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

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Agenda

• Source-Survey-Synthesis Tool background

• Practical applications of The Source, The Survey, The Synthesis

• Implications for knowledge translation
The Source-Survey-Synthesis Tool

- A web-based, bilingual central tool that provides access to data sources, reports and grey literature on women’s health matters

- International, National, Provincial (British Columbia, Manitoba)

- Women’s health researchers, policy makers, policy analysts, health planners, community groups, students, the public
Development of The Source-Survey-Synthesis Tool

- Inspired by Women’s Health Victoria (Australia)

- User-friendly tool that provides access to women’s health data and documents with a Gender-, Sex-, and Diversity Based introduction

- Lengthy development process
Percentage of Population with Regular Physician

Gender-Based Analysis: Our Lens on the Sex, Gender, and Diversity Issues on This Topic

Definition
The percentage of the population with a regular physician refers to the proportion of household population aged 12 and over who report having a regular physician. Statistics Canada collects data on this indicator and uses a broad definition of regular physician (or medical doctor) which includes family doctors/general practitioners, who provide primary medical care and are seen for routine procedures, annual exams, blood tests, or flu shots, but also includes specialists [1]. The College of Family Physicians of Canada (CFPC) reports similar data, but refines the definition by only including those who have a family physician [2]. According to Statistics Canada, in 2007, 85% of Canadians reported having a regular physician; 81% of males and 90% of females [3]. Similarly, the CFPC found that 86% of Canadians have a family doctor in 2007 [2], which suggests that similar statistics are obtained despite differences in the definition of regular physician.

Sex Issues
Canadians without a regular physician are more than twice as likely to report difficulties in accessing routine and preventative services. For example, women with little or no care were less likely to have had a mammogram within two years of participating in the Canadian Community Health Survey (CCHS) or to have ever had a pap smear, placing them at greater risk for breast and cervical cancer [4,5]. In general, women have higher contact rates with a regular physician due to a greater prevalence of chronic conditions, female-specific diagnostic and preventative health care services, as well as reproductive events. Many women continue to see their regular physician during pregnancy instead of seeking a specialist [6].
<table>
<thead>
<tr>
<th>Title (Data Source)</th>
<th>Health Services Access Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>Survey</td>
</tr>
<tr>
<td>Administered by</td>
<td>Statistics Canada</td>
</tr>
<tr>
<td>Coverage</td>
<td>Persons aged 15 years or older who are living in private housings in all provinces/territories excluding persons living on Indian Reserves or Crown lands, residents of institutions, full-time members of the Canadian Armed Forces, and residents of certain remote regions.</td>
</tr>
<tr>
<td>Date of Collection</td>
<td>The survey was conducted from 2000-2002 but was combined with the Canadian Community Health Survey in 2003</td>
</tr>
<tr>
<td>Information Collected</td>
<td>Household population aged 15 and over accessing and reporting difficulties accessing: routine care, health information or advice, immediate care for a minor health problem, at least one of these first contact services</td>
</tr>
<tr>
<td>General Access</td>
<td>For more information on the survey and ongoing collection within the Canadian Community Health Survey, go to <a href="http://www.statcan.gc.ca/daily-quotidien/060711/dq060711c-eng.htm">http://www.statcan.gc.ca/daily-quotidien/060711/dq060711c-eng.htm</a></td>
</tr>
<tr>
<td>Entry last updated</td>
<td>November 2008</td>
</tr>
</tbody>
</table>

X CLOSE

PRINT FRIENDLY VERSION OF THIS DETAILED DESCRIPTION »
1. A Profile of Women’s Health Indicators in Canada

Statistical analysis of economic, social-psychological, health behaviours, lifestyle, and environmental determinants of health; healthy child development; reproductive health; health outcomes; and health system performance in Canada and the Atlantic provinces.

Coverage: National
Author: Ronald Colman, Women’s Health Bureau
Data Source(s): Secondary
Publication Year: 2003
Citation: Colman R. A Profile of Women’s Health Indicators in Canada. Health Canada; 2003.
Entry Last Updated: January 2008
Download Document (PDF 4,685KB) | Go to website>
Welcome to The Synthesis: Women’s Health Analyses

The Synthesis/La Synthèse is a bilingual web-based tool to assist researchers, policy makers, health planners, and students identify sources of health data for women and girls in British Columbia and elsewhere. Improving access to the evidence base for women’s health will better inform women’s health policy development and improve the care provided to women and girls not only in British Columbia, but across the country.
Substance Use

1. Gender Differences in Smoking and Self-Reported Indicators of Health

The purpose of this paper is to examine smoking prevalence and selected smoking-related health indicators for specific subgroups of women and men, incorporating socio-economic determinants of health to consider more fully the impact of gender.

Coverage | NATIONAL
Author | Susan Kirkland, Lorraine Greaves, Pratima Devichand
Publication Type | Topic Synthesis
Publication Year | 2003
Entry last updated | January 2009

Download Document (PDF 152KB)  Go to website >

Click below to view related Gender Based Analysis write-ups related to this document in The Source:
Tobacco
Cancer
Knowledge Translation (KT)

- Complexities of KT in healthcare (Baumbusch et al., 2008)
  - Political issues
  - Researchers versus practitioners
  - Resources

- Broad, interactive, collaborative models of KT needed
Knowledge Translation Issues in Women’s Health Surveillance

• Access
  - Researchers and health planners/policy analysts need access to health data

• Existing Health Data
  - Ability to understand factors influencing women’s health
  - Nature of women’s health indicators

• Gender-Based Analysis (GBA)
  - Sex-disaggregated reporting needed
  - Gender-, sex- and diversity-sensitive interpretation of existing data needed
Using The Source-Survey-Synthesis Tool to Increase KT

- **Access**
  - Identifies information covered in specific data sources (The Source)
  - International, national, provincial, and regional health data and documents (The Survey, The Synthesis)

- **Existing Health Data**
  - Helps identify factors influencing women’s health

- **Gender- and Sex- Based Analysis**
  - Identifies sex, gender, and diversity issues
Who is using the Tool?

- **The Source**
  - Canada, United States, UK, and India (number of visits)
  - Hong Kong, Germany, and Mexico (highest number of first time visits)

- **The Survey**
  - Canada, United States, Mexico, India, France, Netherlands, Nepal, and Gambia

- **Website Statistics**
  - Page views: $M = 5.5$ pages/visit
  - Time on site: $M = 4.40$ min/visit
Moving Forward

• Collaborative partnerships being sought with other provinces and territories to create pan-Canadian tool
  • Atlantic provinces

• Additional funding to populate the French sides needed

• Collaborating with Health Canada to create a culturally relevant GBA Toolkit specific to First Nations, Métis, and Inuit
Conclusion

- Source-Survey-Synthesis Tool combines synthesis, dissemination, exchange, and application of knowledge on women’s health issues

- Encourages more efficient and gender-sensitive research, programming, and policy
Thank You

Do you know of a document or data source that we should post?

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