PRINCE EDWARD ISLAND
Advisory Council on the Status of
WOMEN

POLICY GUIDE

Women's Health

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At Issue

Health is a gender issue. When it comes to seeking and maintaining wellbeing, it matters whether you are a man or a woman. Health Canada's *National Women's Health Strategy* identifies several key differences between the genders. While recognizing that all women are different and lead different lives, generally speaking, it is true that, compared to men, women:

- are poorer
- live longer
- use services more frequently
- provide the bulk of caregiving services, both paid and unpaid
- serve as health care "guardians" for family members
- have a higher incidence of chronic and degenerative diseases in later years
- are under-represented in decision-making and in higher-paid health professions
- experience abuse and its health consequences more frequently
- must interact with the health system because of their reproductive capabilities
- are not equally represented in areas of research

In fact, gender is so crucial to health that the World Health Organization and Health Canada name it as a separate health determinant that interacts with many other factors.

Health is an equality issue and equality is a health issue. Over the past twenty-five years, the Advisory Council has worked to address many health-specific topics including mammography services, doctor/patient protocol, nutrition, and heart disease. In truth, though, every topic addressed by the Council is really a health issue. Any increase in women's power to control their everyday lives enables them to improve their wellbeing. Conversely, any improvement in their wellbeing should lead to an increase in personal power.

Health is also a biological, environmental, economic, and social issue but, through a consultation process, the Advisory Council has chosen to narrow its focus to health as a service issue. The Advisory Council has examined whether women are receiving equitable service from the province's health system and has made recommendations for change.

Our Analysis ...

Discussions about health care in Canada and on Prince Edward Island have taken a disturbing turn. It seems that our provincial and federal governments view health care as a business, not an essential service. Cost saving has replaced wellbeing as the desired outcome. The ideology of access is disappearing. This is a disturbing trend for all Canadians but particularly for women who, as the most frequent providers and consumers of health care and as the citizens with the lowest incomes, have the most to lose if Canadians adopt a business model for health care. Women have a different vision - an accessible, appropriate, and publicly operated system.

An editorial published in the Charlottetown *Guardian* on December 13, 2001 summarized the current situation with its comment, "The debate about Canada's health care system should be about patients, principles, and people. It should not be about buildings, beds, and bureaucracies." Island women agree. When the Advisory Council consulted women about their health concerns, they did not talk about expensive facilities, technologies, treatments, programs, or equipment. Rather, women focused on the breadth and depth of service that they need to support their own health and the health of their loved ones.

Consultations revealed two major themes for Island women:

- Women's life circumstances as caretakers make their views on health issues and their health care needs unique to their gender.
- Women take a broad view of health and they want their health care providers to serve them accordingly.

Women referred to particular caretaking scenarios including women who are paid health providers, single mothers with children, mothers who assume responsibility for the entire family's health, and women who are caregivers for family members experiencing illness.

And, finally, women identified these particular service needs to support their view of health and their role in health:

- Appropriate physician care
- Support for complementary health practices
- Improved mental health services

Women's views on health were also summarized in the 1999 Women's Network project, *Women Influencing Healthy Public Policy*, where women made several clear statements, including these two key ones:

- Health care is not a luxury; it is a right.
- It is necessary to have different points of view and to look at health from many perspectives.

To benefit the entire community, provincial health policy must address women's crucial role in health care, their holistic philosophy, and their real life circumstances.

In their roles as paid and unpaid health care providers, women are already doing more than their fair share in caring for Islanders' health needs. Publicly funded health care providers, mostly women, work at the lowest rates of pay in the country and, at the same time, have the lowest rate of absenteeism even though the most vulnerable to injuries and other workplace hazards. They work in a hierarchical system where the smallest group of professionals (doctors, mostly men) cost the Province $7 million dollars more every year than the highest number of professionals (nurses, mostly women). Women working in private health care report low wages, no pension opportunities, stressful working conditions, and lack of respect for their contributions. Complementary health practitioners like acupuncturists and massage therapists, mostly women, remain outside the public system with this province lagging behind the rest of Canada in registering these professionals and funding their services.

Single mothers on low incomes pay with their own health. A 1999 study conducted for the Advisory Council showed that 83% of the lone women parents in the Queens region are in poor health or have some significant health problems, most directly related to the deprivation and stress which arise from having to depend upon an inadequate social system. They appreciate certain provincial initiatives, especially the pharmacy and kindergarten programs, but find that they are unable to meet their basic needs and maintain control over their lives. The Statistics Canada analysis of the National Population Health Strategy supports local findings and states, "Lone mothers reported consistently worse health than did mothers in two-parents families with higher rates of chronic illness, disability days, and activity restrictions."

Working mothers with domestic responsibilities that include family health care typically report high degrees of time-related stress. In fact, 38% of Canadian working mothers classified themselves as severely time stressed in the last Statistics Canada time use survey. Island women, more likely than other Canadian women to work outside the home for a wage that is necessary to support the family, report much higher levels of stress compared to Island men and the rate of increase is also alarmingly higher.

Women, in general, have borne the burden of health care policy that shifts care from institutions to communities for hospital patients, people with disabilities, and seniors. There are clear differences in the type of caregiving provided by men and women. The Canadian Institute of Health Information reports that, while most men do home maintenance and repair, women are more likely to assist with personal care and provide emotional support. And, the level of personal care has increased over the past few years. Professor Pat Armstrong, author of *The Double Ghetto: Canadian Women and their Unpaid Work*, writes, "Our grandmothers didn't do catheters, IVs, and the other things expected now." The Family Caregivers Association of Nova Scotia summarizes the effect of these shifts by saying, "The burdens of female caregivers are financial, social, and personal and caregiver burnout is a major problem."

Clearly, then, Island women make an enormous contribution to the health of the Island. And, they do so in an environment where Islanders, in general, have the third highest personal health care expenditures in the country. This situation leads the Advisory Council to ask, are women getting a fair return for their contributions?

Health Care Spending

According to the Canadian Institute of Health Information (CIHI) report, *National Health Expenditure Trends, 1975 - 2001*, compared to other Canadian provinces and territories, the Province of PEI spends

- the lowest amount per capita
- the lowest proportion of its total government spending
- the second highest proportion of its gross domestic product

Islanders private health care expenditures were the third highest in the country and drug expenditures, mostly a private expense, have increased by 10% in the past ten years.

CIHI also reports that the Province of PEI

- spends more on hospitals than the national average
- spends less on physicians than the national average

The Province of PEI reports that

- it spends $40 million/year on physician services and $33 million on nursing services
- 80% of physician payments are fee-for-service

Paid Health Care Providers

In the 2001 CIHI report, *Canada's Health Care Providers*, we learned that PEI

- has the highest paid physicians in Canada
- has the lowest number of physicians for its population, except for the North
- pays the 8th lowest starting salary for nurses in the country with the lowest maximum salary and the lowest range of increase
- is in the medium range for number of nurses compared to the rest of Canada but has the slowest growth in the numbers of positions
- pays the lowest rates for professional health occupations in Canada
- has by far the lowest average number of full-time and part-time employees in professional health occupations and technical, assisting, and related health occupations in Canada

In its *Health Human Resources Supply and Demand Analysis*, the PEI Advisory Committee on Health Human Resources reports that

- 88% of health care professionals in its database are women
- the largest occupational groups are registered nurses (31%), licensed nursing assistants (15%), and resident care workers (15%)
- shortages will occur in most health-care professionals with a significant shortage of registered nurses, moderate shortage in licensed nursing assistants, and a shortage of resident care workers

The Province of PEI reports that of the 171 physician positions on PEI, there are 24 practising women with 13 working as general practitioners and 11 as specialists.

Unpaid Health Care Providers

"The average caregiver is female: a mother, a paid or unpaid worker, and often a community volunteer. She is responsible for the majority of the housework, meal preparation, and health care of her family. She is often caring for more than one family member - perhaps a parent, an in-law, and grandchildren. Sometimes one of her children or spouse has a disability or special needs. She is typically 40 - 60 years old but could be 75 and caring for her 98 year-old mother.

Her work as a caregiver is mostly invisible and unrecognized. She is too busy to advocate for herself, although she has a good story to tell. She feels a strong sense of duty, and has much respect for the elder she cares for. She frequently feels stressed and guilty about her caregiving but would never think of not caring for those she loves. She wants to repay the parent who has given her so much in the past.

She lives by schedules and routines, and plans as much as possible in order to manage her complex life. She wants a break from time to time, even though she has a hard time taking one. Mostly, she wants a chance to enjoy her life beyond her role of caretaker."

(*Sandwiched Caregivers - A PEI Profile*, 1994)

The Health of Island Women

The Second Report on the Health of Canadians shows that Islanders, in general, rank the lowest in life expectancy, level of education, and rate of physical activity. At the same time, they have the highest smoking rate.

Compared to Island men, Island women
- live longer
- have higher levels of education
- visit the doctor more
- do less leisure time physical activity
- smoke less (but have rates that are increasing faster for young women than young men)
- have a lower cancer incidence rate
- rate their health at higher levels
- report a higher rate of time-crunching stress
- have lower rates of alcohol consumption
- have a higher incidence of chronic and degenerative disease in later years

Compared to other Canadian women, Island women have the
- lowest life expectancy
- lowest rate of increase in their leisure time physical activity
- highest cancer-incidence rate
- second highest blood pressure rate

Island women are realistic enough to know that the Island's health system cannot meet every health need. Rather, our system must distribute resources efficiently where they will have the greatest impact. Considering women's phenomenal contributions to health care, it makes sense to invest in the services that will keep them healthy.

Island women have concerns about the quality of service that they receive from physicians. Their low numbers combined with fee-for-service payment combine to foster hurried encounters that do not meet women's health needs. Women want to develop an equal and trusting relationship with their physician. They want to discuss their health as a whole and to make informed, collaborative decisions about prevention and treatment. Instead, they encounter situations where their doctor may very well tell them to stick to one symptom per visit because that's all the time they have and that's how the billing system works. Women are thereby forced to make the most of the limited time they have with their physician by focusing only on the most troublesome issues.

Island women want to be served by women physicians but they live in a province with, at last count, only thirteen women general practitioners. That is about one for every 5,000 Island women, a disproportionately low ratio compared to other Canadian provinces and a surprising one, given that there are now more women medical school graduates than men. At the same time, we have a disproportionately high number of women specialists. This odd scenario suggests that the Island's working conditions for general practitioners do not suit women physicians who typically work fewer hours than their male counterparts and who prefer salaried positions because, like other women, they are the primary caretakers for their children.

The Province of PEI has established a physician recruiting plan designed to entice doctors to live and work on the Island and has shown some success with that endeavour. However, unlike seven other Canadian provinces, it has not adopted a gender-specific recruiting policy designed to ensure equity in its service nor has it developed policies or programs designed to ensure that an equitable number of women enroll in medical school.

Island women want to use the services of complementary health practitioners like naturopaths and osteopaths but these services are not funded by the health system. Only women who have private health insurance are able to access prevention and treatment measures that are holistic in nature and available for a lower cost than physicians' services.

Island women are at twice the risk of men to experience depression and depression is inter-related with numerous other conditions like heart disease, stroke, and diabetes. They are far more likely to experience the trauma associated with family violence and childhood sexual abuse and, even though men are actually more likely to be overweight, women are the ones who struggle with body image issues. The high rate of psychiatric hospitalization here on the Island suggests that our mental health system is prone to expensive, medical solutions whereas bodies like the Canadian Mental Health Association advocate for "an array of service options, including medical, social, self-help, and alternative supports." And, the Association adds, "All existing services must be made more responsive to women's specific mental health needs."

To support women-focused health service, the Province must commit to leadership development for women, women's health research, and gender-based analysis. At present, health care services are delivered through five regional health boards composed of community members who are appointed and elected. It appears that the boards are working towards gender equity. Of eight recent appointees, four were women. Unfortunately, though, of seven recently elected members, only two were women. The Province needs to assess this situation and determine what barriers prevent women from entering their names for elections. For example, do they need childcare or transportation assistance? The Province also needs to examine the election process to see if it invites participation from a diverse group of women with a variety of interests in health care such as single mothers, caregivers, women with disabilities, immigrant women, and health practitioners.

The Atlantic Centre of Excellence for Women's Health was established in 1996 and has sponsored gender-specific research here on the Island. Community groups have examined issues such as women and AIDS, immigrant women's health, and the health of women receiving social assistance. However, gendered research has not been institutionalized in this province and that gap has an impact on women's health. The Canadian Institute for Health Research states, "In research environments where sex and gender are poorly operationalized or ignored altogether, women's health is particularly at risk."

Women-focused research complements gender-based analysis, a process described by the Atlantic Centre for Excellence for Women's Health as one that "recognizes that women have distinct health needs, attempts to ensure equal treatment for women and to eliminate traditional biases, and allows policy makers to identify and target health care dollars to receive the best return on public investment." For example, in its last budget, the Department of Health and Social Services increased its base budget and added funding to certain services such as hospitals, the seniors drug program, and ambulance operators, among others. A gender-based analysis would check to see if these decisions favoured men's needs more than women's needs and, from that perspective, assess the impact on service delivery and costs.

The Advisory Council strongly advocates for gender-analysis for all future policy decisions. For example, the Minister of Health and Social Services has talked often about a new, more collaborative health care model wherein other health care personnel will assume more responsibility from physicians. Given that women dominate those other health professions, such a shift must be viewed from their perspective. What changes would have to occur in women's working conditions, professional development, and salaries? What supports would women need in order to make this transition? Is true collaboration even possible, given women's current status?

The East Prince Health Authority has shown leadership in a gender-based approach. It recently conducted a health and wellness needs assessment in which women identified their health care-related problems and concerns which were very similar to the ones that the Advisory Council identified through its consultation. After assessing the responses, the report recommended a women's health clinic that would offer a holistic approach to health and wellness by encompassing mental, physical, spiritual, and emotional aspects. The Advisory Council supports such an endeavour as a model for the rest of the province and as a tangible demonstration of the health system's commitment to the wellbeing of Island women.

Our Recommendations ...

The Prince Edward Island Advisory Council on the Status of Women recommends that the Province of Prince Edward Island take these actions;

- Increase the allotment of funds for direct payment to social service recipients to bring them up to a standard of living in which all basic needs are met.

- Increase the minimum wage so that Island women and men can earn adequate incomes.

- Conduct a formal review of caregiving in this province that provides qualitative information regarding caregivers' experiences and quantitative information on their actual contributions. Generate an action plan to provide tangible assistance to caregivers.

- Provide salaries to all general practitioners.

- Conduct a supply and demand analysis for training and recruitment of Island women physicians that examines what supports and working conditions they require in order to practise in this province.

- Create and implement a gender-specific recruitment strategy, designed to attract and retain women physicians.

- Broaden the health care services and professional categories covered by health insurance plans to provide adequate and non-discriminatory funding to complementary health care practitioners.

- Provide appropriate, women-specific mental health programming.

- Establish a system of equal gender representation on the Island's regional health boards and actively support women's leadership development.

- Establish links with the Atlantic Centre of Excellence for Women's Health Research, making certain that research results are available to Island women, that Island women contribute to the research, and that research results influence policy and planning.

- Develop a gender analysis model to guide all policy decisions.

- Provide appropriate recognition and financial compensation for women health professionals who assume increased responsibility within a collaborative health service delivery model.

- Support the regional health boards in the establishment of women's health centres which offer holistic services in ways that are appropriate for women.