



Summary and Notes:
WHRN Workshop
Health Determinants
Friday, February 10th, 2006

Video-linked sites:

Children's & Women's Health Centre of British Columbia
Simon Fraser University – Harbour Centre Campus
University of British Columbia
University of Northern British Columbia
University of British Columbia - Okanagan
University of Victoria

This two-hour session, entitled *WHRN Workshop on Health Determinants*, was the third in a series of video-linked workshops to be hosted by the Women's Health Research Network of British Columbia. This workshop, led by WHRN Co-Leader Dr. Cecilia Benoit at the University of Victoria, centered on the investigation of past and current research into the determinants of women's health from provincial, national, and international perspectives. The main goals of the session were:

1. The presentation and discussion of a draft synthesis paper focused on health determinants as a tool for understanding women's health;
2. The fostering of dialogue around the issues presented in the paper;
3. The formation of a community of practice around this research cluster, working toward a variety of knowledge exchange activities in the future [including the writing of at least one research proposal]

Dr. Benoit opened the workshop with a PowerPoint presentation¹, providing the participants with some background on health determinants as a research modality. She explained that by exploring health determinants, researchers, clinicians, and policy makers are better equipped to understand inequities in health outcomes for different individuals and populations. Health determinants exist at the micro [individual], meso [family and immediate community], and macro

¹ The entire presentation can be viewed at <http://www.whrn.ca/projects-list-determinants.html>

[systemic] levels, and their interactions have important consequences for health outcomes. The acknowledgement of gender as a health determinant, therefore, represents a positive development in policy and research as it focuses attention on the intersections between biological and sociological factors [i.e. sex and gender]. The complexities of women's lives and inequalities in their access to power are only two of the reasons for including gender as a determinant of health. The dynamic, fluid nature of interactions between the biological and the social underscore the need for ongoing research, which is responsive to change and allows for flexibility.

Participants from each of the six linked sites provided input on health determinants, the ways in which they are implemented in research and policy formation, and possible strategies for enhancing their utility for women's health locally, nationally, and internationally. Workshop attendees from Vancouver Island and northern British Columbia underscored the role of geography and place in determining women's health outcomes. For example, women are more likely to face social isolation and have poorer health in older age, which has implications for policy and practice with regard to home care and other social services in rural and remote communities. Some participants suggested other determinants which could be added to the list, including language, socioeconomic status and diversity, work, stigma, and the experience of trauma [currently embedded in 'gender,' 'healthy development,' and 'experience']. Health care practices can also be understood as a determinant of health, as the theory and guidelines which inform practice in medical settings have significant impact on health.

Questions were also raised about the conceptualization of the determinants of health, identifying the tensions that exist between individual- and population-based interventions and the static nature of health determinants as they are applied by policy makers contrasted with the need for dynamic approaches to women's health research. Factors which must be taken into account include economic inequities, issues of access [i.e. urban vs. rural], and the impact of globalization and broad political change on the status of women's health at the local level. One way of enhancing the utility of the health determinants approach could be through combining it with a 'lifespan' modality which would allow researchers to investigate the relationship between health and contextual changes in women's lives [family, social networks, aging, etc.].

The origins of the health determinants model were discussed by participants who noted that in its early days, the approach was largely viewed as a tool for developing health services. As this model evolves, it is

necessary to theorize about the determinants and the ways in which they influence women's health. Deeper exploration will allow researchers to perceive which factors are most relevant in researching women's health, and even to expand the list – seen by some as having become stagnant – to include a broader understanding of health determinants and contexts.

Participants raised the following issues:

- The term 'determinants' warrants examination and unpacking
- The list of health determinants has been static and difficult to change
- There is a need for a more dynamic model to correlate health status with a particular context or set of factors
- The health determinants model focuses more on social factors than on biological influences; how can researchers articulate the relative contribution of each of these sets of factors?
- Sex is a determinant of health; women experience certain conditions that do not affect men
- Gender is a determinant of health; power, access, and control are factors which influence health outcomes for women
- How can/should the determinants of health be measured and theorized?
- How can health determinants be made relevant to policy makers, health practitioners, and others involved in the health care system when the outcomes of this kind of research are not always clear?
- [How] do individuals recognize the determinants of their own health?
- What is the focus of the Women's Health Research Network? Are there specific determinants that pertain uniquely to women or which affect women more than men?
- What are the factors that affect women's health?
- Is the health determinants model an ideal approach?

These final points stirred up debate amongst the participants. Some emphasized the need to expand the list of determinants while others claimed the model has lost its relevance for women's health researchers and that adding new determinants would only complicate data analysis.

It was stated that because the current list of health determinants has never truly been revised, its conceptualization of the term 'gender' is outdated. It is necessary to acknowledge that – in some places – being female can be deleterious to health status. Expanding the model would allow for the encapsulation of some of the broader contextual determinants of women's health.

Proposed actions:

- Rethinking and reformulating the list of determinants [adding, subtracting, and unpacking the determinants which are of greatest relevance to women's health]
- Exploring the application of the health determinants model to policy – this model is often used by policy makers, making it crucial to update it and create a more challenging and stimulating list of determinants
- Looking at current research as a source for new determinants
- Challenging the list of health determinants – the list as it exists has political roots which impacted the way in which health determinants were framed and how they have been reified; it is essential to keep this discussion going

Next steps:

- Participants are asked to provide feedback on the discussion paper; it will be revised and made available at www.whrn.ca
- A bibliography of references to be circulated to anyone with an interest in continuing the discussion
- Rodney Hunt at SFU to undertake a scan of researchers to see who is doing work on gender and women's health at that institution
- An international workshop will take place in Victoria [April 25th-27th, 2006] focusing on gender, health care work, and social citizenship rights – are there policies and practices which take health determinants into account, leading to better health outcomes for women?
- Individuals are invited to contribute examples of research, literature, and comments as work continues

For more information and to offer feedback, contact WHRN Co-Leader Cecilia Benoit at cbenoit@uvic.ca or visit our website at www.whrn.ca