

Canadian Partnership on Gender and Health Proposal to Health Canada

PRAIRIE WOMEN'S HEALTH
CENTRE OF EXCELLENCE
RESEARCH • POLICY • COMMUNITY



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Proposal

The Canadian Partnership on Gender and Health proposes to provide Health Canada with reliable, rigorous and accountable knowledge synthesis and mobilization on issues and policies related to gender and health. The Partnership will involve three Centres of Excellence (see Appendix) and will facilitate the streamlining of current operations, allow for shared functions, provide a platform for pan-Canadian impact and initiate more in-depth attention to health economics, surveillance and indicator development. In addition, the Partnership proposes, to support the application of a gender lens to men's health research and knowledge mobilization in Health Canada. This Partnership will complement the activities and mandate of the Institute of Gender and Health at the Canadian Institutes for Health Research (CIHR), by fostering strategic policy relevant research, in a quick response format, providing training on gender and diversity analysis, and creating resources for developing interest and capacity in mainstreaming gender and health.

Rationale

The Canadian Partnership on Gender and Health builds upon existing expertise, credibility, and extensive authentic relationship networks to provide Health Canada with a quick knowledge generation and transfer function in gender and health. The Partnership will establish annual deliverables on gender and health, in line with federal priorities. The Partnership will utilize its solid structures, processes and experience to assist Health Canada in meeting its priorities. We will not only maintain and grow our expertise in women's health, but also assist in mobilizing stakeholders and policymakers to develop capacity and structures in the nascent field of men's health

Women's and men's health are affected by some common factors, such as poverty and environmental factors, as well as processes, such as discrimination and social exclusion. However, women's and men's health also responds to differences in factors such as genetics, gender roles, distribution of power and sex-related reproductive experiences. Hence, there is a need to consider the differences between

and among women and men, as well as the particular influences upon women's and men's health.

At the same time, a focus on women and health needs to be maintained and expanded because women are integral to health care; they continue to be the majority of paid and unpaid caregivers, utilize the health care system at higher rates, and continue to act as the main providers of health information guardians of family health. All of these similarities and differences require ongoing attention in the form of evidence collection and syntheses, knowledge mobilization, and the creation of gender-sensitive programs and policies.

Purpose

To continue and build upon work and expertise of existing agencies that will provide the federal government (Health Canada and other Departments) with credible, competent, seasoned, timely, cost-effective capacity in gender and health.

Opportunities for Health Canada:

- Quick response information synthesis and mobilization
- Evidence reviews and guidance for government, health NGOs, and provider associations

To build on past and current investments of the federal government in policy, program and research in gender and women's health, and to extend those benefits into supporting gender and men's health.

Opportunities for Health Canada:

- Capacity building in analyzing differences and similarities between male and female health to and for Health Canada, peer-review panels, other federally funded research and collaboration organizations
- Integrated links to local and provincial governments, health provider associations and health authorities

To provide Health Canada with knowledge synthesis, training and capacity in gender-based analysis, systems and systematic analysis and policy advice coordinated from across a large national and international network of communities and institutions that will inform federal priorities (see page 4).

Opportunities for Health Canada:

- Integrated, multi-site network for knowledge generation, translation and brokering
- Multiple sites providing training and internship for policy analysts
- Capacity development and training to new academic, independent and community-based researchers
- Enhanced links to, and inclusion of, gender and diversity factors in data and surveillance systems, and in processes of indicator development

Structure:

The Partnership is a new construct, initially comprising three Centres of Excellence, and will serve as a single, central point of contact for Health Canada for access, reporting and accounting purposes. The Partnership would ideally be funded through one contribution agreement, managed on behalf of the Partnership. The three complementary agencies will formalize the Partnership in a Memorandum of Understanding between their respective boards of governance. Each agency has, and will maintain, and continue to develop, its own affiliations with academic, community and health institutions, broader networks and additional sources of funding.

The three Partnership members each offer separate, yet complementary, bases of knowledge, infrastructure and extended networks from which to draw. The three Centres have strong and distinct track records in a range of pertinent areas, and already do mutual work and share expertise in the interests of creating pan-Canadian resources and knowledge and policy advice.

For example, the *Source/Survey/Synthesis* (www.womenshealthdata.ca), a bilingual, web based data sourcing tool initiated in British Columbia, now includes Manitoba data and information from Prairie Women's Health Centre of Excellence, and will soon include data provided through the Atlantic Centre of Excellence for Women's Health. The Partnership proposed herein would work to extend the reach of this resource to make it pan-Canadian. In addition, the *Source* will be linked to the *Culturally Relevant GBA Toolkit* for Aboriginal women and men, currently under development by Health Canada.

Another example is the *Gender Based Analysis Guide* (to be published in 2009) -- a three-centre collaboration comprising over 25 examples of case studies on gender based analysis, placed in a context of Canadian and international work. The development of improved surveillance and indicator development taking gender into account has been a mutual concern of the three Centres, and complementary health profiles, indicator development, conferences and resources have been developed to further this field. Further, all three Centres have important track records in international health, in areas such as tobacco control, gender and HIV/AIDS, and gender based analysis training.

These examples illustrate the productive and complementary working relationships already in place, and indicate the future potential of a more formal mutual partnership. This partnership, if funded, would extend and support these directions to create a pan-Canadian knowledge generation and transfer network in gender and health. We will grow our national work together, to provide more comprehensive coverage and grow our international work to enhance the reputation of Canada in the international gender and health context.

Additionally, the three Centres are recognized leaders in developing publications and resources, training and capacity-building, and creating and evaluating programming

and policies that address health differentials between and among populations of women and men.

The benefits of the new Partnership are clear. It will provide for sustained, streamlined coordination of shared functions in the interests of furthering federal priorities, allowing for quick response information synthesis, policy analysis, and efficient communications to Health Canada and others. Furthermore, the Partnership will allow the three agencies to centralize communications, publication, translation, proposal development, technology utilization, training and capacity-building. In addition, the Partnership will allow for expanded shared functions in surveillance, indicator development, policy research and evaluation and economic analysis.

We will identify specialized units within the Partnership to achieve the annual objectives, such as communications, knowledge transfer, technology utilization, training, information management, surveillance and indicator development and data housing, and synthesis functions. We will also merge our expertise in surveillance, health profiling, indicator development, data management, GBA training, and product development. The Partnership will allow us to centralize attention to specific shared topic areas such as mental health and addictions; chronic disease management; health inequities, etc.

Furthermore, the Partnership will provide sustained opportunities to take advantage of, and expand upon, existing affiliations that extend into all regions, into Northern and Aboriginal communities, newcomer and minority communities, and international alliances.

Federal Priorities

Federal responsibilities in health include both sustained attention and flexibility in files across Departments. Building on a reputation for credible, rigorous evidence gathering, analysis and knowledge translation, the Partnership members will be available to provide Health Canada with information and analysis in a variety of areas, such as:

- Development of systems for accessing and using evidence:
 - Integration and intersections of clinical, physical and social determinants of health
 - Provision of introductory and advanced gender-based analytical frameworks, including support for gender based analysis in men's health knowledge generation and translation, and capacity development
 - Building a gender sensitive data and surveillance infrastructure, including analysis and testing of reliable, feasible indicators of women's and men's health and gender-sensitivity

- Maintenance and expansion of the bilingual infrastructure and databases at www.womenshealthdata.ca, (The Source/Survey/Synthesis)
- Focus on reducing health inequities in underserved populations covered by federal mandates, such as
 - First Nations, Inuit and Métis health
 - Refugee and immigrant health
 - Rural and remote populations
 - Visible and invisible minorities
 - Federal prison inmates
 - Northern peoples
 - Military personnel
- Providing policy options and program evaluation in topical and thematic areas, such as,
 - mental health and addictions (licit and illicit, and tobacco and prescription),
 - chronic conditions and diseases (diabetes, lung health, obesity, cancer, heart health, etc)
 - maternal and infant health human resources,
 - sexual and reproductive health,
 - gendered health promotion and
 - emergency preparedness.

Appendix: Partnership Agencies

- **Prairie Women's Health Centre of Excellence:** (www.pwhce.ca) Firmly established in the provinces of Saskatchewan and Manitoba, Prairie Women's Health Centre of Excellence has over 12 years of experience and ties with academic institutions, policy-makers at many levels and community organization in the prairies, across Canada, and internationally. In particular, PWHCE has played a central role in developing new information, capacity and networks with and among Aboriginal and northern women. One-third of PWHCE's Board members identifies as First Nations or Métis; one-third of the staff also identify as Aboriginal. In the past two years PWHCE has contributed new knowledge and skills on the health differences in men and women to Health Canada, Manitoba Health and Healthy Living, the World Health Organization and Pan-American Health Organization.

- **The British Columbia Centre of Excellence for Women's Health:** (www.bccewh.bc.ca) is located in Vancouver, BC at the BC Women's Hospital, and works across BC and the Yukon, Canada and internationally. The BCCEWH has -- over 12 years -- completed over 275 projects, and works closely with universities, hospitals, health authorities, provincial and federal departments and communities to advance policy related research, and the building of capacity and structures to serve gender and women's health aims. The BCCEWH leads projects on program development and policy improvement in gender and health and is known for its ability to deliver excellent research syntheses, rapid reviews, information and knowledge products for diverse audiences. In particular, the BCCEWH is known for its leading work on mental health, addictions and tobacco use, and the provision of extensive training opportunities to health care providers, researchers and policy and program developers.

- **The Atlantic Centre of Excellence for Women's Health:** (www.acewh.dal.ca) has worked for 12 years in the four Atlantic provinces, across Canada and internationally to advance gender-based analysis of evidence, programs and policies that affect women, their families and communities. Drawing on an array of robust relationships with communities and governments at all levels, ACEWH has established a track record of funded, peer-reviewed applied research, capacity building, and policy advice on an array of subjects, such as: vulnerable populations; social and economic inclusion; midwifery; cultural competency and health care; chronic conditions (eg. HIV/AIDS, cancer, obesity); and the linkages between organizations and agencies working in the areas of health and safety. In addition, ACEWH capacity to deliver outstanding gender analysis training is recognized in Canada and internationally.