Privatization in Health Reform from Women's Perspectives: Research, Policy and Responses

Prepared for the Maritime Centre of Excellence for Women's Health
by Maria Gurevich

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EXECUTIVE SUMMARY

The present synthesis paper, commissioned by the Maritime Centre of Excellence for Women's Health, summarizes the results of a regional literature scan conducted as part of a national project. 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 (GBA) at all departmental, legislative and policy-setting levels (SWC, 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**
- **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" (Armstrong, personal communication, September, 14, 1998).

TABLE OF CONTENTS

PRIVATIZATION IN HEALTH REFORM FROM WOMEN'S PERSPECTIVES: RESEARCH, POLICY AND RESPONSES

1. Objectives

The present synthesis paper, commissioned by the Maritime Centre of Excellence for Women's Health, summarizes the results of a regional literature scan conducted as part of a national project. 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. The purpose of this working paper is to:

- review existing documentation on the effects of health reform on women
- identify key figures in research and reform
- identify problems/gaps in research and policy
- make recommendations for policy goals/research objectives

2. Health Reform Policy Interventions and Strategies

2.1 Provincial Health System Reform in Canada

The largest systematic review of health reform by province was conducted by Health Canada, initiated in 1995 and reviewed as a third phase in 1997. Although these documents contain sections pertaining to women, Aboriginal people and disabled persons, all three categories are given short shrift compared to other components (e.g., children, seniors). Clearly these groups are not mutually exclusive and are critically interdependent with respect to various aspects of health care. However, the disproportionately smaller discursive space allotted to women and to diverse groups of health care recipients in this largest systematic national review of health system reform is disturbing.

Since this compilation of provincial reports merely documents the shifts occurring over time, rather than an analysis of these shifts, the relatively lesser space given to women (as well as to the health of Aboriginal and disabled persons) reflects the absence of explicit government mandated health strategies directed at women. None of the Departments of Health in the Atlantic provinces have specific divisions or departments that address women's health. Governmental involvement in health initiatives directed explicitly at women is subsumed by other umbrella structures, where they exist, which oversee all issues pertaining to the status of women, such as the Women's Policy Office (Newfoundland), Provincial Advisory Councils on the Status of Women (Newfoundland, Nova Scotia) and the Women's Health Coalition (PEI). Nova Scotia's Department of Health also provides financial support for provincial initiatives such as the Reproductive Care Program, Planned Parenthood, Cancer Care Nova Scotia and the Gynaecological Screening Program. Family violence, in general, and violence against women, in particular, have also received varying degrees of policy attention, with the most comprehensive provincial strategies being initiated in Newfoundland, with the development of the 1995 Provincial Strategy Against Violence.

Several other governmental initiatives have begun to examine existing strategies and to develop new strategies directed at instituting health reform.

2.2 *Strengthening Primary Care in Nova Scotia/Results of the Fall'98 Consultation Process*

This consultation report from the Nova Scotia Department of Health (1999) summarizes the results of consultation meetings and written responses to the earlier draft discussion paper prepared by the Nova Scotia Department of Health (1998), described below. Although the document received widespread support in such areas as general principles, significant concerns were expressed about other components such as:

- perceived lack of government commitment
- sustainability potential
- lack of clarity in models and definition of care
- missing primary care principles and enablers
- lack of linkages to broader national and provincial policy context
- lack of linkages to continuing care

A gender sensitive framework does not guide the report, but the role of nursing in collaborative primary care initiatives is discussed extensively. A detailed list of unresolved policy issues is included.

2.3 *Strengthening Primary Care in Nova Scotia/A Research Initiative to Evaluate Alternative Primary Care Funding and Delivery*

Draft discussion paper developed by Nova Scotia Department of Health (1998) which is intended to direct future policy relevant demonstration projects aimed at:

- generating innovative ways of delivering primary care services in conjunction with community strengths
- evaluating an expanded role of nursing in a collaborative primary care approach
- evaluating the effects of alternative payment mechanisms for health providers

Notably, among the issues considered is the relevance of such initiatives for diverse groups of health care recipients.

2.4 *National Forum on Health: Overview of Women's Health*

A notable exception to the governmental neglect of gender analysis in health reform literature is found in the 1997 National Forum on Health compilation of Synthesis Reports and Issues Papers. The Section devoted to a discussion of women's health issues includes an outline of several potentially deleterious consequences of health reform on women. Although this is a limited component (relegated, incidentally, to the back of the sizeable tome), it represents an incipient acknowledgement of the differential impact of health reform on women. Regional differences are not addressed.

2.5 *Health Care Update-Regionalization*

The first of a series of provincial reports documenting ongoing changes in Nova Scotia's health system (Nova Scotia

Department of Health, 1997a). It reports on the activities of Regional Health Boards since the inception of regionalization in October 1996. The update extols the virtues of regionalized health care and dispels "myths" about the problematic potential of this reform. Attention to gender issues is non-existent.

2.6 *Minister's Action Committee on Health System Reform/"Blueprint Committee"*

Background paper intended to explore the relevance of research to health care and to be implemented in Health System Reform (Beanlands, Callaghan, Manual, Parent & Simpson, 1994). It outlines the supports pivotal to enhancing health related research in Nova Scotia (and impediments to same), particularly in relation to regionalized health systems. Gender analysis does not guide the majority of the document, but the section on primary health care research suggests that health service research should be guided by the following question, among others: "What is the impact on women of health system reform?" (Beanlands et al., 1994, p. 37).

3. Research on the Impact of Health Reform

Although research on the *general* effects of health care reform on women situated within the context of the Atlantic region is almost non-existent, there are several notable exceptions, which can be marshalled inferentially from the following domains: nursing, home care, child poverty, and community work. These categories are clearly not mutually exclusive; the relevant research initiatives are outlined under specific subheadings for referencing ease.

3.1 *Nursing*

Among the most extensively documented effects of health reform on women is the emerging work on the impact in the nursing field. This research comes from both those variously connected to the nursing profession (e.g., practising and/or academic nursing professionals; nurses' unions and professional associations) and those who are concerned with documenting the current changes in the profession. Because of the persistently gendered nature of nursing work, nursing is an optimally relevant prototype for tracking the effects of health reform on women. Moreover, as Christine Saulnier (in press) asserts, nursing occupies "the most contradictory position in the health care system: at once subordinated and privileged, professionalized and proletarianized" (p.1). This leaves nurses in a paradoxically impotent role in relation to their potential to affect health care delivery and policy. On the one hand, they are potential agents of advocacy and change, on the other, their expertise and authority largely continues to be delegitimized. "No other health professional in society is dealing with the same dimension of complexity and yet have their hands tied behind their backs as much as nurses" (Auffrey, 1998, personal communication, cited in Saulnier, in press, p.1).

- *Nursing and Health Reform in Nova Scotia*

Among the key figures in this pursuit to document the impact of health care reform is the work of Barbara Keddy, Frances Gregor, Suzanne Foster, and Donna Denney. Several recently published and in press papers report on the results of interviews conducted with 40 nurses in Nova Scotia (38 of whom were women) between 1996 and 1997 and 10 nurses in British Columbia during 1988 (Keddy, 1997; 1998; in press; Keddy, Denney, Foster, & Gregor, 1998; Keddy, Gregor, Foster & Denney, 1998; Keddy et al., in press a/b). Collectively, these papers focus on the following outcomes of health reform:

- nurses' expectations of unions and professional associations
- social construction of reform and the rhetoric of reform
- personal and professional effects of the casualization of nurses

Central to their gender analysis of these consequences of health reform is the acknowledgement that "the occupation of nursing is a microcosm of the larger social context of women's work" and that it is emblematic of other occupational spheres dominated by women (Keddy et al., in press b, p. 4). Because "the gendered nature of nursing work is not considered to have great market value ...[it] is therefore most vulnerable to the current budgetary cutbacks" (1998, p. 4). The comparative analyses with British Columbia also suggests that nurses in Nova Scotia nurses are currently more adversely affected by these shifts compared to their counterparts in other regions, such as Vancouver (Keddy, personal communication, 1999).

- *The Minister's Working Group on Nurse Clinicians*

In the fall of 1995, the Nova Scotia Minister of Health struck a *Working Group on Nurse Clinicians in Primary Care Delivery* (1995). This Phase I of the project, along with the follow-up Phase II – *The Minister's Working Group on Nurse Clinicians* (1996), represents an effort to include nurse clinicians in primary health care collaborative practice settings. In doing so, they hope to set emerging criteria for the provision of alternative health care services. The working group is comprised of several different stakeholder groups, including the Registered Nurses Association of Nova Scotia, the Dalhousie School of Nursing and the Nova Scotia Nurses Union. A Phase III was proposed; among the chief recommendations for this next step were:

- initiation of pilot projects to assess various models of primary care
- development of explicit set of principles to assess proposed models of primary care
- development of Department of Health Infrastructure to support the above modifications in professional education and accreditation of nurses

- *Situation Critical: Nurses and Health Care Reform in New Brunswick*

Another recent noteworthy effort is by Christine Saulnier (in press), who has applied a feminist analysis to recent findings on the impact of health care reform on nursing in New Brunswick. Apart from situating gender as "a major determinant of health care reform's impact" (p. 2), this work is particularly distinguishable by its focus on specific strategies used by nursing organisations to shape health policy and health care delivery. Among the main criticisms of the reform agenda are the following:

- insufficient input from nurses and no public input as health care reform proceeds
- downsizing precedes the establishment of a "stabilizing" community programs infrastructure
- key demands disregarded, including expansion of nursing role

Alternatives to existing health reforms proposed by nurses rely on the primary health care model (PHC) endorsed by the World Health Organization (WHO) (NANB, 1996). Accordingly, the chief strategies adopted by nursing organizations centre on

augmenting and expanding the role of nursing.[1] In effect, this has the potential to partially transfer the principal point of entry to the health care system from the physician to the nurse. This shift, in turn, also creates the potential for nurses to bill for services, although at the present time provincial guidelines all across Canada do not include this option. Whether such possibilities are desirable or lead to yet another set of problems is left unexplored.

Saulnier also summarises and critiques a decade of governmental responses which demonstrate a delimited "committment to enhancing the role of nursing in the health care system" (p.8). Chief among these is the launching of two pilot projects for nurse coordinated community health centers and the development of a Tele-care program. Although Saulnier concludes that the overall current picture of the effects of health care reform on nurses in New Brunswick is grim, one positive outcome has been the increased politicization and mobilization of the nursing professional body. We might ask, however, at what cost must such politicization and galvanization of collective activity be achieved? Where is the purported governmental commitment to gender equity in the restructuring of the health care system?

3.2 *Home Care*

- *Home Care and Policy: Bringing Gender into Focus*

Home care is another significant gendered issue. A number of recent studies have looked at both formal carers (paid professionals and paraprofessionals), informal carers (unpaid family, neighbours, friends) and volunteer caregivers (unwaged service deliverers, working for volunteer agency). These distinctions are borrowed from a catalyst paper prepared the Maritime Centre of Excellence in Women's Health (MCEWH, 1998). This paper represents one recent effort to apply a gender analysis in highlighting critical home care policy considerations against the backdrop of social and economic costs of informal caregiving, which is "borne disproportionately by women" (MCEWH, p.3).

- *Caregivers' Support Needs: Insights from the Experiences of Women Providing Care in Rural Nova Scotia*

Participatory research project, relying on interviews with 46 family caregivers, explored the gaps in existing caregiver support in rural Nova Scotia (Campbell, Bruhm, & Lilley, 1998). This project is exemplary in its:

- shift in emphasis from "informal" care to "primary" care, thereby "re-positioning caregivers at the centre rather than at the periphery of homecare policy" (p. 3)
- inclusion of a multi-disciplinary, multi-sectoral advisory committee to guide research process and disseminate results
- its explicit and thorough gender analysis of all aspects of the issue and research agenda
- its clear explication of a policy context for the conduct of the research

A key finding was that the transfer of care from the institutional sphere to the community has not been "accompanied by a commensurate transfer of resources" (p. 4), despite governmental promises to do so.

- *Both Puzzle and Paradox: Support for Informal Caregivers in Atlantic Canada*

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[1] For critique of such strategic approaches and their historical antecedents, see Armstrong (1993).

A synthesis report listing the existing supports available to informal caregivers in four Atlantic Provinces, to be used for policy planning and program development (Langille, MacLellan & Berrigan, 1998). No gender analysis was performed. Key findings were:

- lack of workable provincial infrastructure to support caregivers
- available support information and agencies not adequately accessed

- *Home Care in Canada: An Analysis of Emerging Human Resource Issues*

Keefe & Fancey recently (1998) prepared a report for Health Canada on human resource issues in home care. The results were presented cumulatively across all provinces. The key issues examined were:

- training and education
- wages and benefits
- quality assurance (monitoring and accountability)
- working conditions (safety and worker-client relationships)

The effects of these issues on key stakeholders were also analyzed. Notably, although this is one of the first Canadian research efforts to investigate human resource issues in home care, this document makes no mention of women. A follow-up report is currently in preparation (see Keefe, in a later section on *Research/Policy Initiatives in Progress*).

3.3 *Child Poverty*

- *Atlantic HPPB and CHPNA Work on Child Poverty*

In January, 1997 the Atlantic Health Promotion and Programs Branch (HPPB) began a research initiative on child poverty in the Atlantic region. In October, 1997 HPPB contracted the Community Health Promotion Network Atlantic (CHPNA) to conduct an environmental scan of initiatives addressing child poverty in the region. The scan resulted in a discussion paper on child poverty and a data base of key groups involved in this issue. The MCEWH was designated to coordinate the organization for the formation of the advisory committee to develop health public policies directed at social and economic inclusion (Atlantic Health Promotion and Programs Branch, 1998, p.4)

- *Community Action Program for Children Projects in Nova Scotia*

A coalition of family resource projects in Nova Scotia, funded under the Community Action Program for Children (CAPC), is currently actively agitating for full fiscal federal government commitment to "the social development of young children and families dealing with difficult life circumstances" (Beaudry, LaTulippe-Rochon, & Raven, 1997, p.5). CAPS is a national health promotion program funded by Health Canada and "managed in partnership with provincial and territorial governments " (Beaudry et al., 1997, p.1). Forty projects in the Atlantic region are funded by CAPC.

3.4 *Community Work*

A number of research efforts directed specifically at exploring the impact of health reform from a community perspective are also underway. Notably, although communities are integrally involved in these joint ventures, key collaborators include various divisions of Health Canada and other governmental departments.

- *The PATH Project (People Assessing Their Health) (PATH)*

A community-based health promotion initiative designed to address: health reform relevant issues, the decentralization of health services; and community participation in health planning (PATH Project, 1998). Three partner organizations, led by the Antigonish Women's Association, developed community health impact assessment tools to evaluate the impact of programs and policies affecting the health of communities in the Eastern Shore region. This process is detailed in the PATH Project Resource guide (PATH Project, 1998), which has been distributed throughout the region. Gender issues were considered throughout the project, but "a gender lens was not the dominant perspective" (Doris Gillis, 1998, personal communication).

- *Seeking to Empower Area Residents for Community Health (SEARCH)*

Captain William Spry Community Centre worked with Spryfield community representatives, including those typically exempted from community activity and decision making, to involve community members in health activities and health reform (SEARCH Project, 1997). Groups were culturally diverse and included: low and fixed income, youth, seniors, and persons with disabilities. Gender was not a focus, but significant numbers of women participated in program development, which included an anti violence agenda.

- *Community Voice in Health Reform Project (VOICES)*

A community development project addressing "the lack of community voice in health reform" (Cooper Institute, 1997, p.1). The major objectives of the project included:

- facilitating participation of shellfishers in community health promotion issues
- establishing communicative links between the shellfishers and regional health boards
- building community capacity to access, evaluate and influence health system renewal

Gender was not explicitly addressed in this project, but members of shellfishing families (including women) participated in several of the workshops and daycare was provided to promote attendance. Project coordinators also relied on the contribution of materials developed by the Women's Network.

Major recommendations, to be enacted in collaboration with the Cooper Institute, included:
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- development of advocacy group, entitled *Coalition for Dignified Employment* (notably, three women agreed to initiate the process)
- development of three-year plan of collaboration to promote self-reliance, including continuing the program in

adjoining communities
- generation of funding from various sources, including from Health Canada

- *Searching for the Path to Community Voice in Health Promotion: Another Step in Population Health Approach*

A synthesis project, directed primarily at Health Canada personnel and policy makers, assessing three community-based Health Promotion programs designed for marginalized communities in the Maritime region (Cooper Institute, 1998). These programs are described above and are listed as: SEARCH, PATH and VOICES. As a whole, major outcomes of the projects were:

- establishment of foundations for community mobilization
- development of partnerships with other community groups and public institutions
- development of new programs with capacity for long-term impact

- *Moving Beyond Hope: Consumers and Communities in Policy Development/Perspectives from Four Atlantic Region Projects*

A key paper, outlining several projects aimed at community policy development supported by the Health Promotion and Programs Branch of Health Canada since 1995 (Dodd, Buchan, Chaperlin, Crossman, & Oram, 1997). One project specifically aimed at women was the Women Influencing Healthy Public Policy -PEI. A central goal identified was the need for "material which demystified the health reform process" (p. 17). The PEI Health Policy Council responded by generating materials written in accessible language.

- *Standing Up and Speaking Out: Women Reshaping the Public Policy Agenda*

The purpose of this weekend conference, sponsored and financially supported by several women's advisory groups, was to develop a government brief addressing: income assistance reform, access to education/training and funding (Women's Reference Group, 1997). Although health was not specifically targeted in the agenda, educational and income issues are clearly critical determinants of health. Gender issues explicitly dictated the organizing framework. Recommendations for policy action included the need for:

- coalition building
- critical analysis of government policy/reform
- culturally relevant programming and services

- *A Comprehensive Disability Services Strategy for Nova Scotia/Final Report of NEEDS Project*

A document detailing mechanisms for developing a comprehensive restructuring strategy directed at service delivery to persons with disabilities (NEEDS Project, 1996). The proposed strategy includes the following consumer and service provider prioritized initiatives:

- taxation reform

- integrated limited access client file
- job creation and back-to-work programs
- integrated income security program and rehabilitation services
- a venture capital fund for investments in service improvements
- a centralized and publicly accessible information clearing house

- *Piecing Together the Health Reform Quilt*

The involvement of disabled persons in provincial health care reform is a central focus of the Ad Hoc Committee for Persons with Disabilities in Health (1996). This project was a follow-up effort of an earlier study (Sullivan, Cappon, Lascelles & Ware, 1993) which found an absence of consumer input in the development and functioning of disability programs in rural communities. A number of policy relevant recommendations were outlined, including a necessity for the following:

- development and adoption of Employment Equity Policy by each Regional Health Board
- institution of policy mandated involvement of citizens with disabilities in Regional Health Boards
- designation of policy and funding directed at professional and consumer training in the needs of persons with disabilities

- *Health Promotion Contribution Program Projects in Atlantic Canada*: *Their Contribution to Health Reform*

An analysis of ten Health Promotion Contribution Program Projects (HPCP) across Atlantic Canada which have been directed at enhancing community infrastructure for health promotion (Health Promotion and Social Development Office, 1994). Although several of the projects explicitly targeted women (e.g., PEI's Women's Health Resources; Newfoundland's Women and Addictions), the analyses do not reflect a systematic gender analytic framework. Recommendations applicable to health reform initiatives include:

- training opportunities in community development and leadership needed by both health professionals and communities
- demonstrable indicators of support for community self-reliance required to promote public confidence in more responsive health care system
- self-reliance enhanced by information transfer, knowledge development, and evaluation, thereby creating "ownership" for health reform

Several important research/policy initiatives are also currently underway locally. Women and gender issues are targeted explicitly in only a small proportion of these. However, collectively these efforts represent a concerted attempt to evaluate, document (and, thus, influence) the impact of ongoing health reform strategies (see Appendix A for Recently Completed/In-Progress Research).

4. Women's Responses: Preliminary Thematic Analysis of Interview Material

Although this phase of the project does not constitute 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— are included below. Although diversity was a central concern, time constraints precluded adequate representation of some groups. Therefore, of the total ten women interviewed, two identify as lesbian, two are living with a disability, and one is Aboriginal.

4.1 ***Health Care Recipients (n=3)***

Women's responses in relation to the effects of health reform in general, and of privatization in particular, include:

Substandard Health Care

- Trained Medical Practioners Replaced with "Paramedicals"
  "Midway Amusement" Health Care
- Choosing Amongst Incommensurable Necessities

Constrained Service Provision Access

- Lack of Access to "Cheap, Prophylactic treatment" (De-listing)
- ~ Lack of Home Care
- ~ Hierarchical Prioritizing of Health Care Needs
- ~ Delays in Treatment
- ~ Coverage of Basic Medical Needs -- Constant Battle
- ~ Fear of Rocking the Boat
- ~ Tenuous/Provisional Medical Coverage

~ = Particularly relevant for disabled women, although applicable to varying degrees to all

4.2 ***Health Care Providers (n=2)***

Professional Issues

- Delusions and Dangers of Cult of Voluntarism
- Inadequate Training and Re-training for Restructuring
- Professional Fracturing
- Guarded Optimism Replaced by Disenchantment

Service Provision

- Symptoms of Low Income Women Dismissed
- Unavailability of Required Health Services
- Lack of Transitional Services for Earlier Discharges
- Discretionary Power of Physicians Determines Service Availability

4.3 ***Participants in Decision Making (Policy Analysts, Researchers, Health Advocates) (n=5)***

Reform Issues

- Privatization Speak
- Reform Misnomer
- Reform is Health Needs Driven/Restructuring Economically Driven
- No Comprehensive Policy Framework Dealing with Health Reform Effects

Community Capacity Building

- Absence of Governmental Support for Community
- Capacity/Infrastructure Building
- One-shot Capacity Building Projects
- Inadequate Funding/Support for Community Project Sustainability

Governmental Neglect/Exploitation/Misappropriation

- Dangers of Downloading Provincial Funds: Used to Meet Governmental Needs vs. Community Needs
- Diffusion of Responsibility from Governments to Communities
- 'Setting Standards' Translates into Maintaining Control
- Governmental Accessing of Community Programs Only When Cheap Labour Needed
- Economic Blackmail of Community Services by Governments
- "Hungry" Community Groups Acquiesce to Unreasonable Requirements to Sustain Critical Programs
- "Packaging" of Complex/Specialized Qualifications into Formulaic/Simplistic, "Quick And Dirty" Skills Sets

Community Victimization

- "Community Empowerment" has become "Community Suppression"
- Demoralization and Fatigue of Community Agencies
- Building Communities Subjugated to Building Provincial Empires
- Expertise of Community Agencies Untapped by Health Care System

5. Preliminary Outcomes

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 (GBA) at all departmental, legislative and policy-setting levels (SWC, 1995).[2]

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**

In the words of an independent community development consultant, who has served as Executive Director for two different non-profit community groups, as well as having volunteered for over 100 community boards and committees for over twenty years: "Privatization might have become a powerful tool for community development. Instead it has become a powerful tool for community disintegration" (Keats, personal communication, March 8, 1999).

6. Recommendations

Based on the literature scan and the preliminary analysis of interviews with diverse groups of women, the following recommendations for policy and research objectives are suggested:

- ***Coordinated Strategies***

  - comprehensive national and provincial strategies for evaluating effects of health reform on diverse groups of women are required
  - provincial and national research/policy efforts must be reciprocally linked and monitored
  - integrated national data base on women and health reform policy and research initiatives (with coordinated linkages to all provinces)

- ***Gender Relevance***

  - gender analytic frameworks must inform all national and provincial strategies directed at both research and policy making
  - criteria for gender relevant research and policy initiatives must be systematically outlined and disseminated

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[2] A federal plan of action for gender equity, entitled *Setting the Stage for the Next Century: The Federal Plan for Gender*, was outlined in 1995 in preparation for the Beijing Platform for Action and the Fourth World Conference on Women (SWC, 1995; see also SWC, 1996). For an explication of some of the structural, political and legal disincentives to the enactment of these proposals, see Saulnier, Bentley, Gregor, MacNeil, Rathwell & Skinner, 1999a; see also Saulnier et al., 1999b).

- disentangle issues of relevance to specific target groups of women

- ***Accountability***

    - demonstrable indicators of infrastructure support to sustain community capacity building required
    - institution of policy mandated involvement of multi-disciplinary and multi-sectoral women's advisory councils in all Regional Health Board decision making

The following questions should guide these goals:

- Which groups of women are most likely to be affected by health reform and how?
- What legislative protection (if any) do women have in the face of specific health reforms?
- What resources are available to women to access alternate health care services?

7. Limitations of the Scan

The time allocated for the conduct of this scan (4 weeks) was a key deterrent. Accordingly, a number of critical contacts did not respond at all or in sufficient time to draw on their expertise. The federal Public Servants' strike, which was in effect throughout the course of the search, was also a significant barrier to contacting key figures in Health Canada, Statistics Canada and other governmental offices, thereby precluding access to key documents. Therefore, only partial information was available for some of the most relevant and recent/in-progress work. Additionally, although every attempt was made to contact as many women as possible, one of the most significant outcomes of the limited time frame was the impossibility of interviewing women most affected by health reforms, especially women who are part of the Aboriginal community, those who are disabled, or who have other specific health concerns (e.g., living with HIV/AIDS), although some of these *are* included in this report. Several key health providers were also not available during this small window of opportunity to provide their experiences with health reforms. Although primary research was not the focus of this phase of the project, in view of the limited existing knowledge base in this area, due attention to this component is pivotal to generating relevant and effective evaluative and analytic tools for assessing health reform policy and research initiatives.

8. Summary

Against the backdrop of the privatization of a myriad of vital public services (CUPE, 1999), privatization of health care is a central concern. Despite its significant potential impact, to date this issue has received very little empirical research attention. The potential and actual consequences of health reform on women is particularly understudied and under represented in policy and research initiatives. This scan on existing documentation, along with the preliminary results of interviews, suggests that women are potentially particularly adversely affected by these changes to the health care system. Surprisingly, the literature on aging devotes very little attention to the effects of health reform on the elderly, although policy relevant research is growing, as is evidenced by a recent (1997) joint Special Issue on Policy and Aging Research produced by the *Canadian Journal on Aging* and *Canadian Public Policy* (for notable exceptions, see Keating, Fast, Connidis, Penning & Keefe, 1997; Payne et al., 1997). With a rapidly increasing Canadian elderly population, a significant proportion of which is comprised of women (Moore,

Rosenberg, & McGuinness, 1997), research efforts need to focus on this area. Currently emerging feminist approaches to research on health care concerns of older women from a Canadian perspective can be marshalled in this effort (Ward-Griffin & Ploeg, 1997). 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" (Armstrong, personal communication, September, 14, 1998).

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APPENDIX A: RECENTLY COMPLETED/IN-PROGRESS RESEARCH

(See Appendix E for Contact Information)

Title: **Socioeconomic Differences in the Use of Health Care: Why are there Non-Financial Barriers to "Medically Necessary" Services**?

PI(s): L. Roos (K.C. Carriere, L.D. Saunders, K. Bay, G. Kephart, N. Roos, L. Curtis)

Primary Focus: inter-provincial and regional comparative study assessing equity in access to preventative health services

Research Proposal: submitted to Health Transition Fund, 1998)

Focus on Women: Unspecified

Institution/Affiliation: Population Health Research Unit, Department of Community Health and Epidemiology, Dalhousie University

Title: **Health Reform in Three Provinces: A Comparative, Longitudinal Study**

PI(s): George Kephart, David Maclean

Primary Focus: the most comprehensive inter-provincial comparative effort to assess health services utilization and health outcomes resulting from health reform

Research Proposal: submitted, 1998

Focus on Women: Unspecified

Institution/Affiliation: Population Health Research Unit, Department of Community Health and Epidemiology, Dalhousie University

Title: **Shifting the Goal Posts and Changing the Rules: The Privatization of the Canadian Health Care System**

PI(s): Fiona Chin-Yee

Primary Focus: exploring the forces that have led to the current shift to privatization

(recently completed MA thesis)

Focus on Women: Unspecified

Institution/Affiliation: Health Canada

Title: **Deinstitutionalization and the Shift to Home Care**

PI(s): Colleen Flood

Primary Focus: interest in the privatization of financing of health care (rather than privatization of health care delivery)

Focus on Women: Unspecified

Institution/Affiliation: Dalhousie Health Law

Title: **Task Force on Regionalized Health Care**

PI(s): Dr. Richard Goldbloom (Chair) Sheila Scraravelli (Vice Chair)

Primary Focus: Health Minister appointed Task Force (Nov., 1998) comprised of Stakeholders and Health Care Workers to examine to advantages and drawbacks of a regionalized health system structure; public opinions of stakeholders currently solicited (final report due June, 1999)

Focus on Women: Unspecified

Institution/Affiliation: Department of Health

Title: **Human Resource Issues in Home Care: Comparative Analysis of Employment Arrangements**

PI(s): Janice Keefe

(Follow-up to first report by Keefe & Fancey, 1998, cited earlier in *Research on the Impact of Health Reform,* commissioned by Health Canada, Knowledge and Dissemination Division)

Primary Focus: policy-oriented synthesis document, based on comparative analysis of different types of employment arrangements; multi-method approach used, relying: on published and non-published Canadian and international research on home care employment arrangements; profile of home care workers (based on exploratory Statistics Canada data); and identification of policy issues in consultations with panel of experts in home care field; focus groups with government representatives from four Atlantic provinces are being conducted

Focus on Women: Unspecified

Institution/Affiliation: Gerontology Research Unit, Simon Fraser University and Department of Gerontology, Mount Saint Vincent University

Title: **Care and Consequences: Health Care Reform and its Impact on Canadian Women and Families**

PI(s): Diane Gustafson, editor

Primary Focus: forthcoming collection of papers on health care reform and women care givers in Canada

Focus on Women: Explicit and Central

Institution/Affiliation: Unknown

Title: **Local Public Health Infrastructure Development (LOPHID)**

PI(s): Unspecified, Health Canada

Primary Focus: to give voice to community in health system reform; to generate capacity for development of policy based on local evidence

Focus on Women: Unspecified

Institution/Affiliation: Health Canada, Atlantic Region

Title: **Human Resources Plan for Nurses** *(not confirmed)*

PI(s): Pam Reid and Nova Scotia Department of Health

Primary Focus: focus groups conducted to develop human resources plan for nurses in response to the casualization of nurses

Focus on Women: Explicit

Institution/Affiliation: Nova Scotia Department of Health

Title: **Situation Critical: Nurses and Health Care Reform in New Brunswick**

PI(s): Christine Saulnier

Primary Focus: documents nurses' attempts to influence the shape and direction of health reform policy and health care delivery in New Brunswick

Focus on Women: Central and Explicit

Institution/Affiliation: York University

Title: ***Privatization of the Blood System*** *(not confirmed)*

PI(s): Richard O'Brien, Brenda Ryan

Primary Focus: analysis of privatization of blood system

Focus on Women: Unspecified

Institution/Affiliation: Department of Health, Atlantic Region

Title: **Reproductive Care Project**

PI(s): Becky Attenborough

Primary Focus: reproductive health

Focus on Women: Explicit

Institution/Affiliation: IWK Grace Hospital

APPENDIX B: REQUEST FOR INFORMATION ON THE EFFECTS OF PRIVATIZATION IN HEALTH REFORM ON WOMEN

I am currently conducting a literature scan for a project entitled "Privatization in Health Reform from Women's Perspectives" on behalf of the Maritime Centre of Excellence for Women's Health. This is one component of a national umbrella project on Women and Health Reform, conducted in collaboration with other Centres of Excellence for Women's Health in Canada. Our deadline for the first draft of the working paper is MARCH 15, 1999.

The purpose of this working paper is to review existing documentation on health reform in the Atlantic region. The focus is on the following components:

- IMPACT VARIABLES (e.g., consequences for service recipients, providers, health delivery services, etc.)
- REGULATORY MECHANISMS (e.g., policy, practice, and monitoring mechanisms that address the regulation and sustenance of privatization)

The questions of interest are:

- To what extent have health care services in the Atlantic region been privatized? (Comparisons with privatization policies in other provinces will be drawn).
- What are the consequences of various forms of privatization for diverse groups of women: as health care providers, patients and participants in decision-making?

Our working definition of privatization of health care includes the following aspects:

- The transfer from public or non-profit to private or for-profit delivery of health services.
- The transfer of responsibility for payment of health care costs to individuals and their families.
- The transfer of health care delivery from institutions to private households.
- The transfer of health care work from paid workers to unpaid family members and community volunteers.

The adoption of private, for-profit methods within health care service delivery.

Our literature scan includes existing documents as well as works in progress, with a focus on academic papers, government documents, policy briefs, and background papers from health and women's organizations. I would be happy to hear from any researchers, health advocates, policy makers or community-based organizations working in this area, or in the general area of women's health. If you are aware of any publications and research or policy initiatives that we should include in our review, particularly documents which are not likely to be accessed through standard library literature searches and data bases, please let me know as soon as possible.

We welcome any suggestions you may have for this project.
Thank you.

APPENDIX C: INTERVIEW SCHEDULE (HEALTH CARE RECIPIENTS)

Date:_____

Demographic information:

Age:_____

Partner Status:_____

Education:_____

Employment Status:_____

Type of Work:_____

Economic Bracket:_____

(Do you have enough income to meet your current health needs?)

As we discussed, the aim of this project is to explore the effects of **privatization in health reform on women**. So, I'll ask you a few questions about your health care needs and experiences, and about any changes you've experienced as a result of health reform. Of course you may have much more experience with some areas compared to others. So, just answer the questions you feel most comfortable with.

Questions:

1. Can you tell me a little bit about how the shifts in health reform have affected your health (health care provision)?

Prompts: Have the following kinds of changes affected your health care:

- transfer of care from health care facility to home care
- cuts in (emergence of new) government-sponsored: social services; outreach services, etc.
- closure of (emergence of new) outpatient services (e.g., physiotherapy/nutritionists/walk in clinics)
- de-listing of services

2. Do you think that as a woman you're differently affected by these changes in health care delivery (compared to men)?

Prompt: Do you have some specific health concerns that are affected by the changes in health reform? (as member of _____ community ?)

What do you think about community-based health care?

Prompts: Volunteer health care? Advantages/disadvantages? Has it been helpful/harmful to you in your own life?

4. What are your general thoughts about health reform/privatized health care?

5. What role do you think citizens have in changing public policy?

APPENDIX D: INTERVIEW SCHEDULE (PROVIDERS/DECISION MAKERS)

As we discussed, the aim of this project is to explore the effects of **privatization in health reform on women**.

Date:_____

Type of Work

Before we begin, could you briefly describe the work you do in the context of health care.

Questions:

1. Can you tell me a little bit about how the shifts in health reform have affected women's health (health care provision), in the context of your own work in health care?

Prompts: have the following kinds of changes affected health care:

- transfer of care from health care facility to home care
- cuts in (emergence of new) government-sponsored: social services; outreach services, etc.
- closure of (emergence of new) outpatient services (e.g., physiotherapy/nutritionists/walk in clinics)
- de-listing of services

2. Do you think women are differentially affected by these changes in health care delivery (compared to men)? (Prompts: Specific health concerns that are affected by changes in health reform?

3. What do you think about community-based health care? Volunteer provided health care? Advantages/disadvantages? Has it been helpful/harmful to women's health?

4. What are your general thought about health reform/privatized health care?

5. What role do you think providers/decision makers have in changing public policy?