

MONDAY, March 16
2:00 – 3:30

HEALTH AND GENDER EQUITY: Commonwealth Ballroom A

KSTE of the WHO's Women and Gender Equity Knowledge Network Report

Hope Beanlands, NCC Determinants of Health

Abstract:

The mandate of the National Collaborating Centre for Determinants of Health (NCCDH) is to support researchers, policy-makers and practitioners to use knowledge about the determinants of health in policy and practice decisions that will achieve social justice and health for all. One of the knowledge synthesis, translation and exchange strategies used by the NCCDH is to summarize key documents in a one page fact sheet, three page executive summary and 25-page condensed report. This process was applied to the Women and Gender Equity Knowledge Network report (Sen, Östlin & George, 2007) prepared for the World Health Organization Commission on the Social Determinants of Health. This presentation will highlight how the NCCDH has collaborated with the original authors and engaged key stakeholders in knowledge synthesis, translation and exchange activities in order to work toward gender equity and health. The presentation will discuss the results of one specific activity, the hosting of a national workshop on Women's Health and Gender Equity in a Public Health Context and the distribution of the summary report.

Health Equity and Women's Health Services in Toronto

Dr. Pat Armstrong, York University

Tamara Daly, Dr. Hugh Armstrong, Dr. Susan Braedley and Vanessa Oliver, Co-Authors

Abstract:

Using qualitative methods, our study investigates changes to the organization, delivery and funding of women's health services in Toronto from 1990 to 2007. We gauge the extent to which services have been privatized, retrenched, internally re-organized, improved, shifted to the community, ignored, or cancelled. The study defines women's health care broadly as all services provided to women across the continuum of care, with data collected from 2 sites focused on reproductive and sexual health, mental health, HIV/AIDS, and cardiac care. Among the report's findings, we explore how philosophies of women's health are operationalized within each site by interrogating discourses and organizational practices of caring for women – both as patients and providers of care. Taking note of the spaces between discourse and practice, we analyse who is and is not cared for, who provides the care, and how the organizations are challenged in the practice of their caring. Our research demonstrates contradictions: both exemplary service delivery and areas that require further investment or re-organization, which raise questions about the equity of the funding and delivery of women's health services in Toronto.

Engaging with Marginalized Young Women in Public Policy-Making

Leah Levac, University of New Brunswick

Abstract:

Civic engagement is important to youth development, and it contributes to youth and community well-being. Civic engagement has been found to promote a positive sense of identity, adjustment, improved learning outcomes, empowerment, and positive social change. Despite this, little attention has been paid to the processes and outcomes of civic engagement with marginalized young women; this is a particularly detrimental oversight given the extent to which the well-being of young women in Canada is compromised. The purpose of this presentation is to discuss the possibility that civic engagement (a central feature of deliberative democracy) in policy-making processes should be designed using a combination of participatory research methods and conceptual frameworks, including feminist participatory action research and social justice youth development, in order to attend to the inclusion of marginalized young women. I will explore early experiences with the application of this idea to the current New Brunswick citizen engagement initiative being used to develop a poverty-reduction plan for the province. Designing policy-making processes as research projects offers multiple opportunities for generating policy-related knowledge, building alignment between disparate sectors, and addressing negative health outcomes associated with social exclusion.

MONDAY, March 16
2:00 – 3:30

SOCIAL DETERMINANTS OF HEALTH: Maritime Room

Building Capacity Among Women for Food Security Related Policy Change

Michelle Florence, Nova Scotia Food Security Network and MSVU

Rita MacAulay, Public Health Services, Capital District Health Authority

Dr. Patty Williams, Mount Saint Vincent University, on behalf of the Food Costing Working Group

Abstract:

This presentation will highlight the vulnerability of low-income women and families in Nova Scotia to food insecurity and health disparities using provincial food costing data collected using participatory processes. The value of, and capacity building resulting from, participatory methods involving women who are most affected by food insecurity is also discussed. Since 2002, four cycles of provincial food costing have been conducted in NS involving trained food costers from Family and Women's Resource Centres/Projects. Randomly selected grocery stores across NS were surveyed to determine the cost of a basic nutritious diet. Provincial averages were calculated for 23 age and gender groups, and applied to affordability analyses for several household scenarios including female lone parent households with different income sources. The monthly cost of a basic nutritious diet (2007) for a female lone parent household with 2 children was \$414.19. After meeting basic needs including a nutritious diet, a family living on minimum wage or Income Assistance, respectively in NS, would face a deficit of \$8.31/month or have only \$128/month for which to pay for any additional expenses. These findings support the need for review of policies related to social and economic justice in NS and inclusive policy processes.

Gendered Environmental Health Inequities

Andrea Chircop, School of Nursing, Dalhousie University

Abstract:

Gendered environmental health inequities warrant innovative conceptualizations to guide research and practice. Canadian evidence indicates an intra-urban divide in the distribution of health, based on socioeconomic status (CIHI, 2006). Low income-mothers and their children are particularly vulnerable to the negative health effects associated with low-income urban neighbourhoods. The purpose of my research was to explore how low-income mothers experience and negotiate their own and their families' health in an urban low-income neighbourhood (Spryfield, NS). Data collection included prolonged (Sept 2007-Dec 2008) engagement through repeated individual interviews and photovoice. Photovoice places the camera into the hands of participants, enabling them to have a voice with policy makers by drawing attention to areas in the urban environment affecting their health. Common themes include infrastructures of services particularly the lack of childcare services, playgrounds, location of residence, public transportation, and affordable nutrition. Findings reveal the intricate balancing act of low-income mothers' negotiations for healthy living. This study is an example of how large scale survey data is contextualized to convey to health professionals and policy makers what it really means to live in a low-income urban neighbourhood and how even well intended public policies require change to reduce health inequities.

Exploring Black Women's Experiences of Hysterectomy

Louise Adongo, Dalhousie University

Abstract:

Hysterectomy is the second-most frequently performed surgery in women. Hysterectomy experiences are wide-ranging; influenced by cultural factors, socio-economic factors and perceptions about gender roles. Indeed, research shows that women's health concerns are both subjective and biomedical. Health care providers require comprehensive contextual information from health service users to better serve them. Culturally- relevant information depicting the hysterectomy experience is essential in providing the best possible services to effectively meet women's needs. It is important that women considering surgery understand what it means to have it and its impact on life afterward. This study explored the hysterectomy experiences of seven Black women living in Halifax, Nova Scotia who underwent hysterectomy for non-life threatening conditions. Black feminist theory and an interpretative phenomenological approach were used to explore their lived experience of hysterectomy. Semi-structured interviews highlighted Black women's voices and ideas for change. Data analysis and interpretation within the socio-cultural context of participants' lives drew out the essence of Black women's hysterectomy experience. Eight categories emerged from the data: Meaning, Decision-Making, Care and Treatment, Recovery, Support, Advice (for women and health care providers) and Supplementary observations. Findings have implications for cultural competence guidelines and health literacy benchmarks within institutional policies.

MONDAY, March 16

2:00 – 3:30 PM

KNOWLEDGE TRANSLATION: Bedford Room

Engendering Regional Health Planning in Manitoba

Margaret Haworth-Brockman and Harpa Isfeld
Prairie Women's Health Centre of Excellence

Abstract:

Successes, challenges and potential: Having recently completed A Profile of Women's Health in Manitoba—an ambitious gender-based analysis of numerous health status, socioeconomic, behavioural, and health system indicators of women's health—Prairie Women's Health Centre of Excellence (PWHCE) is delivering a series of workshops in 11 regions throughout the province. With sponsorship from Manitoba Health and Healthy Living, PWHCE aims to help strengthen the capacity of Regional Health Authority (RHA) staff for ongoing gender-based analysis in health planning, programming and policy at the regional level. The workshop will be an opportunity to present findings of the Profile, drawn from available data, research literature and community knowledge, and to adapt the lessons learned to women's health priorities particular to each region. Moreover, the workshop series will be delivered within the context of the RHAs' own Community Health Assessment processes, presenting an opportunity to immediately apply and incorporate gender-based analysis in current planning and policy initiatives in the regions. PWHCE will share the successes and challenges of this knowledge translation process, as well as actual or potential outcomes attained from working with the Regional Health Authorities, the provincial health department and other partners.

Women and Health Protection: Working Towards Policy Change on Women and Pharmaceuticals

Anne Rochon Ford, Women and Health Protection

Abstract:

Despite some improvements made in drug regulation since the days of Thalidomide and DES, problematic medications and devices for women still make their way onto the market, or are inappropriately prescribed to women.

Women and Health Protection was set up in 1998 to try to affect drug regulation policy - in particular, as it relates to women - at Health Canada. Issues focused on including women and clinical trials, the impact of direct-to-consumer advertising on women, SSRI use in pregnancy, expanding availability of emergency contraception, and a focus on particular drugs (e.g. statins, Diane-35, Depo Provera) and devices (e.g. silicone gel breast implants). An overview of the work Women and Health Protection has undertaken in the past ten years, with a focus on where Women and Health Protection has been more - or less - effective in influencing policy change, will be highlighted.

The Source-Survey-Synthesis Tool: Increasing Knowledge Translation in Women's Health Research and Policy

Jocelyn Wentland & Lorraine Greaves, British Columbia Centre of Excellence for Women's Health

Abstract:

The Source-Survey-Synthesis Tool is a web-based, bilingual central location where researchers, policy makers, health planners, community groups, and students can access Canadian data sources, as well as reports and grey literature on women's health matters.

The tool's three inter-connected websites each play a key role in the translation of women's health knowledge. The Source/La Source is a data directory that lists sources of data linked to specific indicators of women's health and includes an introductory gender-based analysis to each indicator. The Survey/Le Sondage is a repository of international, national, and provincial grey literature documents that are not often catalogued or readily available. And finally, the Synthesis/La Synthèse houses a combination of syntheses, critical position papers, and literature reviews on popular health issues.

Together, the tool is a unique website which offers a combination of synthesis, dissemination, exchange, and application of knowledge on women's health issues. Knowledge translation is vital for women's health because more efficient and gender-sensitive research, programming, and policy creates better research and health care decisions and ultimately improves women's health policy development.

TUESDAY, March 17
10:45 – 12:30

WOMEN AND HEALTH CARE REFORM: Commonwealth Ballroom A

Moving Research on Women and Health Care Reform into Policy and Practice

Dr. Pat Armstrong, York University

Ann Pederson, British Columbia Centre of Excellence for Women's Health

Margaret Haworth-Brockman, Prairie Women's Health Centre of Excellence

Beth Jackson, Public Health Agency of Canada

Barbara Clow, Atlantic Centre of Excellence for Women's Health

Karen Grant, University of Manitoba

Morgan Seeley, York University

Madeline Boscoe, Canadian Women's Health Network

Abstract:

Women and Health Care Reform has spent 10 years engaged in research and knowledge translation on how changes in the organization, delivery and financing of health care in Canada relate to women. We have approached our work by asking: What are the issues? Why these issues for women? For which women are these issues? What is to be done? Through examinations of numerous aspects of health care reform, it is clear that women's roles as paid and unpaid care providers, decisions makers, and users of health care services are seldom recognized in health care reforms and health policy. Yet our investigations demonstrate that women are affected by health care reforms in ways that reflect their social locations and gender relations, and that some groups of women are particularly affected by health care reforms. This panel presentation will describe the major features of health care reform in Canada and our efforts to broaden the evidence base for health care reform through the use of gender-based analysis and creative forms of knowledge exchange. In particular, we will outline how we have engaged directly with policy makers through workshops, policy forums, our publications, a website and ongoing dialogue.

TUESDAY, March 17
10:45 – 12:30

WOMEN AND PHYSICAL ACTIVITY: Maritime Room

Physical Activity Beliefs and Behaviours of LSES Mothers in Canada

Elizabeth Mansfield, McGill University

Abstract:

Low socio-economic status (LSES) mothers and their families are disadvantaged with respect to accessibility of physical activity opportunities. Mothers In Motion, a national project coordinated by the Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS), has been designed to strengthen community action to address the physical activity (PA) needs of LSES mothers.

Eleven focus groups in three Canadian regions identified antecedents and barriers to PA for LSES mothers within their communities. A women's specific PA survey assessed LSES mothers' psychosocial correlates and current levels of PA. Results demonstrate that groups of LSES mothers defined by PA levels, socioeconomic status, and ethnicities have different needs and capacities and are therefore best-supported using different strategies.

The factors that contribute to LSES mothers' physical health and well-being are multidimensional and interdependent. Assessment of PA levels in tandem with measures of self-efficacy, social support, and perceived barriers are required for development of PA programs that are accessible, available and affordable for the LSES community of mothers. This presentation will highlight key learnings and promising practices with relevance for practitioners and policy makers across sectors and jurisdictions.

Addressing the Determinants of Health Through "Team Spirit"

Sydney Millar, Canadian Association for the Advancement of Women and Sport and Physical Activity

Abstract:

High Rates of physical inactivity among Aboriginal girls and young women increases their risk for the development of chronic disease. Unfortunately, few initiatives adequately address the social, cultural, economic and environmental determinants of health for this target group. This presentation will share evaluation findings from "Team Spirit: Aboriginal Girls in Sport" and "Aboriginal Girls On the Move", two national multi-year projects to increase community sport and physical activity opportunities coordinated by the Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS) in partnership with the Aboriginal Sport Circle. While many organizations are committed to decreasing physical inactivity in Aboriginal communities, few have the capacity to address the specific determinants of health for girls and young women. This analysis highlights the importance of collaboration and community capacity building in developing successful physical activity interventions and informing policy. Key learnings and promising practices with relevance for practitioners and policy makers across sectors and jurisdictions will be discussed.

Planning for the Future: Understanding Physical Activity Needs for Women 55-70

Sydney Millar, Canadian Association for the Advancement of Women and Sport and Physical Activity

Abstract:

Increasing physical activity levels among the Canadian population has become a priority for policy makers in every jurisdiction and understanding the needs of different target audiences, such as the growing population of physically inactive women 55-70, is essential for developing initiatives that will be successful. To better understand the physical activity needs of women 55-70, the Canadian Association for the Advancement of Women and Sport and Physical Activity (CAAWS) conducted 38 focus groups across Canada (Whitehorse, Vancouver, Westlock (AB), Regina, Thompson, Winnipeg, Ottawa, Montreal, Moncton and St. John's) to collect information on physical activity barriers and solutions. In every community three different groups were involved: active women 55-70; less active women 55-70 and community stakeholders. Summaries were compiled and the data was organized using ETHNOGRAPH software. Resources (English and French) were then developed for stakeholders using focus group and Statistics Canada data. During this presentation, participants will learn more about the research and how the resulting resources can be used to impact policy and practice. By developing and adapting policies, programs and services now, physical activity key decision makers will be ready to handle demand from this growing population in the coming years.

TUESDAY, March 17
10:45 – 12:30

BREAST AND REPRODUCTIVE HEALTH: Bedford Room

Building On the Evidence: Creating a Women's Cancer Strategy

Wendy Cyr, New Brunswick Breast and Women's Cancers Partnership, Inc.
Kirsten McKnight, The Quaich Inc.

Abstract:

In 2007, the New Brunswick Breast Cancer Information Partnership Inc. contracted the Atlantic Centre of Excellence for Women's Health to create a profile of women's cancers in Atlantic Canada. This profile focused on breast and gynaecological cancers (ovarian, cervical and uterine) and provided statistics of incidence, mortality, treatment, and information about women's support experiences. This research was the foundation of the Atlantic Invitational Think Tank on Women's Cancers, held in March 2008. The Think Tank brought together Atlantic Canadian health professionals, community agencies, policy makers and survivors to discuss access to services for cancer information and support. Subsequently, New Brunswick has begun the integration of gynaecological cancers into its breast cancer network, and has submitted a proposal to the Public Health Agency of Canada for funding to continue this initiative. This work is innovative, flowing from the research profile recommendations and the collaborative work at the Think Tank. Drawing upon the Manitoba Network's experience, New Brunswick intends to create a model based on its experience in a bilingual, largely rural population with limited resources. It will enhance the availability of resources in the province and extend capacity for support to a wider community, benefiting everyone affected by women's cancers.

Barriers to Breast Health Practices in Ethnocultural Women

Lucia Yiu, University of Windsor

Abstract:

Breast cancer is the most common cancer among women nationally and globally. The study, funded by the Canadian Breast Cancer Foundation, aimed to explore breast health practices of ethnocultural women in Windsor and Essex County.

Eighty ethnocultural women participated in a face-to-face language-specific interview in their homes. Themes from these interviews were used to develop breast health promotion workshops for other ethnocultural women in their cultural communities between May and June, 2007. Workshop participants completed a pre-and post-test questionnaire on breast health knowledge and practices. T-test and ANOVA were used to determine the effects of the workshops on breast health practices.

Eighty women were interviewed, and 256 women attended 18 breast health workshops with a 97.2% response rate for the pre-post tests. Women reported their barriers to breast health practices were related to organizational, systemic, and psychosocial cultural barriers. Breast cancer and screening knowledge/perceived benefits to clinical breast examinations and mammograms were significant.

Conclusions/Implications: Racialized women often neglect their health needs because of their family role, and cultural and language barriers. Access and equity in health must involve policy, education, and practice changes to promote gender and culturally sensitive care.

From Heavy Periods to AUB: Women's Stories of Medicalization

Erin Fredericks, Dalhousie University

Abstract:

The process of medicalization has been critiqued as having negative, stigmatizing effects on women's lives. Critics argue that stigma is created as more of women's everyday lives become medical issues. This presentation will problematize this critique by questioning our assumptions about the negative effects of diagnoses in all contexts. Drawing on the results of a qualitative study conducted in Halifax, Nova Scotia in 2008, it will be argued that in certain contexts, diagnoses can be seen as positive events in women's lives. In the case of highly stigmatizing life experiences, diagnoses may act as legitimizing agents, allowing women to reclaim their power and seek help, treatment and support. The complex stories of eight women's experiences as they journey from having heavy periods to being diagnosed with abnormal uterine bleeding will be used to explore this assertion. Further discussion will address the impact of this legitimization on women's treatment in the health care system, offering insight into our efforts to increase patient empowerment.

TUESDAY, March 17
10:45 – 12:30

GENDER-BASED VIOLENCE: Lunenburg Room

Domestic Violence: An E-learning Curriculum for Health Care Professionals

Dr. Robin Mason and Susan O'Rinn
Women's College Research Institute

Abstract:

In Canada, 7% of women reported abuse in the last five years while approximately 44% of women said they had been injured during an assault and 13% sought medical attention. Abused women commonly present to hospital emergency departments (ED) seeking treatment for injuries and chronic conditions yet ED personnel claim they lack the education and skills to deal with the issue. In June 2005, the province of Ontario funded an Expert Panel to develop a curriculum on domestic violence (DV) specific to ED personnel. The interdisciplinary panel completed a literature review to extract core competencies that were presented to stakeholders for feedback. We designed an innovative, web-based, competency-driven curriculum that uses video-gaming technology to teach about DV. Each of the 12 units has three sections; an upfront interactive text-based learning section, an animated scenario where learning is applied, and a final quiz. Presentations cover a wide range of issues including abuse against a disabled woman; a young, pregnant and unmarried woman; a woman with a seizure disorder; an older, disabled woman; a same sex relationship, and more. This presentation will review the curriculum development, highlight curriculum content and conclude with a demonstration of one module.

Using the Homeless individuals and Families Information System (HIFIS) to provide a Statistical Depiction of Shelters and Services for Abused Women in Nova Scotia

Pamela Harrison, Provincial Coordinator, Transition House Association of NS

Abstract:

The research of the Transition House Association of Nova Scotia focuses on how to:

- 1] collect and document information to create a global picture of the field
- 2] identify and form partnerships with key local stakeholders and
- 3] show a statistical depiction of shelters and services for abused women in Nova Scotia.

Eleven member organizations, in thirteen locations, make up the Transition House Association of Nova Scotia (THANS). THANS began working with the Homeless Individuals and Families Information System (HIFIS) in 2003. The HIFIS System, through the NS Community Coordinator (currently housed at the THANS provincial office) allows for regional and provincial aggregate collection of all of these fields, and provides reports that will allow THANS, along with input from other direct service providers of abused women and their children, to create a Report Card on Violence Against Women in Nova Scotia. The first report card, using 2009 data, will form the baseline for reporting on the future progress made in NS to reduce violence against women.

TUESDAY, March 17 3:15 – 4:45

WOMEN AND SUBSTANCE USE: Commonwealth Room A

The Pervasiveness of Trauma Among Canadian Women in Treatment for Alcohol Use

Dr. Catrina Brown, Dalhousie University
Kathy Petite, Anna Haanstra and Sherry Stewart – Co-Authors

Abstract:

This research explored the use of harm reduction strategies in women centred treatment programs at six sites across Canada and examined how programming tackles dominant social ideologies about addiction in the provision of these services. Women's problem use of alcohol is a significant determinant of women's health and well being, as harmful consequences are associated with increased consumption of alcohol. Gender is not only evident in the use of alcohol to cope with complex life stories that include abuse and other trauma but is also apparent in the barriers to treatment such as poverty and childcare. Significantly, 90% of the women report trauma histories in relation to their problem use of alcohol, yet this remains inadequately addressed in treatment programming especially those centered in disease based models. Given the extent to which women report use of alcohol to cope with trauma histories, not addressing trauma in alcohol treatment may well set women up to fail. This presentation explores how policies which separate mental health and addictions, contributes to this problem of fragmenting rather than providing comprehensive treatment. Further, the dominance of disease models in treatment contributes to the minimization of addressing women's trauma stories in their treatment for alcohol use.

From Data to the "Right" Services

Gloria Chaim, Centre for Addiction and Mental Health
Dr. Joanna Henderson, Co-Author

Abstract:

Literature demonstrates that girls and young women have unique risk factors and responses to treatment for substance use, mental health and trauma. However, most youth services are offered in mixed gender settings. This presentation describes a screening process for youth presenting to the Centre for Addiction and Mental Health in Toronto. Data collected over the past two years, using a brief screening tool for concurrent disorders and measures of various psychosocial indicators of health demonstrated the need for gender specific programming to program administration as well as front line staff. Data collected has shown that over 90% of young women presenting for treatment of their substance use concerns have concurrent mental health concerns. The majority screened positive for difficulties with mood and anxiety, including difficulties often associated with trauma. This presentation will describe the emergence of gender specific groups and services for young women within the program with specific emphasis on the pilot implementation of Seeking Safety (Najavits, 2002), an evidence-based treatment program to address trauma and substance use. It will also describe the emergence of a number of screening pilot projects that have been initiated as a result of sharing the program's findings with local and provincial service networks.

Translating Substance Use in Pregnancy, into a Women's Health Issue

Nancy Poole and Dr. Lorraine Greaves, BC Centre of Excellence for Women's Health

Abstract:

Beginning with a ground breaking study on barriers to treatment for pregnant women and mothers in 1998, the British Columbia Centre of Excellence for Women's Health has been proactive in defining substance use/addiction on the part of pregnant women and mothers as an important women's health issue. Bringing a gender and diversity based analysis to the Fetal Alcohol Spectrum Disorder (FASD), harm reduction and addictions fields, BCEWH researchers have been successful in implementing a program of research, research network development, policy advocacy, health care professional training and broad knowledge translation initiatives. This presentation will provide the opportunity for reflection on this decade of work, highlighting how the collaboration of researchers, service providers, community partners and health system planners has resulted in both expansion of the knowledge base on women's substance use, and the translation of this work in prevention, treatment, policy and community settings. In addition, the session will touch on the role of virtual communities in supporting multisectoral discussion, ongoing synthesis and action, on we know about the interwoven domains of women's substance use/addictions, reproductive health care, health promotion, service delivery and FASD prevention.

TUESDAY, March 17
3:15 – 4:45

RESEARCH METHODS: Lunenburg Room

Lessons Learned: Participatory Action Research with Young Aboriginal Women

Dr. Tara-Leigh McHugh, Dalhousie University

Abstract:

The voices of Aboriginal women have typically been absent in body image literature. Nevertheless, recent research has indicated that young Aboriginal women's body image experiences are very complex and influence health in a variety of ways; subsequently, they have voiced the need for action. Despite the critical need to include the voices of Aboriginal youth in the development of body image programs and other forms of participatory action research (PAR), relatively few guidelines exist for the development of respectful and effective PAR projects. Thus, this research highlights some of the methodological challenges and considerations that were navigated in a recent school-based participatory action research (PAR) project with young Aboriginal women in Saskatoon. Specifically, this research outlines: (a) challenges associated with ensuring participant collaboration throughout the research process, (b) issues associated with negotiating informed consent and confidentiality, (c) processes of developing and maintaining relationships, and (d) potential challenges of defining the community. The intent is not to offer simple answers to such challenges, but to highlight the manner in which such processes were addressed. This research may provide practical insight for future researchers who have similar goals of engaging young Aboriginal women in PAR to address important health issues.

PhotoVoice Process Reflecting Women's Lives

Joanne Havelock, Brigette Krieg and Beverly Palibroda
Prairie Women's Health Centre of Excellence

Abstract:

PhotoVoice is a research technique involving discussions, photography and written reflection to enhance understanding of participants' lives. Prairie Women's Health Centre of Excellence (PWHCE) has supported PhotoVoice projects in Saskatoon, Winnipeg, Regina and Prince Albert. Three projects focused on experiences of a diversity of women related to poverty, the fourth on the lives of young Aboriginal women. The participants took photos and wrote text to accompany the photos, in a process involving positive support and dialogue. The pictures have been displayed in locations such as: arts centres, a community centre, a high school, a church, a shopping mall, a large corporate office, and a mental health conference. One PhotoVoice group produced a calendar. Media coverage of the projects has been intelligent and respectful. The work has identified a range of issues related to health determinants, building on and complementing other research and policy work of PWHCE and the other Centres of Excellence on Women's Health. This presentation will reflect on the experiences of PWHCE with the PhotoVoice process. The presenters will comment on the use of this technique to identify issues and recommendations and bring forward grassroots perspectives to motivate and inspire those working on programs and policies.

WEDNESDAY, March 18
9:30 – 11:00

R-E-S-P-I-T-E...FIND OUT WHAT IT MEANS TO ME!
MOTHERS CARING FOR CHILDREN WITH DISABILITIES
Commonwealth Ballroom A **Panel Presentation**

Coming Together: The NS Partnership on Respite, Family Health and Well-Being

Vicki Harvey, NS Partnership on Respite, Family Health and Well-Being
Dawn LeBlanc, IWK Health Centre; Paula Hutchinson, Dalhousie University; Sandra McFadyen, NS Advisory Council on the Status of Women; Anne MacRae, NS Disabled Persons Commission – Co-Authors.

Abstract:

While the burdens and joys of care-giving have been well-documented (e.g., Healthy Balance Research Program), a province-wide study conducted in 2005 found that mothers of children/adult children with disabilities were at major risk for “crisis” (Nova Scotia Department of Health, Continuing Care Branch). Dawn LeBlanc, a social worker and a member of the pediatric committee, used the momentum of this research to assemble a community/health research partnership. The result is a formal collaboration of professionals working in human services, health care, research and policy. All of the members have an in-depth, first-hand understanding and passion for the complex and sensitive nature of care-giving. The goal of the partnership is to develop solution-focused strategies for improving caregivers’ health and to promote a proactive system of respite and child care for mothers of children with disabilities and their families. Panel discussions will expand on the: 1) Process of establishing the partnership; 2) Synergy and strength of the collective; 3) Educational workshops on respite; 4) Qualitative and quantitative research; and 5) Knowledge translation and exchange.

The panel will reflect the perspectives of Partnership members from Dalhousie University, the Disabled Persons Commission, the IWK Health Centre, and the Nova Scotia Advisory Council on the Status of Women.

Creating Respite Solutions for Caregivers of Children with Chronic/High Needs

Sandra McFadyen, Nova Scotia Advisory Council on the Status of Women
Paula Hutchinson, Dalhousie University; Dawn LeBlanc, IWK Health Centre; Anne MacRae, NS Disabled Persons Commission; Vicki Harvey, NS Partnership on Respite, Family Health and Well-Being – Co-authors

Abstract:

Women are disproportionately affected by caregiving. Mothers of children with disabilities are at particularly high risk as their caregiving is intensive, demanding, and often life-long with negative effects on their health and economic well-being. In 2006, professionals, parents, and policy-makers formed the Nova Scotia Partnership on Respite to conduct research and deliver educational workshops on respite across Nova Scotia.

Objective: To identify how services/policies may be designed/enhanced to address the diverse needs of mothers/caregivers in Nova Scotia.

Method: In an educational workshop on respite, 89 mothers/caregivers (70 females and 19 males) of children/adult children with a disability participated in round-table discussion groups and completed workshop evaluation questionnaires.

Results: A qualitative analysis of the data identified four recommendations to: 1) develop accessible and centralized and accessible informational resources on respite for caregivers and professionals; 2) enhance provincial capacity to recruit, train and retain respite workers; 3) develop inclusive after-school, summer and recreational/leisure programming for all ages; 4) review/revise the eligibility criteria for formal respite funding and services provided by government.

Conclusion: These findings provide direction for key changes to respite policy and service provision in Nova Scotia that will better address mothers’ and families’ needs. Strategies for implementing these recommendations will be discussed.

Supports for Better Health Outcomes in Mothers of Children with Autism and Other Chronic Conditions

Paula Hutchinson, Dalhousie University

Susan Bryson, Dalhousie University

Abstract:

Caring for children with disabilities compromises caregivers' health; mothers of children with autism are at particularly high risk for poor health outcomes (Hastings, 2003). Although research exists on mothers' stress and depression, little is known about specific supports and services that contribute to mothers' better health outcomes.

Objective: To identify informal and formal supports associated with better mental health and personal growth in mothers of children with autism. Participants included 94 mothers (M age = 41.18, SD = 7.13) of children with autism (M age = 10.7, SD = 4.91). Mothers completed a series of questionnaires on demographics, child disruptive behaviour, supports and mental health. As predicted, children's behavioural difficulties were related to mothers' depression ($r = -.35, p < .01$) and anxiety ($r = .25, p < .05$). Counter to predictions, children's disruptive behaviour was not related to supports. Instead, mothers' with better health and higher education received more helpful informal ($r = .30, p < .01$) and formal supports ($r = -.24, p < .05$). In contrast, "high-risk" mothers, those with poorer health had lower education, younger children and reported less helpful support. Discussion focuses on how supports and services might more effectively address the needs of mothers.

WEDNESDAY, March 18
9:30 – 11:00

RURAL WOMEN AND HEALTH: Maritime Room

"Rural Women and Community Well-Being"

Joanne Havelock, Prairie Women's Health Centre of Excellence

Abstract:

The national Rural Remote and Northern Women's Health report was followed up by Prairie Women's Health Centre of Excellence with a workshop in Young, Saskatchewan. This led to the formation of the Rural Women's Issues Committee of Saskatchewan (RWICS) and a series of workshops held in 2005 and 2006 in rural locations. Women at the sessions identified factors affecting the well-being of rural women and their local communities, described the visions that would be achieved if the issues were addressed, and the actions needed to start achieving the visions. Key themes were: Leadership (including leadership training, recognition for women's work and self-care), Community, Health, Farming and the Environment. A workshop was held on leadership for rural women. Workshop reports were produced and distributed and a website was created. A small grant program funded locally-based events related to women's health and community involvement. RWICS has provided links to rural women for consultation processes and research. As well as outlining the recommendations of the women, the presentation would discuss the success and challenges in working with rural women to link research to local situations and in bringing the views of rural women into the policy arena. For information see <http://www.ruralwomensask.ca>

Young Rural Women's Experiences with Accessing Specialized Health Care

Jessie Sheppard, B.Sc., MA (c), Dalhousie University

Lois Jackson, Ph.D., Brenda Beagan, Ph. D., Anita Unruh, Ph. D., Dalhousie University, Co-Authors

Abstract:

Purpose For some young rural Nova Scotian women, access to health care provided by specialized physicians and other specialized health professionals carries with it a variety of constraints, including requiring transportation and having to arrange childcare. Current literature focuses on these constraints but often does not address supports that young rural women may have when accessing specialized health care. This qualitative study addresses this issue by exploring the supports and constraints young rural women negotiate when accessing specialized care.

Methods: Ten women aged 18-39 who access specialized health care for themselves or a family member were recruited from the south shore of Nova Scotia in summer 2008, to participate in in-depth interviews.

Preliminary Findings: Preliminary findings indicate that living in a rural place uniquely shapes the supports and constraints that young women experience when accessing specialized health care, and that women actively negotiate support in order to facilitate this access. The process of negotiating these constraints and supports has a significant effect on young rural women's health. This research indicates that policy and programming aimed at establishing supports for young rural women who access specialized health care may build capacity among women while addressing a significant health care access issue.

WEDNESDAY, March 18
9:30 – 11:00

WOMEN'S HEALTH AND THE ENVIRONMENT: Bedford Room

The Impact of Phthalates on Women's Reproductive Health: Current State-of-the-Science And Future Directions

Maria Velez , P. Monnier and W.D. Fraser, Department of Obstetrics and Gynecology, Ste Justine Hospital
W. Foster, Department of Obstetrics and Gynecology, McMaster University

Abstract:

Phthalates are ubiquitous industrial chemicals used in a wide variety of industrial and consumer products. Greater than 95% of a general population sample had measurable levels of phthalate metabolites in their urine and exposure in women is greater than in men due to behaviour, lifestyle and occupation factors. Animal studies suggest that phthalates can adversely alter endocrine functions essential to development and reproduction. Although sparse, epidemiological studies report adverse health outcomes following prenatal, neonatal, childhood and adult exposures. Despite the limited literature, taken together the evidence suggests that there is a biologically plausible basis for concern. Therefore, future research on the impact of phthalates on women's reproductive health should be a priority in the agenda of scientists, government, and policy makers.

Xenoestrogens and Breast Cancer: Chemical Risk, Exposure, and Policy Implications

Sarah Young and D. Seely
The Canadian College of Naturopathic Medicine

Abstract:

This paper explores a social determinants model of health within the context of xenoestrogen exposure and the possibility for a resultant increased risk of breast cancer. The evidence for increased breast cancer risk attributable to exposure to specific xenoestrogens including issues of dosage (cocktail effect) and timing of exposure (early life) is mounting. The following xenoestrogens demonstrate the most potential for causing increased risk: organochlorine pesticides, bisphenol A, cadmium, polycyclic aromatic hydrocarbons (PAHs), and poly-cyclic biphenols (PCBs). Applying a social determinants model of health, there may be an increased risk of exposure and/or susceptibility to these xenoestrogens and consequently higher rates of breast cancer incidence for some Canadian women. The relevant social determinants of health include early life, occupation, proximity to industrial complexes, the lack of educational awareness in the use of certain personal care products and the consumption of contaminated food, water, and air. We recommend preventative policies in health research, education, and healthcare, and support the enactment of the precautionary principle in both research and regulatory realms. Increased funding to research the environmental links to cancer is needed especially with respect to the ubiquitous endocrine disruptors which may be increasing the burden of risk to women in particular. Changes in research, education, and regulation could go a long way to mitigating the risk of exposure to xenoestrogenic chemicals and potentially reduce the risk of breast cancer development within Canada.

Protecting Ourselves From Chemicals: A Study Of Gender And Precautionary Consumption

Norah MacKendrick
Department of Sociology, University of Toronto

Abstract:

Exposure to contaminants is increasingly managed through individual acts of selective consumption, or 'precautionary consumption'. With increasing concern over the health and environmental impacts from exposure to chemical substances, women are taking on the responsibility for mediating both individual- and family-level chemical exposure by seeking out speciality non-toxic and certified organic products. Drawing on focus group data, this paper discusses both the public health and policy implications of precautionary consumption as a mechanism for protecting environmental health. Most importantly, participants describe precautionary consumption both as a form of self-protection in response to insufficient precaution at the regulatory level, and as a personal responsibility to protect environmental quality as well as reproductive and children's health.