



Using research to improve policy and practice in women's health

Poster Presentations

Monday

March 16, 2009

3:45 – 4:30

Commonwealth Ballroom A

Barbara Clow, Jean Steinberg and Jennifer Bernier

Atlantic Centre of Excellence for Women's Health

Walking a Thin Line: Addressing Safety of Overweight and Obese Youth in Canada

The prevalence of overweight and obesity in children and youth has been increasing substantially during the past two decades, with increasing interest from the educational system to work with students and families. While almost everyone would know and accept that body weight affects health, they might not consider the safety implications associated with obesity. Moreover, limited attention has been paid to the sex and gender dimensions of overweight and obesity in children and youth, particularly with respect to policies and programs that address healthy weights. This poster presentation looks at the gendered implications of overweight and obesity for health and safety, as well as the gendered implications of policy and program responses to overweight and obesity. A secondary-analysis of the research on overweight and obesity in children and youth demonstrates that while girls and boys face similar risks of becoming overweight or obese, health and safety implications differ based on sex and gender.

Jennifer Bernier

Atlantic Centre of Excellence for Women's Health and Wilfrid Laurier University

Inside Out: The Role of Community-Based Organizations in Supporting Women in the Provincial Correctional System

This presentation derives from a larger qualitative research project that investigated the incarceration and reintegration experiences of provincially sentenced women (PSW) across Atlantic Canada. Specifically, I examined the needs of women in provincial Atlantic jails, their transition, as well as their post-jail experiences. I was also interested in learning about the role the broader community plays in supporting these women, which is the focus of this poster presentation. The findings demonstrate that there is little support provided by the correctional system for PSW both in jail and as they transition back to the community. When supports do exist, they are primarily provided by community-based organizations. Across the region, these agencies play a critical role in women's lives, both inside and out. In their absence, many of these women are left to navigate the system on their own. This study highlights the need for researchers to partner with community-based organizations to develop and implement women-centred policies and practices that increase the health and well-being of PSW.

Laura Chertkow

University of Toronto

Sexual Violence Risk Discourse in Canada's Violence Against Women Reports

Presenting the 2002 and 2006 Canadian Violence Against Women reports as a case study, this paper will present sexual violence risk discourse as a Canadian public health issue, outlining the consequences of such violence through an interactive model of mental and physical health, determinants of health, and supportive infrastructures. A discussion of the limitations of a risk discourse for sexual violence that relies upon a gendered and individualistic conception of violence risk will follow. These shortcomings will be further explored through the use of a feminist ethics perspective that highlights relationality as a tool for bridging the gaps between public health risk discourse and ethical principles. The resulting critiques will indicate the need for a reappraisal of social justice principles in reconciling the tensions between the use of risk discourse and the mandate of public health policy in addressing sexual violence in Canada. This research was conducted by Laura Chertkow, a graduate student at the Dalla Lana School of Public Health, University of Toronto. Ms. Chertkow's examination of risk discourse in Canadian sexual violence policy was also undertaken with support from the Women's College Research Institute's Violence and Health program, where she is currently working as a practicum student.

Jeanette Doucet, Cheryl Arratoon and Mary Ellen Schaafsma
Canadian Cochrane Network and Centre

Improving Practice - Tools for Evidence-informed Decisions

Women's health depends upon the ability of health practitioners to locate and interpret reliable, user-friendly, independent sources of evidence to overcome large volumes of published literature of varying quality and with discrepant findings. This presentation will highlight a resource for finding high quality evidence relevant to women's health. Systematic reviews are a rigorous method to synthesize and assess the quality of primary studies in a particular area, avoiding the need to search for and review individual studies. The Cochrane Library provides easy, online access to over 3,000 Cochrane systematic reviews of all forms of health interventions. The Cochrane Pregnancy and Childbirth Review Group produces systematic reviews of the effects of pregnancy and childbirth interventions. The Cochrane Library is a searchable tool that builds capacity to access high quality, women's health-relevant evidence that will enhance skill and competency, build women's health knowledge and improve practice for a range of women's health settings and issues. Key learning objectives are: To understand what a systematic review is and how it differs from a narrative review; how systematic reviews can be used to inform practice and policy decisions in women's health; and how to access reliable sources of systematic reviews through The Cochrane Collaboration.

Dr. Marilyn Evans

University of Western Ontario

Dr. Linda Patrick

University of Windsor

Promoting Healthy Lifestyles for Women at Risk for Type 2 Diabetes

Women with a history of gestational diabetes (GDM) are at increased risk for developing Type 2 diabetes. Risk factors, such as weight gain and activity can be modified by maintaining a healthy lifestyle postpartum. The purpose of this longitudinal descriptive study was to explore perceived health status and healthy behaviors of women who were treated for GDM in their most recent pregnancy. The women resided in Southwestern Ontario. Qualitative and quantitative data was collected concurrently at 6 weeks, 3 months, 6 months and 12 months postpartum through the use of in-depth interviews, the SF-36 General Health Survey, and self-report diet and activity records. The interviews included questions regarding general health, diet, exercise, weight loss, daily activities, and health concerns. The women expressed experiencing both the challenges of motherhood and changes in health status as a consequence of no longer having GDM yet knowing they were at risk for Type 2 diabetes. The findings support revisiting the scope and duration of maternal health promotion, implementing holistic approaches to postpartum care and have implications for policy makers to target women at risk for diabetes for screening and prevention.

Gemma Hunting

MA Cand-Women's and Gender Studies-UBC

Decolonizing Policy Discourse: Reframing the "Problem" of FASD

This paper is a preliminary examination of the ways in which federal policy discourse on Fetal Alcohol Spectrum Disorder frame the "problem" of both alcohol use and FASD in particular gendered and colonial ways that marginalize the needs of women. Using a postcolonial feminist lens, I will attempt to unpack the ways in which the discourse within the Public Health Agency of Canada's recent policy document, Fetal Alcohol Spectrum Disorder: A Framework for Action (2005), especially blames and stigmatizes Aboriginal women as inadequate mothers. My aim is to further the dialogue that feminist and women's health scholars have offered with respect to recognizing and problematizing the assumptions implicit within health policy. This analysis seeks to demonstrate the need to shift current FASD research and policy practices towards ones that centre on women's experiences within intersections of power and privilege. Only then will the shifting and interrelated social conditions that situate health and health inequities be understood.

Heather Keddy and Nahid Mohammadi

Atlantic Centre of Excellence for Women's Health

Invisible Women, Concrete Barriers - Refugee Women

The purpose of Invisible Women, Concrete Barriers is to understand refugee women's needs in Nova Scotia and to identify priority issues to break down barriers faced by refugee women. This research project was a collaborative effort between the Atlantic Centre of Excellence of Women's Health, the Canadian Red Cross, Atlantic Council for International Cooperation, ARISS (Atlantic Refugee and Immigrant Services Society), and the Nova Scotia Advisory Council on the Status of Women. Focus groups were conducted to study these needs and were followed by policy roundtables. As a result key barriers were identified and categorized into three themes: education and employment; settlement and support; medical and health. This was a two stage project of participatory action research with a qualitative focus between community organizations and representatives of refugee women. Policy roundtables have brought forth key recommendations targeted toward government departments, community agencies, researchers, and refugee women living in Nova Scotia. Actions have been directed toward engaging policy makers in Nova Scotia and improving the quality of life for refugees in Nova Scotia. Gaining a better understanding of the issues faced by refugee women will bring about change and a better way of life for refugee women and their families.

Dr. Brigette Krieg

Prairie Women's Health Centre of Excellence

Photovoice: Community Issues and Service Needs of Aboriginal Young Women

Photovoice, a recent development in action research, is a grassroots community assessment tool that enables local people to identify, represent and enhance their community using photography as the medium for communication. The initial purpose of this project was to use Photovoice as a tool to enable Aboriginal young women to express their ideas about important issues, community programming and public policy in words and photographs. The youth were presented with the task of not only identifying the issues that impact Aboriginal young women but also recommend potential changes to program and policy that would benefit the community. As such, the photographs and accompanying discussions were categorized into youth identified issues and youth identified responses. Further, in line with holistic position characteristic of Aboriginal perspective both issues and responses were examined within the parameters of community, program and personal considerations. The final product is a photo display depicting the perspective of the youth on the community issues and service needs of young Aboriginal girls in Prince Albert, Sk. This photo display was positively received at the CUExpo in Victoria, B.C. with all attending the presentation impressed by the insight and critical thought of the photographers.

Dr. Brigette Krieg and Lisa Murdock

Prairie Women's Health Centre of Excellence

Young Aboriginal Women's Reproductive Health Study

Although current statistics are incomplete, recent Health Canada data demonstrate that the youth pregnancy rate is four times higher for Aboriginal youth living on-reserve in Western Canada and the Atlantic provinces than for the general population; for girls aged 15 years and younger, the rates of pregnancy are estimated up to 18 times higher for Aboriginal youth than for the general population. In light of these statistics, Prairie Women's Health Centre of Excellence took a gender-based approach to exploring these issues. Beginning in September 2008, Dr. Brigette Krieg and her research associate, Lisa Murdock, set out to develop an adequate understanding of young women's reproductive health. From the perspective of young Aboriginal mothers in Prince Albert, Saskatchewan and Winnipeg, Manitoba, the expectations and realities, as well as the strengths and limitations, of adolescent pregnancy and parenting are discussed. The research presents a better understanding of the reproductive health concerns experienced by young Aboriginal women, and in turn, creates new avenues for effective, gender-based policy and program development. Through this presentation, the potential for research to empower participants is evident, as knowledge generation translates into usable policy and programs to positively influence the lives of the individuals with whom they involve.

Chantal Wade and Cathy Thompson
Centre for Addiction and Mental Health
Preventing Depression in Young Women

The VALIDITY (Vibrant Action Looking Into Depression in Today's Young Women) project is a unique participatory action research initiative that uses both community and evidence based approaches to move beyond traditional ways of educating young women, service providers and family physicians about depression, and mental health. Over 250 young women have shared their lived experiences to contribute to the body of knowledge about depression over 9 years. Lead by the Centre for Addiction and Mental Health in Ontario, the recommendations from the research have produced two free resources for service providers and a program for young women. All of the resources are based on the social determinants of health and give service providers evidence-informed tools to work with young women. The next phase for the VALIDITY project is to engage a variety of Aboriginal young women from First Nations, Métis and Inuit communities to develop an Aboriginal version of the new "Let's Talk: I'm More than What You See" poster launched in November 2008. We look forward to sharing the research and resources from the VALIDITY project, along with the results of the aboriginal initiative with members of the women's health community across the globe.

Dr. Catherine Ward-Griffin
University of Western Ontario

Dr. Janice Keefe
Mount Saint Vincent University

Dr. Anne Martin-Mathews
University of British Columbia

Investigating the impact of double duty caregiving on women's health

Caring for aging relatives is a central feature of the personal and professional lives of many women. Developing a more comprehensive understanding of double duty caregiving (DDC), or the simultaneous provision of care at work and at home and how it influences women's health, is particularly urgent in light of an aging population, coupled with an aging, predominantly female healthcare workforce. To further our understanding of DDC, the purpose of this study was two-fold: to test the psychometric properties of a newly developed DDC Scale; and to compare the health of DDC nurses and non-DDC nurses. Based on survey data from a random sample of 377 female nurses in Ontario, significant differences between DDCs and non-DDCs were found with respect to mental health scores, suggesting that DDCs are at greater risk of poor health than those nurses who do not care for elderly relatives. This finding warrants further investigation to determine if one group of DDCs is more at risk of developing negative health effects than others, particularly those with limited time, finances or other supports. Given the structural basis of gendered inequities in caregiving, programs and policies that reduce expectations and/or build supports for DDCs are clearly needed.

Jocelyn Wentland and Lorraine Greaves
BC Centre of Excellence for Women's Health

*Improving Women's Health Research and Policy Using
the Source-Survey-Synthesis Tool*

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. This tool offers a sex, gender, and diversity lens through which to view data and reports.

The Tool is comprised of three inter-connected websites. 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. The Synthesis/La Synthèse houses a combination of syntheses, critical position papers, and literature reviews on popular health issues.

More efficient and gender-sensitive research, programming, and policy in women's health creates better research and health care decisions and improves women's health policy development. To date, the Source-Survey-Synthesis tool houses international and national documents, as well as provincial documents from British Columbia and Manitoba. New partnerships are being sought with more provinces and territories in order to create pan-Canadian representation.