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Echo News -November 2012

Message from the Executive Director

Dear readers of Echo's newsletter,

You will notice that this month's issue is especially newsworthy! Jam packed with new report releases and Echo Advances, we are excited to share the tremendous amount of work Echo and our partners have put forth in improving women's health in Ontario.

We'd like to take this opportunity to thank all of Echo's partners and staff for working so hard to meet new deadlines without sacrificing the quality of work. It is because of their efforts that we are able to share the results of all of Echo's valuable projects and spread the knowledge on women's health issues in Ontario.

We will be releasing a December issue containing the remaining project releases as well as a final special edition newsletter with all of the Echo Advances and report releases to date at the end of this year.

Increasing Women's Access to Cardiac and Stroke Rehabilitation

Heart disease and stroke impose a large burden on the lives of Canadians. These conditions are a leading cause of death and disability in Canada and cost our economy more than $22.2 billion each year in physician services, hospital costs, and lost wages. Cardiac and stroke rehabilitation programs – which offer monitored physical activity, education on healthy living, and counselling –have been shown to save lives, improve health outcomes, and enhance quality of life for cardiovascular patients. In particular, women who participate in cardiac rehab (CR) after a cardiac event show significant improvement in health outcomes. Despite these benefits, only 15-30% of eligible patients participate in CR, and the rate for women is much lower (11-20%). Women are much less likely to be referred, to enroll, and to complete a CR program. This is disconcerting given that these services are recommended as standard therapy in clinical practice guidelines and that many patients, in particular female patients, will suffer recurrent morbidity and greater mortality due to this underutilization.

With funding from Echo: Improving Women's Health in Ontario, researchers led by Drs. Tracey Colella and Judith Francis undertook a project to develop best practice recommendations on CR and SR for women. Guided by an expert panel, the study included a review of the literature and best practice guidelines, a survey of CR and SR services in Ontario, and focus group interviews to investigate women's experiences with rehab services. In

RECENTLY UPDATED TOPICS

- Breast cancer risks on the job a 'neglected area'
- Alcohol affects health of men, women differently
- Violence against women still not a thing of the past
- Regular cancer screening saves lives
- Cancers on the rise in pregnant women: study

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particular, this report identifies barriers that women face in accessing and completing CR programs, which must be addressed through comprehensive and tailored care. The researchers' recommendations and best practice guidelines, strongly support automatic referral and increased CR program capacity to facilitate more individuals, particularly women — both cardiac and stroke patients — to enjoy the health benefits of rehabilitation.

To learn more about this research and recommendations, read the full report:

Establishing a Current State/Knowledge Review on Cardiac and Stroke Rehabilitation for Women in Ontario

Read the Echo Advances for **Policy makers**, **Health Care Providers**, and **Ontario Women**.

TOMIS III: Examining Postpartum Health, Service Use, and System Costs

How does method of delivery (vaginal versus Caesarean section) affect service use and costs of care at six weeks, six months, and one year following hospital discharge? Caesarean-section (C-section) rates have increased to 28% of all deliveries in Ontario. Compared to vaginal births, C-section deliveries cost hospitals significantly more in obstetric care for both women and infants, and pose long-term health risks to mother and child. There are important health considerations in weighing the costs and benefits of C-sections. To support the health system cost analysis, Echo partnered with The Ontario Mother and Infant Study (TOMIS) III research team at York and McMaster University. Led by Drs. Christine Kurtz Landy and Wendy Sword, the research team investigated the number, types, and costs of in-home and out-of-home health care visits for women and their babies during the first year following birth.

The researchers found that, compared to instances of vaginal birth, women and their babies who had been delivered by C-section used significantly more health care services and had significantly higher health care costs in the first six weeks following birth. This means that if Ontario is successful at reducing the rate of C-sections performed in the province, not only will obstetric care costs decrease, but the cost of post-partum health care use should also decline. These declining costs will be concentrated in services used in the first six weeks of a child's life, as the differences between the two groups were smaller for the remainder of the child's first six months and insignificant in the following six months. The researchers call for further research to examine whether factors such as socio-economic status and geographic location influence health service use and costs.

Read the full report : **Preliminary Cost Analysis of Postpartum Health Service Use by Method of Deliver**

Improving Supports for Women following Early Pregnancy Loss

Involuntary, spontaneous early pregnancy loss, also known as miscarriage, can have a devastating impact on women and their families. While health care providers generally recognize the emotional and physical stress of those experiencing early pregnancy loss, research literature and a province-wide survey with health care providers reveal that barriers exist to providing and accessing appropriate care and supports. In this study led by Drs. Joyce Engel and Lynn Rempel, researchers conducted a survey with 174 health professionals from across Ontario to identify gaps in existing services in order to develop recommendations for improving availability and access to comprehensive, sensitive care for women who have experienced early pregnancy loss.

Key recommendations for institutionalizing patient-centred care following early pregnancy loss, include: education of health professionals regarding early pregnancy loss and care of women and families; provision of services specific to the needs of women and families who experience early pregnancy loss; establishment of telephone support, especially in rural and remote areas; provision of space in busy institutional environments where women and families can have privacy during assessment and loss; and public education regarding the significance of early pregnancy loss for women and families.

Read the full report for further recommendations and implications:

Supports and programs for women and families who experience early pregnancy loss

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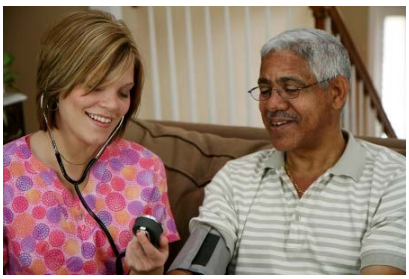
An Echo Conversation for Peterborough Caregivers



13 million Ontarians provide almost 16 million hours of care *each week* to a friend or family member. Of these caregivers, just over half (56%) are women. However, women provide almost 70% of the hours of care; and women are also disproportionately represented among older caregivers, who are 58.2% female and 41.8% male[1].Unpaid caregivers in Canada are estimated to contribute $25-26 billion per year to the health system[2]. In Ontario, it has been estimated that a government investment in home and community care could save Ontario $150 million per year in health system costs[3].

Echo partnered with the **Alzheimer Society of Peterborough, Kawartha Lakes, Northumberland and Haliburton** to hold an Echo Conversation for caregivers in the region. 16 women who provide care for a spouse, parent, or other close

relative with Alzheimer's disease or a related dementia participated. The program they designed, *Caregiver's Hope*, is based on their wisdom as a caregiver and knowledge of their community, as well as information on promising practices for caregiver education and support programs[4].

Read the Echo Advance for **Policy makers** and **Service Planners and Providers**

[1]Hollander MJ, Liu G, Chappell NL (2009). Who cares and how much? The imputed economic contribution to the Canadian healthcare system of middle-aged and older unpaid caregivers providing care to the elderly. Healthcare Quarterly, 12(2):42-49.

[2] ibid.

[3]Boston Consulting Group; The Change Foundation; Community Provider Associations Committee. Valuing Home and Community Care: Key findings and Path Forward. Presentation: slides from The Change Foundation Event, Valuing Home and Community Care. Toronto. April 2010.

[4]Brookman, C., Holyoke, P., Toscan, J., Bender, D., Tapping, E. Promising practices and indicators for caregiver education and support programs. Markham, ON: Saint Elizabeth, 2011.

Activating the Findings of the Women's Health Effects Study

Between 6% and 8% of women report experiencing intimate partner violence (IPV) each year in Canada – and this figure is broadly assumed to be under-reported[1]. That's over two million women a year.

Dr. Marilyn Ford-Gilboe, Dr. Colleen Varcoe, Dr. Judy Wuest and their colleagues on the ***Women's Health Effects Study*** interviewed 309 women in Ontario, BC, and New Brunswick five times over a period of four years after leaving abusive partners. They gathered data about these women's health, relationships, service use, economic situation, personal strengths, and exposure to violence. 81% of the women remained in the study for the full four years.

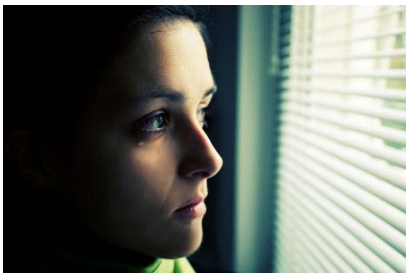
This study led to many important findings about such issues as barriers to women's self-sufficiency, the health effects of violence over time (including chronic pain and mental health), the economic costs of IPV (estimated at >$13,000/woman/year[2]), and women's strength and resilience as they move forward with their lives. Published findings from this study have important implications for policy and service planning.

Read the Echo Advance for **Policy makers** and **Service Planners and Providers**

[1]Cherniak D., Grant L., Mason R., Moore B., and Pellizzari R. (2005). Intimate Partner Violence Consensus Statement. JOGC 157(April) 365-388.

[2] Varcoe C, Hankivsky O, Ford Gilboe M, et al. "Attributing selected costs to intimate partner violence in a sample of women who have left abusive partners: A social determinants of health approach". Canadian Public Policy. 2011, 37(3), 1-22.

Sexual Assault and Domestic Treatment Centres - responding to women with disabilities



Women with disabilities experience violence and exploitation at a rate 50% higher than the rest of society[1]. They may also experience longer-lasting and more intense abuse than women without disabilities[2] and may also experience abuse at the hands of those on whom they are dependent for assistance with daily living and care[3- 5]. Women who experience barriers to education, employment, and other effects of social exclusion may have much greater challenges to escaping abuse than women who do not have these barriers[6-10].

Echo partnered with the **Ontario Network of Sexual Assault and Domestic Violence Treatment Centres** to update Centre standards and training. As part of this project, the Network analysed data from client satisfaction surveys completed with women with disabilities who have used their service between 2009 and 2011.

Read the **"Satisfaction with Sexual Assault and Domestic Violence Treatment Centre Services in Ontario by Disability Status"** Report

[1]Rosen, D. B. (2006). Violence and exploitation against women and girls with disability. *Annals of the New York Academy of Sciences, 1087*(1), 170-177.

[2]United States Department of Health and Human Services Office on Women's Health. (2011). Violence against women with disabilitie.s Retrieved June 16 2012, from **http://www.womenshealth.gov/violence-against-women/types-of-violence/violence-against-women-with-disabilities.cfm**

[3]Casteel, C., Martin, S. L., Smith, J. B., Gurka, K. K., & Kupper, L. L. (2008). National study of physical and sexual assault among women with disabilities. *Injury Prevention 14*(2), 87-90.

[4]Nannini, A. (2006). Sexual assault patterns among women with and without disabilities seeking survivor services. *Women's Health Issues, 16*(6), 372-379.

[5]Nosek, M. A., Clubb Foley, C., Hughes, R. B., & Howland, C. A. (2001). Vulnerabilities for abuse among women with disabilities. *Sexuality and Disability, 19*, 177-190.

[6]Hughes, K., Bellis, M. A., Jones, L., Wood, S., Bates, G., Eckley, L., . . . Officer, A. (2012). Prevalence and risk of violence against adults with disabilities: A systematic review P a g e | 30 and meta-analysis of observational studies. *The Lancet, 6736*(12), 60077-60074.

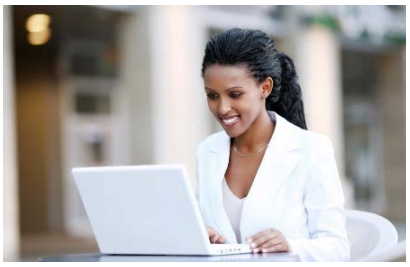
[7]Nosek, M. A. et al. (2001).

[8]Powers, L. E., Curry, M. A., Oschwald, M., Maley, S., Saxton, M., & Eckels, K. (2002). Barriers and strategies in addressing abuse: A survey of disabled women's experiences. *Journal of Rehabilitation, 68*, 4-13.

[9]Saxton, M., Curry, M. A., Powers, L. E., Maley, S., Eckels, K., & Gross, J. (2001). 'Bring my scooter so I can leave you'. A study of disabled women handling abuse by personal assistance providers. *Violence Against Women, 7*, 393-417.

[10]Foster, K., & Sandel, M. (2010). Abuse of women with disabilities: Toward an empowerment perspective. *Sexuality and Disability, 28*(3), 177-186.

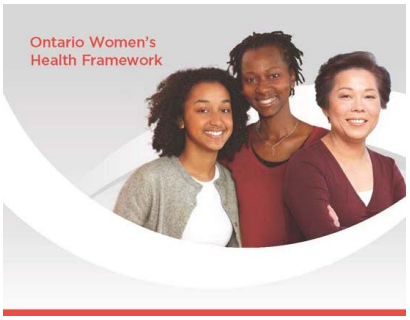
Webinar recap - Implementation and Evaluation of Fetal Fibronectin Testing in Ontario



On November 8th 2012, Echo was joined by **BORN Ontario**'s Ann Sprague and Deshayne Fell for a webinar on *Implementation and Evaluation of Fetal Fibronectin Testing in Ontario Hospitals.* The webinar presented the impact of Fetal Fibronectin (fFn) test implementation on maternity health services utilization for preterm labour (PTL), the economic impact associated with universal implementation of testing, and women and care provider opinions regarding their experience with fFN testing.

To watch the full webinar online click **here**

Webinar recap - The Ontario Women's Health Framework



Echo's Director of Knowledge Translation, Shelley Cleverly presented a webinar on the **Ontario Women's Health Framework** (OWHF) on November 14, 2012. The presentation was an overview of the OWHF and information about how to make best use of the Framework.

The full webinar is now available online! Click **here**

To download a pdf of the Ontario Women's Health Framework, click **here**

To download a pdf of the Current State – What is known about Women's Health in Ontario, click **here**

Interesting Resources/Latest News:

Influencing Health - The Importance of Sex and Gender - Canadian Women's Health Network

Women should seek mammogram clarity via doctor's visit - CTV News

Study finds blue-collar women more likely to develop breast cancer - Globe and Mail

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Observances:

December 1: **World AIDS Day**

December 3: **United Nations International Day of Persons with Disabilities**

December 6: **National Day of Remembrance and Action on Violence Against**

Women

Events:

Dec 13 - 14, 2013
Pregnancy and Birth Conference
Venue: Marriott Toronto Eaton Centre
Organizer: Sunnybrooke Research Institute
Read more

Feb 6, 2013
Best Start Conference
Venue: Hilton Suites Toronto/Markham Hotel
Organizer: Health Nexus
Read more

Feb 12, 2013
How Health Care Organizations are Using Technology to Enhance Patient Care
Venue: Radisson Admiral Hotel Toronto - Harbourfront
Organizer: Ontario Hospital Association
Read more

Feb 28 - Mar 1, 2013
Canadian Domestic Violence Conference 3
Venue: Delta Chelsea Hotel
Organizer: Bridges and Hincks-Dellcrest Centre - Gail Appel Institute
Read more

May 3 - 5, 2013
Menopause Redefined: Building on the Evidence
Venue: Fairmont Chateau Laurier Hotel, Ottawa
Organizer: Sigma Canadian Menopause Society
Read more

June 9 - 12, 2013
Moving Public Health Forward: Evidence, Policy, Practice (CPHA 2013 Annual Conference)
Venue: Ottawa Convention Centre
Organizer: Canadian Public Health Association
Read more
