an examination of the tools and processes for collaboration across sectors; documentation of the barriers and incentives to collaboration; a commitment to establishing a framework for continued work based upon knowledge generated to date; and discussion of options for the development of supportive infrastructure. ACEWH has brought together individuals and organizations that can contribute to this new vision of health and develop a social policy framework for collective and sustained enhancement of the health of women in the Atlantic region, across Canada, and beyond.

Since its conceptualization, the principles of communication, coordination, and networking have guided the operations of ACEWH; that is:

- building and shaping women's health research capacity;
- influencing, assessing and linking data and information;
- building knowledge brokers and translators;
- influencing research and public policy uptake; and
- supporting interdisciplinary research in women's health which examines the interplay among the determinants of health.

The Centre has fostered strategic alliances among women's health researchers, policy makers, health organizations, and other health-related centres in Atlantic Canada and across Canada. At present, the Centre has over 2000 researchers and organizations listed in its contacts database.

At the local level, one of the Centre's first activities was an Atlantic-wide consultation with community-based organizations interested in women's health. ACEWH initiated the ***Guiding Principles Consultation*** with a view to raising awareness of the CEWHP and ACEWH in the region; consulting with women with respect to establishing guiding principles to direct future research, policy, information and communication, and networking activities of the Centre; developing a baseline profile for community/academic/ government partnerships; and exploring ways for the partnership to contribute to policy development and implementation.

Guiding Principles

Inclusiveness and Diversity
We welcome all women and value their contributions to the work of the Centre. We will continue to work to include the viewpoints of women of all ages and abilities from diverse racial, cultural, socio-economic and educational backgrounds who live in all parts of the Atlantic region.

Mutual Respect
We acknowledge and respect the unique experience, perspective, knowledge and expertise that each woman brings to the Centre. We will respect one another and work together in ways that recognize that all contributions are of equal importance and all persons of equal value.

Fairness
We will work with women in communities, women's groups, community and voluntary organizations, researchers and policy-makers to find ways to ensure that all voices are represented fairly.

Accountability
We will be accountable for basing our deci-
sions on these principles and will develop mechanisms for monitoring research to ensure that it reflects these principles. We will develop decision-making processes that are trans-parent and accountable and include ways for interested parties to offer comments and feedback.

Woman-Centred Research
We support research that addresses the factors affecting women's health and well-being over their lifespan.

ACEWH has broadened participation in women's health research in the Atlantic region by allocating human and financial resources to build community research capacity and to strengthen community and academic research collaboration. The Centre has encouraged submission of projects proposals demonstrating multiple and multidisciplinary methods and worked to overcome barriers to participation in research by, for example, assisting community research groups with ethical scans and scrutiny of projects. ACEWH has supported unique partnerships of community and academic researchers in issues of direct relevance to the health of Atlantic Canadian women and their families. The visible results of these efforts are reflected in the projects funded by ACEWH and the externally-funded projects that ACEWH is a partner in. Examples of these projects and activities are elaborated upon below. A complete listing and description of projects are attached as Appendix A to F.

The Centre has also built international partnerships that provide exciting opportunities for future work. ACEWH and its partners in the Commonwealth Secretariat, particularly policy makers in African and Caribbean Commonwealth countries, have identified the need for practical training materials on gender mainstreaming and management for regional, national, and international HIV/AIDS policy and program development. With support from Health Canada, International Development Research Centre, and three Canadian Institutes for Health Research, ACEWH hosted a ***Feasibility/ Design Workshop for a Proposed International Institute on Gender and HIV/AIDS*** in January 2002.

Following up on the encouragement received from participants of the this workshop, next steps included hosting a Satellite Workshop, ***Gender and HIV/AIDS: Bringing Women and Men Together***, during AIDS 2002, July 2002, in Barcelona, Spain to increase our international network of stakeholders and to inform future directions for development of the institute. In January 2003, ACEWH will host a curriculum design workshop to establish a core of training modules for the Institute and a pilot International Institute on Gender and HIV/AIDS is scheduled to take place in the summer of 2004.

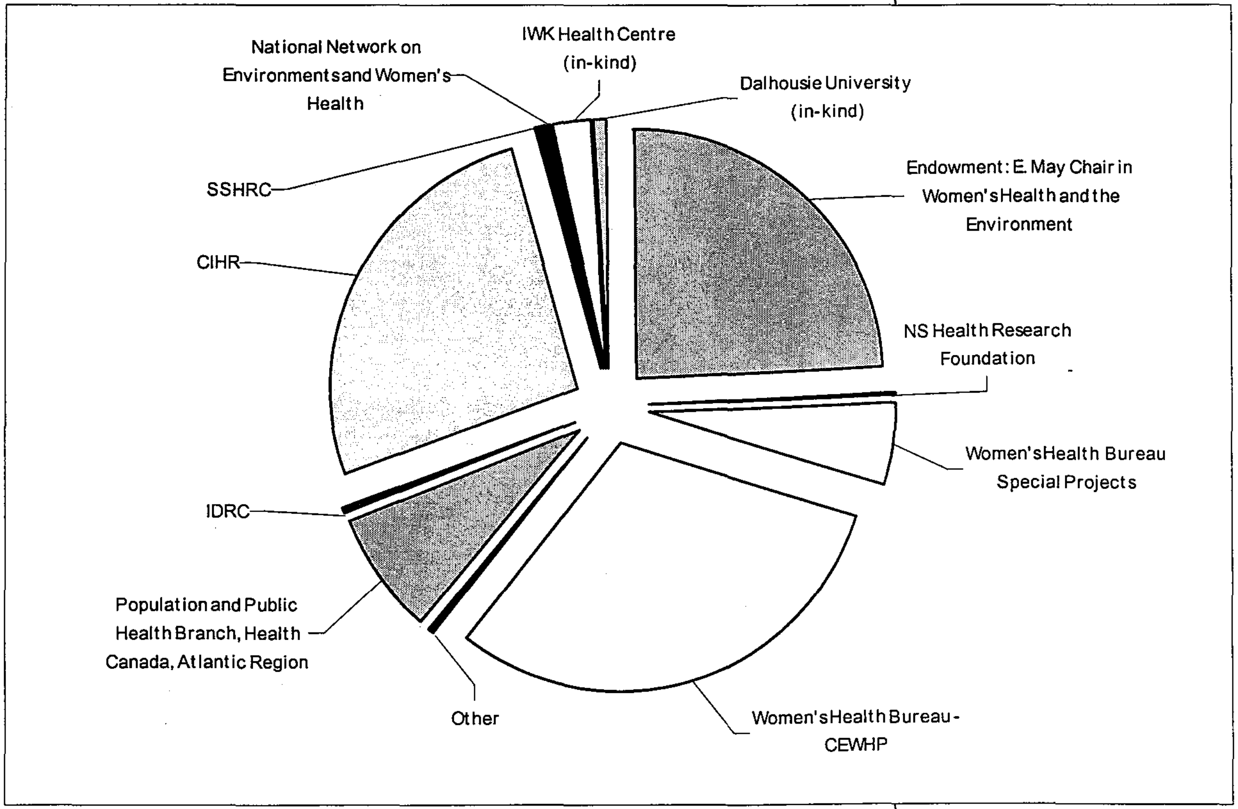
All of these partnerships and collaborations serve to enhance the sustainability of ACEWH. The successful relationships with the host institutions is demonstrated by Dalhousie University and the IWK Health Centre's commitment to renew its support for a further six years. Building on its first six years, ACEWH will continue to expand and develop its partnerships throughout the Atlantic region and beyond.

Our vision of the future includes fostering the development of a national "commonwealth" of women's health policy research across the Centres of Excellence for Women's Health Program (CEWHP). We envisage the growth and expansion of CEWHP which will include a more inclusive pan-Canadian membership, a broader policy research mandate to span all the determinants of health, and the development of international networks and research partnerships which will build upon and utilize the Canadian resource base. We look forward to continuing our partnership with the Women's Health Bureau and our CEWHP partners into the 21st century.

5 Building Knowledge in Women's Health: Return on Investment

Both Health Canada and ACEWH have made a significant financial commitment to women's health that has produced impressive returns on the dollars invested. These initial investments have contributed to the creation of a strong network of researchers committed to advancing women's health in the Atlantic Region. The capacity that this research investment has created will continue to have a significant influence throughout the region and across Canada in the coming years.

The initial investment of $2,000,000 from the Health Canada has been augmented by an additional $2,733,255 in funding from a wide variety of research and communication projects. The significant concrete and in-kind contributions from the IWK Health Centre and Dalhousie University is estimated at $210,000. In addition, generous donations totalling $1,600,000 have allowed Dalhousie University to endow a Chair in Women's Health and the Environment. The total dollar value of these original investments, the in-kind contributions, donations, and the subsequent funding for research ($6,543,255) has benefited women's health in the Atlantic Region and beyond.



6 Health Canada's Women's Health Mandate

The United Nations Decade for Women (1975-1985) and the Fourth UN World Conference on Women in Beijing (1995) emphasized the international shift in the focus of research to the social, economic, cultural, and psychological factors affecting women's status and well-being and the need to assess gender equality in health policy. In Canada, the federal government responded with gender equity initiatives such as the *Federal Plan for Gender Equality* (1995) and *Gender-Based Analysis: A Guide for Policy Making* (1996) to frame public policy and services for women. Within Health Canada and the Women's Health Bureau, these equality initiatives converged with an increasing interest in the link between research and public policy. Recognizing that the social determinants of health (i.e., poverty, marginalization, discrimination in services, however inadvertent) were powerful predictors of women's health research, attention turned from a purely biomedical view of health. Social science research, combined with increased public involvement in health issues, suggested the need for a broader and more inclusive agenda for women's health research.

The Centres of Excellence for Women's Health Program builds upon this momentum. The overriding purpose of CEWHP is to make the health system more responsive to the health needs of women. The improvement of women's health in Canada requires a determined and systemic strategy which builds upon research evidence and is supported by appropriate tools and data collection approaches. The mandate of CEWHP focusses on generating new knowledge about women's health and facilitating uptake of that knowledge by diverse audiences, with a particular emphasis on policy change.

Original Mandates of the Centres Individually and Collectively

Knowledge generation: to develop conceptual models for better understanding the determinants of health; to identify key issues for further work; and to conduct research on the key issues.

Information: to help define the health status of Canadian women by analyzing existing data sources and/or influencing data collection methods and processes of other health information agencies; and to develop/maintain an inventory of resources.

Communication: to publicize the research for a wide range of audiences, including newsletters, technical monographs, conferences, training, etc.

Networking: to build and strengthen local networks on women's health and to participate in the development of a national network; and to develop capacity

7 Atlantic Centre of Excellence for Women's Health Contribution to Knowledge Generation

Knowledge generation is at the heart of ACEWH's mandate. Over the past six years, the Centre has responded to and influenced priorities in women's health research locally, regionally, nationally and most recently internationally. ACEWH has built collaborative programs of policy-based research that are targeted, applied, and relevant to women's health in Atlantic Canada and nationally. Centre-funded researchers have contributed to building an arsenal of appropriate applied tools and data collection approaches to support women-centred health research. These approaches include a blend of gender sensitive research methodologies, participatory and action research, qualitative and anecdotal research, and interdisciplinary perspectives, in addition to quantitative methods and sex disaggregated health services data.

The Centre has supported research which promotes a health determinants approach, both for improving population health and women's health and for reducing long-term health care costs. ACEWH has made a valuable contribution to broadening the focus of traditional health research, moving policy discussions on health issues and the allocation of funding to health beyond a disease focus and the treatment of illness. The Centre has made a positive contribution to the body of knowledge, as well as legitimizing a determinants approach to looking at health and social justice issues.

ACEWH has used the following mechanisms to develop its research program:

The **Project Fund** supported teams of researchers generating new knowledge to foster policies and programs relevant to the realities of Canadian women's lives. Research teams also included policy researchers and analysts, university-based researchers, clinicians, and health professionals. Between 1997 and 2002 ACEWH awarded $255,007 to fund 15 peer-reviewed research projects ranging from $8,844 to $30,000. A complete list of projects is detailed in Appendix A. Selected examples of these projects are explored more fully by theme below.

The **Community Research Award** funded five community research projects totalling $21,000. Community-based researchers with their wealth of experience and practical understanding of grassroots needs were encouraged through a facilitative awards process. See Appendix B for details of the projects.

Vision of the Atlantic Centre of Excellence for Women's Health

- healthy women
- national equity in public policy and application of the Canada Health Act
- respect for diversity
- understanding women's lives and their health
- social justice
- improvement in women's lives and quality of life
- valuing women's work and contributions
- understanding determinants of women's health and well being, including environmental impacts on health
- enhancement of public policy

The **Graduate Student Awards** program recognized the importance of recruiting and fostering our next generation of independent researchers in women's health. One way of accomplishing this is to mentor graduate students and provide financial support for the conduct of thesis projects in women's health. ACEWH supported eight master's students in their thesis research, totalling $12,000. See Appendix C for details of the thesis projects.

The **Synthesis Papers Fund** supported the identified need to have a mechanism to address the Centre's priority research areas in terms of the current state of knowledge and implications for policy development in a timely fashion. Synthesis papers provide important background work and provide ACEWH with an opportunity to respond to and influence urgent priorities, unexpected and short term women's health issues locally, regionally, and nationally. ACEWH awarded $62,500 to fund 25 synthesis papers. A complete list of synthesis papers is listed in Appendix D.

The **Project Development Fund** allocated an additional $38,775 to support 13 project development initiatives that provided an avenue for creativity, experimentation, and testing of alternative hypotheses which ultimately contributed to other project development activities and strengthened research proposals and protocols. A complete list is in Appendix E.

ACEWH-funded research projects use and build upon Health Canada's *Women's Health Strategy* (1999). In considering the unique features of the Atlantic region and the importance of maintaining a program of research that has national relevance, ACEWH women's health framework was built under the following thematic areas, with a special focus on the health needs and priorities of women who live in disadvantaged circumstances:

- women's perceptions of the determinants of health;
- determinants, diversity and marginalization;
- gender equity analysis of health-related public policy and programs; and
- women's health and the environment.

Selected examples of initiatives under each of these themes follows.

Women's Perceptions of the Determinants of Health

Initiatives funded under this theme contribute to our understanding of women's experiences, perceptions, and perspectives of health and the factors that influence their health, health behaviour, and health services use.

The research projects involving community members, academics, and policy makers probed the lived experiences of women to obtain practical knowledge about formal and informal services, programs, and supports in areas of primary concern to women such as caregiving, breast cancer, sexual health, mental health, and rural women's health. This research spans the age spectrum, with projects examining the barriers that young women in Amherst, Nova Scotia, perceive or experience in accessing and using sexual health services and education, and delving into the practical experiences and health impacts of caregiving on women of all ages in rural Nova Scotia. A qualitative study developed an innovative model using audio teleconferencing to provide social support to survivors of breast cancer among women living in rural Newfoundland. These sessions continue with support of the Canadian Cancer Society. The Purple Lupin Project website (http://www.infonet.st-johns.nf.ca/bcinfo/) provides information on these sessions and other information and support services for women diagnosed with breast cancer in Newfoundland and Labrador.

Many of the research projects validate women's experiences and, by doing so, begin a process of empowerment, giving voice to each woman's lived experience. Through direct interaction with women employed in call centres, researchers uncovered new and critical information about aspects of call centre work that influences the health and well-being of women. Call centres represent a rapidly expanding, yet relatively under-researched industry that employs thousands of Atlantic Canadian women.

The knowledge and insight gained through these explorations can inform policy makers at all levels, expanding the capacity of the health system to support women. The Stories of Women Living with Depression study reflects the voice of women living in a low-income community that has few resources. The strategies these women use to work toward health when experiencing depression sends a clear message to policy makers and service providers that it is necessary to provide mental health services that are accessible and that integrate formal and informal supports and resources.

The Graduate Student Award Fund supported several students' explorations under this theme: women's perceptions of doctor-patient interactions with two groups of women in St. John's, Newfoundland; profiling women who have chosen midwifery care in Nova Scotia; examining the patterns developed through interaction with self, family, and community that influence the choices a woman makes in her health care practices during pregnancy; and the extent to which women's health needs and gender-specific concerns are addressed in the New Brunswick government's health care reform agenda. These young women have carried their knowledge beyond their academic thesis, engaging in oral and written presentations to community members, clinical practitioners, policy makers, peer reviewed journals, and international conferences.

In addition to funding new research, ACEWH supported synthesis of existing data and literature, for example, a comparison of models of well women's clinics. Focussing on well women's clinics established in Prince Edward Island to screen for cervical cancer, this synthesis draws on the examples of interventions in other regions of Atlantic Canada and with other populations to suggest policy and program implications for using such clinics to increase screening rates. Further, it suggests how women perceive such a model as a health care delivery vehicle. This health promotion and delivery model benefits women as well as their families, as it might be adapted to address specific needs of their families (e.g., prostrate cancer screening for men).

ACEWH-funded research projects suggest that aside from the obvious indicators and lifestyle behaviours that influence the health of individual women, there are myriad social circumstances that leave some women more vulnerable to illness and disease than others. The key determinants of health identified by the women who participated in these studies include income, education, employment and working conditions, social support, coping, personal health practices, gender, culture, social and physical environments, in addition to independence, personal control, and political environment. At first glance, the research findings suggest that the participating women's understanding of the social determinants of health closely resemble definitions found in the literature. However, these women's experiences suggest that the impact of health determinants is also a function of their unique social circumstances. In fact, these studies show the complexity and interrelatedness of the various determinants and the variability with which they play out in the everyday lives of women.

Determinants, Diversity and Marginalization

The health status of women in the Atlantic region continues to trail the health of women in other geographic regions of Canada due to a combination of factors, notably geographic isolation, poverty and economic exclusion, and reduced public investment in health services delivery. When we examine the interplay among the determinants of health and take a closer look at the health of family caregivers, socially and economically disadvantaged families, women, and children with minimal social support, and racially marginalized households, distinctive patterns emerge in the profile of Atlantic Canadian women's health.

One of ACEWH's research priorities is to encourage and support initiatives that focus on marginalized women who are disadvantaged in terms of cultural, social, economic, educational, and occupational determinants of health, health behaviour, and health services use. ACEWH-funded community, academic, and student researchers exploring aspects of these themes. In addition, with outside funding, the Centre has worked with partners across the Atlantic region to develop an understanding of the impact of social and economic exclusion of women and children and how public policy at the federal, provincial, and community levels can lead to social inclusion.

The ***Women's Voices: Women's Perceptions of the Determinants of Health and Well Being*** project contributed to our understanding of developing appropriate strategies for learning about women's experiences of health, their perceptions of health determinants, and the meaning of health in their everyday lives. Despite the diversity of participating women's life circumstances and their experiences of the determinants of health, an overriding theme emerged from this participatory, qualitative inquiry that relates to issues of inequality and oppression. For these women, gender as a common source of oppression was intensified by its association with a complex web of immutable and insurmountable conditions that formed barriers to these women achieving optimal health and well-being. These varied and overlapping sources of oppression included race, ethnicity, culture, age, language, rural/urban status, socio-economic status, sexual orientation, housing status, as well as physical and mental challenges.

Research supported by ACEWH builds upon this participatory approach, encouraging research partnerships between researchers from academic and community backgrounds and delving into diverse women's health experiences and perceptions of the determinants of health. For example, researchers examined women's experiences of recent changes in their Nova Scotian coastal fishing communities and their perception of the impacts of the resulting social and economic stress on their health. Researchers explored with women from throughout Newfoundland and Labrador the factors related to their work and workplace that affect their health and well-being. In general, they found that a lack of high quality employment opportunities forces women to work in jobs that are not good for their health and well-being. An exploration of the stress experience of Mi'kmaq on-reserve female youth in Nova Scotia revealed a sophisticated analysis of their stressors and associated problems by the youth. These youth clearly articulated their pride at being Mi'kmaq, an advantage for this group of youth that should be preserved and capitalized upon for building successful and healthy pathways as they move towards adulthood.

Student researchers examined the impact of early maternity discharge on low-income women in New Brunswick and the post-natal issues facing these women; the relationship between prescription drug benefits and employment for single mothers on social assistance; and single parent women's experiences performing the required tasks of health provider for their families.

ACEWH supported several initiatives to assess the health status, programs, and issues affecting one of the most ignored populations in Nova Scotia – Black women – and the subsequent policy implications. Research and literature in various domains, including health, have virtually ignored this population. One consequence of their absence in mainstream health literature is marginal representation of their issues in the research and policy making arenas.

With financial support from Health Canada's Population and Public Health Branch, Atlantic Region, researchers with the Health Association of African Canadians synthesized literature relevant to the health of Nova Scotia's Black population, presenting their findings in a two-day community workshop. Other researchers explored the impact of gender and culture in provision of social and health services. For example, one project engaged Black mothers who have addictions and are or have been involved with a child welfare agency in an exploration of the issues that impact on them and the barriers to successful intervention. Together with the African Nova Scotian community, ACEWH has expanded the knowledge about the health of Nova Scotians of African descent, identified ways to enhance the health and well-being of Black women and their families, and facilitated development of a research agenda on Black women's health in Nova Scotia.

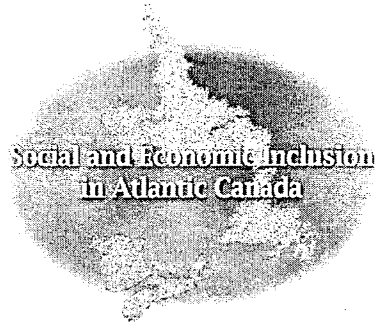
April 2002
or May

Although most immigrants and refugees to Canada settle outside of the Atlantic region, there is a steady flow of people from different parts of the world into this region. Immigrant women to Atlantic Canada have different perceptions of the factors determining their health and problems related to accessing health services than other Atlantic Canadian women. These problems are exacerbated by their cultural isolation because they are so few in number. There is very little research that examines the challenges and barriers related to meeting the physical, social, and mental health needs of immigrant women in Atlantic Canada. ACEWH funded several research projects to address some of these gaps in research. One project was a qualitative study of the experiences and perceptions of immigrant women to Prince Edward Island in relation to the factors that influence their health, health maintenance behaviours, and the health services they use. ACEWH co-hosted a symposium with the Nova Scotia Council on Multicultural Health which brought together participants of a relief project to bring Kosovo refugees to Nova Scotia to identify barriers to health services provision for newcomers and to make recommendations for removing those barriers. With funding from Health Canada's Population and Public Health Branch, Atlantic Region, ACEWH scanned the academic and popular literature on the accessibility of different income and/or ethnic groups in the Atlantic region, including Blacks, Aboriginals, Acadians, and various immigrant groups, to identify gaps in knowledge that impede the fashioning of well-informed health policies.

These explorations of diversity and women's health were not limited to qualitative and quantitative studies. A project in Newfoundland and Labrador used the Internet to develop tools to challenge heterosexism as it affects lesbians living in rural areas of the province in their interactions with health and social security agencies. This project evolved into The Heterosexism Enquirer (http://www.mun.ca/the), an on-line "zine" that provides information and support to those affected by heterosexism.

Numerous studies have identified promoting social and economic inclusion as a strategy for building individual, family, and community capacity and resiliency. Researchers understand that child poverty is a function of family poverty; that is, children are poor because their families are poor. Research indicates that families headed by women have lower incomes and are therefore more likely to be poor than families headed by men. In this sense, child poverty is also a function of women's poverty. An overview of the status of women's health in the Atlantic region commissioned by ACEWH clearly showed that health determinants are highly interactive, with investments in one yielding improvements in several others. Researcher Ronald Colman of GPI Atlantic concluded alleviation of high poverty rates among single mothers stands out as a highly effective intervention that can improve the health status of both women and children, promote healthy lifestyles, and reduce long-term health care costs.

An innovative, multi-province partnership project, ***Towards Social and Economic Inclusion: Breaking the Cycle of Poverty in Atlantic Canada***, was established to develop an understanding of the impact of social and economic exclusion of women and children and how public policy at the federal, provincial, and community levels can lead to social inclusion. With support from Health Canada's Population and Public Health Branch, Atlantic Region, the project has fostered links, networks, and partnerships across research community sectors, and includes the public sector, communities, businesses, and non-governmental organizations. Since November 2000, the project's work has continued through a project called ***A Just Society Where Everyone Counts: Promoting Social and Economic Inclusion in Atlantic Canada***.



The Social and Economic Inclusion Project has enhanced the health of Atlantic Canadian children, women, and families through knowledge synthesis, social action, and policy uptake reform. Reference groups in the four Atlantic provinces consisting of key government and community-based representatives with experience and interests in public policy development worked together to develop an education kit on social and economic inclusion, synthesis papers, and case studies, and participated in regional and provincial workshops. Through the Inclusion Project, networks of policymakers from the Atlantic region have met with each other, developed working relationships, and practiced the application of inclusiveness in public policy.

We know that exclusion is costly to society across the board (e.g., higher costs for health care, justice, social service and special education, and lost economic productivity). For many women, racial discrimination, ageism, Anglocentrism and homophobia represent major determinants of their overall health and well-being. For others, poverty leads to a lack of social status as well as inadequate housing and education, or creates barriers to accessing health care services and support networks. The knowledge generated by ACEWH-supported researchers provides the vision and proposes strategies that will help us move towards a truly healthy civic society in which all citizens share a state of physical, mental, spiritual and social well being.

Gender Equity Analysis of Health-Related Public Policy and Programs

Recognition of the complex, multifaceted nature of women's life experiences are central to the improvement of women's health. Despite the massive investment in the collection of health data information at every level of government in Canada, relatively little research has expanded our knowledge about the traditional social determinants of health beyond the boundaries of the dominant culture. Policy makers tend to rely on these broad quantitative studies which do not necessarily reflect the heterogeneity of women in Canadian society. Gender biases and the lack of gender analysis manifest themselves in particular ways when it comes to women's health and can be costly in both economic and human terms ACEWH has sought to actively contribute to the process of ensuring that the diversity of knowledge and experience of the determinants of health is brought to bear on policy decisions regarding women's health.

Gender equity analysis is a process that assesses the differential impact of proposed and/or existing policies, programmes, and legislation on women and men. It makes it possible for policy to be undertaken with an appreciation of gender differences, of the nature of relationships between women and men and of their different social realities, life expectations and economic circumstances. It is a tool for understanding social processes and for responding with informed and equitable options.

The **Gender Equity Lens** project explored how gender-based analysis can positively influence health policy and advance women's equity. A multidisciplinary group of researchers emphasized the development of methods to guide the policy evaluation process in order to recognize, understand and mitigate the adverse effects of policies on women, and to understand gender specific implications of policy decisions regarding health. Researchers examined the core elements necessary for developing an operational framework to facilitate the process of institutional change from gender neutral to gender-sensitive policies and programmes. Interviews with individuals inside and outside government directly involved in the use or analysis of gender-based analysis tools revealed the barriers and critical success factors for "engendering" policy, that is applying these tools within the public policy process. The ***Gender Equity Lens Resource Document***, an annotated bibliography and references, describes the conceptual background and gender-based analysis tools used in the public and non-governmental sectors in Canada and beyond. This work provided a foundation for Health Canada's gender-based analysis training.

***Made to Measure: Designing Research, Policy and Action Approaches to Eliminate Gender Inequity*, October 3 - 6, 1999, Halifax, NS**, ACEWH's national conference, was a chance to showcase its gender equity lens work. This unique symposium was designed to develop and exchange strategies on how best to ensure that gender equity analysis initiatives for policy are responsive to the voices and needs of women and can be mainstreamed into public policy at all levels. The participation of international agency panellists,

MADE TO MEASURE:
Designing Research, Policy
and Action Approaches
to Eliminate Gender Inequity

SUR MESURE:
Formulation de démarches de recherche,
de politiques et de mesures visant
à éliminer l'inégalité hommes/femmes

presenters and participants, including the United Nations Development Program and the Commonwealth Secretariat, demonstrated the potential of the symposium as a *force majeure* in terms of raising awareness and identifying gaps in national and international policy frameworks. Over 300 participants attended the symposium. Collectively speaking the audience represented many of Canada's writers, lecturers, authors and advocates of gender equity.

We know that the lives of women and men are different, including their income differences, patterns of participation in the paid and unpaid labour force, their time use patterns, the changing nature of their work, and their financial and emotional capacities to assume and sustain care. It is clear that both as recipients of care and as paid and unpaid caregivers, women will be disproportionately and differentially affected by home care policy. ACEWH has undertaken initiatives at both the regional and national level related to home care.

Home Care and Policy: Bringing Gender into Focus served as a catalyst paper, in anticipation of the National Conference on Home Care, to raise awareness of gender as a variable in developing and implementing public policy on home care. This, along with other ACEWH gender-based documents are available in pdf format on the Centre's website: www.medicine.dal.ca/acewh.

In 2001, ACEWH in partnership with the Nova Scotia Advisory Council on the Status of Women received funding from CIHR to undertake the ***Healthy Balance Project***, an innovative and collaborative program of survey and case study research to better understand the connections between women's health and well-being, family life and earning a livelihood. Fostering a healthy balance between women's health and well-being, family life and earning a livelihood will benefit women throughout Atlantic Canadians and Canada.

In September 2001, the ***National Think Tank on Gender and Unpaid Caregiving*** convened in Charlottetown, PEI. The National Think Tank was convened by the National Coordinating Group on Health Care Reform and Women, a component of the Women's Health Contribution Program with representation from all Centres and CWHN, and was hosted by ACEWH and the PEI Health Research Institute. Gender and caregiver policy researchers from community, government, clinical and academic sectors across Canada identified gaps in research and developed strategies to broaden the agenda on unpaid caregiving in ways that make gender a central concern. One of the major outcomes of the event was the drafting of ***The Charlottetown Declaration on the Right to Care***. The

A Healthy Balance: A Community Alliance for Health Research on Women's Unpaid Caregiving

The five-year CIHR-funded ($1.7 m) project brings together researchers from universities, the public policy domain, health practitioners, communications professionals and the wider community to examine the ways in which women's work, both as paid workers and unpaid caregivers, affects health status. Researchers will examine the relationship among unpaid caregiving work (performed on its own or in combination with paid work), empowerment and health status; foster "uptake" of new ideas and practices in policies; promote innovation in programs and health-service delivery that reflects new insights into the values and expectations we bring to caregiving and paid work; and strengthen research capacity in Atlantic Canada by recruiting and retaining health researchers.

National Think Tank was the first step in developing a national network intended to recognize the gender specific implications of research, policy and practices, to heighten awareness of these implications amongst politicians, policy makers, researchers, and community advocacy groups, and thus address both research and policy issues in community and home based care.

Mainstreaming gender analysis is a challenging objective. As the research and initiatives of ACEWH demonstrate, however, there is a wealth of experience and expertise in the Atlantic region relating to the development and usage of gender-based analysis tools and principles. With this experience, the Centre will be able to learn and chart future directions to ensure the development of gendered and healthy public policy.

Women's Health and the Environment

The interrelationship between environmental and socio-economic determinants of health is embodied in the Elizabeth May Chair in Women's Health and the Environment. Dalhousie University created the Chair in October 1998, a result of two anonymous donations to ACEWH totalling $1.6 million. The mandate of the Chair is to advance knowledge, promote debate and ensure research results become integrated into public policy in the areas of women's health and the environment. In addition to teaching and research, the chair holder teaches both graduate and undergraduate courses and offers an annual public lecture in these areas. In collaboration with other faculties at Dalhousie, the Chair fosters and strengthens partnerships with community and government agencies active in women's health and the environment. Elizabeth May, Executive Director of the Sierra Club of Canada, was the first chair holder. In July 2001, writer and community activist Sharon Batt was appointed to the chair for a 2 year term.

> "*The Chair has been donated with a sense of urgency. There is a need to change societal attitudes towards women's health, the environment and the future well being of humanity.*"
>
> Donor

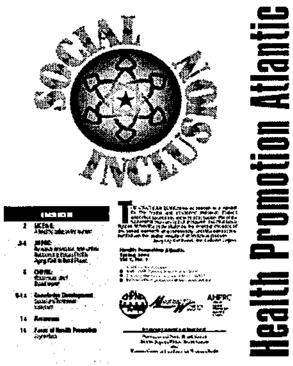

Elizabeth May
© Photograph: Robin Round

For the past three years, ACEWH has co-sponsored the Halifax session of the Ecohealth Lecture Series, an annual lecture series organized through the Academic Fellowship of the International Development Research Centre of Canada. Using the examples of mining, pesticides and freshwater, the Ecohealth Lecture Series promotes awareness and discussion of an ecosystem approach to human health based on transdisciplinary concepts, gender-based analyses and participative methods to improve ecosystem management. The series brought together local and international researchers to explores the interaction between health and the environment.

8 Information and Communications

ACEWH is committed to building and strengthening the knowledge base of individuals, institutions and organizations involved in women's health research and advancing the women's health research agenda through information sharing. ACEWH has put in place a national dissemination process for both general and targeted release of research findings to local, regional and national policy, academic, clinical and community partners, the media, the general public, and politicians.

ACEWH's website (www.medicine.dal.ca/acewh) contains information about the activities of the Centre, offers free downloadable reports on research projects and publications, and provides convenient links to other organizations working in the area of women's health. The Centre also hosts three listservs – women's health and activities of ACEWH, social inclusion, and gender and HIV/AIDS.


Social Inclusion

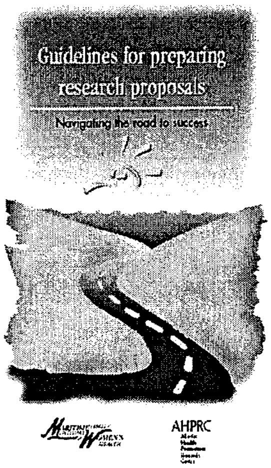
Health Promotion Atlantic

AHPRC

The Centre produces publications for a wide range of audiences and has distributed them widely in both print and electronic format. Several publications have been translated into French.

ACEWH co-published a quarterly publication, ***Health Promotion Atlantic***, with the Atlantic Health Promotion Research Centre and Community Health Promotion Network Atlantic to disseminate in plain language ACEWH research findings and exploring issues related to women's health and health promotion in general.

The Centre co-published with AHPRC ***Guidelines for Preparing Research Proposals: Navigating the Road to Success***, a handbook to help researchers develop and fund research proposals (see www.medicine.dal.ca/ahprc).


Guidelines for preparing research proposals

Navigating the road to success

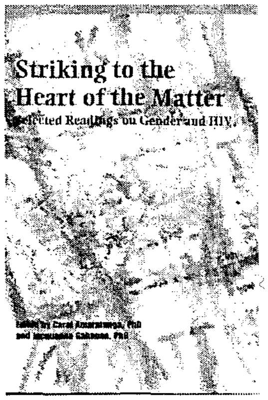
AHPRC

ACEWH marked the millennium with the production of a calendar celebrating partnerships, health promotion, diversity and artistic expression. This series of educational posters with art and text promoted women's health exploring ACEWH's research themes and highlighting their research findings – gender equity and decision making, Aboriginal and Black women's health, women's health and the environment, women and midlife health, women and poverty, women and rural health, la jeuness, multicultural women's health, family caregivers, women and aging, and youth and sexual health. The calendar highlights a sampling of ACEWH's partners in women's health and celebrates our joint efforts to improve the health of women throughout Atlantic Canada.

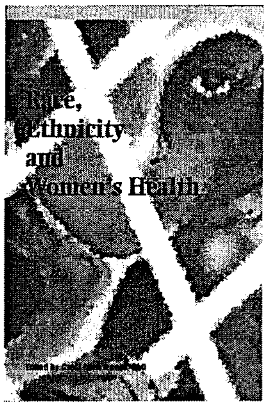
ACEWH has published/co-published six books. In 2000, the Women's Health in Atlantic Canada Trilogy was showcased at the Atlantic Policy Fora. This series of three booklets samples knowledge being generated about women's health in Canada through the research and activities of ACEWH. ***A Portrait of Women's Health in Atlantic Canada*** provides a multidisciplinary and cross-sectoral look at the broad determinants of women's health. It is a sampling of some of the new knowledge being generated about women's health in Canada through the research and activities of ACEWH. ***Inclusion: Will Our Social and Economic Strategies Take Us There?*** considers the "problem" of poverty and the shift in thinking away from a concentration on "child poverty" and towards an analysis of social and economic exclusion of women and their children. Children are not poor, but an increasing number of children in Canada are born and live in poor households. Therefore, the issue of child poverty cannot be looked at in isolation from the poverty experienced by women. ***Made to Measure: Women, Gender and Equity*** deals with integrating gender considerations into the mainstream of research and public policy. It is a collection of the speeches and papers presented at the conference *Made to Measure: Designing Research, Policy and Action Approaches to Eliminate Gender Inequity* in Halifax in October 1999.

Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach (2002) was co-published with the Commonwealth Secretariat with funding provided by the Women's Health Contribution Program. HIV/AIDS is not solely a health problem and that, to successfully address the pandemic, a gender perspective has to be mainstreamed into a broad-based and multisectoral response. This 164 page manual offers a number of case studies from developing and developed countries (including Canada) which illustrate how programs that promote HIV prevention by addressing gender and the social and economic factors that increase people's risk of infection are more likely to succeed in changing behaviour. It also contains an extensive list of on-line resources.

Striking to the Heart of the Matter: Selected Readings on Gender and HIV (2002) followed with a collection of seven research projects on HIV in Canada, with an emphasis on how gender impacts on gender and HIV and risk behaviours. The manner in which men and women in Canada experience HIV/AIDS is not simply a biomedical fact, but rather a social reality, reflecting differential access to prevention, care, treatment, and support.



Race, Ethnicity and Women's Health (2002) is a collection of seven research projects funded or conducted by ACEWH on immigrant, refugee, and African Canadian women in Atlantic Canada. These projects tell us that although health care is officially as available for marginalized groups as it is for those in the mainstream, language and cultural issues can severely limit access to adequate care, especially in the case of ethnic minorities.



ACEWH has convened numerous information dissemination events – local and regional workshops, a Lunch and Learn speakers series, national conferences – to share information about research conducted by the Centre. Local workshops and seminars have explored such diverse themes as the link between hormones and the environment (so-called hormonal pollution), youth and sexual health, and advocacy initiatives for health care in The Philippines. The ***Black Women's Health Workshop***, March 23-24, 2001 brought members of the Black community, researchers and policy makers together to examine the complex barriers to advancing health outcomes for Blacks in Nova Scotia and to build capacity and co-operation across sectors to develop strategies to improve the health of Black Nova Scotian women and their families.

The Centre-sponsored and organized national symposium ***Made to Measure***, October 3 - 6, 1999 brought participants from across Canada together to reflect on the progress made in integrating gender considerations into the mainstream of research and public policy.

Nationally and internationally, Centre researchers shares their research findings and information through publications and presentations. ACEWH regularly contributes articles to the newsletter of the CWHN. Several researchers have had articles published in peer-reviewed journals including the *Canadian Medical Association Journal*, *Canadian Nurse* and the *Journal of Telemedicine and Telecare*. Centre members have contributed to cross-Centre initiatives such as the national discussion paper on social determinants of health and a national review of health principles and criteria.

In addition, Centre staff are also asked to review research grants, proposals, career awards, student theses, and manuscripts from provincial, national and international bodies. The Centre's Executive Director has served on peer review boards including the Canada Research Chairs Program and the Canadian Population Health Initiative. Centre staff and research associates have been appointed to a number of provincial and national boards and agencies (e.g., Nova Scotia Health Research Foundation).

9 Networking and Capacity Building

Capacity building and networking are common threads throughout the activities of ACEWH. The ability to work cross-sectorally and to encourage others to do so is a unique quality which is critical if we are to move beyond our current individual and narrow sectoral approach to research, policy development and decision-making around health. ACEWH has created a bridge between academic, health, government and community-based organizations seeking to improve women's health. The Centre has demonstrated a capacity to bring people together and facilitate successful collaboration with multiple sectors.

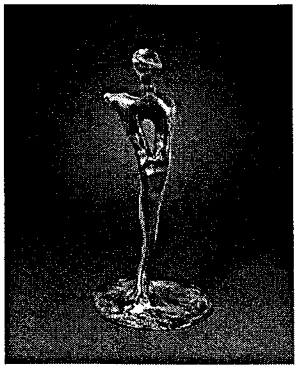
For example, the Social Inclusion Project had developed a unique approach to partnership and intersectoral collaboration founded on developing ties among individuals who, first and foremost, share a common concern, that the concept of social and economic exclusion can go further than the concept of poverty in explaining health and social outcomes. The trust between the partners has helped to override traditional barriers to collaboration between their organizations. ACEWH, with the support of Health Canada, has provided the foundations for this process – flexible and supportive arrangements to encourage a relaxed and accepting approach to partnership. On this foundation, individual participants in the reference groups have maintained their involvement even when their own organizational landscape has been altered by political events, organizational restructuring or career developments. The partners commitment has led to several initiatives to sustain these principles and will lead, over the long term, to policies and actions to enhance the health of women throughout Atlantic Canada.

At the community level, ACEWH has recognized the contribution individuals and community groups make to the improvement of women's health through the ***Leadership Award for Women's Health in Atlantic Canada***. In November 2000 and February 2002, ACEWH presented 44 leadership awards to women who have worked both professionally and personally and with great dedication, for the benefit and sustainability of their communities. Award winners range from creative writers to filmmakers, scholars, physicians, government and community leaders. ACEWH is honoured to present this award for leadership in women's health in Atlantic Canada, especially given that these individuals and organizations are nominated by the communities who know them best.

Their work is a reflection of the realities and challenges the women of this region face on a daily basis and is truly a profound contribution to the wider community of Atlantic Canada.

This award was given to me, but really it recognizes the many organizations with which I am involved that work to support social justice and women's activities.

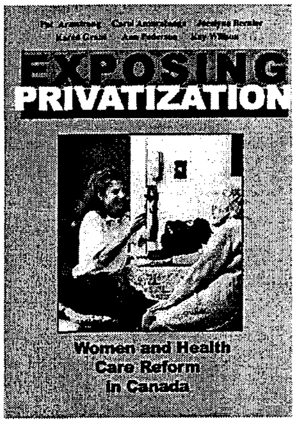
Marian Lucas-Jefferies
- Public Landing, NB



Representatives from the Centre have made numerous presentations to a wide array of local, provincial, national and international audiences. Research team members, including student award holders, regularly share their research findings and experiences in academic settings and to public groups throughout the Atlantic region and beyond. Centre researchers have made presentations to national conferences sponsored by its CEWHP partners, for example, the Centre d'excellence pour la santé des femmes conference, *Women's Health and Diversity*; Prairie Centre conference, *Our Health in Our Hands*; BC Centre conference FUS/ION; and the NNEWH sponsored workshop, *Beyond Community/Academic Partnerships*. Centre researchers have made presentation at national and international conferences of professional organizations such as the Canadian Mental Health Association, Association of Women in Development, the Rural Health Research Consortium, and the World Health Organization, and international congresses such as the *World Conference on Breast Cancer*, *World Conference on Telemedicine*, *International Interdisciplinary Congress on Women*, and the *International Congress on Work Health and Quality of Life*.

Centre staff and researchers participate in the campaign on women's health together with the other Centres and the CWHN through participation in collaborative research projects and conferences, and involvement in the CEWHP National Communications Program, the Synthesis Research Working Group, and the National Coordinating Group on Health Care Reform and Women.

Together with the other Centres of Excellence, CWHN and the Women's Health Bureau, ACEWH participated on the National Coordinating Group on Health Care Reform and Women. Recognizing the complexity of the issues surrounding the impact of health care reform on women, the Group commissioned research papers the effects of privatization of health care services on women as providers and patients. The compilation ***Exposing Privatization: Women and Health Care Reform in Canada*** (Garamond Press, 2002) includes papers by Ingrid Botting (Newfoundland and Labrador) and Barbara Clow (Nova Scotia).



ACEWH representatives have shared the experience of the Centre and its partners through international networking in such forums as the NGO Forum of the World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance (Durban, South Africa, 31 August – 7 September 2001) and served as an advisor to the Minister and Canadian delegation at the 45th Session of the United Nations Commission on the Status of Women (New York, March 2001).

The Centre has made a significant effort to maintain contact with individual researchers and participants in its activities. It has encouraged individuals to participate further in Centre activities, to continue to influence policy makers and health research funders, and to continue to share their findings and experiences with others in order to advance the agenda of women's health research. These contacts reveal the wide-ranging extent of the impact of these individual's involvement with the Centre, from receiving funding from national research bodies to expand their research program to having a demonstration project funded by the Government of Nova Scotia ($93,000) to assist with the establishment of a provincial caregivers association. ACEWH, through its support to African Nova Scotian researchers, was also a founding member of the Health Association of African Canadians.

10 Policy Advice

ACEWH has sought to improve the landscape for research uptake in the policy domain of women's health. To achieve this goal, the work of the Centre is directed towards an enhanced understanding of the complexities of the policy process, the generation of knowledge through applied research on women's health, the dissemination of the information, and engagement with key policy stakeholders locally and nationally.

The Centre regards the assessment of policy impact as an integral part of all its research projects. Research proposals submitted to the Centre were reviewed for their policy relevance and researchers have been encouraged to actively engage themselves in policy uptake initiatives. While not all projects have generated immediate policy recommendations, some projects have the potential for long-term impact in policy development and implementation. ACEWH has identified and participated in emerging policy areas on the regional (e.g., social and economic inclusion), national (e.g., homecare) and international (e.g., gender and HIV/AIDS) levels. The Centre has involved stakeholders in the analysis of policy making tools, for example, in piloting and evaluating gender analysis tools, strategies and methods. Stakeholders responsible for implementing policy recommendations emanating from ACEWH research go beyond government officials, for example, the exploration of the stress experience for Mi'kmaq on-reserve female youth partnership included the Union of Nova Scotian Indians and Confederacy of Mainland Mi'kmaq.

Centre researchers have also conducted policy research, for example, a review of heterosexism in income support policies in Newfoundland and Labrador, examination of how the downturn and changes in the fishery impact on women's health in rural coastal communities, the use of the well women's clinic model in the provision of health services to rural women, and young women's experiences in obtaining sexual health services in small communities. This research was directed at showing how policy implementation affects women's health and led to numerous policy recommendations that were presented to government and other stakeholders.

At the national level, ACEWH has made presentations to national policy audiences including the Select Committee on Health Care, the Reproductive Health Steering Committee, and a Breakfast on the Hill session with parliamentarians along with other CEWHP members.

ACEWH's policy fora efforts demonstrate its commitment to linking knowledge generation with policy at the regional level. ACEWH staff and researchers have hosted three fora on women's health and well-being in each of the Atlantic provinces over the past five years. Over 500 elected officials, government policy makers, community representatives, clinicians, academics and the media gathered to hear profiles of the research findings and work of ACEWH and its partners, to identify priorities and gaps for women's health research, and to collectively develop strategies for accessing funding opportunities for women's health research in Atlantic Canada.

Participants in the 2000 Policy Forum developed the **Call to Action for Women's Health and Well-being in Atlantic Canada** issued on International Women's Day, March 8, 2000. Issued with much regional and national profile, over sixty letters of support for the Call to Action were received from senior policy officials, community leaders, health researchers and the public at large. These policy fora build upon the spirit and principles of the National Forum on Health, illustrating the interactions among the determinants of health, and building a bridge between the research process and policy development.

A Call to Action for Women's Health and Well Being in Atlantic Canada

We call upon Atlantic Canadians and government to support policy-based health research in Atlantic Canada with an emphasis on those who live in disadvantaged circumstances -- particularly women and children who live in poverty, in rural and isolated communities; caregivers, Black, Aboriginal and immigrant women and families. We call upon policy makers and government to make strategic social investments in women's health, employment, pay equity, well women's clinics and increased access to prevention health services; to support programs for single mothers & caregivers; to initiate smoking cessation programs targeted to female teenagers; to support initiatives to protect the integrity of our natural environment; to recognize and "count" the value of women's unpaid work. We call upon researchers in academic, community and clinical environments to continue their commitments to participatory action research and their consideration of the diversity of factors influencing our health in this region; to work in partnerships throughout our region; to strengthen the profile and capacity of Atlantic Canadian research to enhance our competitiveness in national research competitions such as the Canadian Institutes for Health Research. We call upon communities to continue in their commitments to democracy, to participating in government and having their voices heard. We call upon "systems" to continue progress towards inclusion of the people and communities they serve.

11 Future Directions for Women's Health Research in Atlantic Canada

Over the past six years, the Atlantic Centre of Excellence for Women's Health has taken up the opportunity and challenge of addressing a wide variety of issues in women's health research, transforming this knowledge into policy recommendations, and engaging directly with thousands of Atlantic Canadians in the course of carrying out this mandate. We continue to develop our sustainability plans with the support of our initial partners, Dalhousie University and the IWK Health Centre, and are grateful for the continued support of Health Canada. In February 2002, we were informed that Health Canada has renewed its commitment to the Centres of Excellence for Women's Health Program to March 31, 2008. We look forward to securing new partnerships with organizations and institutions across Atlantic Canada.

The ACEWH program goal and vision remains the same – to enhance the health and well being of Canadian women and their families, and to promote social change through policy-based research. We will continue to disseminate and communicate knowledge generated through these activities to communities and to those who shape and inform policy through a variety of means. We will continue to work to make the health system more responsive to the needs of Canadian women.

We must continue to develop an agenda that focuses on the issues that impact on the health and well being of women who live in disadvantaged and marginalized circumstances in particular. This includes continuing to advocate for changes in public policy and for enhanced funding in women's health research. Currently, the Atlantic Region does not receive a proportionate share of the annual health research funding, yet the gaps in knowledge about Atlantic Canadian women's health remain large. While ACEWH has contributed to both filling in and revealing more of these gaps, we recognize there is a long way to go in acquiring a comprehensive understanding of women's health in Atlantic Canada.

ACEWH remains committed to providing leadership in women's health research. With the continued support of our host partners and Health Canada, as well as the new partnerships we will forge, we look forward to engaging Atlantic Canadians in research to enhance the health of women in this region, throughout Canada and beyond.

Appendix A

Project Fund

Project Title	A Gender Equity Lens for the Policy Evaluation Process

Contact Person	Thomas Rathwell
Organization	School of Health Services Administration, Dalhousie University
E-mail	thomas.rathwell@dal.ca
Funding Year	1997/98
Amount Awarded	$15,000

Project Summary

This first phase of this project examines the development of mechanisms for guiding the policy formulation and evaluation processes so that the adverse effects of policies, whether new or existing, on women are recognized, understood and mitigated. The research methodology had two components. First, a cataloguing exercise obtained examples of existing gender analysis/gender equity lens tools and examined the instruments to see if a common or generic set of gender specific attributes existed. Specific issues addressed were: how have the tools been constructed, who was involved, what are the similarities, what are the differences, and what are the underlying assumptions.

Second, two aspects of the policy process were examined: identification of expertise in gender analysis tools both within and external to government and how that expertise is applied; and the extent to which the will to use gender analysis tools was evident throughout all levels of the health policy process. This phase was concerned with answering such questions as: what systemic barriers were encountered, what were the circumstances pertaining to their application, what worked and what did not, and what were the outcomes.

Lessons from the Field: Policy Makers on Gender-Based Analysis Tools in Canada discusses barriers encountered to engendering public policy; critical success factors in tool development and implementation; methods of ensuring accountability for the use of gender-based analysis; and, the importance of shared learning and collaboration between governmental and non-governmental supporters of gender equality principles.

The project published an annotated bibliography that references and describes a variety of information sources relating to gender analysis.

The researchers concluded that development of a generic gender equity lens was not feasible. Instead, gender equity protocols need to be tailored to meet the specific needs of the target audience. Education of policy makers and others in gender sensitivity and training in skills development are important prerequisites to implementing protocols.

Policy Relevance

This tool will be used by policy makers and politicians at all levels of government. Expectations for the use of gender analysis of policies and programmes are outlined in many international documents endorsed by the Government of Canada, as well as by policies adopted by the federal government and several provincial governments.

The research team received seed funding from SSHRC to organize a gender-based analysis and gender equality conference, "Made to Measure: Designing Research, Policy and Action Approaches to Eliminate Gender Inequity", 3-6 October 1999, Halifax.

Project Title	A Gender Equity Lens for the Health Policy Domain: A Canadian Gender Curriculum Educational Strategy
Contact Person	Thomas Rathwell
Organization	School of Health Services Administration, Dalhousie University
E-mail	thomas.rathwell@dal.ca
Funding Year	1998/99
Amount Awarded	$15,000

Project Summary

The goal of the Gender Lens Program is to ensure that gender-based analysis becomes an integral component of public sector policies and the policy-making process in Canada. Phase One determined the crucial components of, and strategies for the development of an educational curriculum for inculcating gender-based analysis in to the full spectrum of policy development and implementation. This phase served to enhance awareness and sensitivity of gender as a determinant of health and to demonstrate capacity to implement it as an underlying component of public policy.

Phase One identified the core components or building blocks required for the development and implementation of a national gender equity educational program, and an appropriate structure or framework for the delivery of the educational program.

Based on focus groups held in rural and urban Prince Edward Island and Nova Scotia, three crucial concerns/issues emerged:

- the curriculum must address the reality that women continue to hold the vast majority of family responsibilities, in addition to their professional careers;
- the curriculum must acknowledge that until women have addressed housing, nutrition and safely issues in their lives, they can not focus on a gender education strategy; and
- the curriculum must be targeted at the youth of Canada.

The project identified a rich array of factors that will have to be addressed in the development of the educational curriculum and training program. These will be incorporated into a detailed proposal for submission to an appropriate funding agency. The submission will seek funding to develop and test the educational framework and foundation training modules for a Canadian Gender Lens Curriculum consisting of interactive computer modules and a Training the Trainers package. Each module will comprise a self-test pertaining to common gender misconceptions and practices, along with relevant readings, case studies, and a more detailed bibliography. The modules, will provide a national and international perspective of gender-based practice and innovation, and focus on knowledge gain, attitudinal change, and skill development.

Policy Relevance

The adoption of gender equity ideas and practices by policy makers, public servants and officials requires a flexible approach, enabling participants to adapt the gender equity protocols to their respective work environments. To ensure the adoption and adaption of these protocols within the health policy sector, the curriculum education strategy seeks to address the three learning domains: cognitive (knowledge gain); affective (attitudinal change); and, behaviour (skill development). The purpose of this phase therefore, was to enhance awareness and sensitivity of gender as a determinant of health, and demonstrate capacity to implement it as an underlying component of public policy.

Project Title	Affirming Immigrant Women's Health: Building Inclusive Health Policy
Contact Person	Marian MacKinnon
Organization	School of Nursing, University of Prince Edward Island
E-mail	mamackinnon@upei.ca
Funding Year	1997/98
Amount Awarded	$13,575

Project Summary

The purpose of this qualitative study was to explore the experiences and perceptions of immigrant women in relation to the factors that influence their health, health maintenance behaviours and the health services they use. How the women view health, the factors influencing their health, health maintenance patterns and experiences using health services in Prince Edward Island, Canada, are described. Taped interviews were conducted with 22 immigrant women aged 20 to 70 years who had been in Canada for up to 20 years. A semi-structured interview guide with open-ended questions and probes to gain greater depth, was used for data collection. The women involved in the study were a convenient sample of immigrant women in Prince Edward Island.

Content analysis and the constant comparative method were used for data analysis. The findings suggest that the women perceive their health as a resource, and they try to engage in behaviours to protect it. The thesis that immigrant women have different health care needs was not upheld. The women were found to have similar health needs and health maintenance practices to Canadian-born women, but their resources are greatly reduced. The findings also indicate that the health care they receive is often culturally insensitive. Three health issues identified by Meleis, Lipsom, Muecke, and Smith (1998) provide the framework for presentation of the findings. Five determinants of health (biopsychological endowment, social support, socio-economic factors, personal health practices, and health services) represent the themes that emerged during analysis of the data.

This research may raise awareness of the need for health care providers to include the determinants of health in their assessment of immigrant and refugee women. Factors interfering with the ability of these women to maintain their health and to access the health care they need are described and recommendations are outlined for practice and policy.

Policy Relevance

At a presentation to the annual conferences the Association of Nurses for PEI, a member of the Department of Health indicated that the priorities of this government include, among other things, health care and communities. This project relates directly to the stated general priorities of health care and communities of immigrant and refugee women and their health needs. The PEI Health Promotion Framework (1996) indicates that gender and culture are an important of the necessary strategies to improve health, build healthy public policy and strengthen community action. This project strengthens community action and creates a supportive environment of the building of healthily public policy and hence the reorientation of health services towards inclusive culturally sensitive health care delivery.

Project Title	An Exploration of the Stress Experience of Mi'kmaq On-Reserve Female Youth in Nova Scotia
Contact Person	Fred Wien
Organization	Maritime School of Social Work, Dalhousie University
E-mail	Frederic.Wien@dal.ca
Funding Year	1998/99
Amount Awarded	$30,000

Project Summary

The purpose of this project was to deepen our understanding of what lies behind the stress experience of Mi'kmaq female on-reserve youth with an eye to policy and program intervention. By stress experience we mean the physical, mental, emotional and spiritual health stressors confronted by Mi'kmaq female youth. We also sought to compare the stress experience of female youth in comparison with Mi'kmaq male youth on reserve, as well as in the eyes of youth-serving professionals working on reserve.

There was considerable overlap in key stressors named by respondents across the three groups. However, youth-serving professionals were the only group to rank the importance of peer pressure. Family problems were recognized by all three groups as an important source of stress. Young women prioritised school stress higher than did young men. Both groups of young people named relationship issues with their friends including boyfriends/girlfriends as high. Violence and abuse were mentioned only by young women, and drug and alcohol use only by young men. On the other hand, youth-serving professionals spoke often of intra-personal stressors such as lack of self-confidence and lack of identity.

One of the unexpected positive results of this study is that among both male and female Mi'kmaq youth, Aboriginal pride is strong as is identity. In contrast, the youth-serving professionals seemed unaware of this strength with several citing lack of identity as an intra-personal stress.

Policy Relevance

1. It is becoming increasingly evident that mental health problems on reserve have not been receiving the attention they deserve, and jurisdictional disputes between federal and provincial governments have left reserve residents seriously under-serviced when it comes to health services in the area of mental health.
2. Mi'kmaq communities are engaged in health transfer process whereby First Nations are taking over (regaining) responsibility for providing health services to their population. Accurate information about the health issues and needs being faced by reserve residents is vital for Mi'kmaq leaders as they negotiate the terms of the takeover with the federal government.
3. The need for increased funding to improve the health of the Aboriginal population has been recognized and this research project will make a contribution to deciding how the additional health dollars should be spent. Advocacy groups including the Union of Nova Scotia Indians, the Confederacy of Mainland Micmacs, the Atlantic Policy Congress of First Nation Chiefs are an integral part of the project research team.

Project Title	Caregivers' Support Needs: Insights from the Experiences of Women Providing Care in Rural Nova Scotia
Contact Person	Gail Bruhm
Organization	Family Caregivers Association of Nova Scotia
E-mail	fcgans@nwood.ns.ca
Funding Year	1997/98
Amount Awarded	$14,000

Project Summary

This project obtained practical knowledge about formal and informal services, programs and supports for caregivers in small communities and rural areas of Nova Scotia. The research method was qualitative and participatory. Story telling and structured dialogue were used to develop knowledge from personal experiences. This social process gave caregivers the opportunity to speak about their life experiences, to be heard, and to have their experiences validated by other caregivers.

Data were collected and analyzed from 46 caregivers through four day-long workshops. Caregivers analyzed their individual and collective experiences through structured dialogue, identification of insights, grouping of insights into themes, and the creation of narrative statements about each theme. The majority of caregivers said they are on duty 24 hours a day, 7 days a week. They provide care for people whose ages range from 4 years old to nearly 100. These family caregivers spoke of: 1) the considerable burden associated with caregiving responsibilities; 2) the need for more support services, better matched with their actual needs and the needs of those they care for; 3) the need for more information on how they can provide care more effectively; 4) the need to include a transfer of resources in the shift from institutional to community care so that services become comparable to the best available in urban centres; and 5) the need for more relief time in order to maintain the health they need to carry out caregiving as a contribution to their communities.

The insights contained in the report will be of considerable value to everyone directly involved in home care, and to anyone interested in enhancing the well-being of families in rural communities.

Policy Relevance

This project made the following recommendations to health policy makers:

- Recognize Caregivers' Contributions: Health policy must recognize caregivers as essential to the success of homecare programming. The health care system neither acknowledges nor appreciates the contribution of primary care providers, which results in frustration and the creation of inappropriate services and programs.
- Engage Caregivers in the Policy Process: Although NS's Blueprint for the Health System Reform (1995) recommended that informal caregivers be included in policy development and planning, caregivers feel they have not been included.
- Provide Services and Information: Caregivers are trapped in a downward spiral of stress and ill-health that impairs their effectiveness as caregivers. Caregivers need timely and appropriate relief care, up to date information and training.
- Value Caregivers Work: Sustainability of a community-based health system that relies on family care depends on providing compensation to family caregivers. Caregivers want compensation for their contributions to the economy, through payment for their work, tax relief, pension benefits or other means.

Project Title	Challenging Heterosexism: Towards Non-Heterosexist Policy and Regulation in Health and Income Security Agencies

Contact Person Leslie Bella, Ph.D.
Organization School of Social Work, Memorial University
E-mail lbella@morgan.ucs.mun.ca
Funding Year 1998/99
Amount Awarded $30,000

Project Summary

Health and social security programs have policies and regulations which are generally based in heterosexist assumptions about the nature of families and relationships. Some of these policies and regulations have been challenged in individual court cases (e.g., pension entitlements) but many remain untouched and ignored except by those living in family structures which do not fit the policies and regulations. The heterosexist bias in community attitudes, particularly outside large metropolitan centres, encourages gays, lesbians and bisexuals to remain closeted (except from small groups of friends), so challenging heterosexist policies and regulations can be risky for individual and families negatively affected.

This action research project used electronic communication technologies to develop tools through which health and social security agencies and practitioners can assess and correct the heterosexist bias in their programmes and activities. The project used a home page and web conference to address the issue in the context of being lesbian in rural Newfoundland. The tools and policy analysis developed in this project can be used in quality assurance, total quality management, accreditation and collective bargaining. Strategies have been developed for disseminating the project results through an on line magazine (http://www.mun.ca/the) which will continue after the project is over, through scholarly papers and presentations, through presentations to professional groups, and through individual consultations. The project revealed strengths and limitations with the model of electronic communications used. Suggestions are presented for adaptation of this project for future social action projects.

Summary Policy Relevance

Health and social security agencies and programs have policies and regulations which are generally based in heterosexist assumptions about the nature of families and relationships. Some government policies and regulations have been challenged in individual court cases, such as the initiative supported by the Legal Action Fund concerning spousal support for sex partners following separation. The Canadian Charter is now interpreted as forbidding discrimination on the basis of sexual orientation. Some Canadian provinces also have human rights legislation which prevents discrimination on this basis. However, many heterosexist policies and regulations persist at the mezo and micro level. The heterosexist bias in community attitudes, particularly outside large metropolitan centres, encourages gays, lesbians and bisexuals to remain closed (except for small groups of friends), so local challenges to heterosexist policies and regulations can be risky. This project address this issue in the context of being lesbian in rural Newfoundland. This model could facilitate the development of similar projects elsewhere in Canada, with other non-heterosexual minorities in other services areas such as income security or education.

Project Title	Guiding Principles Community Consultation
Contact Person	Susan Kirkland
Organization	Community Health and Epidemiology, Dalhousie University
E-mail	susan.kirkland@dal.ca
Funding Year	1997/98
Amount Awarded	$15,200

Project Summary

One of the first activities of the Maritime Centre of Excellence for Women's Health was to establish Guiding Principles, a set of meaningful, practical principles for the conduct of a program of research in women's health. The Guiding Principles Community Consultation project was designed to foster an environment where individuals and organizations from community, academia, government and clinical settings who share common interests in women's health could work together in a meaningful way, with clearly identified common values. In developing this rapport, the Guiding Principles seek to foster a climate in which a policy-relevant agenda in women's health research could be undertaken.

The project was completed in three phases and involved community-based organizations and groups from the four Atlantic Provinces. During the first phase, the Centre's Interim Steering Committee, with input from various community-based organizations, drafted a set of Guiding Principles. In addition, MCEWH compiled a database of 566 groups in the Atlantic Provinces involved in women's health. An information package was mailed out to those organizations. The package included a brief survey for the organization to complete for the purpose of creating a baseline profile of women's organizations and obtaining up-to-date contact information. The Guiding Principles Process was described, and women's organizations were asked if they wanted to participate in the process. Overall, 105 organizations responded to the mailout, with 75 taking part in the baseline survey, and 40 agreeing to participate in the Guiding Principles consultation. However, only 16 organizations completed the consultations.

In Phase II, the consultation package was sent to those groups who indicated that they were interested in reviewing the draft Guiding Principles. The consultations were undertaken using a "kitchen table" discussion approach in which at least 4 women from each organization, both service providers and users, were to participate. With a facilitator/record keeper, women responded to pilot-tested questions that addressed both the content and format of the Guiding Principles, and ways to enhance communication and remove barriers to community participation in women's health research. The results of the kitchen table consultations were compiled and used to revise the Guiding Principles.

Five principles are set out relating to: inclusiveness and diversity; mutual respect; fairness; women-centred research that is holistic and cooperative, collaborative and participatory; and accountability.

Policy Relevance

The development of the Guiding Principles enhanced networking and communication between community groups and academics, as well as promoting awareness of MCEWH and women's health issues in general.

Project Title	Single Mothers: Surviving Below the Poverty Line: Assessing the Impact of Social Policy Reform on Women's Health (Prince Edward Island)

Contact Person	Julie Devon Dodd
Organization	Consultant
E-mail	jdodd@isn.net
Funding Year	1997/98
Amount Awarded	$15,000

Project Summary

This research project assessed the impact of changes in social policy on the health of single mothers. The researchers examine the interrelationship of current federal and Prince Edward Island provincial social policies and the health of single mothers, concentrating on programs in the departments of Health and Social Services, Education, Revenue Canada, and Justice. The study explores the factors that single mothers identify as the main determinants of their health, and the relationship of these factors to social policy. Researchers also assess societal attitudes towards Social Assistance recipients; the role of advocates for mothers on Social Assistance; and the level of economic security and social supports for single mothers and how these affect the health of the women.

The study involved women on Social Assistance, both as interviewers and interviewees. The primary method of data collection was a two-hour face-to-face interview with 24 single mothers.

The study confirms that social well-being and economic security are major determinants of health. The vast majority of the women were either in poor health or had significant health problems. Most of these health problems are directly related to the deprivation and stress which arises from having to depend on an inadequate social system. The women in this study identified themselves first and foremost in relation to their children. Single mothers adopt for themselves many unhealthful practices and stressful compromises in order to provide better for their children.

The research showed that negative attitudes of the community contribute to stereotyping and unhealthy isolation for Social Assistance recipients. These same attitudes support public policy-making which does not favour mothers on Social Assistance. The Participatory Action Research model used facilitated the participation of both consumers and community groups in the research and enabled them to hear the voices of these women.

Policy Relevance

Policy and program implications

- Screen all social policies and programs from the perspective of their impact on the health of single mothers.
- Raise the level of income for single mothers on Social Assistance so that their basic needs and those of their children are met.
- Establish a policy-making and implementation environment which effectively respects and enhances the dignity of single mothers on Social Assistance by recognizing their right to adequate assistance and programs.
- Create a transparent process for policy and program changes which affect single mothers.
- Establish a process in which community and government can enter into effective partnerships to improve the lives and health of single mothers on Social Assistance.

Project Title	So Many Bricks in the Wall: Developing an Understanding from Young Women's Experiences with Sexual Health Services and Education in Amherst, Nova Scotia
Contact Person	Donald Langille
Organization	Community Health and Epidemiology, Dalhousie University
E-mail	Donald.langille@dal.ca
Funding Year	1997/98
Amount Awarded	$13,770

Project Summary

Building upon survey work carried out in the context of the Amherst Initiative for Healthy Adolescent Sexuality, this research project examined the experiences of young women in Amherst, Nova Scotia, related to barriers to achieving sexual health. The research examines the barriers which prevent young women from receiving maximally effective sexual health education in their schools, and related services from physicians and in pharmacies.

Young women representing the diversity of the Amherst community participated in in-depth interviews which examined their experiences in school-based sexual health education programs, in particular "Personal Development and Relationships", offered in grades 7 to 9. They were also asked to describe how their physicians approached the issue of sexual health, including providing information about sexual health and prescription of oral contraceptives. Finally, participants talked about their experiences using pharmacies for access to condoms and oral contraceptives. Data from the interviews was analyzed using qualitative techniques. The young women identified barriers to sexual health education in schools related to three main areas: school-based sexual health programs, their teachers and students themselves. Participants talked about barriers to their making use of and being helped by physicians' services including, comfort and communication with the physician, barriers related to young women's needs for support for a high personal level of comfort in looking after their sexual health and access to a physician. With respect to pharmacy services, participants identified personally felt/experienced barriers which interacted with barriers at the pharmacy itself.

The report lists practical measures that educators, education policy makers, medical practitioners and pharmacies could take to reduce the barriers that the young women identified.

Policy Relevance

In the Government of Nova Scotia's *Government by Design: Progress and Challenge 1995-1996*, the first stated goal under health is to "Provide affordable and accessible high quality health services in appropriate settings and locales that ensure a client-oriented focus". Such approaches are compatible with health reform policy provincially and federally. These goals, along with the Social Responsibility Goal of reducing teen (age 15-19) pregnancies per 1000 live births from 45.4 in 1994, to 41 in 2000, and again to 36 teen births per 1000 live births by the year 2005, are central to the policy context of our overall research effort in Amherst, and of the proposed research.

To achieve these policy objectives, it is necessary to have well-developed understandings of health services and education issues, including challenges to access and use of those services currently available for use by young women.

Project Title	The Stories of Women Living with Depression: Their Coping Strategies and Resources

Contact Person	Jean Hughes
Organization	School of Nursing, Dalhousie University
E-mail	jean.hughes@dal.ca
Funding Year	1997/98
Amount Awarded	$14,256

Project Summary

Little is known about the recovery and coping experience of women living with depression aside from the fact that the process seems to be easier for women who are older when depression is first experienced and have positive family relationships, no concurrent illness and few stressful life events. This exploratory project examined the coping and recovery processes of women of low-income status at-risk for/ experiencing depression. Specifically, it explored the personal coping strategies used to assist women in meeting the demands of everyday life in family, social and work settings.

The study invited women to participate who were between 20 and 40 years of age and attended Cowie Family Medicine Centre, Halifax, Nova Scotia, during a five-month period. Interviews focused on encouraging women to discuss their perceptions of different levels of well-being (healthy, 'the blues', depression), strategies and resources needed, and barriers to overcome. Particular attention was given to factors that build capacity, strengthen coping mechanisms and enhance family, social and work life (paid or volunteer).

Women's perception of health, the 'blues', and depression were distinct. The strategies, supports and resources used to either maintain feelings of well-being, or strengthen their capacity to cope with feeling 'blue' or depressed were grouped into three strategy categories and two support/resource categories: self healing/personal care (e.g., using alternative health remedies, listening to music, eating properly); interpersonal (e.g., connecting with others); cognitive (e.g., writing in journal, self-help books); informal supports (e.g., self-help groups, community groups), and formal resources (e.g., family physician, medication, therapist).

The women had difficulty articulating the processes they went through to select resources and strategies. The strategies and resources used by these women not only varied with their state of health, but fit with/were appropriate to the needs and capacities available at the moment. Even when most depressed, women found practical and relevant ways of coping with challenges, and recovering from some very debilitating circumstances.

Policy Relevance

This study can make a contribution towards the development of policies and/or programs aimed at improving the health of low-income women who have depression. The results should be used to develop educational programs for mental health consumers, family members of women living with depression, and the general public. These programs should pay particular attention to the transition period from feeling the 'blues' to being depressed, and on to match need with relevant strategies and resources for coping with depression. The findings should also contribute to the education of health professionals regarding the place of formal treatment in the coping and recovery processes and on ways that formal treatment can be integrated with, or augment other vital supports (e.g., peers).

Project Title	"Voices and Faces": A Qualitative Study of Rural Women and a Breast Cancer Self-Help Group via an Audio Teleconferencing Network
Contact Person	Jon Church
Organization	Faculty of Medicine, Memorial University
E-mail	jchurch@morgan.ucs.mun.ca
Funding Year	1997/98
Amount Awarded	$11,512

Project Summary

Despite the substantial amount of research on social support, the process by which women receive this support is not well understood or documented. Using grounded theory, this research project develops an explanatory model of the use of audio teleconferencing in the provision of social support to survivors of breast cancer among women living in rural Newfoundland.

Eleven women ranging in age from 30 to 78 years who had attended audio teleconferencing sessions at the Telemedicine Centre, Memorial University of University were recruited to take part in the study. All the women except one had a mastectomy and their stage of breast cancer varied widely. Data were collected through interactive, unstructured, conversational interviews followed by some semi-structured questions to ensure that the level of social support via teleconferencing was clearly identified.

Women who took part in the audio-teleconferencing obtained support both at the local site and the interactions that occurred there ("faces"), and through the system-wide network and the exchanges over this medium ("voices"). "Voices" and "faces" enabled rural women to transcend their geographic and social isolation and to connect with others through experienced empathy (i.e., peers with breast cancer), a critical element of emotional support. Important contextual factors which accounted for the variation in the support received were feelings experienced by the women regarding their breast cancer, frequency of attendance at sessions, family's and friend's involvement, structure of the teleconference, and stage of the disease. The process of "faces" and "voices" consisted of four distinct but overlapping stages: Stage 1: Getting connected on the network, Stage 2: Finding a voice, Stage 3: Connecting with others, and Stage 4: Becoming empowered. Participants identified certain conditions that facilitated a woman's ability to receive social support at each stage. Audio teleconferencing support offered anonymity, real-time interaction, and was very cost-effective and relatively easy to use. Women attributed several important changes in their lives to the audio teleconferencing sessions, in particular, the feeling that more decisions about their disease and treatment were within their control. Overall, this project concludes that audio teleconferencing can provide informational and emotional to rural women with breast cancer in a cost effective and satisfactory manner.

Policy Relevance

The findings of this project have a number of important implications for breast cancer survivors and support programs for women in rural areas. One of the challenges of a modern health care system is to overcome the barrier of distance in delivering cost-effective health care in a newly restructured service. This study has demonstrated that the communication technology of audio teleconferencing can offer alternative and innovative bridging mechanisms which overcome the challenges of geographic isolation, and provide rural women with much needed psychosocial support programming.

Project Title	Who's on the Line? Women Talk about Their Work and Its Impact on Their Health and Well-Being

Contact Person	Carol Putnam
Organization	Health & Human Performance, Dalhousie University
E-mail	carol.putnam@dal.ca
Funding Year	1997/98
Amount Awarded	$8,844

Project Summary

This project gave female call centre workers an opportunity to share their perceptions and experiences about the ways this type of work might influence their physical, psychological, emotional and social well-being. The objective of the project was to explore job stressors, coping strategies and buffers experienced by female call centre workers. This qualitative inquiry used face-to-face interviews with 25 women who worked in a variety of call centres (sales and service, telemarketing and fundraising, market research and survey, as well as medical services) in the Halifax Regional Municipality, Nova Scotia.

Participants identified positive aspects of their work including, economic security; opportunities for social interaction with co-workers; a sense of personal fulfilment that comes from having the opportunity to serve and help people; greater self-confidence and respect from friends and family; and the flexibility to accommodate other aspects of their lives such as another job or attending university. Participants also reported features of call centre work that negatively impact, or had the potential to negatively impact, their well-being. A major theme underlying the findings related to job stressors was the issue of control. The major job stressors identified by participants related to pay levels, job security, job tasks, monitoring and assessment, work schedules, worker/management relations, and the physical environment of the workplace.

Participants reported various strain-injuries, headaches and infections as well as varying degrees of low energy, depression, irritability, disrupted eating and sleep patterns and poor overall mood. Women also reported conflicts in family relationships, lack of time to meet personal needs or for leisure activities, as well as conflicts with care giving responsibilities.

While some call centres have employee assistance programs, workers are often reluctant to access these supports due to a perceived lack of confidentiality. Similarly, while some supervisors are open and supportive, women often rely on informal supports and personal coping strategies (e.g., talking with co-workers, various strategies to vary the work place) in order to deal with the stress of call centre work. Very few call centres are unionized.

Policy Relevance

An important aspect of this research is to analyze to what extent social policy meets the requirements of a growing female dominated call centre workforce and contributes to the coping strategies available to them. By social policy we mean training and education policy, labour standards legislation, child care provision, worker's compensation, occupational health and safety standards, unionization, attention will be given to including and analyzing the experiences of women from marginalized groups, i.e. Black aboriginal, immigrant, single parent women, women with disabilities, assuming that women from these groups are represented in the industry. It not, this in itself necessitates thoughtful analysis.

Project Title	Women's Definitions and Priorities of Health
Contact Person	Erica van Roosmalen
Organization	Sociology, Dalhousie University
E-mail	erica.vanroosmalen@dal.ca
Funding Year	1997/98
Amount Awarded	$30,000

Project Summary

The goal of the Priorities Project was to learn about women's experiences of health, their perceptions of health determinants and the meaning of health in their everyday lives. This study places women's perceptions of health and their beliefs about the determinants of health into a theoretical framework and provides an opportunity to examine how health definitions and determinants differ between women of different ethnicities. The study focuses on the perceptions and definitions of health and well-being that are grounded in women's daily experiences.

A telephone survey (using random sampling procedures) of 458 Nova Scotian women (302 Caucasian/ European, 81 Aboriginal and 75 Black women) assessed the degree to which each participant believes that she is personally in control of her health (internal locus of control) and the degree to which she believes her health is determined by external forces, e.g., doctors, family member(s), by fate/chance, or God (external locus of control). The survey sought to address whether women incorporate psychological, social, economic, political, and spiritual factors in their personal definitions of health. After rating their physical and mental health status, the women were asked open-ended questions about what factors seem to have a positive or a negative influence on their health. Additionally, women were asked to determine the degree to which a variety of possible health determinants, listed in a closed-ended format, influence their own health status. Participants were asked to name the health concerns of greatest significance to them personally and to identify the top three health concerns for Canadian women in general.

Policy Relevance

Little population-based information is available to policy makers. These research results should be valuable in directing future health policy by providing data for evidence based decision making for professionals targeting women's primary health concerns as well as adding a unique dimension to the direction of Canada's health policy research.

Project Title	Women's Health and Well-Being in Six Nova Scotia Fishing Communities
Contact Person	Linda Christiansen-Ruffman
Organization	Department of Sociology, Saint Mary's University / FishNet
E-mail	ruffman@husky1.stmarys.ca
Funding Year	1997/98
Amount Awarded	$13,850

Project Summary

The research project was designed as an exploratory research project, focusing on the impact of the changes in the fishery and in fishing communities on women's health and well-being. The research was conducted by community researchers living in six Nova Scotia coastal communities. Each of these communities had been affected by the collapse of the ground-fishery in the early 1990s and changes in fishing policies and practices. The research is based on interviews, focus groups and participant observation in all communities. In one community, the project supported an action research component.

FishNet conducted the project because they were aware from previous research conducted in Newfoundland and from meeting and talking with women since it was founded in 1994, that women in coastal communities were being affected by the changes in their communities in ways which were often detrimental to their health and well-being. Women are particularly vulnerable in this situation in part due to their diverse and multiple roles in families, in communities, and as workers in fish plants and family fishing operations. They wanted to document the situation and women's experience in a more systematic fashion through a research project.

Analyzing the information at the end of the project, community researchers identified a number of things they want to see changed and put forward ideas as to how governments could help make these changes happen. Women want:

- Responsive governments and inclusion of women in decision-making
- Fairer and more equitable policies and programs
- Policies that support sustainable small scale/family based fishing operations
- Policies that promote community sustainability
- Accessible programs and services available locally
- Access to transportation, public spaces and recreation facilities
- More employment and economic opportunities
- Better information about available programs and services.

Policy Relevance

The pilot case study explores ways to enable women as community members and as researchers to make links between their health, the economic and social conditions of their daily lives, policy issues, and appropriate intervention strategies and policies.

Project Title	Women's Voices: Women's Perceptions of the Determinants of Health and Well Being
Contact Person	Erica van Roosmalen
Organization	Sociology, Dalhousie University
E-mail	erica.vanroosmalen@dal.ca
Funding Year	1997/98
Amount Awarded	$15,000

Project Summary

This project on the determinants of women's health assessed the perceived relevance, interest in, and feasibility of conducting a larger more in-depth and intensive study on women's perceptions of the determinants of their health and well-being. The researchers consulted with diverse groups of women to establish: (1) appropriate methodologies for collecting data; (2) strategies for removing barriers to participation of those women who have traditionally been under-represented in research; and (3) appropriate and relevant research questions. The underlying purpose of this project was to develop appropriate strategies for learning about women's experiences of health, their perceptions of health determinants and the meaning of health in their everyday lives.

Through this participatory, qualitative inquiry, 11 community facilitators conducted 11 focus group with 50 women and seven individual face-to-face interviews. The participating women came from diverse communities within Atlantic Canada (Aboriginal, Black, lesbian and bisexual, homeless, adolescent, senior, military wives, Acadian, Francophone, rural, low income, and women living with physical or mental health challenges). This qualitative inquiry was informed by a Hermeneutic approach to understanding the social, economic, political and environmental determinants of women's health.

The results of this study suggest that aside from the obvious biological indicators and lifestyle behaviours that influence the health of individual women, myriad social circumstances leave some women more vulnerable to illness and disease than others. The key determinants of health described by the participants include income, education, employment and working conditions, social support, coping, personal health practices, gender, culture, social and physical environments, in addition to, independence, personal control and the political environment.

The Voices Project concludes that participatory health research by women, for women, represents an important medium for informing the development of health care policy. This project facilitated collaboration between community participants and academic and government persons to develop appropriate strategies/methodologies for conducting more relevant and informed study of women's perceptions of the determinants of their health and to examine the implications for programs and policies.

Policy Relevance

Little population-based information is available to policy makers. These research results should be valuable in directing future health policy by providing data for evidence based decision making for professionals targeting women's primary health concerns as well as adding a unique dimension to the direction of Canada's health policy research.

Appendix B

Community Research Award

Project Title	Environmental Justice in a Toxic Economy: Community Struggles with Environmental Health Disorders in Nova Scotia
Contact Person	Shirley Thompson, Ph.D. Candidate
Organization	Consultant
E-mail	sjthompson@oise.utoronto.ca
Funding Year	1998/99
Amount Awarded	$5000

Project Summary

Environmental health issues in schools, workplaces and neighbourhoods have community members living and/or working side-by-side breathing the same air and drinking water. Human health and sustenance issues in the places people live, work and play are the focus of environmental justice issues. Proponents of environmental justice see polluted places, like Whitney Pier and Pictou Landing Reserve in Nova Scotia, as part of a larger pattern, in which the poor and people of colour are disproportionately exposed to environmental hazards. Case studies of five communities struggling, in Nova Scotia with different environmental health issues provide stories of a wide range of environmental hazards, government response and methods of resistance. In this summary of the research project environmental justice is explained before a structural analysis explores the effects of class, race and gender on environmental health in five communities.

By looking at diverse communities, including white middle-class women's groups, an Aboriginal reserve and poor communities the intersection, between environmental health disorders and social positions, is explored. Classism and racism are interwoven in the events and accounts given at both Pictou Landing and Whitney Pier. However, at Pictou Landing, race seemed to play a major role in the community being targeted for toxic industry, whereas at Whitney Pier, class seemed the more predominant issue. The three Halifax groups highlighted gender differences in health concerns, with their focus on children (including unborn) and indoor air quality and exposure to toxic consumer goods, including pesticides.

Policy Relevance

Activists in the different communities have pointed to policy changes in different policy areas including health, education, Aboriginal affairs, economic development and environment. Recommendations are for:

- community control of development;
- community and worker control of conditions of environmental permits, health studies, and, occupational health and safety programming;
- education on anti-racism, occupational health, pesticides and air quality in schools and post-secondary education institutes using holistic teaching methods (Selby, 2000), which allows every subject to be broadened to consider equality, health and the environment;
- new decision-making techniques, that require environmental justice analysis, for determining community safety and appropriate technology/development;
- standards and criteria, developed on the precautionary principle, that provide clear cut action levels to ensure safety of the most vulnerable populations on pesticides, contaminated neighbourhoods and air quality/building design; and,
- federal responsibility and administration of cleanup fund, perhaps similar to the Superfund in the US, with money raised from polluters, for waste sites and contamination, having clear lines of responsibility.

Project Title	Equitable Access to Health Care, Promotion and Prevention by Immigrant Women in Nova Scotia

Contact Person	Swarna Weerasinghe
Organization	Community Health and Epidemiology, Dalhousie University
E-mail	Swarna.Weerasinghe@dal.ca
Funding Year	1998/99
Amount Awarded	$5,000

Project Summary

This project focuses on exploratory research with recent immigrant women in Nova Scotia and their experience with, and access to, healthcare. The research team conducted focus groups with 23 women who migrated from 11 different countries. Focus groups seem to be an appropriate method for data collection while providing a venue for participant empowerment. The informed participation of immigrant community organizations, participants and family members is key to the success of ethnocultural research. Several other findings emerged from this research: dissatisfaction with diagnosis and prescriptions; health care provider and consumer communication problems; clashes between ethnocultural beliefs and the Western health care system; and the link between unemployment or underemployment and physical and emotional health. This research-based knowledge revealed the need for further research leading to policy changes in health care.

Policy Relevance

This exploratory study revealed the need for provision of basic education regarding the Canadian health care system upon arrival in Canada (including prescribing patterns, diagnostic mechanisms, how to access the health care system), increased use of cultural health interpreters, education of health care givers on ethnocultural beliefs and behaviours surrounding health, and recognition of the relationship between under-and unemployed immigrants and their health and well-being. Future research into these areas should involve immigrant women, their families and community organizations. As a pilot feasibility project the data is insufficient to draw credible policy implications. However, the research team hopes to conduct an expanded study based on its findings. A letter of intent to CIHR was not successful (2000).

Project Title	Off-Reserve First Nations Women's Mental Health: A Proposed Exploration

Contact Person	Patricia Doyle-Bedwell
Organization	Transition Year Program, Dalhousie University
Phone	patricia.doyle.bedwell@dal.ca
Funding Year	1998/99
Amount Awarded	$1,000

Project Summary

Until recently, scientific literature ignored women's health issues. This holds especially true for First Nations women in general, and off-reserve First Nations women in large Mi'mkai'k urban centres specifically. From the studies that have centred on women's health several rends emerge. Single mothers and/or poor women suffer from more disease and generally have poorer health than their more affluent sisters. First Nations women face additional adverse impacts upon their health due to race, ethnicity, and lack of cultural understanding by mainstream health providers. In their 1999 study on First Nations women in Nova Scotia and New Brunswick, Doyle-Bedwell, Pictou and Sabattis (Kinapi'skw Consulting) found that off reserve First Nations women identified mental health as a significant problem facing off-reserve Aboriginal women.

This project involves two phases. Phase one of this project involved preparation for the final project proposal. We will conduct a literature review, pilot a questionnaire with about three-four Aboriginal women in the Halifax area. We will also establish an advisory committee to ensure that community and health professionals can provide their expertise in the guidance of the larger project. We will also review the data set from the previous project to scutinize responses for mental health issues.

The aim of the proposed larger project explores off-reserve First Nations women's perceptions of mental health and well-being. We will develop an advisory committee to discuss First Nations women's experiences with mental health providers including their experiences with post-natal depression. A complete literature review is proposed as well as policy analyses and recommendations.

Project Title	The Black Women's Health Program
Contact Person	Rose Fraser
Organization	North End Community Health Centre
Phone	902-420-0303
Funding Year	1998/99
Amount Awarded	$5,000

Project Summary

The Black Women's Health Program began in 1996 as an initiative of the North End Community Health Centre. The mandate of the program is to promote health in Black communities of the Halifax Regional Municipality, specifically as it relates to the Black woman, with an emphasis on all the determinants of health. Currently, there are no statistics in Nova Scotia or Canada that document factors and conditions that affect the health of the Black population, because there have been very few studies done on the general health of this community. Therefore, the main objective of the Black Women's Health Program Research Initiative is to build health awareness in the Black community, through research and consultation with female community members (age 16 and up), in order to ensure that health needs are adequately met.

This study will provide information about several health determinants including gender, culture and physical environment, social and economic environment, community resources and health services. The data collected from participants will only give us a glimpse of the health status of Black Nova Scotian women. To improve the health status of Black Nova Scotian women, there must be a clear understanding of their realities, the effects of policies and the reasons they are not receiving adequate appropriate health care.

The methodology chosen to conduct this research is feminist participatory action research, which will guide the process of data collection and research analysis. The research has two components of data collection: individual interviews will be conducted with ten to twelve women from a wide age range and focus groups will be conducted in twelve communities throughout Nova Scotia. The target communities will consist of Black communities throughout the Province of Nova Scotia including those within the Halifax Regional Municipality and others within the province. The emerging themes identified from the interviews will be shared with the women of the focus groups and explored for validation and verification of the information. This methodology has a two-fold purpose: (a) to collect specific information on health determinants, and (b) to provide an interactive forum for participants and researchers which coincides with feminist participatory action research providing the stimulus for the social action component.

Once the research and information session component of the Project are completed, the data will then be compiled into booklet form. The final report will be presented to the Nova Scotia Department of Health, Health Canada, organizations within the Black community, and organizations and individuals who were involved in, or relevant to, the research data compiled. The compiled data will also be presented to community and health organizations throughout Canada.

Project Title	Trying To Work It Out: Newfoundland Women's Experiences in Small Workplaces
Contact Person	Agnieska (Iggy) Kosny
Organization	Women's Health Network, Newfoundland and Labrador
E-mail	agnieszka.kosny@utoronto.ca
Funding Year	1998/99
Amount Awarded	$5000

Project Summary

This study examines women's experiences in small workplaces and how work in small workplaces affects health and well-being. Nine focus groups and three one-on-one interviews were conducted with a total of 59 women from throughout Newfoundland and Labrador. The women worked in various service and administrative capacities in workplaces in both the private and non-profit sectors with between 1 and 20 employees.

The participants discussed many factors related to their work and the workplace that affected their health and well-being, including the physical environment, workplace structure and other economic issues. In general, the participants described the physical work environment in small workplaces in negative ways, citing inadequate equipment, hazardous working conditions and little emphasis on occupational health issues and standards. The organization of small workplaces was similar across occupations with issues related to hours of work and scheduling, personal safety in the workplace, and gender roles in the both the workplace and outside the work environment being of most concern. Clear links between the socio-economic environment in the women's communities and the quality of the work they did were also evident. A lack of high quality employment opportunities in a community forced women to work in jobs that were not good for their health and well-being.

Policy Relevance

This project focuses specifically on policies and workplace environments that influence women's health and well-being. There has been little research done that examines the impacts if workplace policy and workplace environment in Newfoundland and Labrador. The researchers also recognize that the occupations and needs that women have in rural areas may be different form those women have in urban areas. The exclusion of women form occupational health research had lead to the belief that women's health is rarely affected be the kind of work that they do. Policies relating to sexual harassment, anti-discrimination, parental breast feeding, etc. are also often not examined to determine if they benefit most effectively those who are meant to serve. Using participatory research methods, the researchers want to access women's knowledge of workplace policies and get women involved in the evaluation of their workplace and their health.

Appendix C

Graduate Student Award

Project Title	A Preliminary Case Study of Perception of Access to Ethnomedicine and the Environment in the Mi'kmaq Community of Indian Brook
Contact Person	Joanne Pereira
Organization	School for Resource and Environmental Studies, Dalhousie University
E-mail	jrpereir@yahoo.ca
Funding Year	1998/99
Amount Awarded	$1500

Project Summary

Mi'kmaq identity is intrinsically linked to the land and is central for the well being and existence of an indigenous community such as the Mi'kmaq of Nova Scotia. Their culture, traditions and language are all interwoven in relation to land and exemplify their holistic approach to life. Women in the Mi'kmaq community are considered to be the caretakers of children and the future; their perception of their own well being can affect their family unit and consequently their community. This graduate thesis examines perceptions of access to ethnomedicines and the perceived well-being of individuals by members of the Indian Brook, Shubenacadie, Nova Scotia, Mi'kmaq community.

A sixteen-month case study in Indian Brook, Shubenacadie was conducted to explore the significance of traditional land by surveying perceptions surrounding access to traditional medicine. Five other reserve communities were also visited to gain a broader perspective on accessibility and availability of traditional medicines for the Mi'kmaq community-at-large. As a result of occupation and habitation in Mi'kma'ki, a unique and special bond has formed; thus traditional lands are central to Mi'kmaw culture and spiritual beliefs. Legal cases and treaties support Mi'kmaw tenure, but conflict has arisen and access to traditional Mi'kmaw medicines are perceived as limited.

Using semi-structured interviews, transect walks, oral histories, mapping exercises, personal observation, and a review of literature, an understanding of the Mi'kmaq history, culture and belief system was established. Data collected suggest that pollution and private land ownership as well as Government and Catholic prohibitions contribute to restricting access of traditional medicines for Mi'kmaw. Although individual perceptions varied, findings indicated that traditional medicines are an important part of the Mi'kmaq culture.

The majority of respondents practice traditional medicine although procurement procedures vary. Perceptions indicated that post-colonial issues, such as the denial of land, influence Mi'kmaw perceptions of accessibility of traditional medicine. Despite these problems, traditional medicines are generally available to Indian Brook community members. Field study findings also suggest a connection between previous family traditional medicine practices and current individual practice. Furthermore, the study identified a range of opinions that exist regarding the role of men and women in the practice of traditional medicine.

Policy Relevance

The lessons from this thesis will inform First Nations people across Canada and other indigenous groups internationally. In particular, it will be of interest to the Community of Indian Brook and the Band Council; the Mi'kmaq people of NS; the Union of NS Indians; the Native Women's Association of NS; and interested researchers and the University community. The lessons may also be distributed to relevant federal and provincial bodies (if approved by the community of Indian Brook).

Project Title	An In-Depth Look at Different Women's Perceptions of Doctor-Patient Interactions

Contact Person	Agnieszka Kosny
E-mail	agnieszka.kosny@utoronto.ca
Funding Year	1997/98
Amount Awarded	$1,500

Project Summary

This graduate thesis sought to determine women's perceptions of their interactions with doctors. Focussing on one patient characteristic, level of formal education, the author explores the differences and similarities in perceptions of the doctor-patient relationship in two groups of women. The author conducted in-depth, semi-structured interviews with twenty women with different levels of formal education in St. John's, Newfoundland. One group had no more than a high school diploma and another group had completed at least four years of university. The variable of education was used since differences in education may influence the power dynamics between doctor and patient and the level of a patient's education may have an impact on communication style and understanding during the doctor-patient interaction.

The author talked to women about their interactions with doctors and about how they perceive these interactions. During the interviews, the women discussed their positive, negative and ideal interactions with doctors, as well the specific negative and positive aspects of their encounters. Participants were asked questions about their health-related behaviour and about their sense of well-being to provide insight into a woman's relationship to her health and the health care system, and in turn to contextualize the doctor-patient interaction. The interviews were analyzed using meaning condensation and theme analysis.

Most of the women saw their health and health care in a holistic manner. Their narratives encompassed three different levels of experience: relational, personal and social. Women wanted doctors to recognize that various economic, social, and societal factors influenced their well-being. The themes of communication, information, power, quality and quantity of time spent, value given to the patient, and the doctor's personal manner had the greatest influence on the quality of the doctor-patient relationship.

There were several differences between the two groups of women. High school educated-women were more often concerned that a doctor was not being honest with them, and they seemed to be less confident about asking questions and demanding information when they were having a negative interaction with a doctor. University-educated women were more likely to expect that a doctor personalize a treatment or service to fit their individual needs. These women also wanted physicians to trust their judgment, while high school-educated women did not speak of similar expectations.

This research points to specific patient-identified problems within the doctor-patient relationship and gaps in knowledge surrounding patients' rights and complaints procedures.

Policy Relevance

This information can be used as a resource for medical schools, health care providers, policy makers, and other researchers. It points to specific patient-identified problems within the doctor-patient relationship and gaps in knowledge surrounding patients' rights and complaints procedure

Project Title	Early Maternity Discharge and Low Income Women: A Grounded Theory Study
Contact Person	Marcia Trail
Organization	Faculty of Nursing, University of New Brunswick
E-mail	mtrail@unb.ca
Funding Year	1997/98
Amount Awarded	$1,500

Project Summary

This graduate thesis examines the impact of early maternity discharge on low-income women and develops a substantive grounded theory to explain the postnatal issues facing these women. Ten low-income women from a New Brunswick community who experienced early maternity discharge participated in semi-structured interviews. The grounded theory of analysis was utilized to determine the basic social problem and social process. The basic social problem discovered for low-income pregnant women is disequilibrium that, for many of the women, initially resulted from an unplanned pregnancy. The basic social process is restoring balance. This process is characterized by four stages: vacillating, settling, taking charge, and deferring.

The women's ability to restore balance varies with her circumstances. This variation is influenced by past experiences of the women, their partners and friends. A women's ability to restore balance is also influenced by the levels of formal and informal support she receives. Most women in this study had a strong informal support system consisting of their immediate and extended families, and their friends. Some women took advantage of the support (informational, affirmational and financial) of non-profit organizations. Throughout the process of restoring balance, the women perceived support was available or was not available to them. The perception of support enabled them to handle the events of the pregnancy quite independently. A further factor in this process was the congruency of support (i.e., connecting with the individual).

The study identifies the variables that influence the four stages of restoring balance and considers how these stages impact on the women's early discharge experience. The author concludes that vacillating warrants the most consideration; this is the stage when women are not in control and are anxious and uncertain.

Policy Relevance

The findings of this study reflect the importance of individual assessment and care. The study identified specific issues related to birth control (eight of the ten women in this study had unplanned pregnancies) and breastfeeding preparation that warrant further attention for these women. Referrals upon discharge for women who are experiencing difficulties with breastfeeding and a concerted effort to link hospital services with community agencies were identified as needs for these women. Finally, this study reviews these issues, as well as the broader issue of restoring balance, in the context of the early discharge program implemented by the New Brunswick health care system.

Project Title	In an Authoritative Voice: Women and the Politics of Health Policy in New Brunswick
Contact Person	Christine Saulnier
E-mail	saulnier@yorku.ca
Funding Year	1998/99
Amount Awarded	$1500

Project Summary

This graduate thesis is concerned with health policy formulation and implementation during the current era of neoliberal economic restructuring in New Brunswick. It analyzes the process of health policy restructuring in New Brunswick to further understanding of the forces, ideas and people shaping decision making in the health sector and to offer strategies to harness the productive opportunities offered by the intersection of restructuring, health policy and women. In particular, it examines the role of women as workers, as patients and as health advocates in this process.

The author seeks to determine the extent to which women's health needs and gender-specific concerns have been addressed by New Brunswick's health care reform agenda. The author contends that the question is not whether women are authorities on their own health, but why and how their voices and those of other marginalized "minority" groups have been excluded and/or marginalized when reforms are instituted.

Following from this, the author examines why it is important to promote a more participatory environment by challenging a technocratic environment of governance. This means that medical experts (in particular, doctors), health economists and economic reductionists should no longer dominate the decision-making process about health policy priorities.

Policy Relevance

The project will lead to insights into practical issues about making health policy responsive to women's needs and those previously overlooked, into the formulation of health policy in Canada and into the policy-making process more broadly. Finally, the project will shed light on the organization of state-society connections, discerning how restructuring creates opportunities for alternative forms of social solidarity and state decision making.

Project Title	Pattern Identification and Expansion of Consciousness During the Transition of Low-Risk Pregnancy
Contact Person	Mary Lou Batty
Organization	School of Nursing, University of New Brunswick
E-mail	batty@nb.sympatico.ca
Funding Year	1998/99
Amount Awarded	$1500

Project Summary

Pregnancy is one of the most critical transitions in a woman's life. A significant amount of research has been done about the transition to parenthood following birth, however, there remains a paucity of work about the transition of low-risk pregnant women. Given the fact that these women constitute the majority of the pregnant population and that current prenatal programs are not leading to a sustained increase in health promoting behaviours (e. g., breast feeding), this is a significant problem which requires further research.

This graduate thesis study uses Margaret Newman's innovative nursing Theory and Research Protocol for Health as Expanding Consciousness (1994) and Transition Theory (Chick and Meleis, 1986; Schumacher and Meleis, 1994) guided this study a priori. Newman's theory recognizes that patterns developed through interaction with self, family and community influence the choices a woman makes in her health care practices. These choices may also influence the health of her unborn child. The method allows for depth and places pregnancy in the context of a woman's life as a part of her journey rather than a destination. It is holistic and honours women's stories in its epistemology and methodology.

Five women who were expecting their first child and who were in the first or early in the second trimester of a low-risk pregnancy were recruited through pamphlets distributed by their physician or delegate. Each of the women participated in three tape recorded interviews during which they discussed their experience of pregnancy and what they found to be meaningful to them. Consistent with Newman's method, diagrams depicting women's meaningful relationships and events were drawn by the researcher and discussed and modified in collaboration with the participants. Data was then further analyzed for patterns relating to health as expanding consciousness and transition theory.

Participants stated that they benefited from the study by increasing their self-awareness. Nurses may benefit from this research which a "window" into a time in a woman's life about which little is known but much has been taken for granted.

Policy Relevance

This research provides a deep and meaningful approach to pregnancy from a holistic perspective. It illuminates missing pieces in our approach to pregnancy such as the tension pregnant women experience, feelings about their bodies, parenting and voice in the health care system. The research identifies strategies to incorporate this information into prenatal care and education.

Project Title	Single Parent Women's Experiences Performing the Required Tasks of Health Provider for Their Families
Contact Person	Kimberley Gandy
Organization	School of Nursing, Dalhousie University
E-mail	kgandy@auracom.ca
Funding Year	2000/01
Amount Awarded	$1,500

Project Summary

Single parent women have been the object of research studies that focused almost exclusively on the problems they faced coping with the stressors associated with single parent families. Within this androcentric research women have rarely been asked to share their experiences accessing health services. This research, guided by feminist principles, examines the implications of single parent women and their families surviving in environments characterized by poverty, social isolation and poor access to health resources. Eight women from a rural Nova Scotian community participated in this research by sharing their experiences, confirming themes that emerged from interviews, and assisting with the identification of economic uncertainty as the focus for further analysis.

Through thematic analysis of the audio-taped interviews and subsequent conversations the following three meta-themes emerged: a) accessibility issues related to health and health services, b) marginalization of single parent women, and c) the invisible work of women. In addition, environmental factors impacting upon these women's ability to act in the role of health provider for their families were identified: poverty, social construction of motherhood, social support network, economic uncertainty, health care system, health resources, and social isolation. The economic uncertainty experienced by these women was used to frame a critical analysis of the other environmental factors.

Project Title	The Relationship Between Prescription Drug Utilization and Employment for Single Mothers on Social Assistance
Contact Person	Carmelle Goldberg
Organization	Community Health and Epidemiology, Dalhousie University
E-mail	cog4@cdc.gov
Funding Year	1998/99
Amount Awarded	$1500

Project Summary

With record high levels of unemployment and increased reliance on social assistance, the ultimate aim of welfare policies is to return employable individuals back to work. Many federal programs have targeted single mothers for such programs as their numbers continue to grow and their reliance on the social system is great. The real barriers to government employment strategies that affect single mothers must be understood in order to assess the effectiveness of current approaches to social policy. One of the main barriers to successful employment programs is directly linked to the loss of drug benefits when leaving social assistance.

This graduate thesis examines existing data to determine how drug benefits interact to affect both economic growth and the health status of single mothers and their children. This study uses the NS Department of Community Services' Tiger Database (data from the Compass Program, a national employment program that ran between October 1994 and December 1996) in conjunction with Department of Community Services Social Assistance Database and Nova Scotia's Social Assistance Pharmacare Database (housed within Population Health Research Unit). This study examines the relationship between utilization of drug benefits and the decision to enter work programs; the relationship between pre-program use of drug benefits and successful maintenance of employment one year post-entry; whether the type of medication is related to the decision to enter work programs; and compares the percentage total difference of total income expenditures for drugs of both single mothers on family benefits and the average Canadian family.

This information has the potential to reduce social assistance dependency, increase the understanding of health problems/needs of single mothers and their children which could then be used to form more effective health and employment initiatives, as well as influence social, economic and health policies.

Policy Relevance

This study recognizes the whole system in an integrated way, and can be used as a template to address the current national debate of implementing a universal drug program. Currently it is estimated that twelve percent of Canadians lacking any kind of coverage for prescription medications, and more may be unable to afford optimal drug treatment. This may compromise the success of health and employment strategies. The information supplied from the research project will be relevant to all provinces in Canada, with the exception on Saskatchewan (already have universal drug coverage). The research complements the Nova Scotia strategic initiatives which are to help increase health of all Nova Scotians, to help move people towards self sufficiency, and to ensure the basic needs of Nova Scotians. Furthermore, it provides ways of understanding how drug benefits interact to affect both economic growth and the health status of single mothers and their children. Both the Nova Scotia Department of Community Services and Human Resources Development Canada have shown interest and support for this study.

Project Title	Women Who Choose Midwifery Care in Nova Scotia: A Retrospective Survey and Selected Interviews

Contact Person	Denise Marion
Organization	Community Health and Epidemiology, Dalhousie University
E-mail	denise.marion3@sympatico.ca
Funding Year	1997/98
Amount Awarded	$1,500

Project Summary

This graduate thesis is a descriptive study about women who have chosen midwifery care in Nova Scotia. Although midwifery has been available in Nova Scotia since the 1970s, there is no official information about this phenomenon because of its unregulated status in the province. A profile of women choosing midwifery care was developed using quantitative and qualitative research methods. The profile includes information pertaining to their demographic attributes, personal beliefs about childbirth, factors associated with decision making, expectations, and maternity experiences. This information was elicited through mailed, structured questionnaires in the first phase of the study and in-depth interviews with four women in the second phase.

Women choosing midwifery care tend to be older, well-educated, likely to view pregnancy and birth as a natural event, likely to believe that a birth experience affects one's self-esteem, and more likely to breast feed. They are less likely to have conventional religious affiliations, and are less likely to smoke. The most common reason given for choosing midwifery was a desire for a birth at home. The themes of trust, respect, empowerment, and feeling apart emerged as the women discussed their experiences with midwifery care. Most women valued the personalized relationship with their midwives and were satisfied with their midwifery experiences despite some concerns about lack of accessibility (i.e., need to travel distances for care). The findings of this study suggest that regulated midwifery, integrated within the primary health care system in Nova Scotia, will meet the needs of selected women by providing holistic, low-interventionist care.

Policy Relevance

Three recommendations emerge from the results of this study:

1) The provincial Ministry of Health should move to implement midwifery legislation in a timely fashion. Women in Nova Scotia will benefit from the comprehensive prenatal, birthing and postpartum services that midwives, working in collaborative processes within the primary health care system, can provide.
2) Towards the implementation of regulated midwifery services in Nova Scotia, an education campaign to increase the awareness of midwifery should be initiated. Education for the public, the medical community, and allied health professionals is important to help disseminate the international evidence-based research which supports midwifery care. An education campaign may help to quench 'turf wars'. Politically, this is a big but necessary undertaking. Establishing regulated midwives within the health care system may be seen by doctors and nurses as encroaching upon their areas of practice, and indeed, their livelihood.
3) A monitoring system for evaluative purposes of midwifery practice should be developed. As previously noted, the compilation and evaluation of regulated midwifery data in Canada is in formative stages. Efforts in Nova Scotia should be strengthened towards the creation of a national, standardized data collection from practicing midwives.

Appendix D

Synthesis Fund

Project Title	Adolescent Sexual Health Services and Education: Options for Nova Scotia

Contact Person	Donald Langille
Organization	Department of Community Health & Epidemiology, Dalhousie University
E-mail	donald.langille@dal.ca
Funding Year	1999/00
Amount Awarded	$3,000

Project Summary

While adolescents must address a wide range of sexual health issues, this paper focusses on the somatic ones, including especially avoidance of pregnancy and sexually transmitted infections (STIs). Young people are often able to develop the knowledge and skills required to protect these aspects of their sexual health, and frequently are also able to take the action required to do so. Unfortunately, many experience barriers to both accessing information, and acting upon it, with the result that unintended pregnancy and STIs occur at needlessly high rates. Both of these conditions have immediate and long-term health, economic and social implications for young women and men, their children, and their communities.

Nova Scotia's policies for adolescent sexual health indicate a genuine interest in these health outcomes. Such interest is reflected in the Department of Health's policy targets, but these targets are not accompanied by details outlining how a decentralized system is to be supported in attaining them. Services themselves rely on primary care physicians, with whom many adolescents experience access barriers, an ad hoc group of youth health centres, a public health system with a mandate to promote sexual health but without strong central or regional supports to do so, and Planned Parenthood, which has limited accessibility. Educational policy is not specific about sexual health and related targets, but curriculum documents are more focussed. Examination of these documents and related research findings reveals that sexual health education provides, in terms of content, too little, too late. Sexual health education is also seen by students as lacking support from the educational system itself. This lack of support, viewed from an ecological, or total systems, perspective, is a crucial missing piece, since it is unreasonable to expect young people to take action to protect their health without believing that they are genuinely supported in so doing.

Policy options for adolescent sexual health represent a continuum, ranging from the status quo to a major system change which would make adaptations compatible with theories of health promotion and education, and consistent with progressive policies evolving elsewhere. Such changes involve establishing dedicated youth health services with an appropriate focus on sexual health and related issues, restructuring of and renewed focus on sexual health education, and coordination of community resources to reach and help adolescents through community action. The experiences of the town of Amherst in using these approaches demonstrates that they are both feasible and acceptable in Nova Scotian communities, and that they have the potential to have a positive impact on sexual health outcomes.

Project Title	Building Alliances to Improve Women's Occupational Health

Contact Person Karen Messing
Organization CINBIOSE
E-mail messing.karen@uqam.ca
Funding Year 1998/99
Amount Awarded $2,500

Project Summary

Women suffer many problems related to their work: musculoskeletal problems; stress leading to heart disease and psychological distress; sexual and sexist harassment; job demands incompatible with pregnancy, nursing and family life; cancers, skin disease and toxic effects of chemical exposures; difficult work schedules; violence from clients and co-workers; eyestrain from meticulous work and exhaustion from overwork, inadequate rest breaks and repetitive work.

Women with health problems face obstacles at two levels: recognition of their problems and ability to organise to prevent problems. The relative lack of progress in recognition can be attributed to:

- A perception, relatively impervious to evidence, that women's issues will be appropriately dealt with by gender-neutral research
- Pressure to deal with "real" issues of mortality and defined and compensated morbidity; ignorance of women's occupational health issues
- Lack of gender-identified data from governments and other sources
- The multidisciplinary nature of research in women's occupational health
- Feminists do not hold positions of power in scientific institutions.

The relative lack of progress in prevention can be attributed to:

- Reluctance of employers and government to widen the definitions of the purview of occupational health and safety efforts to include issues in women's jobs, with consequent pressure on those active in health and safety to concentrate on "real" problems resulting in death or visible injury
- Relative absence of women and those people representing the issues in women's jobs from occupational health and safety decision-making positions
- Relative absence (although progress is being made) of women from positions of power in unions

- A perception by health and safety practitioners, relatively impervious to evidence, that the interests of all workers are well served by gender-neutral interventions in health and safety
- Invisibility of problems for women workers, leading to a belief that their jobs are safe
- Women workers, resource people and scientists have made changes at all levels through unions, governments and community groups (although with limited involvement of feminist health organizations).

In order to progress to action on these problems, concerted efforts among feminist health advocates, representatives of women workers, decision-makers and researchers will be necessary. This paper, prepared for the Made to Measure Symposium, also discusses a detailed action plan drawn up by a Canada-wide group of researchers and practitioners.

Project Title	Centering Women's Diverse Interests in Health Policy and Practice: A Comparative Discussion of Gender Analysis
Contact Person	Katherine Teghtsoonian
Organization	Faculty of Human and Social Development, University of Victoria
E-mail	ktex@uvic.ca
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

This paper, prepared for the Made to Measure Symposium, reviews several approaches to mainstreaming gender analysis in Canada, New Zealand, Australia and Western Europe in order to assess their contribution to development of policy, services and research that are responsive to women's health needs. It focusses, in particular, on efforts to ensure that "gender analysis" includes systematic attention to the needs and interests of diverse groups of women. Experience to date has shown that it is difficult to weave together gender and other dimensions of diversity, such as race, sexual orientation and ability, into policy analysis, program development and institutional structure. The paper recommends a "dual strategy" for continuing to pursue this important work. This approach involves an ongoing commitment to changing mainstream policy and services in equity-positive directions while at the same time ensuring that adequately resourced programs and institutional structures organized specifically around the needs and interests of marginalized groups continue to model and catalyze such change.

The paper identifies several ways these developments can be supported: (1) facilitating genuine and well-resourced participation by community-based women in collaborative working relationships with government staff, health care providers and academics; (2) ensuring that the knowledge and skills necessary to work in a diversity-inclusive fashion are (a) routinely made available to existing staff working in governments, health care facilities and educational institutions; and (b) incorporated systematically into the education of future staff; and (3) developing accountability mechanisms which are transparent, routine, and ensure attention to both process and outcome. Governments (and other organizations) must be held accountable not just for doing gender analysis, but also for making policy choices which support equitable outcomes for diverse communities of women.

Project Title	Creating Association Guidelines for MCEWH
Contact Person	Carol Amaratunga / Pamela Rubin
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Year	1998/99
Amount Awarded	$1,500

Project Summary

The Centres of Excellence for Women's Health, like other not-for-profit organizations, must address challenges of reduced government funding and the maximization of their resources. One option is the creation of relationships with for-profit corporations, where companies act as donors, sponsors, or partners in joint efforts. Before entering such relationships, not-for-profits must evaluate their impact on the organization's mission, existing sector partners and collaborators, and internal culture.

Corporate associations carry both risks and benefits, for the uniquely-positioned Centres and for non-profits generally. The one risk most often raised for all non-profits is real or perceived conflict of interest, leading to loss of credibility in the community. Other risks include alienating other partners or donors, losing control of internal decision-making, and unrecoverable losses when associations must be terminated. Benefits can include increased funding, marketing ability, credibility, new skills and perspectives, and access to varied corporate resources other than cash.

The Centres of Excellence for Women's Health face some unique issues in considering relationships with the business community. These arise because of the Centres' position as collaborative organizations involving multiple sectors, as organizations with equity goals, and as health organizations at work during the increasing privatization of Canadian health care.

If the Centres decide to have for-profit associations, they will have a better chance of maintaining core values while working with corporate partners if they have put in place guidelines for corporate relationships. Such guidelines would serve also to inform the community and industry of the Centres' standards, clarify mission and objectives internally, and support the efforts of other not-for-profit organizations dealing with similar issues.

In creating guidelines, the Centres must consider their relationship to the private sector altogether. Second, they must consider the meaning of partnering with particular industry sectors. Third, guidelines must set out the standards and practices under which the Centres will work with any individual company. Fourth, guidelines for different types of ventures must be specified.

For the Centres, the process of creating policy and guidelines regarding corporate relationships can serve as an important discussion forum for the various sectors collaborating in the Centres' activities. The Centres have the opportunity to create guidelines that will influence those of other Canadian health organizations. Importantly, the Centres can create a national blueprint for corporate relationships that not only safeguards patient and public interests, but does so with consideration of gender, class and other equity issues.

Project Title	Equity and Diversity Approaches for Women Caregivers: The Impact of Health Reform
Contact	Centre of Excellence for Women's Health - Consortium Université de Montréal
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

Health and social services system reform in Quebec, as in several Canadian provinces, focuses on the development of continuous care in an individual's living environment. The trend is toward more ambulatory care to avoid or shorten hospitalizations and the deinstitutionalization of persons suffering from mental health problems or from physical or intellectual impairments, and to home care for the frail elderly, including end-of-life home care. The rate of change has accelerated under pressure from reductions in public health spending despite neglecting to develop the necessary measures to support these reforms.

This paper, prepared for the Made to Measure Symposium, examines the implications of these reforms on the division of responsibilities between families and State. In particular, it analyzes the policies of the Quebec Department of Health and Social Services and other regulatory health units to provide support or back-up for family members and appropriate community resources in the assessment of needs and allocation of home care services.

Most research indicates that women are over-represented among caregivers providing informal care for family members who are sick or frail, regardless of the community. The paper examines role of family members as caregivers and the implications of the transfer of costs that used to be covered in the institutions as expenses become private expenditures by households. The specific impacts on women are examined in greater detail. The paper also examines the characteristics of such care responsibilities in ethnocultural and Aboriginal communities. The paper concludes with a review of alternative support measures available to women and family caregivers in Quebec.

Project Title	Gender Equality in the Genuine Progress Index

Contact Person	Ronald Colman
Organization	GPI Atlantic
E-mail	gcolman@gpiatlantic.org
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

The Gross Domestic Product counts only goods and services exchanged for money. As a result, unpaid work is invisible in our measures of progress, and most of the work performed by women is therefore unvalued. Caring work, voluntary community service, household production, and child-rearing are more essential to our standard of living and quality of life than much of the work done in factories, offices and stores. Because this unpaid work is effectively de-valued in our measures of progress, essential policy issues of vital concern to women receive low priority on the policy agenda. Gender equality is a core value in the Nova Scotia Genuine Progress Index (GPI), and unpaid work is explicitly valued. The GPI found that, despite a doubling of women's participation in the paid work force, women still do two-thirds of the housework, a ratio that has hardly changed in 40 years.

The double burden of paid and unpaid work has produced an absolute loss of free time for women and higher levels of time stress. Statistics Canada found that one-third of employed mothers are "extremely time stressed" and more than 70% feel rushed on a daily basis. Time use surveys, on which four of the 20 GPI components are based, reveal that employed mothers average more than 11 hours of paid and unpaid work on weekdays and another 15 hours of unpaid work on weekends. A shift to paid child care also means that parents have less time with their own children than ever before. The invisibility of unpaid work ensures that the social, psychological and health costs of this double burden on both parents and children receive scant attention in the policy arena.

This paper, prepared for the Made to Measure Symposium, identifies several policy implications for gender equality of valuing unpaid work.

Project Title	Gender Equity: An International Perspective
Contact Person	Mary Coyle
Organization	Coady International Institute, St. Francis Xavier University
E-mail	coady@stfx.ca
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

This overview of gender equity from an international perspective illustrates that the gender equity agenda has gone beyond the concern for women's equal access to the opportunities that men have enjoyed. While measurement of progress towards that goal is still instructive, we also need to examine the extent to which we are changing the criteria of progress so that the work of women is valued and appreciated. This means enlisting men into the caring economy and advocating for economic policies that recognize the value of the reproductive sector for the longer term sustainability of the economy. Equity incorporates empowerment of women, not just their equal access. Empowerment involves both the acquisition of power by women, and the assigning of value to the caring economy so that men and women are encouraged to participate. This paper was prepared for the Made to Measure Symposium.

Project Title	Gender Planning and Gender Mainstreaming

Contact Person	Christine Saulnier
Organization	Consultant
E-mail	saulnier@yorku.ca
Funding Year	1998/99
Amount Awarded	$2,000

Project Summary
Limited theoretical understanding of key concepts and terms can be a barrier to effective gender mainstreaming and thus to gender planning. Parallel to the development of a conceptual framework is the need for a system to apply or operationalize the framework. "Gender Mainstreaming: Developing a Conceptual Framework for En-Gendering Healthy Public Policy" and its companion paper, "Gender Planning: Developing an operational framework for En-Gendering Healthy Public Policy" focus on gender mainstreaming and gender planning respectively. The project also produce four fact sheets: mainstreaming gender analysis, learning from health impact assessment, developing economic gender equality indicators, and mainstreaming gender analysis and public consultation and participation.

The "Gender Mainstreaming" paper aids in the development of a conceptual framework for mainstreaming gender issues and perspectives in health-related policies. Inadequate conceptual development of the goals, will affect the application and anticipated outcomes of these initiatives. The focus of this paper is on gender mainstreaming, what it means and where such initiatives may lead. Key concepts are clarified, providing some background and contextual analysis of debates including the relation of gender to sex, gender as a key social determinant of health, women's strategic interests versus their basic needs, gender equality (formal vs. substantive) and gender equity, and shifting from woman-centred to gender-centred policies and programmes. Finally, this paper outlines some key concepts related to gender mainstreaming goals and values and specifically address concerns about unrealistic objectives and the need to empower women.

The "Gender Planning" paper aids in the development of an operational framework. The focus is on gender planning, which facilitates the process of institutional change from gender neutral to gender-sensitive policies and programmes. Difficulties affecting change (individual, societal, structural/systemic, and the policy and planning process) are examined. Finally, key success factors including the role and importance of core elements such as adequate resources, leadership and champions, education and training, consultation and employing participatory methods, accountability, monitoring and evaluation measures are examined.

Project Title	Guidelines for Preparing Research Proposals
Contact Person	Lynn Langille
Organization	Atlantic Health Promotion Research Centre
E-mail	lynn.langille@dal.ca
Funding Year	1997/98
Amount Awarded	$6,000

Project Summary

The *Guidelines for Preparing Research Proposals: Navigating the Road to Success* is an updated version of an earlier set of guidelines prepared by the Atlantic Health Promotion Research Centre. These guidelines were designed to help researchers develop research proposals and to identify potential sources of research funding. These general guidelines have been adapted from typical guidelines for established funding agencies and have been enhanced by the experiences of researchers involved in developing health-related research proposals for national, provincial and regional funding agencies.

The updated guidelines include new sections on challenges in multicultural health, women's health and health promotion research. The guidelines include tips for submitting proposals and set out the pre-proposal activities including proposal preparation and submission. It lists pointers for writing research proposals and the requirements for the various segments of a research proposal are elaborated. The guidelines also includes various lists of resources for proposal writing, funding sources, research-based organizations in Atlantic Canada, and national and regional health promotion agencies and departments. The guidelines are a valuable tool for individuals unfamiliar with writing a research proposal or those wishing a roadmap through the writing process or tips on writing better proposals.

Project Title	Health Protection for the 21st Century? A Response from the Maritime Centre of Excellence for Women's Health on Health Protection Branch Discussion Papers
Contact Person	Susan Sherwin
Organization	Women's Studies, Dalhousie University
E-mail	susan.sherwin@dal.ca
Funding Year	1998/99
Amount Awarded	$1,000

Project Summary

"Health Protection for the 21st Century?" was prepared as a response to the Health Protection Branch transition. The paper identifies eight inter-related areas of concern: gender equity analysis, setting the agenda, process, conception of health, risk, autonomy, preserving the social fabric, and addressing ethical questions. The paper describes concerns about how well practice will fit with the ideals described during the consultation phase of the Health Protection Branch (HPB) Transition.

Policy Relevance

Over the next two years, the Health Protection Bureau will go through a process of review, consultation and renewal in order to find new ways to protect the health of Canadians. MCEWH is concerned that the renewal of HPB undergoes gender equity analyses to determine levels of risk associated with products and procedures. It is important that HPB recognize that even though men and women share many health concerns and face many of the same health risks, there are also differences in the role of both sex and gender as determinants of risk in many situations.

Project Title	Health Reform, Privatization and Women in Nova Scotia
Contact Person	Barbara Clow
Organization	Consultant
E-mail	barbara.clow@dal.ca
Funding Year	2000/01
Amount Awarded	$2,000

Project Summary

This synthesis paper will contribute to a Centres of Excellence for Women's Health project led by Pat Armstrong on health reform and privatization. Privatization is defined as the transfer and reallocation of service delivery, care work and costs, and the adoption of for-profit methods for care organizations. The project focuses on the impacts of privatization on women who are patients, providers and decision makers. In particular, this project is concerned with diversity and differences among women across class, ethnocultural communities, lesbian women, etc.

Although Nova Scotia has faced many of the same challenges that confronted other jurisdictions and instituted similar reforms during the 1990s, restructuring in the province also had distinctive features. Historically, the government and the medical profession had enjoyed a close and congenial relationship, which encouraged substantial and sustained investment in physicians' services and hospital-based care after the inception of Medicare. By comparison, provincial authorities devoted few resources to less costly programs, such as home care, or less expensive providers, such as nurse practitioners and midwives. The evolution of health care in Nova Scotia during the 1970s and 1980s thus created a special dilemma for governments struggling to deal with the health care crisis in the 1990s. Physicians' fees and hospital services had to be curtailed to save money but budgetary strains made it difficult to establish or extend health care alternatives that would offset cuts to staff and services.

This paper focuses on health reform and privatization in Nova Scotia. Health care reform in general and privatization in particular have had serious implications for women in Nova Scotia. Because women comprise the majority of health care providers and consumers, they have been most acutely affected by cuts to staff and services, and by the devolution of responsibility for health care from the state to communities, families, and individuals. While provincial governments have increasingly sought to include women in the reform process, gender issues and gender analysis remain under-represented in many policy and academic discussions of health reform at the provincial level.

Project Title	Including Black Women in Health and Social Policy and Development: Winning Over Addictions
Contact Person	Wanda Thomas Bernard
Organization	Consultant
E-mail	Wanda.bernard@dal.ca
Funding Year	1998/99
Amount Awarded	$5,000

Project Summary

The primary goal of this project was to engage Black mothers who have addictions, and are or have been involved with a child welfare agency, in an exploration of the issues that impact on them, and the barriers to successful intervention. This participatory project explored three main questions with the women: 1) What are your experiences in dealing with the addiction? 2) What are your ideas and suggestion for how we might develop the research project? 3) Who might be involved?

The women named their experiences during the data gathering phase of the research. Using thematic analysis, the following themes emerged:

- stigma and shame from the community
- threats from child welfare
- lack of gender-specific and culturally-appropriate services
- lack of supports from extended family and the wider Black community
- the link between the addiction and crime
- support mechanisms that work for these women.

The consultation with agency service providers produced three main themes:

- the majority of services are not culturally relevant
- services do not address systemic issues that impact on substance misuse or abuse, including Black women's access to intervention
- services lack a holistic approach to intervention and prevention program planning and implementation.

Policy Relevance

The women and service providers who participated in this pilot study identified a number of issues that impact on the experiences of African Nova Scotian mothers with addictions in their struggle to effectively deal with their addiction and keep their children. The following are their recommendations for change and further research:

- Develop policies and programs that meet the unique needs of African Nova Scotian women.
- Treat this issue as a matter of some urgency, especially considering the long term impact on children, families and communities.
- Include individuals requiring services as active agents for policy development and change. The voice and reality of the client must be central to the process if policies are going to be successful.
- Develop residential treatment programs which allow women to keep their children with them.
- Make existing programs and services more culturally relevant.
- Create more awareness in the African Nova Scotian community about the real experiences of women who are struggling with addictions.
- Conduct more research on the links between race and other forms of oppression and the impact on women's health.

Project Title	Keeping Canadian Values in Health Care
Contact Person	Pat Thompson
Organization	Nova Scotia Council on Multicultural Health
Funding Year	1999/00
Amount Awarded	$1,000

Project Summary

The Nova Scotia Council on Multicultural Health (NSCMH) organized a symposium to bring together those who helped as part of a relief project to bring Kosovar refugees to Nova Scotia. The project was named "Operation Parasol". Non-government organizations as well as federal, provincial and local government departments and agencies collaborated to assist the Kosovar newcomers. These included Citizenship and Immigration Canada (Nova Scotia office), the Department of National Defense, Health Canada, the Nova Scotia Department of Health, the Nova Scotia Department of Community Services, the Canadian Red Cross Society, the Metropolitan Immigrant Settlement Association, Dalhousie University's School of Dentistry, the Nova Scotia Association of Optometrists, local hospitals and clinics, as well as interpreters and hundreds of community volunteers. The goal of the service providers was to provide the displaced Kosovar people with food, shelter, medical care and security.

The goals of the symposium were to:

- share experience and knowledge related to the health and well-being of the resettled refugees
- discuss issues and lessons learned from the Kosovo experience
- identify barriers to inclusion, diversity and social justice in health care services for newcomers
- discuss the development of multicultural health policy based on a broad understanding of diversity and inclusion.

This synthesis report describes policy implications that pertain to federal and provincial governments, as well as to key organizations and agencies involved in newcomer resettlement, identifies barriers to health service provision for newcomers, and lists recommendations for removing those barriers.

Policy Relevance

The symposium and synthesis report identify several policy issues:

- The need to provide seamless care to meet the physical, social and mental health needs of newcomers in culturally appropriate ways.
- The need to meet the mental health needs of providers and interpreters working with refugees.
- The need to ensure adequate preparation of health providers (i.e., adequate cultural preparation).
- The need to recruit and train interpreters in medical terminology (including cultural and linguistic translation).
- The need to integrate multicultural issues in education curricula and to provide continuing education programs for health and social service providers and volunteers.
- To educate providers and the public about communicable diseases and cultural sensitivity.

Project Title	Measuring Genuine Progress
Contact Person	Ronald Colman
Organization	GPI Atlantic
E-mail	gcolman@gpiatlantic.org
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

Although there is a broad consensus that security, environmental quality, equity and other values are essential to well being and prosperity, public policies frequently undermine those values. One reason is that we measure our progress according to a narrow set of market statistics based on the Gross Domestic Product (GDP). Economic growth rates are used to determine how "healthy" our economy is. In this system, the more money we spend, the "better off" we are. According to the principal architect of national income accounting, Simon Kuznets, this is a serious misuse of the GDP, which cannot actually tell us if we are "better off".

Although we have more possessions, we are not necessarily "better off" as a result of decades of economic growth. We have three times the crime rate of the 1960s, we are more time stressed, deeper in debt, and less secure in our jobs. Child poverty is up 60% since 1989. Our environment is seriously stressed and our resources more depleted. Less than half of Americans say they are happier than their parents.

There is, therefore, an urgent need for better and more accurate measures of progress. The Nova Scotia Genuine Progress Index, currently under construction, integrates 20 social, economic and environmental variables into a comprehensive and policy-relevant measure of sustainable development.

Natural resources are explicitly valued; unpaid household work and voluntary work are measured; and costs are distinguished from benefits. The GPI subtracts rather than adds the costs of crime, pollution and accidents. The index goes up if we have more free time, greater equality, and a cleaner environment. It therefore more accurately reflects actual changes in our quality of life.

Measuring progress in this way has significant policy implications, examples of which are given in this Made to Measure Symposium paper. The cusp of the new millennium is a rare historical moment in which it is actually possible to shift the view from the short-term materialist assumptions to which we are accustomed to new measures of progress that reflect our genuine vision of the society we want to inhabit and the legacy we want to leave our children.

Project Title	Organizational Approaches to Building Gender Equity

Contact Person	Rieky Stuart
Organization	OXFAM Canada
E-mail	riekys@ott.oxfam.ca
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

This paper, prepared for the Made to Measure Symposium, presents new concepts and strategies currently being applied in several organizations to build gender equity. Understanding that women's subordination was not 'natural' or 'divinely ordained' but socially created generated both anger and an imperative for change. In spite of efforts, change in the way organizations address or remedy gender-based inequality has been disappointingly slow, at least from the perspective of those who want to end it.

Analyzing why change has been so slow led to the understanding that desire for change, knowledge of injustice, and even policies and training are necessary but insufficient for organizations to change. Independently, groups of practitioners and academics have developed new ways of working with organizations to create greater equity in the way they do their work and in their social impact.

The combination of insights from feminist theory and organizational change theory and practice identifies potential approaches to gender equity issues in organizations. Four major dimensions of how organizations are gendered include: (a) valuing of heroic individualism, (b) splitting work and the rest of life, (c) construction of power by organizations, and (d) the concept of mono-cultures and instrumentality. Reflecting on and changing these dimensions as practiced can enhance the organization's capacity to be effective, both internally for women and men staff, and externally, in achieving its equity goals.

Examples of how these ideas have been put into practice to help organizations to change toward greater gender equity are provided, and while it is possible to abstract the commonalities, the particularities of each case led to a very different look and feel on the ground. In any given situation it is important to examine what the issues are, how they relate to the work of the organization, where change should star and at what level, which strategies are most promising, and what needs to be negotiated with the various interests involved. These approaches require people to work together to create new ways of seeing and acting within organizations that will lead ultimately to gender equity. It is from these new ways of thinking about and being in organizations that the future emerges.

Project Title	PEI Well Women's Clinics: A Case Study of Gender Specific Clinics to Increasing Screening Rates
Contact Person	Glenda Vardy Dell / Sandy Bentley
Organization	c/o Women's Health Coalition of Prince Edward Island
E-mail	scbentley@gov.pe.ca
Funding Year	1998/99
Amount Awarded	$3,000

Project Summary

Several areas, including Prince Edward Island, have used Well Women's Clinics to increase screening rates of hard-to-reach women. These clinics offer cervical screening and other health promotion services in an accessible location, often times with a female provider. These clinics overcome many of the identified barriers with regards to reaching the unscreened or underscreened. The clinics have successfully targeted women who are otherwise not being screened. Other clinic models that vary by target group, services provided, remuneration policies, and other issues can be used to overcome other structural barriers. As well, clinic models can be expanded to include Well Men, Well Teens, Well Seniors, and other services.

Current challenges to these clinics can be overcome through involving all stakeholders, including the women themselves, through open communication, by investigating the different models that are described in this paper, and through a systematic and continuous research process.

This findings reported in this synthesis paper will be used as a background to support new health policies related to interventions that can be utilized to increase health screening methods for gender specific conditions, including cervical cancer or prostate cancer; two diseases that respond well to early detection.

Policy Relevance

The Coalition has now completed several earlier projects that were necessary steps before moving to produce this synthesis paper. This paper will be used as background to support new health policies related to different interventions that can be utilized to increase health screening methods for gender specific conditions, cervical cancer or prostrate cancer being only two diseases that respond well to early detection. No single strategy used in isolation will increase population screening coverage. Many strategies have been evaluated previously in other provinces and countries.

Project Title	Shaping Women's Health: Scope and Methodologies
Contact Person	Marika Morris
Organization	Canadian Research Institute for the Advancement of Women (CRIAW)
E-mail	mmorris@criaw-icref.ca
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

This paper, prepared for the Made to Measure Symposium, reviews important issues pertaining to women's health research questions, design, ethical reviews, analysis, presentation and dissemination of results, and the possibilities for resulting action and policy changes. Power and perspective even in feminist participatory action research are examined. Appendix A presents "best cases" and Appendix C presents gender analysis tools for women's health research.

The paper briefly examines the current women's health research environment, the emerging Canadian Institutes of Health Research, and the ongoing problem of the dearth of meaningful research for lesbians, Aboriginal women, women of racial, ethnic and linguistic minority backgrounds, women with disabilities, young women, and women over 65. The paper makes recommendations on each of these issues. The author also examines the issues of communication of women's health research results to the women affected and the implications of viewing government economic and social policies as a determinant of health.

Project Title	Social Justice and Women's Health: A Canadian Perspective
Contact Person	Olena Hankivsky
Organization	B.C. Centre of Excellence for Women's Health
E-mail	olena@interchange.ubc.ca
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

Social justice is based on the idea that all members of society have an equal access to the various features, benefits and opportunities of that society regardless of their position or station in life. Alternatively, a lack of social justice in health can be seen as a risk factor for increased illness, disease (morbidity) and mortality. Creating a health care system that is congruent with the goals of social justice appears to have the potential to contribute to the improvement of women's lives.

This paper, prepared for the Made to Measure Symposium, examines the extent to which the Canadian health care sector protects and promotes social justice, in particular women's right to health. Gender barriers to physical and mental health are examined. Inequities and injustices that women experience in their interactions with the health care system are revealed. The paper also discusses why gender disparities persist and investigates what areas of the health care system need to be reformed to incorporate social justice into health for women. The author argues that framing women's health in the discourse of human rights is a prerequisite to social justice. However, in themselves, rights have no meaning if they are not promoted and protected. Recommendations suggest improvements both within the health care system and beyond its confines.

Project Title	Social Reform Scan: Women's Perspectives in the Atlantic Region
Contact Person	Maria Gurevich
Organization	Consultant
Funding Year	1998/99
Amount Awarded	$3,000

Project Summary

This synthesis paper summarizes the results of a regional literature scan conducted as part of the National Coordinating Group on Health Care Reform and Women. The purpose of this working paper is to assess the extent to which existing health reform literature documents the impacts of privatization on women's health in the Atlantic Region. This document will be supplemented by an additional position paper that presents a critical comparative analysis of the situation for nurses in Nova Scotia and British Columbia.

Although this phase of the project did not require primary research as such, preliminary thematic analysis of interviews with diverse groups of women in each of the three categories -- providers, patients, and participants in decision-making -- have been included as part of the scan.

Women as a group and gender analysis as a framework are generally conspicuously absent in the existing research and policy documentation on health reform in the Atlantic region. This stands in opposition to the federal government's expressed commitment to implement gender based-analysis at all departmental, legislative and policy-setting levels (Status of Women Canada, 1995). Notable exceptions which can be marshalled inferentially from the following domains exist: nursing, home care, child poverty, and community work. Moreover, some important research and policy initiatives currently underway are discussed in the body of the synthesis paper.

Preliminary findings suggest that the impact of health reform on diverse groups of women as health care recipients, providers and decision makers is not promising. Among the emerging effects are:

- substandard health care
- constrained service provision access
- governmental neglect/exploitation/misappropriation of community efforts.

Recommendations for policy and research objectives centre on systematically delineating coordinated strategies, gender relevance and accountability.

The results of this scan, in conjunction with other regional scans, will form the basis for developing analytic and evaluative tools needed to coordinate and assess health reform policy and research initiatives; influencing policy and research endeavours; and documenting the conceptual trajectories that underpin the conduct of "gender sensitive research".

Project Title	The Legal System and Its Impact on Women's Health: A Largely Uninvestigated Terrain
Contact Person	Olena Hankivsky
Organization	B.C. Centre of Excellence for Women's Health
E-mail	olena@interchange.ubc.ca
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

Though rarely taken into account when examining women's health, the legal system is a key determinant of women's health. Law and the justice system govern nearly every facet of women's lives. Having the power to regulate both private and public activities, oversee the protection of rights that affect women's socio-economic status, the law - in all its dimensions - has the potential to affect women's physical and mental health directly and indirectly. Without doubt, women are affected when the legal system fails to adequately respond to the inequalities (i.e., educational, economic and social) and harms (i.e., violence, harassment, trafficking, sexual exploitation) which women suffer. And as a result of the system's shortcomings, women can and do suffer real physical and mental injuries.

This paper examines a selection of current issues in the legal system (i.e., access, criminal law, civil law, family law) that impact directly and indirectly on women's health. This overview, however, should only be considered a beginning in the process of understanding the extent to which the law impacts on women's physical and mental health. Much more research, data collection and evaluation are required to measure explicitly and fully the role of the legal system as a determinant of women's health. This paper was prepared for the Made to Measure Symposium.

Project Title	The Social Determinants of Health - Equity Across the Lifespan
Contact Person	Nadya Burton
Organization	York University
E-Mail	nadyab@yorku.ca
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

One of the major developments to emerge in the study of women's health over the last decade in particular has been the recognition that health is influenced not only by biological mechanisms and medical models but by a range of socio-cultural, physical, and psychological factors. Broadly categorized as the multiple determinants of health, these factors include influences such as income and social status, social support networks, education, employment and working conditions, physical and working environment, biology and genetic predisposition, personal health practices, healthy child development, gender, and culture. When discussing the factors that affect health, it is necessary to recognize gender as a key social determinant. Although both women's and men's health is affected by social and economic factors, the interaction of gender with the other determinants of health creates different experiences of health and illness for women and men. The compounding and interconnected impacts of race, sexual orientation, gender, age, class, and disability influence social support networks, access to education, access to quality employment, risk of violence, and other resources affecting health.

The author discusses several social factors affecting women's health, including multiple roles, women's work, income distribution, social support, geographic isolation, community health and linkages with other groups. These factors reflect common themes found in the literature about women's health and were drawn from analysis of interviews the author conducted with community group representatives, policy makers, and researchers in St. John's, Newfoundland.

The author concludes with several recommendations for policy makers, community workers, researchers, service providers, and governments concerning the implications of these factors in the development and implementation of health care policies and services. This paper was prepared for the Made to Measure Symposium.

Project Title	The Woman and the Well
Organization	Irondale Ensemble
E-mail	aw756@chebucto.ns.ca
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

In consultation with the Made to Measure Secretariat, Irondale Ensemble gathered background information about the symposium and its intended impact and audiences. Key issues addressed included diversity, the history of women's health movement in Canada (where gender equity tools have come from), and building trust and acknowledging the role of various sectors such as community/non-governmental organizations, the universities, and the policy sector.

Project Title	Will the Canadian Government's Commitment to Use a Gender Based Analysis Result in Public Policies Reflecting the Diversity of Women's Lives?
Contact Person	Wendy Williams
Organization	Consultant
E-Mail	wendy_williams@telus.net
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

For decades women have been analyzing government policies and programmes and to see if they meet women's needs. Often they did not. The federal and some provincial governments have recently said they will start to do this work using a process they are calling a gender based analysis. The federal government has signed international agreements saying they will do this.

In 1995, the Canadian government adopted a policy requiring federal departments and agencies to conduct gender-based analysis of future policies and legislation. At least three provincial governments have made commitments to a gender based analysis, British Columbia, and Quebec and Newfoundland and Labrador. Women in government at the international, national and provincial levels are saying they need a process to help influence public policies. The suggestion that is being made is a gender based analysis. Speaking for women can be dangerous. Is gender based analysis such a safety net for women inside government bureaucracies? There are many concerns with the process. Women wonder if it is a feminist analysis? Will governments use it, will it make things better? Use of gender based analysis must be documented showing the positive improvements in women's lives. The delivery of health care services to women is one area where people are trying to apply a gender based analysis . Several projects under way in British Columbia may produce health care services designed with women in mind. These projects need to be documented, shared and evaluated to see if services improve. This paper was prepared for the Made to Measure Symposium.

Project Title	Women and Social Reform
Contact Person	Pat Armstrong
Organization	York University
E-Mail	patarmst@yorku.ca
Funding Year	1998/99
Amount Awarded	$2,500

Project Summary

Although the origins of current principles and practices of social reform can be traced back over several decades, its framework has become increasingly visible in the 1990s. We now have some clear statements about the philosophy that guides federal and provincial reforms. In this new paradigm, the business of government is business. Basically, this means three things: 1) governments should operate on business principles, adopting methods developed in the private, for-profit sector; 2) governments should not do anything the private sector can do; and 3) governments should promote the for-profit sector, both through a variety of direct and indirect supports and through the removal of regulations and other forms of intervention that limit the market. In this framework, individual responsibility is emphasized over social responsibility; and the market more than either collective or individual rights. This paper briefly summarizes some of the literature to outline ways in which reforms alter women's opportunities for well-being.

Income is of course central to social security, and governments influence women's income in a variety of ways through (a) employment, (b) contributory employment plans, (c) universal income programs, and (d) social assistance.

Services also redistribute income, albeit in kind rather than in cash. Within the current framework, there is an emphasis on privatizing services and responsibilities while applying business principles to the services that remain. Both approaches have profound consequences for women as a group and for particular groups of women in relation to education and training, child care services, and health care.

The reform strategies link employment and social security, an approach that disadvantages women because they are already disadvantaged in the labour market. This is especially the case in the absence of unions or other protections that could help compensate for the changes in social security and employment. Services are more equitable than tax deductions and universal programs more equitable than either targeted ones or tax transfers. Devolution of responsibility, combined with centrally developed formulas for programs and services, often serves to shift responsibility to women while denying their differences. The result, as women have been actively demonstrating, is growing inequality, both among women and between women and men. This paper was prepared for the Made to Measure Symposium.

Project Title	Women's Health in Atlantic Canada: A Statistical Portrait
Contact Person	Ronald Colman
Organization	GPI Atlantic
E-mail	gcolman@gpiatlantic.org
Funding Year	2000/01
Amount Awarded	$2,500

Project Summary

While not a comprehensive overview of women's health in the region, this report to the Atlantic Region Policy Forum on Women's Health and Well Being illustrates the utility of a health determinants approach, both for improving population health and women's health and for reducing long-term health care costs. The report notes the highly interactive nature of the determinants of health, and points both to data limitations and the need for more research in the area.

The report presents statistical evidence to illustrate the need for strategic investments in several key determinants of health to improve women's health in Atlantic Canada:

1) Gender-based analysis reveals different health patterns and outcomes among men and women. Teenage smoking, activity limitations among seniors, and different exercise and physical activity trends among Atlantic men and women are used as examples.
2) Increasing stress levels have negatively impacted mental health and psychological well-being among women, which in turn produces adverse physical health outcomes.
3) Despite increased educational parity, the persistent gender wage gap and high poverty levels among single mothers and unattached elderly women negatively impact health. Social and income supports for single mothers are seen as a key investment priority.
4) Interventions to reduce high smoking and obesity rates in the Atlantic provinces and to increase exercise rates can significantly improve population health and reduce treatment costs.
5) High levels of social support and voluntary work are a key buffer against stress and ill-health in the Atlantic provinces. However, the shift from hospital to home care threatens the well-being of informal caregivers, mostly women, and illustrates the need for adequate supports for these caregivers.
6) The report concludes by demonstrating that the Atlantic region receives far less than its fair share of health research funds, which must be dramatically increased if Atlantic Canadians are to learn about their particular health issues and determinants, and to target health promotion investments effectively in the region.

Policy Relevance

The examples provided in this document indicate that a health determinants approach can assist policy makers in making significant improvements to population health in general and women's health in particular. In particular, it is clear that these health determinants are highly interactive, with investments in one yielding improvements in several others. The examples provided demonstrate that well-placed strategic investments at this time can greatly reduce future health care costs. Alleviation of high poverty rates among single mothers stands out as a highly effective intervention that can improve the health status of both women and children, promote healthy lifestyles, and reduce long-term hospitalization and health service utilization costs.

Appendix E

Project Development Fund

Project Title	Black Women's Health Research: Policy Implications
Contact Person	Iona Crawley
Organization	Consultant
E-mail	Iona.crawley@dal.ca
Funding Year	1998/99
Amount Awarded	$1,500

Project Summary

This policy development project met with Black women in the Halifax Regional Municipality, Nova Scotia, area to discuss topics pertaining to their health care and needs. The research was conducted through interviews, focus groups and questionnaires.

The women questioned why there is no known research on the health care of Black Nova Scotian women despite the large indigenous Black population in Nova Scotia. The women indicated that health care professionals do not understand their health needs, therefore, the health care they receive has been poorly presented. The women recommended that a comprehensive study and needs assessment be undertaken on the health of Black women.

The project reviewed research materials available on Black Canadian women. Only three studies address health issues for Black Nova Scotian women, and all three studies focus on the Halifax Metro area. Seventy percent of all women interviewed stated that poor health conditions of Black women contributed to the early mortality rate.

In focus group sessions, discussions centred around Black women's use of the IWK Grace Well Women's Clinic, priorities and gaps in health care for Black women, and recommendations for future studies on health care and the specific needs of Black women. In addition, they discussed issues such as violence against Black women, stress levels affecting Black women, depression and mental health care.

The following gaps in services were identified including:

- lack of programs in education on health issues and needs for the Black community
- insufficient numbers of Black professionals being employed in the health field
- lack of programs for young Black women
- inadequate dental health for adults
- insufficient nutritional education and fitness program in the Black community
- lack of pre-natal programs for young women in or close to the community
- lack of research on African Canadian women's health
- inadequate breast cancer screening and support groups in the Black community
- lack of understanding by health professionals concerning the health needs of Black women, physically, socially and mentally, as well as diseases that are common to only people of African decent
- lack of affordable daycare for single and low income parents
- lack of home care training for caregivers in the community, given the increase in the aging population in the Black community.

Project Title	Breast Cancer Action Nova Scotia
Contact Person	Virginia Cronin
Organization	Breast Cancer Action Nova Scotia
E-mail	virginia.cronin@msvu.ca
Funding Year	1999/00
Amount Awarded	$2,000

Project Summary

This funding was used to support development of a research proposal on the topic of breast cancer support groups by Breast Cancer Action Nova Scotia (BCANS). BCANS developed a proposal for submission to the Breast Cancer Fund in San Francisco. The proposal was comprised of two elements: support and upgrading of the BCANS website and support for a research project about personality and group involvement. The BCANS website is devoted to communication among cancer patients, survivors and family members. Priority groups, including black, rural and caregiving women, will be targeted in a new outreach program utilizing the website. The website also provides information but its focus is on facilitating communication at the grassroots level. The research component was comprised of two elements:

1. Taking a multimodal approach, utilizing data from the BCANS web server, content analysis and qualitative analysis, draw a picture of the website on a particular month. This information would be used by other groups interested in developing websites and for those interested in the changing nature of medical communications.

2. Undertaking a study relating participation in breast cancer groups, both face to face and web based, to identify personality styles and the use of repressive defenses and determining their association with less favourable health status.

BCANS was partially successful in that they received US$15,000 to purchase hardware for the BCANS website.

Policy Relevance

The research conducted by BCANS compares the effectiveness of a variety of breast cancer support groups and techniques in promoting health and quality of life. Through its website and outreach programs, BCANS provides a format and resource to assist women in making informed treatment decisions.

Project Title	Development of a Summer Institute on Gender Mainstreaming and Health: Proposal Development
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Year	2000/01
Amount Awarded	$3,000

Project Summary
This project hired a consultant to develop an application to the International Development Research Centre (IDRC) to support a feasibility study and development of a funding proposal. This will be the first phase of an incremental process for developing, funding and implementing a Summer Institute on Gender (Management) and Health at MCEWH. The Summer Institute will focus on gender mainstreaming training for the health sector. Potential to 'grow' the Summer Institute will be explored during implementation, including transferability and capacity to cover a wider gender agenda.

The Summer Institute will focus on professional development needs (applied, practice-based), initially in the health sector, to be addressed in an on-going program over several years. The program will use the Commonwealth Secretariat Gender Management System (GMS) Series and the GMS Manual on Gender Mainstreaming in Health and HIV/AIDS as its primary teaching tools. Participants will come from Commonwealth countries.

Policy Relevance
This project will contribute to development of capacity in the use of a gender lens at all health system levels. Health Canada, inspired by work on gender-bias in research, is developing a manual to be used to train all Health Canada managers and professionals in gender-based analysis. Health system and HIV/AIDS approaches (e.g., determinants of health) and services can have a more positive impact on the quality of daily life for women and for men if a gender lens is used to help create a gender sensitive enabling environment and gender sensitive processes, structures and mechanisms. Appropriate gender lens methodologies further allow health system interventions to be designed appropriately to accommodate ethnic diversity and different life cycle stages. Given the multiple roles of women in contributing to health and development, policies and programs that improve their status, particularly their health status, have important secondary impacts on all aspects of development.

Project Title	Effective Mechanisms and Policies for Establishing, Monitoring and Predicting the Needs for Nursing Services in the Atlantic Provinces
Contact Person	Judith Ritchie
Organization	Department of Nursing Research, McGill Health Centre
E-mail	judith.ritchie@mcgill.ca
Funding Year	1999/00
Amount Awarded	$1,000

Project Summary

This funding supported development of a proposal to the Canadian Health Services Research Foundation entitled "Effectiveness of Mechanisms and Policies for Establishing, Monitoring and Predicting the Needs for Nursing Services in the Atlantic Region". The proposal has been successful and funded.

This study proposes to test the relevance of a needs-based planning model for nursing human resource planning in Atlantic Canada by evaluating the adequacy of the existing information and data infrastructure in supporting such planning. Policy-makers, administrators and service providers will collaboratively work on this study. A needs-based model will be utilized as a conceptual framework. The overall project is composed of two phases:

I) a database will be established containing information, data resources, and policies related to support of a needs-based planning model; and

2) testing of the applicability of the model to a given cluster of patients. It is expected that the results of this project will produce a model that will be generalizable to other health conditions and other areas of the country.

Policy Relevance

This research uses a selected chronic health problem to examine the requirements with respect to the amount and kind of nursing interventions required. Once these needs are identified, the project will look at how they can be transformed into policies for establishing, monitoring, and predicting the number of nurses required to provide care for this group of clients. Such a model can be used by governments to address the issue of workloads for nurses and demand factors for nursing services.

Project Title	Feasibility Concept: Developing an Atlantic Region Metropolis Centre on Immigration and Settlement
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Year	2000/01
Amount Awarded	$2,000

Project Summary

The Metropolis Project is an international cooperative research project designed to increase governmental capacity for evidence-based policy decisions about immigration and settlement. The project considers immigration from two perspectives: the impact of migration on the immigrant population and the impact of immigrants on the communities they enter (host communities). The project's primary objectives are to promote and support multidisciplinary, comparative, evidence-based, policy-relevant decisions about immigration and integration.

Through the Project, four regional, university-based Centres of Excellence have been established in Montreal, Toronto, Edmonton and Vancouver. The centres emphasize partnerships among critical stakeholders to promote the transfer of knowledge needed for strategic policy making. To take advantage of developing knowledge and expertise in the area of immigration policy research, stakeholders are drawn from the federal, provincial, municipal, NGO and private sectors. The centres also bring together researchers from Canadian universities, think tanks, and community-based organizations. A key objective of the Centres is the dissemination of research to a wide audience of policy makers, practitioners, community organizations, and the general public through various means. To date, evaluations have determined that the Project has been successful in: effective partnerships and collaboration; the quality of research and research outputs; and effective research management and communications.

This funding supported development of a feasibility study that:

- details the need for a Metropolis Centre in the Atlantic region and its role in facilitating a long-term commitment to policy-relevant research which focuses on immigration and settlement, the use of such research in decision making, providing information to stakeholders, and developing and strengthening research linkages;
- identifies MCEWH as a possible site for an Atlantic region Metropolis Centre and documents the contributions MCEWH could make to achieving the goals of the Centre;
- identifies potential partners (academic, community and policy) for the development of the Centre;
- suggests types of partnerships for the Centre;
- possible funding scenarios for the Centre's first five years; and
- lays out the next steps in the proposal development process.

Policy Relevance

The research results of the Metropolis Project can be used to increase governmental capacity for evidence-based policy decisions about immigration and settlement. In addition to its contributions to research and policy making, the Project can enhance communications and linkages between community, academic and government groups concerned with issues related to immigration, settlement, integration and secondary migration.

Project Title	Gender Equity Policy Case Studies, "Lessons from the Field."

Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Year	1998/99
Amount Awarded	$1,500

Project Summary

This synthesis paper examines the use of gender based analysis (GBA) tools in the policy making process. In the summer of 1998, a series of in-depth interviews with representatives of 17 provincial and federal government agencies and departments and non-governmental organizations documented the application of gender-based analysis tools in the public policy process. The aim was to gain direct insight into the development and uptake of the federal government's policy to conduct GBA on all its policies and legislation as of 1995.

The interviews process identified:

- the barriers encountered by those working to engender public policy
- critical success factors for tool development and implementation
- methods for ensuring accountability for the use of GBA tools
- the need for greater collaboration between governmental and non-governmental supporters of gender equity principles.

The interviewees identified three categories of barriers to the use of GBA tools: attitudinal, operational and theoretical. Critical success factors include development of tools to meet the specific needs of the target group and education to raise consciousness on the importance of gender analysis in policy. Several factors surrounding the demand for increased government accountability and measurement of effectiveness are identified.

Virtually all the interviewees suggested that partnership between equality supporters based inside and outside of government offices is a strong factor in determining the extent to which equality considerations are taken into account in developing public policy. While policy documents and GBA tools require clear and substantive equality frameworks, these tools and documents should be interpreted and evaluated within the context of politically and bureaucratically constrained policy arenas. Extensive collaboration with community groups was described as a key factor contributing to the equality-enhancing policy developments in a variety of jurisdictions and policy areas.

The experience and expertise relating to the development and use of GBA tools and principles suggests that mainstreaming gender analysis is a challenging objective.

The paper also sets out the background on the development of GBA tools and lists the questions that address gender-related considerations in developing and analyzing policy. The paper includes an overview of GBA-related activities in each province and in several federal government departments and agencies.

Policy Relevance

This discussion paper is useful for those working on gender-based analysis initiatives, especially those working in the policy environment.

Project Title	"In-Reach: Multi-purpose Intervention Centre" – Support for Proposal Development
Contact Person	Elizabeth Townsend
Organization	School of Occupational Therapy, Dalhousie University
E-mail	elizabeth.townsend@dal.ca
Funding Year	2000/01
Amount Awarded	$5,500

Project Summary

The In-Reach project will be designed as an action research project aimed at providing prevention and crisis intervention services to African Nova Scotian and economically disadvantaged people in inner city Dartmouth and surrounding communities. The pilot project will evaluate an alternative service delivery model providing a range of services to the target group. There is well-documented research indicating these target groups have difficulty accessing health services. The In-Reach program will bring services to the community, rather than have people go to various community agencies for services. The Program will also be a training site for students in social work, occupational therapy and other disciplines.

The MCEWH funding will be used to develop the project proposal for the pilot project for submission to a funder. The development funds were used to hold 3 public meetings and to employ a project coordinator to write proposals for further funding.

Project Title	New Brunswick Women's Health Initiative Project
Contact Person	Gaila Friars
Organization	Region Three Hospital Corporation
E-mail	r3gfriars@health.nb.ca
Funding Year	1997/98
Amount Awarded	$2,000

Project Summary

The Women's Health Initiative Project, a Region 3 Hospital Corporation (New Brunswick) project, was conducted December 1997 and March 1999. The project explored the dimensions of women's health that are rooted in women's lived experiences. Within the context of this Project, MCEWH funded a modest research and consultation process to assist the researchers in making recommendations on how to contribute to enhancing the health of a largely rural women's health constituency. This small pilot study consisted of a literature review, three focus groups, and interviews with four key informants, to develop a research question to be refined for future study.

Three focus groups were conducted with adult women in three different communities who have had considerable interaction with the health care system, either because of their own high health care needs, or those of their family members. Researchers asked the women two questions to facilitate the discussion: "How do you get your health care needs met now?" and "If your needs were better met, what might those services be like?"

In general, the focus group participants and key informants stated that they were not satisfied with existing health care services. The traditional services delivered in the traditional way did not meet these women's needs. Participants tended to state why they did not utilize current health care services. They also discussed what they did not like about the health care services they received. The issues identified by these women include the need for health education information, more accessible services (i.e., more evening clinics/services, child care resources), feelings of judgment and the lack of time and respect from health care providers; the need for more support from women (both as doctors and nurses); increased partnerships between health care services and community-based services (e.g., the local family resource centre); and poor medical practices (e.g., over-prescription of medicine; lack of health information for self-care; lack of sensitivity by health care providers; and conflicting information. The women also talked about never being taught breast self-examination, having only cursory clinical breast exams by their doctors, or not having a exam along with a pap smear. The women in the focus groups said that a woman has to be assertive and knowledgeable within the current system to receive adequate care. Overall, this study illuminated women's perceived unmet needs and concerns regarding the use of the health care system.

Project Title	Survival Guide to the New Economy
Contact Person	Marie Koelher
Organization	Consultant
E-mail	superma@primus.ca
Funding Year	1998/99
Amount Awarded	$4000

Project Summary

This project aims to provide practical tools for survival for women with low incomes. Using participatory research techniques involving women using food banks, resource centres, community centres and women-living-in-poverty, the project will publish a handbook that provides strategies for low income women to improve their economic and social security and suggests means by which they can become activists for social change. The handbook will provide practical information and tips on how to maintain health and happiness by actively tackling poverty (e.g., cooking with food bank foods, dealing with money and debt, developing self-esteem, co-ops, and learning how to barter) and dealing with current social assistance issues in Nova Scotia (e.g., getting access to social service programs, going to university while on family benefits).

In addition to the handbook, this research project will:
- challenge government policies regarding women
- educate women about their options when using any area of the safety net
- identify, through research, a framework low-income women can use to become activists against their economic conditions
- identify the most important blocks women face while attempting to provide health and well-being for themselves and their families
- create a resource list for low-income women.

Policy Relevance

Researcher's recommendations for policy:
- acknowledge that all Canadians, in a rich society, have the right to adequate shelter and nourishment, and increase basic social assistance to poverty line levels
- acknowledge that all work has value, including the work of raising children, and increase the minimum wage to poverty line levels
- recognize that every dollar spent at the beginning of a person's life is saved seven-fold by the end, and increase aid to children with long-term benefits in mind
- acknowledge that post-secondary education for larger percentage of people is a societal need, not an individual privilege, and provide means to fund it
- recognize that post-secondary education is the surest path out of poverty, and encourage all people on social assistance, especially single mothers and people with disabilities, to attend university.

Project Title	The Black Women's Health Program (Part 1)

Contact Person	Rose Fraser
Organization	North End Community Health Centre
Phone	902-420-0303
Funding Year	1997/98
Amount Awarded	$5,000

Project Summary
The first component of this project is a paper reviewing the progress of the Black Women's Health Program and initiatives to assess the health status and issues affecting Black women in Nova Scotia. The Black presence in NS dates back to 1605. There is no formal documentation of the status of the health of Black communities since their arrival, but the strong tradition of oral history indicates that medical care was not available until the late 1930s, and that was only for emergencies or the pronouncement of death. Most Black Nova Scotians used herbal and natural remedies learned from African ancestors or Nova Scotian Aboriginal peoples. To date, there are no statistics documenting the status of the health of Black communities in NS. This makes it difficult to set priorities for preventative health care. As a result, many diseases contracted by early Black settlers such as tuberculosis, cancer and heart disease are still prevalent in Black communities throughout NS.

The Black Women's Health Program (BWHP) began in May 1996 as an initiative of the North End Community Health Centre (NECHC) in Halifax, Nova Scotia. BWHP promotes holistic health in Black communities of the Halifax Regional Municipality (HRM), specifically as it relates to the Black woman, with an emphasis on all the determinants of health. BWHP provides advocacy and a sense of belonging for many Black women within the HRM. BWHP held weekly sessions at NECHC to discuss physical and mental health issues, as well as the determinants of health, for Black women. BWHP has attained its goals through the provision of workshops to educate Black women on specific health issues within the Black community; working with community health centres and other community agencies on health service needs assessments for the Black community; a social support network; production of educational health materials; and collaborating with researchers and health professionals examining specific diseases, determinants of health for Blacks, and issues surrounding access to health services.

BWHP conducted a series of research focus groups examining the health of Black women in Nova Scotia and their access to health services. The results of these surveys encouraged the BWHP to seek funding to undergo comprehensive research into diseases which may or may not be specific to the Black community and the determinants of the health of Black women within not only the HRM but throughout the province of Nova Scotia.

Policy Relevance
The previous work of the Black Women's Health Program has laid the foundation for many new health initiatives and health-related work. A small group of Black men are now meeting in North End Halifax regularly to discuss health issues of Black men; there is a multicultural health committee of the maternal and newborn program at the IWK Grace; there is a Black Women's Health Program in North Preston; the Cancer Society of Nova Scotia conducted an anti-racism workshop upon recommendation of the Black Women's Health group; the Halifax Police Department began looking at ways to become more culturally sensitive because of BWHP recommendations.

Project Title	Unpacking the Shift to Home Care
Contact Person	Colleen Flood
Organization	Health Law Institute, Dalhousie University
E-mail	colleen.flood@utoronto.ca
Funding Year	1997/98
Amount Awarded	$3,775

Project Summary

Home care has become a significant policy issue in Canada and other developed countries. "Unpacking the Shift to Home Care" focuses on the factors that have fuelled and are fuelling the recent and rapid shift from the provision of care in hospitals and institutions to home care. The paper analyzes which members of society will bear the costs of this shift and explains why the distribution of these costs has largely been ignored. Unpacking the larger forces causing the shift to home care will help Canadian citizens, particularly Canadian women, better understand why this shift is occurring and its likely impact on their lives. Having this information should also help women to analyze critically arguments for and against different home care policies and to identify and to advocate against those policies that will have a detrimental effect on vulnerable women.

Project Title	Values and the Future of Canadian Health
Contact Person	Nuala Kenny
Organization	Department of Bioethics, Dalhousie University
E-mail	nuala.kenny@dal.ca
Funding Year	1999/00
Amount Awarded	$5,000

Project Summary

This funding supported the development of a book entitled "Guarded Prognosis: Values and the Future of Canadian Health Care". The book will examine the values made explicit in institutional policies and practices, a reflection of not just the health care system but Canadian society itself. This project focuses on the historical background of the Canada Health Act, the values underlying that health policy and the multiple analyses available of the 'crisis' in Canadian health care. The book aims to redefine the crisis as a question of health care as a market good or a common societal good. The issue is currently being framed within the context of technology, the medicalization of life and the marketplace in Canada. Insights regarding different perspectives, in large part from feminist reflections, on care, community and medicalization need to be brought more explicitly to public attention. A different perspective on health care and community allows for a repositioning of health care, technology, hospitals and health professions within a larger understanding of the socioeconomic determinants of health. The book is aimed at the Canadian reading public, health professionals and policy makers.

The funding supported the research for three chapters in particular, "The Way We Were" on value foundations for the Canada Health Act, "Ask Your Doctor ..." on media and professional influences on understanding evidence of benefit with particular attention to women's health, and "Medicine as Marketplace: Winners and Losers" on the justice implications of health care as a market and the commodification of health with a special focus on women, the chronically ill, the elderly and those living in poverty.

Policy Relevance

Contributes to the current discussion regarding health policy and sustainability of the Canada Health Act.

Project Title	Work, Family Structure and Canadian Family Food Expenditure for the 1982-1996 Period
Contact Person	Nathalie Boivin
Organization	Consultant
E-mail	nboivin@cus.ca
Funding Year	2000/01
Amount Awarded	$500

Project Summary

This funding supported the development of a research proposal exploring the links between quality of work and quality of nutrition.

This research intends to describe the trends in food expenditure of Canadian families in the period 1982 to 1996. A population health model will form the theoretical basis of this research, allowing the researcher to examine the relationship between work, family and health inequities.

Appendix F

Externally Funded Projects

Project Title	A Community Alliance for Health Research on Women's Unpaid Caregiving: Proposal Development
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Agency	Social Sciences and Humanities Research Council (SSHRC)
Funding Year	2000/01
Contract Amount	$5,000

Project Summary

This funding supported development of the "A Healthy Balance: A Community Alliance for Health Research on Women's Unpaid Caregiving" proposal Submission successful.

Project Title	A Healthy Balance: A Community Alliance for Health Research on Women's Unpaid Caregiving
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Agency	Canadian Institutes for Health Research
Funding Year	2001/02 - 2006/07
Contract Amount	$1.7 million

Project Summary

Though it is well known that women are more likely than men to experience stress and overwork as a result of their multiple responsibilities at home and at work, we are only beginning to understand the impact women's unpaid caregiving work has on their health. This Community Alliance for Health Research Program aims to examine the ways in which women's unpaid caregiving affects women's sense of empowerment, and in turn, how unpaid work affects their health and well-being. The project also aims to encourage new ways of thinking about work and caregiving roles in our society to better recognize the value of women's unpaid work.

The Healthy Balance Program will examine how a number of social and economic factors interact to affect the health and well-being of care providers. The program of research will examine current policies and programs that address paid work and family life and consider how these might be improved; it will also assess how families in Nova Scotia juggle both paid and unpaid work to create a better understanding of the realities caregivers face.

This five-year collaborative research program brings together senior and junior researchers from the academy, the public policy domain, health practitioners, communications professionals and the community to examine the ways in which women's work, both as paid workers and unpaid caregivers, affects their health status, as mediated by empowerment. This wide-ranging partnership will connect research results, policy implications, practical application and consumer needs throughout the entire program, to foster innovation in the ways we structure our work and caregiving roles. This broad representation will ensure that the findings are practical and are shared with a wide range of community and policy audiences, the ultimate goal being the creation of the most effective caregiving, programs, policies and models in Nova Scotia and Canada.

Policy Relevance

Traditional assumptions about "the family" are sometimes appealing for political, ideological or even practical reasons, but women's expectations about economic independence and the changing economic situation of families mean that these traditional expectations rarely coincide with reality. Changes in women's labour- market participation have resulted in a redistribution of the time women spend on caregiving activities in relation to income-generating activities, but the unequal division of household labour persists. We do not know what the overall consequences of the continuum of care over the life course are for women's health and well-being. Recent social and economic changes, along with changes in healthcare, have created a new and more challenging environment for caregivers with implications for the circumstances and conditions under which care is provided, with repercussions both for those in need of care and for family caregivers. This research will assist government policy makers as they are tasked with defining what programs and services will be most helpful to promote positive health status in the populations under study.

Project Title	A Just Society Where Everyone Counts: Promoting Social and Economic Inclusion in Atlantic Canada
Contact Person	Linda Snyder
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	linda.snyder@dal.ca
Funding Agency	Population and Public Health Branch, Atlantic Region, Health Canada
Funding Year	2000/01 to 2002/03
Contract Amount	$201,700

Project Summary

This project is a continuation of the Social and Economic Inclusion Project: Phase 2. The vision of this phase of work is to enhance the health and well being of Atlantic Canadian women and their families who live in disadvantaged circumstances and 'forgotten populations'. The previous reference and working groups in the four Atlantic provinces will form the core of the project. They will draw on their workplaces and networks to broaden the level of participation and build on previous knowledge and experience. They will build new relationships among government and community groups – across provincial boundaries and across sectors within provinces, contributing to the development of networks that connect government, community and others interested in developing healthy public policy. They will continue to build a common base of skills and knowledge around both, strategies for policy development and information on poverty in Atlantic Canada.

The project has identified five main activities:

- Materials development and distribution – popular formats for papers and case studies from the previous phase of the project; package and develop process for different audiences
- Workshop format and provincial processes – a workshop model will be developed for community and government policy makers and will be adapted for use in provinces and organizations as appropriate. There will be ongoing consultation within provinces, among community organizations and between government departments to develop shared agendas and identify common interests and commitments.
- Conference and meetings with premiers and senior policy makers.
- Inclusion – developing and testing model to identify inclusionary practices and against which to review existing policies.
- Project evaluation and coordination.

Policy Relevance

The purpose of this study is to convey the costs of exclusion to policy makers and distribute synthesis of report and other materials to a diverse audience

Project Title	Community-Based Research Ethics: A Process
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Agency	Population and Public Health Branch, Atlantic Region, Health Canada
Funding Year	1998/99
Contract Amount	$8,200

Project Summary

Conducted in two phases, this project sought to elucidate the diverse perspectives of community-based researchers on: 1) the definition(s) of ethics; 2) the perceived problems with current ethics review models; and 3) the key values and objectives in order to facilitate an ethics review process.

In Phase One, key informant telephone interviews were conducted with 25 community-based researchers in the Atlantic region about their experiences with research ethics review processes in March 1999. Chairs of local research ethics boards were also surveyed. Phase Two involved dissemination of the summary report of these interviews and a roundtable discussion hosted by MCEWH in March 1999. At least two community-based researchers from each Atlantic province participated in the roundtable. Strategies for a community ethics research process were devised from suggestions made by roundtable partners and participants.

Researchers raised the following concerns regarding existing ethics review models: 1) a dissatisfaction with the institutional review patterns; 2) an exclusion of researchers from the actual review process; and 3) a lack of guidance for the researchers themselves, especially if their research design underwent any changes during the course of the project.

Despite pragmatic concerns such as lack of funding and time restraints, community-based researchers strongly believe that an attempt must be made to make the voice of the community heard in the institutional ethics review process. Unless institutional funding, i.e., universities and hospitals, is made available, and an effort is made to open lines of communication, traditional ethics review processes will continue to ignore the diverse methodologies and guiding principles involved in community-based research and this will remain yet another barrier to community-based work. The group discussed objectives and recommendations to strategize a community-based research process.

The Dalhousie Health Law Institute, MCEWH, and the Canadian Research Institute for the Advancement of Women jointly conducted this project.

Policy Relevance

This report will be of interest to academic institutions, research foundations and hospitals that require formal ethics review according to the TriCouncil Guidelines, and also by those agencies which do not currently require ethical review processes for the conduct of community-based research.

Project Title	A Synthesis of Health Research Relevant to Black Nova Scotians
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Agency	Population and Public Health Branch, Atlantic Region, Health Canada
Funding Year	2000/01
Contract Amount	$64,250

Project Summary

People of African descent settled in Nova Scotia in the early 1600s. However, research and literature in various domains, including health, have virtually ignored this population. One consequence of their absence in mainstream health literature is marginal representation of their issues in the research and policy making arenas. This often results in a lack of understanding of the historical and racial contexts that influence the health of Blacks living in Nova Scotia. The research presented in this report is a synthesis of literature relevant to the health of Nova Scotia's Black population. The goal was to promote an understanding of the current state of knowledge about the health of Nova Scotians of African descent and to identify ways of enhancing the health and well-being of Black women and their families. The project was conducted as a partnership initiative between the Health Association of African Canadians (formerly the Black Women's Health Network) and the Maritime Centre of Excellence for Women's Health. It used a synthesis research methodology to review and analyze past research relevant to Black health and to consult researchers to ascertain specific gaps and health issues within the Nova Scotian Black community.

The literature referenced in the report comes from local research reports, Canadian studies and African American literature on those conditions that disproportionately affect people of African descent. Information was also gathered through consultations with community researchers and academics interested in this area of research. A two-day workshop was used as a forum to raise awareness of the issues and the determinants of health, and to validate the preliminary research findings as well as to identify strategies for addressing these issues. Recommendations for future initiatives on Black health in Nova Scotia were also developed at the workshop.

The information collected during this study was grouped into four major themes: access to health services, preventive health issues, behaviour and lifestyle, and health status.

Policy Relevance

This work on inclusion is creating a shift in thinking away from a concentration on child poverty towards an analysis of the social and economic exclusion of women, children and their families. The Black Women's Health Project has provided a voice to those who have been largely excluded from policy dialogue, and has also contributed another piece of evidence to the social inclusion "puzzle" in Atlantic Canada and to ongoing research on social and economic inclusion and health in general.

Project Title	Capacity Building for Collaborative Health Research in Nova Scotia
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Agency	Nova Scotia Health Research Foundation
Funding Year	2000/01
Contract Amount	$24,000

Project Summary

On January 30, 2001 the Nova Scotia Health Research Foundation held an invitational workshop "Capacity Building for Collaborative Health Research in Nova Scotia" with over 70 researchers from the Nova Scotia academic, policy and community-based health research communities. MCEWH was contracted to organize the workshop.

The workshop included a series of presentations in a variety of formats. In addition to a summary presentation about the Nova Scotia Health Research Foundation's programs and procedures, there were a series of panel presentations by a range of successful collaborative health researchers. A small group interactive activity provided rich discussions about the challenges and opportunities for collaborative health research in Nova Scotia. As well, a series of workshops provided participants an opportunity to receive and exchange information about some aspects of collaborative research as well as some skill development activities. "Collaborative Research Proposals: A Guide" was prepared as a resource tool for workshop participants.

The Capacity Building Workshop sought to enhance awareness and interest about the NSHRF development grant program, procedures and criteria among researchers conducting collaborative health research in Nova Scotia. In addition to contributing to improved competitiveness of applications to this program in the next round of the funding cycle, the Workshop facilitated and enhanced community-based researchers capacity for health research throughout Nova Scotia. This partnership activity increases the health research capacity of Nova Scotians.

Policy Relevance

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Project Title	Ethnicity, Income and Access to Health Care in the Atlantic Region: A Synthesis of the Literature
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Agency	Health Promotion and Program Branch, Health Canada, Atlantic Region
Funding Year	2000/01
Contract Amount	$15,000

Project Summary

This literature scan involved a search across several domains – from public and university libraries, community-level institutions, research institutions, and the news media (print as well as visual), to government documents. The search for documents focused on works that provided various perspectives (academic or non-academic) on the relationships between socio-economic status, ethnicity and health care accessibility. The ethnic groups, which were the focus of this study, included Blacks, Aboriginals and Acadians, as well as various immigrant groups whose cultural beliefs and practices differ from those of the dominant culture.

The synthesis contained in this report finds that there is a shortage of research-based literature on the role of ethnicity and low-income status as they relate to health care accessibility in the Atlantic region. As a result, that which exists is thinly spread out. This is in contrast to work being done in other parts of Canada. There is, therefore, a need to make a long-term commitment to such research in the region. On a more specific level, we need more systematic quantitative and qualitative work on the determinants of health care accessibility across the broad spectrum of health care services, and to disentangle more definitively the links between income status, ethnicity, short and long term immigration experiences, and health care usage. As part of this broader research effort, we need documentation on the varying health problems and needs of ethnic minorities, both established and new communities. As noted in the report, the fact that minorities constitute a small proportion of the provincial population is precisely why they can become marginalized, especially those who belong to low-income groups. If health care policy is not informed about these sub-populations, they will continue to be marginalized from mainstream Canadian society.

Policy Relevance

This project identified the following research agenda to inform policy making:

> To build a critical mass of research-based literature on the subject of ethnicity, low-income and geographical location as they relate to health care accessibility in the Atlantic provinces. This requires a strategic investment in health-related research. The urgency of this requirement is especially highlighted by the fact that (i) the newer flows of immigrants to the region are not from the traditional sources (Europe and the United States) but from Asia and Africa, with significantly different cultural attitudes and values; and (ii) that there is considerable research on these as well as other minority groups being conducted in other regions of Canada. There is therefore a danger that Atlantic Canada would lag behind without a strong commitment to the creation of research-based health knowledge in the region.

Project Title	Gender Mainstreaming in HIV/AIDS: Taking a Multisectoral Approach
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Agency	Women's Health Contribution Program
Funding Year	2000/01 to 2002/03
Contract Amount	$22,500

Project Summary

This joint project between MCEWH, the Commonwealth Secretariat, and Health Canada developed a publication to help ministries of health and other stakeholders involved in health delivery and dealing with HIV/AIDS to adopt a gender policy and program framework, i.e., to develop policies, plans and delivery systems in which gender equality and equity are embedded. The co-publication will be used by health sector educational and training institutions. The publication will include a combination of conceptual mapping of (I) gender, health and HIV/AIDS, (ii) Commonwealth national case studies/best practices, and (iii) 'how to' tools/instruments/guidelines to enable the health and HIV/AIDS professional to mainstream gender at all levels in the sector. Figures/tables throughout will facilitate the reader ease of use of this publication while providing comparative information/statistics. The publication is published as part of the Commonwealth Secretariat's new mainstreaming series on development issues.

The text covers such issues as global and Commonwealth mandates and trends in the health sector and HIV/AIDS, gender issues in the health sector, and gender as it relates to health and HIV/AIDS.

Policy Relevance

The gender and development framework that underpins this manual is based on several key assumptions:

- women and men have different health needs and experience different kinds of inequalities/inequalities in the health care system
- women and men are not homogeneous groups because of differences of race/ethnicity, socioeconomic, (dis)ability, sexual orientation
- a life cycle/course approach is key to understanding all aspects of gender, health and HIV/AIDS, with particular emphasis on young people, and
- issues of access/control in relation to health care are systemic based on several factors both within countries and between developed and developing countries

In addressing these issues, this reference manual will provide governments and other stakeholders with a valuable tool in providing gender equality and equity in health delivery services and in dealing with HIV/AIDS.

Project Title	Social and Economic Inclusion of Women, Children, Families
Contact Person	Carol Amaratunga
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca
Funding Agency	Population and Public Health Branch, Atlantic Region, Health Canada
Funding Year	1999/00
Contract Amount	$213,500

Project Summary

People who are socially and economically excluded are vulnerable in our society to loss of self-esteem, a disintegrating sense of well-being, and ill health. This project explores how policy makers can create policies that ensure social inclusion, who the policy makers should be, and how they should work together. The synthesis papers, case studies and processes help to describe inclusive public policy from the perspective of the broadest of social and economic determinants of health.

This project spent considerable time developing processes that help to answer these questions. The project fostered links, networks and partnerships across research community sectors, including the public sector, community and businesses and NGOs. Policy makers from government and community came together to discuss and synthesize their thinking in three major papers, one from each of three groups covering the Atlantic provinces (Nova Scotia/Prince Edward Island, New Brunswick, and Newfoundland/Labrador). A compendium of New Brunswick case studies was also developed.

The materials generated through this project are available on the MCEWH website. A listserve has also been developed for project participants to share information. To maintain contact, a series of teleconferences has occurred within each of the three groups over a 15 month period. Participants from all four provinces have come together to review the current work and plan future work together.

Policy Relevance

Part of the process of the project has been to make contacts with officials. The reference groups have all identified people in governments and community sectors to distribute their papers. Some members of the working and reference groups are from the community and advocacy sectors and they have distributed materials and drawn support for this work from those sectors. Several hundred copies of each paper have been distributed to key contacts of members of the working/reference groups. The project created a list of report recipients in each province.

Project Title	Socioeconomic Costs of Palliative Home Care: A Gendered Analysis Project
Contact Person	Carol Amaratunga and Jacqueline Gahagan
Organization	Atlantic Centre of Excellence for Women's Health
E-mail	carol.amaratunga@dal.ca, jacqueline.gahagan@dal.ca
Funding Agency	B.C. Centre of Excellence for Women's Health
Funding Year	2001/02
Contract Amount	$5,720

Project Summary

Palliative care, aimed at the relief of suffering and improving the quality of life of people who are dying, is a significant part of home and continuing care programs in Canada. Formal (paid) and informal (unpaid) care providers may be involved in caring for a dying person. Research has often overlooked the social, psychological and economic costs of such caregiving. In addition, there has been no gender analysis of the costs to paid or unpaid caregivers of providing this care. However, it is established that most home and community care is provided by women family members and friends on an unpaid basis. These women often incur substantial costs and experience a physical and emotional toll related to their caregiving role.

Final Payments: Socioeconomic Costs of Palliative Home Caregiving in the Last Month of Life (2002) is a pilot study based on retrospective interviews with 81 male and female palliative caregivers from three provinces who cared for a person with cancer or AIDS. People with cancer and AIDS receive the most palliative care in Canada. The sample was designed to include a mix of male and female (paid and unpaid) caregivers, and male and female patients. Data were collected and analyzed to determine gender differences, differences between formal and informal caregivers, and regional (British Columbia, Quebec and Nova Scotia) and diagnosis-related differences.

A cost-identification process was used to estimate the social, economic, emotional, psychological and spiritual burden on the caregiver during the last month of the patient's life. To assess economic costs, caregivers were asked to estimate how many hours they spent per caregiving task, and the total number of caregiving hours per week. They were also asked to estimate lost income and any compensation that they received. These measures revealed that informal caregivers performed approximately $6,000 worth of caregiving labour in the final four weeks of the patient"s life.

Unpaid caregivers, as expected, incurred more out-of-pocket expenses than paid caregivers. In addition, 75% of unpaid caregivers reported having to travel away from home at their own expense to give care. Significant gender differences were evident in costs incurred. For example, female caregivers of AIDS patients were more likely than male caregivers of AIDS patients to purchase medical items for their patient.

Female and male caregivers (both formal and informal) differed in the nature of the tasks they undertook and the support services they engaged. Females were more likely to dress their patient and obtain services such as massage, while males were more likely to assist with financial and legal affairs and to obtain individual counselling services for their patients. Female informal caregivers spent more time in caregiving tasks and were most likely to report a physical impact from their efforts. In addition, female informal caregivers of cancer patients reported the biggest impact on their family life as a result of caregiving.