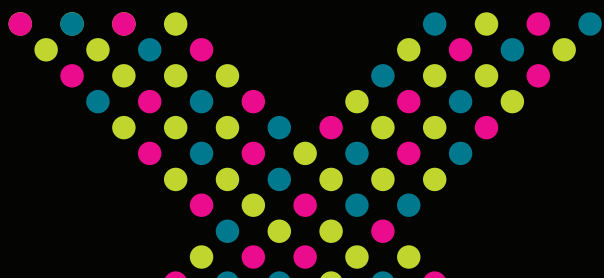




# Women's Health Research: Challenges and Opportunities

Friday June 20, 2014 • 10 a.m. to 2 p.m.

George Ignatieff Theatre • 15 Devonshire Pl.  
University of Toronto • Toronto, Ontario, M5S 2E2



WOMEN'S COLLEGE HOSPITAL  
**women's xchange**

# About Women's Xchange

Based at Women's College Hospital in Toronto, Women's Xchange is a women's health knowledge translation and exchange centre designed to promote women's health research across the province of Ontario. Health is not only the responsibility of the healthcare sector. By looking at health broadly and considering factors outside the traditional healthcare setting, we can better identify, understand and improve women's health. Better health questions and answers come from working collectively across all sectors of society.

Funded by the Ministry of Health and Long-Term Care's Health Service Research Fund, the centre supports women's health research in both academic and community settings, and the dissemination of research findings across Ontario. In addition to supporting research, Women's Xchange also provides women's health researchers and trainees across the province with opportunities to gain new skills and develop new collaborations.

As we learn new and better ways to advance the health of women, that knowledge must be quickly and effectively shared and applied to real programs to benefit people in the community. By engaging communities in this process, Women's Xchange will hear from individuals and organizations about what they need to best serve their local population. Working closely with people at a local level will help us translate research findings into useful information to positively impact the health of all Ontarians.

# The Women's Xchange Team



**Paula Rochon**, MD, MPH, FRCPC –  
Vice-President, Research,  
Women's College Hospital



**Robin Mason**, PhD – Scientific Lead,  
Women's Xchange



**Stephanie Lagosky**, MSc – Project Lead,  
Women's Xchange



**Pooja Patel**, BHSc – Summer Student,  
Women's Xchange

# Event Schedule

10 a.m.	<b>Opening Address and Welcome</b> <b>Marilyn Emery</b> , President and CEO, Women's College Hospital <b>Paula Rochon</b> , Vice-President Research, Women's College Hospital
10:15 a.m.	<b>Discussion Panel</b> <i>"Doing Community Engaged Research: Issues and Solutions"</i>
11:30 a.m.	<b>Video Screening of \$15K Challenge Funded Projects</b>
12 p.m.	<b>Lunch in adjoining Buttery cafeteria</b>
12:30 p.m.	<b>Student Poster Presentations/ Viewing Opportunity</b>
1 p.m.	<b>Keynote Speaker</b> <b>Dr. Joy Johnson</b> , Director of the Institute for Gender and Health, CIHR <i>"Integrating Sex and Gender Considerations in Health Research: Shaping Science for a Healthier World"</i>
1:45 p.m.	<b>Student Poster Award Announcements and Closing Remarks</b> <b>Paula Rochon</b> , Vice-President, Research, Women's College Hospital

# Keynote Speaker



**Joy Johnson**, PhD, RN, FCAHS  
Director of the Institute for Gender and  
Health, CIHR

With an extensive background researching the role that gender plays in medical treatment, Dr. Joy Johnson is considered one of Canada's leading scholars in the field of health behaviour. She has won several awards, including a Killam research prize from the University of British Columbia (UBC), which recognizes outstanding and scholarly contributions of international significance. Dr. Johnson is the Scientific Director at the CIHR Institute of Gender and Health, co-founder of the Women's Health Research Network and a professor at UBC.

## “Integrating Sex and Gender Considerations in Health Research: Shaping Science for a Healthier World”

Failure to consider sex and gender in research can be harmful and costly. Yet, many scientists persist in the belief that either these differences do not matter, or that they can be controlled through experimental or statistical procedures. At the CIHR Institute of Gender and Health we are working toward changing the way science is conducted by influencing the structures, processes and outcomes of research. In this talk I discuss achievements, barriers and future challenges in achieving this agenda.

# Discussion Panel

## “Doing Community Engaged Research: Issues and Solutions”

### Moderator:



**Paulette Senior**, CEO, YWCA Canada

Paulette Senior is the CEO of YWCA Canada, the oldest and largest multi-service women’s organization in the country. She took up her duties in January, 2006 and has rapidly become widely recognized as one of the most respected and vocal women leaders in the country. She has been a strong advocate at local, provincial and federal levels, addressing matters pertaining to women and girls, youth, immigrants, poverty, housing, violence against women, social justice and anti-oppression. She has held numerous management positions and served on several boards, including her current role as a member of Women’s College Hospital.

### Panelists:

\*underlined names are serving on the panel

### Project Title: **The Role of Creative Arts Engagement in the Health of Young, Street-involved Women**

**Project Team:** Suzanne F. Jackson, PhD (Dalla Lana School of Public Health, University of Toronto); Charlotte Lombardo, MHSc (Dalla Lana School of Public Health, University of Toronto); Phyllis Novak (SKETCH); Rose Gutierrez (SKETCH)

Females (including female-identifying trans) make up roughly one third of the street-involved population, but access shelters and other services/resources disproportionately less than males. Being excluded by society is at the root of many of these challenges. Community arts engagement is a powerful process for engaging youth in a positive community and building a positive sense of self. Using qualitative and quantitative methods, as well as arts-based inquiry, we hope to better understand how community arts engagement at SKETCH Working Arts for young street-involved women can facilitate changes in learning to know, to be, to do, and to live together. Through active recruitment strategies, supports such as child care, and arts programs for women only in textiles, movement, visual arts and theatre, we will find out what works best for this group of street-involved women.

## **Project Title: Health, Well-being and Parenting Experiences of Young Mothers Who Participate in the Women Moving Forward Program**

**Project Team:** Beryl Pilkington, RN, PhD; Nazilla Khanlou, RN, PhD; Christine Kurtz-Landy, RN, PhD; Tsornng-Yeh Lee, RN, PhD (School of Nursing, York University); Wanda MacNevin, Director of Community Programs (Jane/Finch Community & Family Centre)

Women Moving Forward (WMF) is an innovative program that works to support young mothers in the greater Jane and Finch community on their paths to becoming economically self-sufficient ([www.womenmovingforwardcanada.org](http://www.womenmovingforwardcanada.org)). This descriptive study explored the experience of young mothers who participate in the WMF program with regard to their health (physical, mental, and social well-being), sense of agency and self-esteem, parenting, and the wellbeing of their children. Data were collected at three time points: before (N = 29), toward the end (N = 17), and within three years of completing the program (N = 25). The challenges to be discussed include retention (in the program and the study), aligning the different mandates of the academic and community partners, producing deliverables for different purposes (evaluation and academic) and within differing timelines in ways that meet the needs and objectives of both community and academic partners.

## **Project Title: The Canadian HIV Women's Sexual and Reproductive Health Cohort Study (CHIWOS)**

**Project Team:** Co-Principal Investigators are Dr. Mona Loutfy (Ontario), Dr. Alexandra DePokomandy (Quebec) Drs. Angela Kaida and Bob Hogg (British Columbia). Other team members include Provincial Coordinators, Peer Research Associates (Ms. Shazia Islam), and National Core Research Team, National Steering Committee members, Provincial CAB members, CAAB-PAW members, Co-investigators, Collaborators, Working Group members, and Community Partners.

Research has demonstrated that women face not only biological susceptibility to HIV, but also amplified vulnerability due to social factors. Women who are HIV-positive have unique care needs, but frequently face inattention to their specific social circumstances and health needs. The Canadian HIV Women's Sexual & Reproductive Health Cohort Study (CHIWOS) aims to address these issues. CHIWOS is a prospective cohort study enrolling 1400 HIV-positive women in ON, BC and QC with PRA-administered questionnaires being done every 18 months. This study operates within community based research and GIPA (greater involvement of people with HIV/AIDS) approaches, prioritizing the leadership, and valuing the experiences of diverse women living with HIV in Canada. CHIWOS is further guided by a Critical Feminist framework and a continuous analysis of the social determinants of health over a woman's lifespan, and seeks to put its research into action in order to further social change and justice and to improve lives and care for women living with HIV in Canada.

## **Project Title: EQUIP Healthcare: An Innovative Research Partnership to Enhance Equity-oriented Primary Healthcare**

**Project Team: *University-Based Investigators:*** Drs. Annette J. Browne (University of British Columbia), Marilyn Ford-Gilboe (Western University), Julie George (Western Univ.), Carol Herbert (Western Univ.), Josée Lavoie (Univ. of Manitoba), Marjorie MacDonald (Univ. of Victoria), Bernadette Pauly (Univ. of Victoria), Victoria Smye (UBC), David Tu (Vancouver Native Health Society), Colleen Varcoe (UBC), Nadine Wathen (Western Univ.), Sabrina Wong (UBC).

***Primary Health Care Clinic Partners:*** Kathy Bresett (North Lambton Community Health Centre), Margaret Coyle (Central Interior Native Health Society), Anne Drost (Cool Aid Community Health Centre), Myrna Fisk (Health Zone Nurse Practitioner-Led Clinic), Irene Haigh-Gidora (Cool Aid Community Health Centre), Megan Hunter (Blue Pine Primary Health Care Clinic), Colleen Kennelly (North Lambton Community Health Centre), Wendy McKay (North Lambton Community Health Centre), Mary Stover (Health Zone Nurse Practitioner-led Clinic)

Health inequities remain a pressing national concern. Effective, accessible primary healthcare (PHC) services for people whose lives and health are affected by poverty, social exclusion, and discrimination may be key to reducing health inequities. However, few models of equity-oriented PHC have been developed and tested. Our research partnership involves university researchers and 4 health clinics located in rural and urban contexts: a CHC and a Nurse Practitioner-led Clinic in Ontario and an Aboriginal Health Centre and Inner City CHC in BC. Using a multiple case study design, we are evaluating the impacts of an innovative organizational level PHC intervention in improving health equity for patients at these clinics. The 12 month intervention includes facilitated staff education on principles of equity-oriented PHC, trauma and violence-informed care, and cultural safety, followed by ‘Organizational Integration and Tailoring’ to develop clinic-specific practices, policies and structures to optimally meet the needs of their patient population. We hope to learn how equity-oriented PHC can be taken up in “real world” clinical contexts, and what shapes this process.



# Graduate Student Posters

## Poster Abstract Review Committee:

**Janice Du Mont**, EdD

Scientist, Women's College Research Institute

Associate Professor, Dalla Lana School of Public Health, University of Toronto

**Joanne Kotsopoulos**, PhD

Scientist, Women's College Research Institute

Assistant Professor, Dalla Lana School of Public Health, University of Toronto

Cancer Care Ontario Research Chair in Population Studies

**Simone Vigod**, MD, MSc, FRCPC

Scientist, Women's College Research Institute

Staff Psychiatrist, Women's College Hospital

Assistant Professor, Department of Psychiatry, University of Toronto

## Poster Award Decision Committee:

We would like to acknowledge and thank the poster award decision committee for their time and effort reviewing the graduate student research posters.

## Graduate Student Poster Abstracts:

\*Student presenter underlined

### **The Health Consequence of Family Violence Among Saudi Women: Proposed Study**

Alhalal E., Ford-Gilboe M., Wong C. & AlBuhairan F.

The widespread effects of abuse, including intimate partner violence and child abuse, on women's health have been recognized in the literature. However, almost all work so far has been carried out in Western countries, and thus may not be generalizable to Saudi women. Saudi women's context and the socio-cultural factors that shape the abusive relationships are different than those faced by Western women. Wife abuse is still an unrecognized cause of chronic health problems among Saudi women and the long-term effects of child abuse have not been yet explored in the Saudi society. The study aims to: a) examine the complex associations between the experiences of abuse (i.e. severity of child abuse and severity of wife abuse) and current mental health (depressive and Post-Traumatic Stress Disorder symptoms) and physical health (chronic pain and the risk of cardiovascular disease) among Saudi women, and, b) test a theoretical model of the mechanisms, which explain how both severity of child abuse and wife abuse affect women's health and the mediating role of perceived social support. A two-phase study is proposed. In phase 1, two scales (PTSD Checklist and Chronic Pain Grade) will be translated from English into Arabic and their reliability assessed using data from a sample of 30 Arab women living in Canada. In Phase 2, a cross-sectional study of 300 Saudi married women recruited from primary health care clinics will be conducted to test the theoretical model. Structural Equation Modeling will be used to simultaneously test the hypothesized model.

### **Replacing Ambulatory Surgical Follow-up Visits with Smartphone Home Monitoring: Modeling Cost-effective Scenarios**

Armstrong K.A., Coyte P.C. & Semple J.L.

Women's College Hospital (WCH) offers specialized surgical procedures, including ambulatory breast reconstruction in post-mastectomy breast cancer patients. Most patients receiving ambulatory surgery have low rates of postoperative events necessitating clinic visits. Increasingly, mobile monitoring and follow-up care is used to overcome the distance patients must travel to receive specialized care at a reduced cost to society. WCH has completed a feasibility study using a mobile application (QoC Health Inc, Toronto) that suggests high patient satisfaction and adequate detection of postoperative complications. This study models cost-effective scenarios that replace conventional, in-person postoperative follow-up care with mobile follow-up care following ambulatory breast reconstruction. This study uses

Treeage software to model the cost-effectiveness of replacing in-person follow-up care with mobile follow-up care amongst breast reconstruction patients at WCH. Costs are calculated using patient demographics, WCH and QoC Health Inc costing data for the first 30-days postoperative. The effect is modeled based on RCT and prospective trial data comparing the effectiveness of in-person and mobile follow-up care. The results are presented from a societal and healthcare system perspective. The average breast reconstruction patient attends 1.64 follow-up visits within the first postoperative month. The complication rate was 4 per cent. Replacing in-person follow-up care with mobile follow-up care generates a societal and a healthcare system incremental net benefit of \$245 CAD and \$38 CAD, respectively. Conclusions are that mobile monitoring is suitably targeted to low-risk ambulatory patients. Preliminary modeling demonstrates how mobile follow-up care can replace in-person follow-up care in a safe and cost-effective manner.

## **No Exceptions: Documenting the Abortion Experiences of U.S. Peace Corps Volunteers**

Arnott, G.

Misoprostol is medication used globally for the prevention and treatment of post-partum hemorrhage, incomplete abortion management, and early-induced abortion. The drug is widely recognized as a life-saving commodity in low-resource settings due to its thermostable properties, manageable routes of administration, and cost effectiveness. Currently, there is limited knowledge regarding its use in refugee, conflict, crisis, and emergency settings. The objectives of this research are to document policies regarding misoprostol use in conflict, crisis and emergency settings; to clarify the positioning and alignment of these policies; and to understand how policies affect misoprostol use on the ground. Between October 2013 and February 2014, I conducted in-depth key informant interviews with stakeholders from normative bodies, non-governmental organizations (NGOs), humanitarian groups, and academic institutions. I conducted document review using various policy analysis frameworks to understand better misoprostol policies' content, context, process, and key actors. Five misoprostol-related policies were identified as influential. Coherent policies exist for misoprostol for PPH prevention and incomplete abortion management, but misalignment occurs among misoprostol for PPH treatment and early induced abortion guidelines. Implementation gaps exist and may be due to barriers at individual, national, and global levels. This research aims to inform the advancement of misoprostol use in humanitarian contexts. Study recommendations are to integrate misoprostol in updated emergency reproductive health kits for early induced abortion and PPH prevention, include the drug on the WHO Essential Medicines List for currently excluded indications, map misoprostol use in crisis settings, and support relationship building between development and humanitarian sectors for improved programming.

## **Women's Experiences of the Intervention for Health Enhancement After Leaving (iHEAL)**

Colquhoun R.A., Ford-Gilboe M. & Varcoe C.M.

Few tested interventions to prevent or address the consequences of intimate partner violence (IPV) exist. Despite the high rates of service use, there is increasing evidence that women exposed to IPV have unmet care needs and face barriers in accessing services. Understanding how women's varied social locations impact intervention process and outcomes is needed as a basis for developing effective, evidence-based interventions. The purpose of this critical feminist study was to explore experiences of taking part in an intervention for adult women who had recently left an abusive intimate partner with a particular focus on women's varied social locations impacted their experience. The qualitative content analysis grounded in an intersectional perspective that is presented here is part of a larger feasibility study of the "Intervention for Health Enhancement After Leaving" [iHEAL] in Ontario. Three themes were identified: 1) Spinning in Circles, 2) Finding my Footing and, 3) Moving Forward. The findings suggest that women are actively help-seeking but are finding a poor service fit with need as they transition out of a violent relationship. Women reported that the relationship with the interventionist was critical to developing knowledge, skill and connections to resources in order to aid healing and help move forward. The iHEAL is a promising intervention that has the potential to positively impact women's health and quality of life. Significant changes were made within the short time frame. This qualitative study is an important contribution to the evaluation of interventions and their effectiveness and acceptability for women who experience violence.

## **Early Caregiving Behaviours of High-risk Mothers Living in Pesticide-exposed Villages in Costa Rica**

Dudani A., Till C. & van Wendel de Joode, B.

Pesticides exposures pose a significant risk to the health of women and children in developing countries. Positive caregiving is recognized as a significant contributor to the development of children, helping to buffer children against the adverse effects of environmental adversity. However, the impact of caregiving on infant neurodevelopment has not been studied in the context of environmental exposures. Objectives are (1) To describe the quality of caregiving interactions in a high-risk sample of mother-infant dyads, and (2) To examine the associations between the quality of caregiving and infant neurodevelopmental outcomes. Home visits were conducted with 94 caregiver-infant dyads living in banana-growing villages in Matina county, Costa Rica. Quality of caregiving was measured using a standardized

observational task: the Nursing Child Assessment Satellite Training. One-year infant neurodevelopmental outcomes (i.e., cognitive, language, motor and social-emotional) were assessed using the Bayley-III. Multiple regression analyses examined associations between overall quality of caregiving and Bayley-III outcomes, adjusting for pesticide exposure and confounders. Results are that compared to U.S. Hispanic mothers, 35% of the sample had overall caregiving interaction scores at/below the 10th percentile cutoff, indicating less than optimal interactions. Quality of caregiving was significantly associated with infants' expressive language abilities ( $r=0.072$ ,  $p<.05$ ). Aspects of caregiving such as stimulation and growth-fostering of infants were identified as key predictors of language outcomes. The results suggest a positive impact of early caregiving on infant neurodevelopment in the face of environmental exposure and poverty, and highlight aspects of caregiving that can be modified to help improve outcomes of children.

## **Assessing the Experiences of Intra-uterine Device Users Living on the Thailand-Burma Border**

Gedeon J., Walsh M., Sietstra C., Hsue N. & Foster A.M.

Burma's longstanding civil conflict has resulted in the displacement of millions into Thailand either as refugees or undocumented migrants. Use of the intra-uterine device (IUD) has the potential to make a significant impact on reproductive health in this conflict setting. In 2011-2012 a team from the University of Ottawa, Mae Tao Clinic (MTC), Ibis Reproductive Health and the University of Massachusetts conducted an interventional study which aimed to increase the provision and uptake of the IUD among women along the border. This qualitative study aimed to understand Burmese refugees and migrants' experiences and perceptions of the IUD. We conducted 31 in-depth interviews with women who obtained IUDs from MTC and facilities along the border. We conducted content and thematic analyses of these data using both a priori codes and inductive techniques. Results include that the majority of women are fond of the IUD and use it for family planning and financial reasons. Women rely on the word-of-mouth from friends and families as a source of medical information about the contraceptive device. The majority of the participants believe that the Burmese-friendly services providing the IUD are excellent, but due to inaccurate information and lack of knowledge, many women along the border do not opt for it. These findings are being used to help expand and improve IUD service delivery along the border. In addition to contributing to the literature on reproductive health in refugee settings, the results will be disseminated in Ontario with the aim of improving reproductive health services for refugee women (from Burma and beyond) in the province.

## **Sex Differences in Overlapping Chronic Pain Conditions and Opioid Treatment in a Tertiary Pain Clinic**

Hassan S.M. & Einstein G.E.

Sex differences have been reported repeatedly in clinical pain studies with women representing the majority of chronic non-cancer pain (CNCP) patients. However, none of these studies has reported sex differences in overlapping CNCP conditions, or in opioids treatments. We undertook a retrospective chart review of 254 patients with CNCP attending a specialized pain clinic with multiple sub-practices in a large Canadian city over a one-year period. Practices were chosen because they compromised three types of patients: (1) those under opioid treatment (UOT), (2) those with problematic opioid use (POU) and (3) those not under opioid treatment (NOT). Across the three practices, 174 were women and 80 were men. 72% of women reported overlapping CNCP conditions, while only 28% of men did so. Sex differences were found in the types of CNCP conditions overlapping together. In women, chronic pelvic pain (CPP) was the most common pain condition to co-occur, while in men, Fibromyalgia was the most common. Eighty percent of women with CPP were within their reproductive years, more than half of those women were UOT and approximately two thirds of them suffered from POU. As for men with CPP, only 19% of them were UOT, 1% of them were suffering POU and 50% of them were above the age of 55. Kappa opioids were the most common opioids prescribed for both sexes, equal percentages of women and men developed POU but men had a higher likelihood of having a history of drug abuse than did women. Taken together all of these suggest that sex differences are significant in CNCP patients and taking them into consideration when devising treatment plans might provide more effective treatment.

## **The Significant Role of Romantic Relationships in the Mental Health of Young Women With Developmental Disabilities**

Heifetz M. & Connolly J.

One of the most salient changes for typically developing adolescents is the emergence of dating and romantic relationships. While there continues to be a paucity of research on romantic experiences of adolescents with developmental disabilities (DD), adolescent girls with DD are considered high-risk youth as they have been shown to be more vulnerable than other youth to abuse, pregnancy, and risk of STDs. The current study explores the romantic experiences and interests of adolescent girls (16-19 years) with DD. In total, 10 females were interviewed and their parents completed questionnaires on the topic of dating and relationships. This study found that the majority of girls spoke at length on the central importance of romantic relationships to them. At the same time, many of these young women

had trouble obtaining romantic relationships and associated this with feelings of loneliness and isolation. These results have important implications for mental health of these young women. This study also shows a clear need for further research into the romantic lives of young women with DD and the salience it has for their mental health and well-being.

## **Examining the Health and Social Impacts of Child Custody Loss on Women Drug Users in Toronto**

Kenny K.S.

Child Protective Services' (CPS) placements of children in out-of-home care are increasing and disproportionately impacting families marginalized by poverty, racism and criminalization. CPS' mandate to protect children from neglect and abuse is frequently criticized as failing to address multiply determined social and structural issues impacting parents' lives. This research aimed to explore what is produced in this failing, examining the layered health and social impacts of child custody loss on women who identify as drug users, and the role of intersectional forms of violence both giving rise to custody loss and mediating its consequences. We conducted a thematic narrative analysis of in-depth interviews with 19 women drug users. Trauma was identified as a key impact of separation, further exacerbated by ongoing mother-child apartness. Women described this trauma as unbearable and reported persistent symptoms of PTSD, and other mental health conditions. Practices of dissociation through increased use of drugs/alcohol were revealed as central in tending to pain of separation, and were often synergistically reinforced by heightened structural vulnerability observed in increased exposure to housing instability, violence, and initiation of injection drug use and sex work. Women's survival was described as hinging largely on hopefulness of reuniting with children, a goal pivotal to women's sense of future and day-to-day intentions toward ameliorated life circumstances. Findings highlight needs for strategies addressing women's health and structural vulnerability following custody loss and also direct attention to altering institutional processes to support community-based alternatives to parent-child separation.

## **“But Males Don’t Get the Human Papillomavirus”: Post-secondary Students’ Perceptions of the Human Papillomavirus (HPV) and the HPV Vaccine**

Kolobutin M. & Kandler L.

Post-secondary students have a poor understanding of the human papillomavirus (HPV), specifically eligibility for the vaccine, risk for exposure and male transmission. The objective of this research is to better understand the information needs of

post-secondary students with respect to the human papillomavirus and the HPV vaccine so that outreach efforts can be targeted appropriately. Students attending post-secondary school in Thunder Bay were invited to complete a 23-item questionnaire online or in person. The questionnaire broadly assessed demographic information, sexual health practices, and understanding of the human papillomavirus (HPV). 540 students completed the questionnaire. Respondents were primarily female (71%), in the process of completing a college degree (35%) and on average 25.8 years old. 12% of students had never heard about HPV prior to completing the questionnaire. Self-rated understanding of HPV varied. One third of respondents reported little (27%) or no understanding (6%) of HPV. Common reasons students did not receive the HPV vaccine include 1) not knowing they were eligible, and 2) not considering themselves at risk for contracting HPV. A number of males reported not knowing or thinking that males could contract/ share HPV. Post-secondary students hold significant misconceptions of HPV, which may be contributing to the spread of HPV and lower uptake of the vaccine. As the first point of information to post-secondary students regarding HPV, healthcare providers and schools need to clarify misconceptions and discuss in detail HPV, its link to cervical cancer and vaccination. Promotional materials for this cohort should include more images and information targeting young males.

### **“The Pap Test: The Test That Screens for Everything!” Misconceptions of What is Screened for in a Pap Test Among Post-secondary Students** Kolobutin M. & Kandler L.

In Northwestern Ontario, only 62% of eligible women screen regularly for cervical cancer. In addition, post-secondary female students have misconceptions of what is screened for in a Pap test and the importance of following up with an abnormal Pap test result. The objective of this research is to better understand the information needs of women with respect to what is screened for in a Pap test and information they require to increase follow up care after receiving an abnormal test result. Students attending post-secondary school in Thunder Bay were invited to complete a 23-item questionnaire online or in person. The questionnaire assessed demographic information, sexual health practices, their understanding of what is screened for in a Pap test and their understanding of the human papillomavirus (HPV). 383 female students completed the questionnaire. Respondents were primarily in the process of completing a college degree (35%) and an average age of 25.8 years old. Responses indicate significant misperceptions among students regarding what is screened for during a Pap test. 65% of respondents indicated a Pap tests screened for STIs, pregnancy (13.5% of respondents), HIV (33% of respondents) and HPV (89% of respondents). Of the 35% of students who reported having an abnormal Pap test, 11% did not go for follow up care. Healthcare



providers involved in Pap testing can improve the understanding of young women by spending time with patients and providing education regarding the procedures being performed, the implications of normal or abnormal findings and the importance of following up on results.

## **Unrecoverable? Prescriptions and Possibilities for Eating Disorder Recovery**

LaMarre A.M. & Rice C.M.

Recovery from eating disorders can be a profoundly counter-cultural enterprise in a society that imbues bodies with moral meanings and offers solutions by way of health promotion messages. Attending to the embodied experiences of individuals in eating disorder recovery illuminates some of the contradictions inherent in health promoting messages and their impacts on diverse bodies. We situate eating disorder recovery within a broader cultural milieu that prescribes dieting and weight loss to the masses and highlight the tensions between dominant prescriptions for health and prescriptions offered to individuals in recovery from eating disorders. Thinking about eating disorders in the context of biopedagogies, the moralizing instructions for bodies and health circulating in neoliberalized, westernized contexts, complicates the standards to which individuals in recovery are held. This poster presents a theoretical exploration of dominant and alternative discourses for eating disorders and the results of 10 narrative interviews and 3 digital stories with young women “recovered” or “in recovery” from eating disorders. We present a sketch of the dominant and alternative discourses around eating disorders (e.g. biomedical, feminist, narrative) and illustrate how these discourses intersect to render some bodies “unrecoverable.” Participants’ accounts exemplify the (perhaps unattainable) standards to which individuals in eating disorder recovery are held, which may actually exacerbate distress. Placing eating disorder recovery within a biopedagogical context holds implications for our responses to eating distress by building a stronger understanding of the contradictory messages encountered by those attempting to recover.

## **Musculoskeletal Tissue Composition in the Leg is Similar in Women With and Without Osteoporosis and Associated With Physical Function**

Lorbergs A.L., Noseworthy M.D. & MacIntyre, N.J.

Bone loss and falls resulting from poor muscle function cause osteoporotic fractures. The objectives of this research are to compare musculoskeletal tissue composition in the leg of postmenopausal women with and without osteoporosis, and to determine the associations between bone, muscle, fat, and physical

performance. Postmenopausal women (mean age, 70y; 18 diagnosed with osteoporosis, 17 age- and physical activity-matched controls) were recruited. Peripheral quantitative computed tomography-based measures of bone density, mass, content, and strength, and muscle density (MuD) and MRI-based measures of muscle microstructure (mean water diffusivity (MD) and fractional anisotropy (FA)) were obtained for the right leg. Fat was segmented from MRI scans of the same anatomical region to quantify intramuscular adipose tissue (IMAT) in tibialis anterior (TA), soleus (SOL), and gastrocnemius (GC) and intermuscular fat (IMF). Gait speed was determined using the 20m walk test. Data were analyzed using ANOVAs and Pearson correlations. Musculoskeletal tissue composition did not differ between groups (all  $p > 0.1$ ). IMF was moderately associated with the amount of bone ( $r = 0.44-0.47$ ). Bone strength was correlated with MDSOL ( $r = 0.56$ , 95%CI: 0.28,0.75) and MDGC ( $r = 0.50$ , 95%CI: 0.20,0.71). IMAT and gait speed were inversely associated (IMATTA:  $r = -0.43$ , 95%CI: -0.67,-0.11; IMATGC:  $r = -0.41$ , 95%CI: -0.65,-0.09). MuD and FA were associated with gait speed (MuD:  $r = 0.50$ , 95%CI: 0.20,0.71; FATibPost:  $r = 0.45$ , 95%CI: 0.14,0.68). Musculoskeletal tissue composition is unaltered in women diagnosed and treated for osteoporosis. MRI-based measures of fat and muscle microstructure in older women are related with bone status and physical performance. These novel measures may provide important insights into exercise strategies to prevent functional decline and osteoporotic fracture.

## Promising Practices for Overcoming Barriers to Communication in Home Care

Kehoe MacLeod K.

Integrated care programs work to deliver a comprehensive basket of services to vulnerable elderly persons, most of whom are women, aging in their homes. Assistance with activities of daily living (e.g. bathing and dressing) and instrumental activities of daily living (e.g. housekeeping help, laundry and meal preparation) are integral components of these baskets. However, many home care clients encounter challenges communicating with the home care workers responsible for assisting them with such tasks. Recognizing the existence of barriers to communication between workers and clients and highlighting promising practices currently being used in the field to overcome them, are important steps toward the move to client-centred care in the home care sector. The aims of this research are to explore three barriers to communication between home care workers and home care clients, specifically: language and cultural barriers, age barriers and barriers resulting from a client's loss of the capacity for speech. Discuss practices being used by integrated home care programs in Ontario, Alberta and British Columbia to overcome these barriers and corresponding implications for client-centred care.

Data from a comparative research study of five integrated home care programs in Canada are used to illustrate barriers to communication experienced by home care clients and workers arising from differences in language, culture, age and verbal capacity. Drawing on qualitative data from 117 interviews of clients, workers, families and management personnel involved in the programs under review, this paper presents promising practices such as: the use of cue cards for translation of key phrases, strategic scheduling of minority language clients at day programs and actively fostering family involvement in a client's care, that are currently being used to facilitate communication in a move toward providing client-centred home care. This paper offers an innovative analysis of how different barriers to the provision of client-centred home care are currently being overcome within integrated care programs in order to make aging at home a viable, desirable and equitable option for elderly women in Canada.

## **Visual Tools to Support Informed Choice in Midwife-led Maternity Care**

Montañez A.G., Wall S., Dryer M., & Sharpe M.

The informed choice discussion (ICD) represents a unique challenge in midwifery care. The midwife is meant to empower her client with the information she needs to make decisions about various health topics, affording her the role of autonomous decision-maker. ICD topics range from birth settings (home, hospital, or birth centre) to various medical tests, fetal monitoring techniques, and other optional interventions. Informed choice can help to make pregnancy and birth positive and fulfilling experiences, but it also places singular burdens on the midwife (to be thoroughly informative, yet non-authoritarian and impartial), as well as the woman (to make choices about health topics that are sometimes quite complex and/or involve significant risks). The objective of my project—currently a work in progress—is to explore how visual tools can be used to facilitate these conversations and make the relevant information more accessible to women. I first interviewed local midwives to assess where their challenges lay and which topics might be best supported by a visual resource. I then created an illustrated pamphlet and corresponding web module as a proof-of-concept, focusing on the ICD topic of Group B Strep. A group of midwives recently evaluated these materials, the results of which were largely positive, confirming the potential of this resource to support informed choice. I am currently working on a second module, this one focusing on postdates pregnancy. One of my next steps will be to evaluate the effectiveness of the materials among women in midwifery care.

## **Listening to Marginalized Women in Toronto: A Dialogue About Breast and Cervical Cancer Screening**

Moravac M.C. & Boydell K.M.

Past research has shown an association between being under/never-screened for breast and/or cervical cancer with being: a newcomer/immigrant, marginally-housed, homeless, of low socio-economic status, having mental health challenges and/or not having a family physician. This qualitative inquiry focused on women living in homeless shelters and women with severe mental health challenges residing in the city of Toronto. Research to date has described prevention efforts with these populations and screening rates, yet very few have included any discourse with the women themselves. One to one conversations with women about their life situation, their health beliefs, access to healthcare, and attitudes towards breast and cervical cancer screening helped to broaden our understanding of why some individuals are rarely or never screened and what motivates others to be screened. Twenty-six interviews were conducted, audio-taped and transcribed verbatim. A grounded theoretical approach to data analysis was employed including an iterative constant comparative and interpretive approach and a multi-step data coding process. Initial findings indicate the following barriers to breast and cervical cancer screening: (i) lack of a primary care provider (ii) past trauma (iii) painful and unpleasant past screening experiences (iv) fear/distrust of health care providers v) lack of knowledge. Facilitators to screening were similar to those of the general population. The recommendations emanating from this research may inform the development of tailored and effective health promotion strategies leading to life-long cancer screening behaviours among marginalized women, which will improve clinical outcomes, decrease treatment costs and save lives.

## **The Effect of Physical Activity and Body Size on BRCA1 mRNA Expression**

Pettapiece-Phillips R., Akbari M., Salmena L., Narod S., & Kotsopoulos J.

The informed choice discussion (ICD) represents a unique challenge in midwifery care. The midwife is meant to empower her client with the information she needs to make decisions about various health topics, affording her the role of autonomous decision-maker. ICD topics range from birth settings (home, hospital, or birth centre) to various medical tests, fetal monitoring techniques, and other optional interventions. Informed choice can help to make pregnancy and birth positive and fulfilling experiences, but it also places singular burdens on the midwife (to be thoroughly informative, yet non-authoritarian and impartial), as well as the woman (to make choices about health topics that are sometimes quite complex and/or involve significant risks). The objective of my project—currently a work in

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## **Calling Backline: Evaluating the Services of a Talkline Dedicated to Pregnancy, Parenting, Abortion, and Adoption**

Silva J., Dodson S., Dockray J.P., & Foster A.M.

Backline, an independent non-profit organization, operates a bi-national talkline that provides a confidential, toll-free space for individuals to find comprehensive, medically accurate, and unbiased information and support around pregnancy, parenting, abortion, and adoption. Through an analysis of calls received over a one year period, this study aims to understand better the demographic profile of callers and explore the issues raised during their conversations with advocates. We analyzed talkline call logs from July 1, 2011 through June 30, 2012 and used descriptive statistics and content and thematic analytic techniques to evaluate the calls. Over the study period, Backline advocates completed 484 call logs. Callers to the talkline overwhelming identified as female (92.3%) and as seeking support for themselves (91.1%). Although bi-national in scope, over a fourth of all callers (28.3%) identified as being from California or the Pacific Northwest (including BC). The majority of callers contacted the talkline seeking abortion information, resources, and/or support (33.0%), pregnancy options counseling (26.6%), or post-abortion support (13.1%). Issues of social support or lack thereof emerged as a major theme in the calls and callers identified unsupportive spouses/partners, lack of financial resources, and perceived social stigma as being major sources of distress. The findings from this study suggest that there is demand for resources dedicated to providing non-judgmental, non-directive counseling and support for a full range of issues related to pregnancy and parenting. Identifying mechanisms to expand independent, confidential, phone-based support services for women and their loved ones appears warranted.

# \$15K Challenge Year One Award Recipients

## Small Scale \$15,000 Awards:

\*Principal investigator underlined

*“Understanding the Sexual and Reproductive Health Needs of Young Bisexual Women in Toronto”*

Cheryl Dobinson (Planned Parenthood Toronto), Carmen Logie (University of Toronto), Lori Ross (CAMH)

*“Sexual Assault and Mass Gatherings – Prevalence and Associated Risk Factors”*

Kari Sampsel (The Ottawa Hospital Sexual Assault Partner Abuse Care Program), Tara Leach (The Ottawa Hospital Sexual Assault Partner Abuse Care Program), Lisa Calder (Ottawa Hospital Research Institute)

*“Ladies Who Lunch! – Reducing Social Isolation, Improving Health”*

Paul Holyoke (Centre Wellington Food Bank), Anne Bergen (University of Guelph), Fred Aleksandrowicz (Centre Wellington Food Bank)

*“Healthy Nail Salon Workers: Exploring Strategies to Reduce the Health Risks of Women Working at Toronto Nail Salons”*

Angela Robertson (Central Toronto Community Health Centre), Daniel Yau (Chinese Interagency Network), Erica Phipps (Canadian Partnership for Children’s Healthy Environments), Michaela Hynie (York University)

*“Understanding Women’s Reactions to Eating Disorder Prevention Messages”*

Jennifer Mills (York University), Merryl Bear (National Eating Disorders Information Centre)

*“Exploring the Feasibility, Acceptability and Effectiveness of a Mosque-based Intervention to Promote Physical Activity in South Asian Women”*

Jennifer Price (Women’s College Hospital), Ananya Banerjee (Women’s College Hospital), Neil Stephens (Flemingdon Health Centre), Salim Chhiboo (Madinah Masjid)

*“Women for Health”*

Nuzath Leedham (Riverdale Immigrant Women’s Centre), Gisela Vanzaghi (Access Alliance Multicultural Health and Community Services), Bernard Laurie Edwards (Breathlines)

***“A Fresh Breath: Examining the Experience of Strangulation Among Women Abused by an Intimate Partner to Increase Their Safety”***

Vivien Green (WomenatthecentrE), Janice Du Mont (Women’s College Hospital), Nneka McGregor (WomenatthecentrE), Shirley Broekstra

***“Increasing the Safety and Well-being of Sex Workers in Waterloo Region”***

Angela Murie (Planned Parenthood Waterloo Region), Ginette Lafreniere (Laurier University), Dana Christiaen (ACCKWA)

***“It’s Dangerous Out There and We All Know It: Exploring Interpersonal and Structural Violence Among Women in Survival Sex Work in London”***

Susan Macphail (WOTCH Community Mental Health Services – My Sisters Place), Cass Wender (WOTCH Community Mental Health Services – My Sisters Place) and Christine Wilson (WOTCH Community Mental Health Services – My Sisters Place)

***“Online and Okay: Exploring Effective Solutions to the Problem of Digital Sexual Violence Impacting Women and Young Women”***

Jacqueline Benn-John (Women’s Support Network of York Region), Michael Braithwaite (360 Kids), Rochelle Saunders (Salvation Army Sutton Youth Shelter), Loris Herenda (Yellow Brick House)

***“Making Relationships Safe: A Study of the Romantic Experiences of Girls in Child Protective Services”***

Jennifer Connolly (York University), Laura Davidson (York Region Children’s Aid Society), Lori Ireland Mills (York Region Children’s Aid Society), Kimberly Sylvester (York Region Children’s Aid Society) and Melody Smith (York Region Children’s Aid Society)

***“An Evaluation of Victim Service of Leeds and Grenville’s Youth Program: Does It Contribute to Positive Outcomes for Girls?”***

Sonya Jodoin (Victim Services of Leeds and Grenville), Julie Shaw (Carleton University)

***“Enhancing Healthcare for Marginalized Sex Workers Through Community Based Approached: Possibility or Pipe Dream?”***

MaryKay MacVicar (Street Health), Josie Ricciardi (Regent Park Community Health Centre)

***“A Resource for Women Who Have Experienced Postpartum Hemorrhage”***

Anna Meuser (Association of Ontario Midwives), Jennifer Gilbert (Association of Ontario Midwives), Tasha MacDonald (Association of Ontario Midwives) and Suzannah Bennett (Association of Ontario Midwives)

***“Putting Women’s Health in Women’s Hands: Primary Care for Marginalized Women in Northeastern Ontario”***

Stacey Mayhall (AIDS Committee of North Bay and Area), Kathy King (Nipissing University)

***“Can Community-based Food Service Employment and Entrepreneurship Training Foster Positive Mental Health Among Racialized Newcomer Women?”***

Vanessa Yu (Food Forward Advocacy Alliance), Cherie Miller (Regent Park Community Health Centre), Olivia Rojas (Regent Park Community Health Centre)

***“Investigating the Effectiveness of Arts Based Interventions in the Improvements of Black Women’s Health”***

D’bi.Young Anitafrika (The Artist Shaman Collective), Notisha M Massaquoi (Women’s Health in Women’s Hands)

***“Story Sharing for Sexual Health: A Culturally Relevant Intervention to Promote South Asian Women’s Capacity in HIV and STI Education”***

Vijaya Chikermame (Alliance for South Asian AIDS Prevention), Josephine Wong (Ryerson University), Roula Kteily-Hawa (Queen’s University), Lori Chambers (McMaster University)

***“Expanding Non-judgmental, Non-directive Post-abortion Support to Women in Ontario”***

Angel Foster (University of Ottawa), J.Parker Dockray (Backline)

***“Supporting Our Sisters (SOS): Sexual Violence and Exploitation of Racialized Young Women Living in Low Income Neighbourhoods”***

Karen Arthurton (Ryerson University), Bridget Sinclair (St. Stephen’s Community House)

***“Tamil Health Association: Healthy Food Program”***

Sujani Sivanantharajah (Tamil Health Association), Hassan Vatanparast (University of Saskatchewan), Ilene Hyman (University of Toronto)

***“How Can Visual Media Be Used to Improve Informed Choice in Midwife-led Maternity Care?”***

Shelley Wall (University of Toronto, Mississauga), Jacquie Klan (Midwifery Care of Peel and Halton Hills)

***“The Role of Gender and Ethnicity in the Well-being and Integration of Iranian and Afghan Older Adult Immigrant Women in Canada”***

Mahdieh Dastjerdi (York University), Nazilla Khanlou (York University), Judith MacDonnell (York University), Afkham Mardukhi (Iranian Women’s Organization of Ontario), Addena Niazi (Afghan Women’s Organization)



## Large Scale \$75,000 Awards:

*“The Role of Creative Arts Engagement in the Health of Young, Street-involved Women”*

Suzanne Jackson (University of Toronto), Charlotte Lombardo (University of Toronto), Phyllis Novak (SKETCH Working Arts), Rose Gutierrez (SKETCH Working Arts)

*“Healthy Birth Weights Coalition: From Fragmented System to Community of Care”*

Linda Dayler (Catholic Family Services), Vanessa Parlette (City of Hamilton Public Health), Jennifer Vickers-Manzin (City of Hamilton Public Health), Keyna Bracken (McMaster University), Jackie Barrett (St. Joseph’s Healthcare Hamilton), Loretta Hill-Finamore (Good Shepard Services), Chris Maleta (Good Shepard Services)

All \$15K Challenge award recipient videos will be available on the Women’s Xchange website: [womensxchange.ca/15k/](http://womensxchange.ca/15k/)

## Upcoming Dates

- The next deadline for submissions for the \$15K Challenge is Wednesday, Oct. 1, 2014
- The Women’s Xchange fall event will be taking place in November

## Acknowledgements

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# Notes

# Contacts



[www.womensxchange.ca](http://www.womensxchange.ca)