



Nova Scotia
Advisory Council
on the Status
of Women



A Healthy Balance

A community alliance for health research on
women's unpaid caregiving

A Healthy Balance Research Program: Conducting Research That Makes A Difference

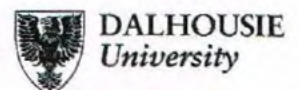
Report on the Deliberations of the National Reference Group

Saturday, March 23, 2002
Halifax, Nova Scotia

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The Healthy Balance Research Program is funded
by the Canadian Institutes of Health Research
and is supported by Dalhousie University,
IWK Health Centre and Women's Health Bureau,
Health Canada



This paper was funded by the Healthy Balance Research Program (HBRP), through the Canadian Institutes of Health Research (CIHR), Atlantic Centre of Excellence for Women's Health (ACEWH), Nova Scotia Advisory Council on the Status of Women (NSACSW) and Women's Health Bureau, Health Canada. It expresses the views and opinions of the authors and does not necessarily reflect the official policy of ACEWH, NSACSW and any of its sponsors.

PREFACE AND ACKNOWLEDGMENTS

From its inception, the Healthy Balance Research Program (HBRP) was designed to be *research that makes a difference*. And in order to make a difference in the lives of Nova Scotians, in particular, and in Canadians, more generally, it is imperative that the research program itself be designed in such a way that it can benefit from the input of a wide range of stakeholders throughout the process, from development through dissemination.

In order to involve a variety of community and policy audiences, the Healthy Balance Research Program is designed to include researchers both in the academic world and outside of it. The HBRP also includes representatives of various communities, not just at the "results" stage, but in the process of developing the research themes. Thus, the program began with a series of meetings with Equity Reference Groups, including African-Nova Scotians, First Nations, Immigrants and Persons with Disabilities.

This report presents the deliberations of a second kind of reference group—the National Reference Group (NRG)—which brings together researchers, policy staff and community members. The thematic question addressed in the meeting was, "How can we ensure that our work is *research that makes a difference*?" The lively discussion of the workshop is reflected in the numerous and useful contributions of the participants, to whom we extend our gratitude and appreciation.

Thanks are also due to Deborah Kiceniuk, Research Coordinator of the HBRP; Linda Snyder, meeting facilitator; Stella Lord, rapporteur; and Janice Oaks, who made the administrative arrangements.

Health Canada's Women's Bureau provided funding for this seminal event, and we gratefully acknowledge this support. The overall program is funded by the Canadian Institutes of Health Research (CIHR), whose encouragement of *research that makes a difference* resonates with our own commitments.

Carol Amaratunga
Co-Director

Brigitte Neumann
Co-Director

INTRODUCTION

The *Healthy Balance Research Program (HBRP)* is funded by the Canadian Institutes of Health Research (CIHR) for a five-year period under the Community Alliances for Health Research (CAHR) program. The research investigates the relationships between women's health and wellbeing, family life, and earning a livelihood.

The lead organizations are the **Atlantic Centre of Excellence for Women's Health (ACEWH)** and the **Nova Scotia Advisory Council on the Status of Women**. This collaborative program of research brings together more than 30 researchers from universities, the public policy domain, and health organizations, as well as other community and government partners that provide advice on the research itself and ensure that the research is readily accessible to and relevant to a variety of policy and community audiences.

The central focus of the research is to acquire a better understanding of the relationship encompassing unpaid caregiving work, women's empowerment and their health status in Nova Scotia—whether this caregiving work is done on its own or combined with paid work. In addition to these relationships, the program of research investigates the manner in which caregiving is organized, how caregiving affects people's sense of empowerment and control in their lives, and how it affects their health and wellbeing. Other factors to be examined include the relationship between social and economic factors, the interaction with paid work, and the relationship between caregiving and ethnicity, culture, location, age, and income.

A one-day workshop was held on Saturday, March 23, 2002, to bring together for the first time members of the Healthy Balance Research Program National Reference Group with the research project team leaders and the Program Secretariat. The purpose of the workshop was: to develop a common understanding of the research program; share information on progress to date; and, to initiate a dialogue about research issues, future directions and, in particular, a discussion of the question:

***How can the Healthy Balance Research Program be
a research program that makes a difference?***

OPENING REMARKS

Brigitte Neumann and **Carol Amaratunga**, Co-Directors of the Program, welcomed everyone and invited participants to share their wisdom and ideas about how to move the research and knowledge translation agenda of the Healthy Balance Research Program (HBRP) forward. In their opening remarks, they indicated that the primary purpose of the research program is to design and conduct research that will influence, inform, and shape public policy—to make a difference in the lives of Canadians.

Carol Amaratunga noted that the author of a recently completed annotated bibliography for HBRP, **Karen Hayward**, commented that “the Healthy Balance Research Project may well make its greatest contributions through fresh perspectives on *old* research issues, rather than simply by identifying new and specialized *niches* of previously under-researched issues.” The challenge, she said, is to explore the full spectrum of caregiving as it affects women, their families and our society at large, and to do so in a manner that influences and shapes policy not only in the health sector, but also in those sectors with policy and program responsibilities for our workplaces and family lives.

Brigitte Neumann reminded the participants that when the Advisory Council on the Status of Women was formed in 1977, the report of the Nova Scotia Task Force on the Status of Women clearly linked the status of women to the recognition of the work of *homemakers*. While the language has changed, the concern about unpaid work and caregiving has not gone away. These issues, she suggested, are central to gender equality, which cannot be achieved without equitable sharing of caregiving responsibilities throughout the life cycle and without policy and program initiatives that support caregivers and caregiving over the life course. The connection of health and social justice is well-known through the population determinants of health approach, and our focus on those determinants is within the wider context of our mission: to advance equality, fairness and dignity for all women.

Carol reminded everyone that as individual researchers we do not have all the answers, but by working together we can make our research count. We can translate our research into policy and into language which decision-makers can use to build programs and services that take the realities of women’s lives into account, and support a more equitable sharing of responsibilities for care.

Carol outlined what her own expectations were for the meeting and for the role of the National Reference Group:

- Push and encourage us to explore the full spectrum of caregiving: we don’t want to reinvent the wheel, but we need to identify gaps in the research and go beyond our own disciplines and traditional research areas, while also interpreting caregiving in the broadest sense.

- Help us to synthesize research across different areas of interest, disciplines, and perspectives, and to examine the human dimensions of caregiving—what Pat Armstrong has flagged as the relationships rather than the tasks.
- Advise our team to undertake research on caregiving which is conducted from the broad perspective of women's health and how people relate to each other.
- Encourage us to recognize both the joys and burdens of caregiving, to understand why women more than men are likely to experience stress and overwork, and to better understand the extent and nature of women's unpaid caregiving and its health impacts.
- Share our knowledge networks—advise on the ways in which caregiving affects empowerment, health and wellbeing, and the ways in which caregiving is organized in all types of family units.
- Assist us to link with other research teams across the country and internationally so that we can derive benefit from their experiences and lessons learned—this is so important given the very complex nature of research projects such as this.
- Lastly, advise us on how best to communicate our findings to those who will be able to use the research and evidence to help others—by designing and delivering more gender-sensitive programs and policies in the case of policy audiences; by empowering all citizens to engage in the policy debates about women, families and caring; and by promoting a *healthy balance* in the lives of individual caregivers.

INTRODUCTIONS AND MEETING EXPECTATIONS

Participants were asked to work in dyads to introduce each other and to share expectations for the meeting. These were:

- ***To learn about the research program:*** to learn more about HBRP and the process of doing this type of research; to find out more about the role of the NRG.
- ***Network with others on the NRG or the research team:*** to get to know people on the team and network with other NRG members as well as the research team; to look for intersections with one's own work.
- ***To get input from NRG on the research program:*** the research team leaders and Directors saw NRG as a key component in its ongoing knowledge translation strategies.
- ***To move the caregiving agenda forward:*** to think about how this research can make a difference; to think about how gender can infuse research projects such as this one.

Participants were also asked to share one positive experience in working with researchers or in government domains and to discuss what success would look like when bringing research to the policy table.

- ***Some examples of positive experiences were:*** finding one's own research cited at a national health forum; seeing evidence-based decision-making being used in a cardiovascular program; using research to improve transportation regulations in Atlantic Canada; making a contribution to gender equality indicators within the federal government; using research to increase awareness and creating fora for community groups to participate in community presentations to the Kirby Commission; having research ready-at-hand when an opportunity presented itself to extend parental leave to adoptive parents; demonstrating that the impacts of floods in Winnipeg were not just about engineering issues, but also about people; using research to oppose mandatory reporting of domestic violence.
- ***Some examples of what success would look like were:*** developing good government/research/community linkages and relationships; seeing researchers and policymakers working together on issues; research findings being incorporated into policy and policy reviews; research being used as a tool for communities; greater potential for university/community partnerships; building community capacity to use research; finding ways to use media to communicate to the general public; demonstrating that one voice can make a difference; making an archive of research for policy makers and others to use; ensuring that subtleties in research findings not be overlooked in developing policies.

OVERVIEW OF THE HEALTHY BALANCE RESEARCH PROGRAM

HBRP Research Coordinator **Deborah Kiceniuk** provided an overview of the organization of the Healthy Balance Research Program (*Appendix A*). This was followed by presentations by the four research team leaders: **Shelley Phipps** on Secondary Analysis; **Charlotte Loppie** (standing in for **Jacqueline Gahagan**) on the Qualitative Research (Focus Groups); **Janice Keefe** on the Survey; and **Brenda Beagan** on a series of Family Portrait Case Studies. Each team leader provided a short presentation and an update on progress to date (*Appendix B*). They also highlighted some research issues and invited input and questions.

There was input and discussion amongst participants about several methodological issues, including the adequacy of existing measures, the compatibility of different data sets, how to define and measure caregiving, and the issue of sampling strategies to ensure inclusion of the experience of equity groups, including African-Nova Scotians, Mi'kmaq people and persons with disabilities. Several participants pointed out that the focus groups will likely provide useful guidance on the definition of caregiving and that the focus groups and the family portrait case studies will be useful in fleshing out the experience and quality of women's caregiving relationships.

One challenge which was highlighted was that some policy staff are more likely to extend credibility to quantitative than to qualitative research. The research program, therefore, will need to think of creative ways to ensure that the importance and utility of the qualitative research findings are clearly communicated to policy staff and policy makers.

PLENARY PRESENTATION

Karen Grant (University of Manitoba) gave a presentation on “*Gender-based Analysis: Beyond The Red Queen Syndrome*”.¹

In the discussion following the presentation, concern was expressed that qualitative research is often dismissed as *anecdotal*. Karen pointed out that we need better ways of communicating this type of research. Qualitative research is systematic research. It does not just consist of random anecdotes. We need to get the message across that this kind of research can demonstrate the quality of peoples’ lives and relationships. Among other things, it provides an essential context for quantitative research, both in its development and in its interpretation.

Concern was also expressed that gender-based analysis is “not on the radar screen” of the policy world. The implications of this are that as researchers we have more to do than just show the findings of the research. We need out-of-the-box thinking on communication. We need to involve policymakers, citizens and communities on an ongoing basis through a strategic communications plan, not just through occasional appearances in the media.

FUTURE DIRECTIONS: SMALL GROUP DISCUSSION

Participants were assigned to **small groups to discuss six questions**. Afterwards, the groups re-convened in a plenary session to pool ideas. The plenary was facilitated by **Linda Snyder**.

How Can We Best Affect Policy?

- ***Develop a strategic plan:*** Think outside of the box; find out what in existing policies helps and what hinders; identify (specifically) what policy areas we want to affect; identify relevant outcomes for each policy domain; do force-field analysis to develop strategy based on where we are likely to get support/opposition for a change agenda.

¹ Centres of Excellence for Women’s Health Research Bulletin. Winter 2002;2(3):16-20

- **Identify a variety of routes to influence policymakers:** Identify champions and sympathetic individuals in government and involve them early in the process; include all levels of governments and various departments, not just Health; dialogue with policymakers as soon as possible about research results; hold focus groups with policymakers on specific issues; talk to them about the possibilities/limitations of various policy options; organize presentations to Atlantic Deputy Ministers of Health, Status of Women Ministers, and Ministers Responsible for Labour; link to others doing policy-oriented research—e.g., Canadian Policy Research Network (CPRN), Canadian Council on Social Development (CCSD), Canadian Labour Congress (CLC), Vanier Institute for the Family.
- **Take advantage of windows of opportunity:** Be aware of government agenda and departmental business plans; watershed events can make policy happen.
- **Identify creative ways to communicate results:** Use qualitative research findings to contextualize and expand on survey findings; use various media and processes, e.g., videos, workshops, seminars; piggyback on policy road show with ACEWH; hold briefing meetings; circulate information through government newsletters and policy forums; find friendly media people.
- **Emphasize integrity, prudence, and ethics in all that we do**

What Do We Need to Know About Caregiving?

- **We need an approach that:** makes women's caregiving visible; sees the whole picture—the multifaceted/broad nature of caregiving; casts a wide net in conceptualizing caregiving, but then prioritizes; defines what is caregiving and how it is different from unpaid work; looks at a range of caregivers; gets at tasks but also at the interpersonal work of caregiving; is able to measure the rewards of caregiving and to show us where the healthy balance is.
- **We should get at some middle range questions:** Are expectations of caregiving different depending on circumstances or on the role of men in different cultures? What are the costs to society when it is women who are expected to do the caregiving? What are the impacts of policies on women's caregiving?
- **Get answers to some discrete questions and relationships:** The relationship between income/family status and caregiving; the impacts of different types and conditions of paid work when combined with caregiving; issues related to caregiving from a distance; the sandwich generation; how does caregiving change in response to government policies (e.g., changes in social assistance regulations).

What are the Best Avenues for Dissemination?

- **Develop a marketing/communications plan:** develop a team to work on the knowledge transfer component of this program, with a focus on a variety of policy audiences as well as community constituencies.
- **Link up with organizations which have established networks in the community:** Canadian Caregivers Association; community groups; organizations which support and represent First Nations, African-Nova Scotians, immigrants, persons with disabilities; women's organizations and women's equality-seeking groups; rural organizations; Public Health Association of Nova Scotia; Advisory Councils on the Status of Women; the Senior Citizens' Secretariat; community health boards; other individuals and groups involved in collaborative research.
- **Engage the interest of a variety of stakeholders and audiences with influence, framing appropriate messages for specific audiences:** businesses and business organizations, chambers of commerce; human resource associations, unions; elected officials (federal and provincial); women's caucuses, educators and educational institutions; use new ways of communicating (e.g., legislative breakfasts with politicians, editorial boards with local media).
- **Build interest amongst research and academic audiences:** include students; make presentations at various academic and policy conferences (e.g., annual congress of academic associations; biennial Social Welfare Conference; International Association of Feminist Economists Conference).
- **Think about a variety of methods and means of communication:** workshops, presentations; newsletters; seminars; breakfast/lunch meetings; articles in local newspapers and popular magazines (*Chatelaine*, *Canadian Living*); selective media interviews; trade and union newsletters and magazines; tools to enable community partners to share results, such as kits and overheads on issues and findings; case studies reflecting on specific policies; quarterly reports or newsletter from HBRP.
- **Make full use of electronic means of communication:** organize HBRP website and announce-list with automatic distribution to interested people; make use of other list-serves, such as PAR-L; centres of excellence on women's health lists; promote website links with other organizations (e.g., Canadian Women's Health Network).

How Can We Foster Collegiality?

- **Clarify roles and responsibilities of academic/policy/community partners:** include the NRG and ERGs in the scope of this clarification; develop clearer understanding of what a *community alliance* means; figure out the right balance between having input, being accountable and making concrete decisions.

- **Whatever our roles and responsibilities, keep everyone informed:** maintain a transparent process; develop a multi-directional communications plan to keep researchers, ERGs, NRGs, community groups and others informed about progress and to build/enhance collegiality and develop ownership.
- **Create opportunities for capacity building:** with community groups and others; provide a means for integrating community partners with research teams.

What Networking Opportunities Should We Pursue?

- **Identify opportunities for local, national & international meetings/conferences:** Find a way so NRG members can make presentations on behalf of HBRP at conferences; identify a variety of conferences related to human resources development, social and economic policy, caregivers, childcare, aging and gerontology:

Family Caregivers Association, Halifax, May 6th - 12th
 McConnell Foundation meeting, Halifax, May 31
 Third International Caregivers Conference, Washington DC, Oct 12 2002
 Provincial Caregivers Conference, 2003
 National Social Welfare Conference, Ottawa, June 2003
 Healthy Aging Conference, Halifax (Dal/MSVU) date TBA
 Policy Research Initiative annual meeting, Ottawa
 CPRN initiatives/meetings
 Fraser Mustard
 Founder's Network

- **Make international connections:** Identify organizations and researchers doing similar work; look at UK experience; OECD.
- **Sponsor Healthy Balance Research Program events:** e.g., conferences, workshops.

What Roles Can the NRG and Members of it Play?

- **Clarify parameters for members to be involved but allow flexibility:** create links and connections; provide tools (e.g. overheads) so members can disseminate information and promote HBRP at conferences.

CONCLUSION

In closing, workshop facilitator **Linda Snyder** observed that it had been a very productive day in which NRG members had become more acquainted with each other and with the research team leaders, and in which participants explored their roles as individuals and as reference group members.

Perhaps the key outcome of the meeting was the strong support and guidance for developing a systematic knowledge translation strategy for the entire program. With both policy and community audiences, it will be necessary to integrate reporting of research results in the academic format with an ongoing series of events reaching policy staff and policymakers, as well as incorporating activities designed to build and continue the engagement of communities and citizens.

EVALUATION

Participants had positive comments about the organization of the workshop and especially about the facilitation of the meeting and the presentations. In general, participants said the workshop had provided a good overview of the research program and of the anticipated work of the research teams. NRG members also appreciated the opportunity to meet each other and the members of the HBRP team.

Most participants would have liked more time for networking, reflection on the research issues, and for substantive discussion of the research issues. Several suggested that building in more time for networking and substantive discussion may necessitate a two-day meeting and the inclusion of all research team members. One suggestion was that written material be sent ahead of time to help them to prepare for the meeting.

Participants were very supportive of the research program. Some indicated that they would like to have the opportunity to provide feedback on an ongoing basis and enhanced understanding of their role so that they may play a more active role in the research or be supportive in other ways.

APPENDIX A

OVERVIEW OF THE HEALTHY BALANCE RESEARCH PROGRAM

**Deborah Kiceniuk
Research Coordinator**

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

WHAT IS THE HEALTHY BALANCE RESEARCH PROGRAM (HBRP)?

- A research partnership with over 30 researchers and over 20 community partners
- Funded by the Canadian Institutes of Health Research for \$1.7 million over 5 years
- A study to examine the relationships between women's "normative caregiving," earning a livelihood, and health status

HBRP GOAL

- To foster a "healthy balance" between women's health and well-being, family life, and earning a livelihood.

HBRP OBJECTIVES

- Knowledge generation
- Knowledge transfer, transformation, and uptake
- Strengthening research capacity in Atlantic Canada

ORGANIZATIONAL STRUCTURE

- Directors
- Program Secretariat
- Partners
- National Reference Group
- Four Equity Reference Groups
- Researchers

ORGANIZATIONAL STRUCTURE

Co-Directors:

- Carol Amaratunga (MCEWH)
- Brigitte Neumann (NSACSW)

Research Coordinator:

- Deborah Kiceniuk

Administrative Coordinator:

- Janice Oaks

PARTNERSHIP OVERVIEW

- Atlantic Provinces Economic Council
- British Columbia Centre of Excellence for Women's Health
- Canadian Policy Research Networks
- Canadian Research Institute for the Advancement of Women
- Mount Saint Vincent University, Centre on Aging
- Child Care Connection NS
- Community Health Promotion Network Atlantic
- Eastern Cooperative Health Organization
- Executive Council Office, Prov of NB
- Family Caregiver Assoc of NS
- GPI - Atlantic
- Maritime Centre of Excellence for Women's Health - Dalhousie University
- National Network on Environments and Women's Health
- Nova Scotia Advisory Council on the Status of Women
- Department of Health - NS
- Public Service Commission - NS
- Prairie Women's Health Centre of Excellence
- Canadian Women's Health Network
- Women's Health Bureau - Health Canada
- Women's Health program - RWK Health Centre
- Women's Policy Office - Gov of NF&LB

NATIONAL REFERENCE GROUP (NRG)

- Consisting of 12-14 members
may include senior researchers, doctoral students, policy makers, and community representatives
- Meets once per year
- Provide advice on mechanism to process findings
- Identify opportunities for linkages with other international and national research/partners

FOUR EQUITY REFERENCE GROUPS (ERG's)

- Immigrant Women
- African Canadian/Black Women
- Aboriginal Women
- People with Disabilities

EQUITY REFERENCE GROUPS

- Up to 5 members per group
- 4 meetings in the first year and 2 in the subsequent years
- Advise the HBRP teams about culturally appropriate research approaches
- Identify appropriate and relevant avenues for distribution of research information

RANGE OF CAREGIVING

Caring for:

- Children/adolescents with/without disabilities
- Adults with physical or mental health challenges, or HIV/AIDS
- Seniors with/without physical/mental challenges

Multiple caregiving:

- Provision of simultaneous care for children/adolescents, adults, seniors

Empowerment:

- benefits of caregiving

HBRP - POSITION PAPER

- Entitled "Thinking It Through: Women, Work and Caring in the New Millennium" by Pat and Hugh Armstrong
- Provide a broad framework of unpaid caregiving across the lifespan in Canada
- Basis for the program of research

HBRP – CAREGIVER INFORMATION BANK

- Contain information on existing survey instruments and results of other studies (eg. Census, NSHS, NPHS)
- Critique of these various surveys and other publications
- Materials will be housed and catalogued at the NSACSW resource centre

PROGRAM OF RESEARCH:

Creating a complete picture of caregiving through triangulation of methods

- **Quantitative**
 - Survey - questionnaire
 - Secondary analysis – databases
- **Qualitative**
 - Focus groups
 - Family Portraits

APPENDIX B

RESEARCH TEAM LEADER PRESENTATIONS

- 1. Shelley Phipps, Secondary Analysis**
- 2. Charlotte Loppie, Team Q (Focus Groups)**
- 3. Janice Keefe, Survey**
- 4. Brenda Beagan, Family Portrait Case Studies**

Secondary Analysis

by Shelley Phipps

Women's Paid and Unpaid Work and Women's Health: Secondary Data Analysis

Shelley Phipps
Lynn Lethbridge and Martha
MacDonald

Overview of Project

- Stage 1 = analysis of links between women's paid and unpaid work and women's health using a Canadian survey
- Stage 2 = analysis focused more specifically on Nova Scotian women using Nova Scotia Health Survey
- Stage 3 = synthesis report

Work to date

- Preliminary descriptive analysis for Stage 1 of the project has been carried out
- We are now in the process of the multivariate work and are aiming for a preliminary draft report by the end of April (with possible delay due to strike)

Data Set for Stage 1

- 1998 Statistics Canada General Social Survey (GSS)
- Representative cross-section of Canadian adults
- Analysis focuses upon men/women 25 to 54 (with additional analyses for men/women 18 to 64)

Method

- Descriptive Analysis
- Estimate multivariate models (probit, ordered probit) to assess relationship between paid and unpaid work and women's health *after* controlling for other key factors (e.g., increased work hours may be less stressful for higher-income women?)

- We will also compare findings for women and men

Health Outcomes Studied

- Self-reported health status
- Experience of accident or serious illness in past 12 months
- Activity Limitation
- Time pressure (How often do you feel rushed?)
- Stress (Do you feel that you're constantly under stress trying to accomplish more than you can handle?)

Health Outcomes (cont'd)

- General Satisfaction (How do you feel about your life as a whole right now?)
- Social cohesion (How would you describe your sense of belonging to the community?)
- Work/life balance (Are you satisfied or dissatisfied with the balance between work/home life?)

Descriptive Results to date:

Key Explanatory Variables

- Total weekly hours of paid work
- Total weekly hours of unpaid work (housework, childcare, eldercare)
- Total weekly hours of volunteer work
- Total weekly hours at school (credit courses)

Additional Key Controls

- Family Income
- Presence of children (aged 0 to 4, 5 to 12, 13+)
- Total number of children
- Presence of an elderly parent
- Education level

Problem

- 'Endogeneity' or 'reverse causation' (direction of causation may be that ill health limits work hours rather than that too much work leads to ill health)
- Solutions: 1) exclude respondents who report themselves permanently unable to work; 2) focus upon full-time/full-year workers

Example of results to date

- Focus on 'Stress' (sample of 25 to 54 year olds and w/o those 'permanently unable to work')
- Predict probability of reporting 'constantly under stress' for otherwise identical women with 0 versus 40 hours of paid work
- Compare otherwise identical women with and without elder in house, adding 20 additional unpaid hours

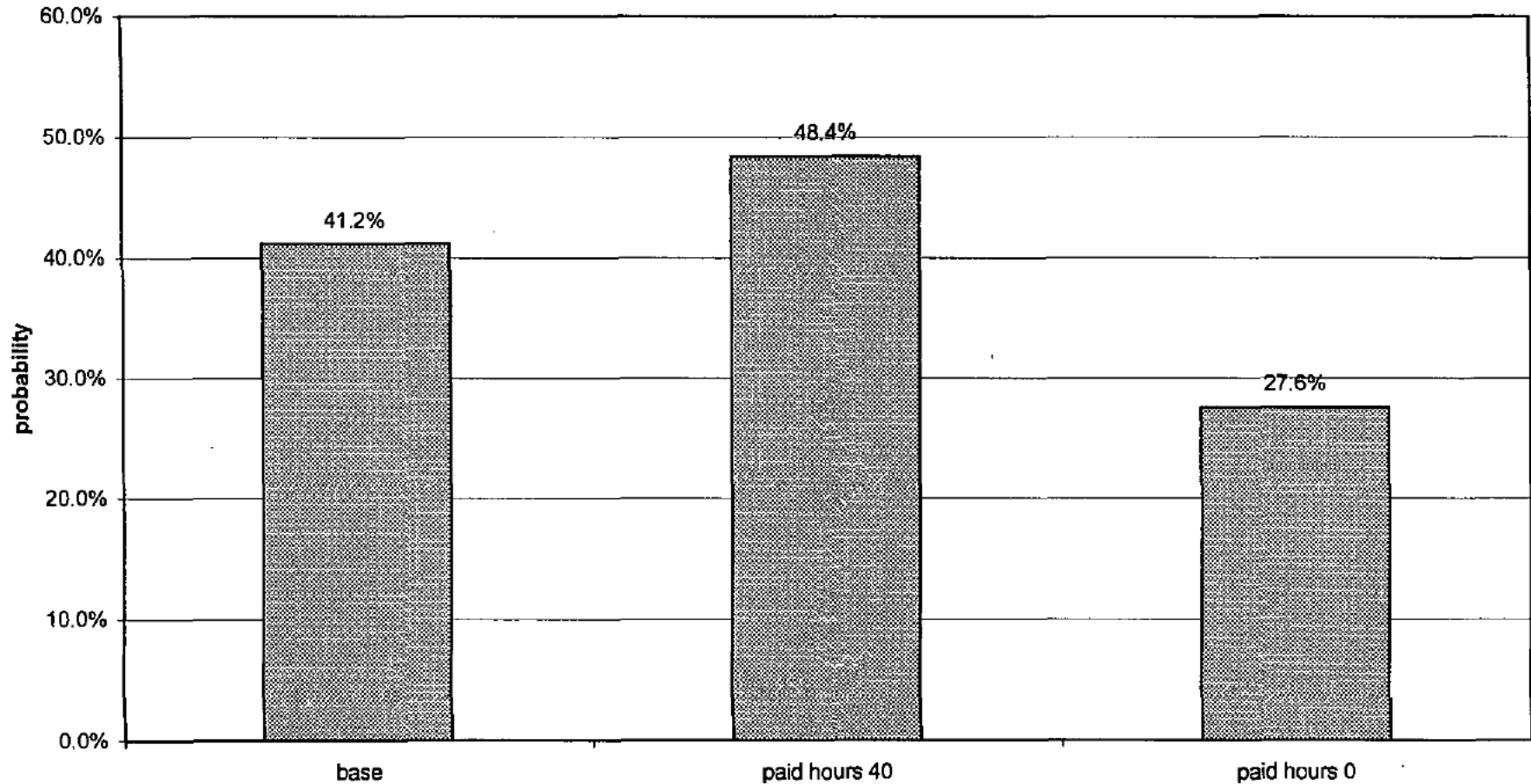
- Compare otherwise identical women with less than poverty income versus average family income

Other interesting findings to date:

- Very significant increase in the probability of injury/illness for women with elders present in household (no effect for men)
- Increases in paid work reduce women's feelings of belonging to the community; increased volunteer hours increase feelings of belonging

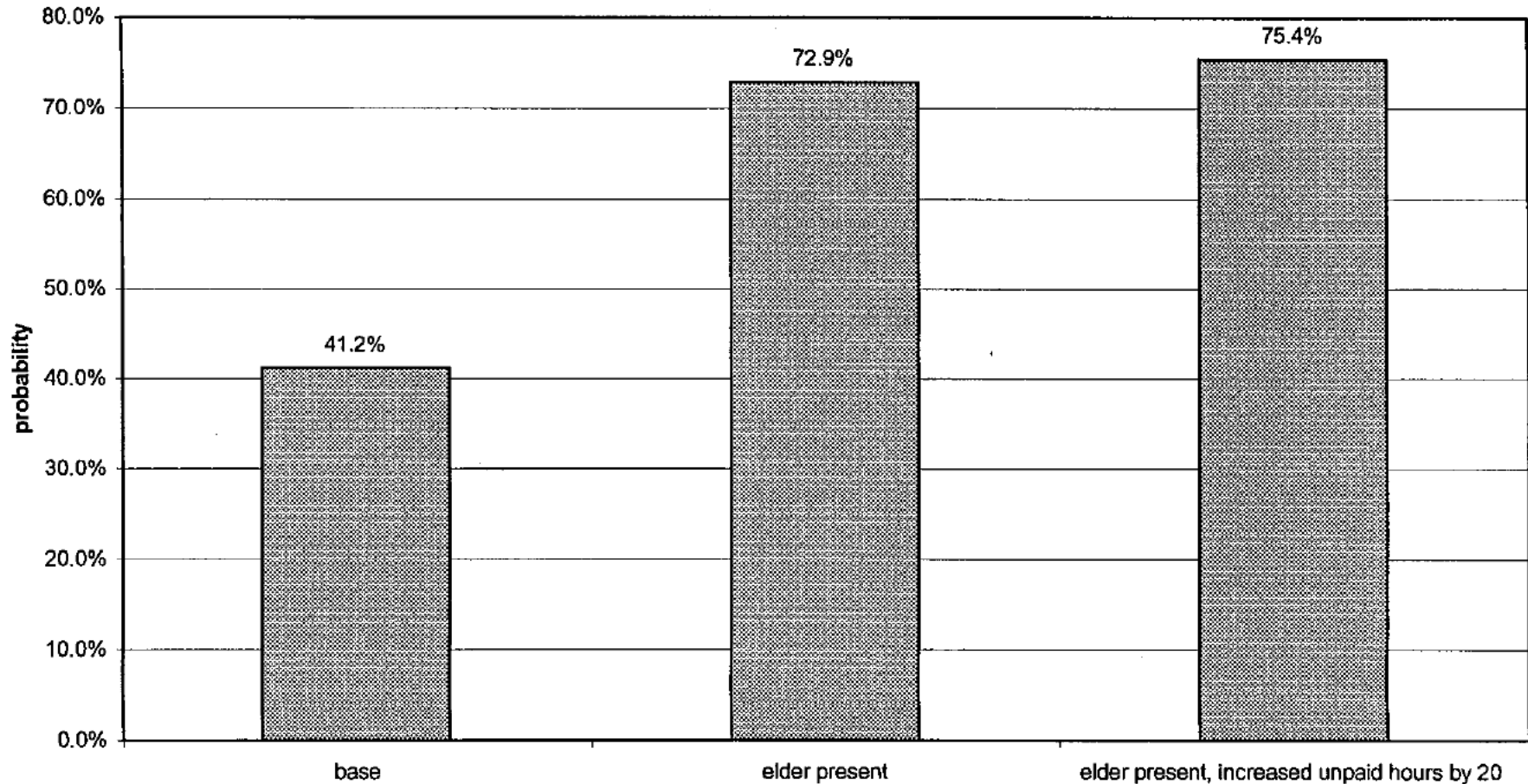
- Self-reported health status has little association with unpaid work hours in multivariate work
- Similarly, work hours relatively unimportant for accidents and activity limitations
- Work hours very important for 'feeling rushed,' 'stressed,' etc. (unpaid hours don't matter for men)

Figure 1
Probability of Reporting Being Constantly Stressed
Increasing/Decreasing Paid Hours
Women Aged 25-54



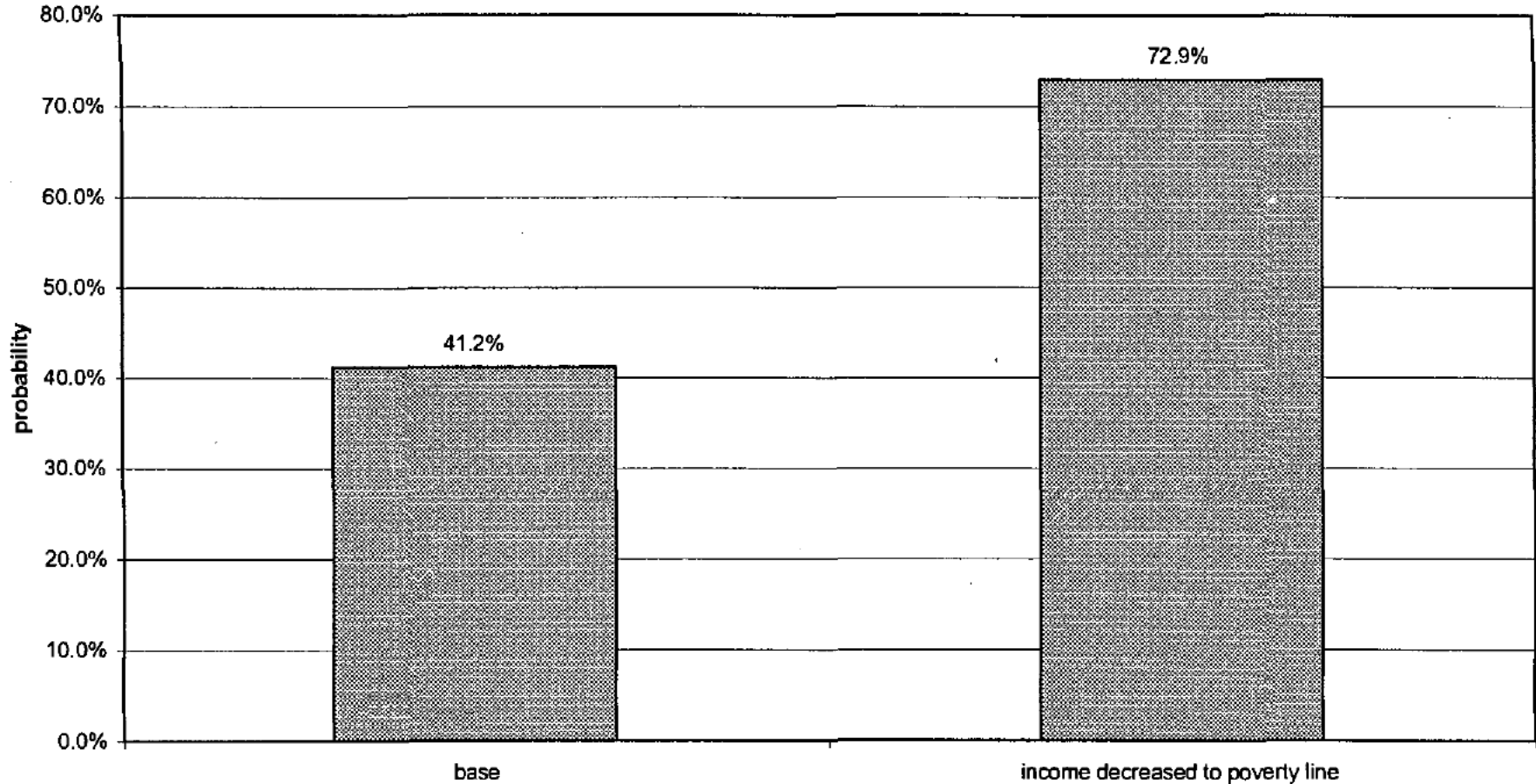
Note: The base case is a 39.1 year old working 26.8 hours/week and unpaid hours of 48.2/week. She volunteers 4.4 hours per month, her household income is 58,941 and she is married with no children. She has a high school diploma and attends school 2.31 hours per month and there is no parent present in the household.

Figure 2
Probability of Reporting Being Constantly Stressed
Elderly Parent Present
Women Aged 25-54



Note: The base case is a 39.1 year old working 26.8 hours/week and unpaid hours of 48.2/week. She volunteers 4.4 hours per month, her household income is 58,941 and she is married with no children. She has a high school diploma and attends school 2.31 hours per month and there is no parent present in the household.

Figure 3
Probability of Reporting Being Constantly Stressed
Decrease Income to Poverty Line
Women Aged 25-54



Note: The base case is a 39.1 year old working 26.8 hours/week and unpaid hours of 48.2/week. She volunteers 4.4 hours per month, her household income is 58,941 and she is married with no children. She has a high school diploma and attends school 2.31 hours per month and there is no parent present in the household.

Team Q (Focus Groups)

by Charlotte Loppie

Team Q Tasks and Time Lines

Charlotte Loppie
March 23, 2002
Healthy Balance Research Program

Project Overview

What is "Team Q's" task?

To invite diverse groups of women across Nova Scotia to talk about caregiving in the context of their lives and their health.

Summer/Fall 2001

- **Formed the Research Team**
 - Dalhousie, Mount St. Vincent, University of Waterloo
- **Developed selection criteria and question guide**
- **Met with Equity Reference Groups**
 - African Nova Scotian, Aboriginal and Immigrant women, women with disabilities
- **Hired a Discussion Group Facilitator**

Winter 2001/2002

- **Received ethical approval**
- **Finalized selection criteria**
 - Five (5) groups of those who care for children with and without disabilities, elderly, adults with disabilities or those with HIV/AIDS.
 - Thirteen (13) groups of caregivers who represent : Black women , First Nation women, Immigrant women, women with disabilities, rural women, women living in conditions of low-income, female lone parents, elderly caregivers, men caring for a friend or family member.
- **Invited community facilitators to begin recruitment of discussion group participants**

Spring 2002

- **Pilot tested the question guide**
 - feedback on process and instrument
- **Recruitment of participants**
- **First discussion groups conducted**

Anticipated Completion Dates

- Data Collection** May 2002
- Data Analysis** July 2002
- Written Report** September 2002

The findings will:

- be given back to the participants - in a form that is useful to them
- inform a provincial survey and case study on caregiving
- inform policies and programs aimed at helping caregivers

Things to Consider

- 1) How, where and in what form will the findings be most useful?
- 2) How will we achieve this?

Survey

by Janice Keefe

Phase 2: Comprehensive Population Survey

March 23, 2002

Janice Keefe, Ph.D.
Mount Saint Vincent University

A Healthy Balance: a community alliance for health research on women's unpaid caregiving

Outline

- Goals of survey
- Survey development
- Components of survey instrument
- Current obstacles & issues
- Questions/Input from Advisory Committee

A Healthy Balance: a community alliance for health research on women's unpaid caregiving

Survey

- | | |
|---|---|
| GOAL | SURVEY DEVELOPMENT |
| <ul style="list-style-type: none">• To provide insight into the scope of caregiving• To investigate perceived levels of empowerment• To provide health outcomes related to caregiving | <ul style="list-style-type: none">• Compilation of Canadian referenced survey instruments• Comparative analysis of question wording in each survey• Outline of potential survey questions |

A Healthy Balance: a community alliance for health research on women's unpaid caregiving

Components of Survey Instrument

1. Demographics
2. Unpaid Work
3. Paid Work
4. Balancing Paid Work & Caregiving
5. Empowerment
6. Stress
7. Indicators of Health

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Current Obstacles & Issues

- Who will conduct survey?
Statistics Canada/ marketing firm/in-house
- Population based survey: How to include Reference Groups?
Aboriginals, persons with disability, African Nova Scotians & immigrants
- Conceptualization - unpaid work on a continuum with caregiving?
- Balance between re-conceptualization of caring and comparability with past national based surveys

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Questions/Input from Advisory Committees

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Family Portrait Case Studies

by Brenda Beagan

Family Portraits / Case Studies

Team Leader: Brenda Beagan

This will be the fourth and final research phase. It will involve a qualitative in-depth look at a small number of families, households or inter-personal caregiving relationships. It will be a chance to be creative, innovative in our methods, and at this point it is important to leave it very open, so it can be fully informed by the results of the previous three research phases.

Anticipated timeline:

- Summer/Fall 2002 – recruit team members
- Jan - July 2003 – develop methods, meet with ERGS
- Summer/Fall 2003 – hire and train RAs, recruit participants
- Fall 2003 – Spring 2004 – Data collection
- Jan 2004 – Dec 2004 – Data analysis

As qualitative research this phase will not be able to tell us useful things about how widespread something is, or the extent to which it happens; it will not tell us correlation, causation or associations. Qualitative research is good at allowing us to see the *quality* of an experience, what it feels like to live this experience, how the world feels from inside that person's skin.

Think about what we will know from the secondary survey analysis.... what we will know from the focus groups.... what we will know from the survey. Think about what's in those data that you'd like to know more about. Think about what those approaches can not tell us about.

Take a piece of paper and write your name on it so I know who to contact later for more detail. I want you to think about two questions for a few minutes, and write your answers on that paper, which you'll give to me later. After you write your thoughts, you'll discuss them in pairs or trios.

1/ From your own experience and interests, and/or from your area of expertise, **if you were to choose one area where we could go very deep, one small piece of the puzzle you'd like to know a lot more about, what would that be?**

2/ One of the stumbling blocks for qualitative research is it is very hard for policy-makers to use. It may have impressive complexity and sophistication, but to some extent they have to ask, "what's the bottom line here?" And usually there is no bottom line. **How could we produce qualitative research results that would be most useable for policy?**

Think, write quietly, then discuss with a neighbour for a few minutes. Hand your sheets in to me.

APPENDIX C

LIST OF PARTICIPANTS

Healthy Balance Research Program
National Reference Group Meeting
Saturday, March 23, 2002
Radisson Hotel, Halifax, Nova Scotia

Participants

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