A History of the Women’s Health Care Centre

Includes:
- Final Report
- Interview Questions

By: Claire Hanlon

Completed for: Women’s Health Care Centre
Supervising Professor: Ann MacLeod, Trent University
Trent Centre for Community-Based Education

Department: Nursing
Course Code: NURS 302H
Course Name: Community Health Nursing Care
Completion Date: April 2010

Project ID: 4079

Call Number:
# Table of Contents

- **Introduction, Vision & Objectives**  
  3
- **Methods**  
  4 – 5
- **Results**  
  6 – 12
- **Discussion**  
  12 - 13
- **Personal Comments**  
  13 – 14
- **References**  
  15
- **Appendix A - Letter to Ethics Committee**  
  16 – 18
- **Appendix B – Participant Consent Form**  
  19
- **Appendix C – Interview Questions**  
  20
Introduction

The Women’s Health Care Centre (WHCC) is a vital component of the Peterborough Regional Health Centre (ORHC) with a department at the main hospital location, and a branch located in the downtown community. The centre has been caring citizens of the region, and surrounding counties, for the past twenty-one years. Unfortunately, with the increasing prevalence to hospital service cuts at the moment, the WHCC is experiencing a persistent feeling of threat. This project was designed for the purpose of a community-based research project associated with a Trent Nursing School of Nursing community placement assignment. The mission of this work was to gather historical information about the WHCC from it’s inception to present day, and to develop a written archival account of the findings.

Vision

Key project goals of this project included the pursuit and investigation of resources available at the WHCC, along with a literature review of relevant historical material. Another principal project goal involved the coordination and conduction of first-person interviews with key informants as a means to collect accounts related to the history of the centre throughout the past twenty years. This research has the potential to be used as a supportive piece of advocacy material, and may eventually be used strategically to champion for sustainable funding to the WHCC.

Objectives

The objective of this project was to determine the history of the WHCC in Peterborough, Ontario. Research questions that were addressed included, “Why was the WHCC established” “What has changed at the WHCC over the past twenty years”, and “Why have these changes occurred”. As a means to meet this end, an investigation of grey literature from within the centre
was conducted, in addition to the coordination and execution of first-person interviews with key informants.

**Methods**

**Grey Literature Review**

A review of grey literature (ie. internal documents) was conducted over the course of the first six weeks of the school semester. Historical information studied included past minutes from staff and board meetings, past newsletters, pamphlets, as well as other useful factual material.

**First-person interviews**

Prior to coordinating first person interview with key informants of the WHCC, the project was introduced to Trent University’s Ethics Committee. This process has involved the researcher writing a descriptive letter to Dr. Rush, Chair of the Ethics Committee, outlining the details of the research project including the partners involved, a sample/participant description, the identification of the possible risks and benefits to the participants, information regarding the participants right to withdraw at any time, and the reassurance of confidentiality (See Letter to Ethics Committee in Appendix A). Additionally, Dr. Rush was provided with of a sample consent form which the participants would read and sign, and a copy of the proposed survey questions (See Consent Form in Appendix B). This completed and approved preparatory work was subsequently sent them to the overseeing Faculty Advisor associated with the Trent Nursing School of Nursing community placement assignment, the Resource Coordinator associated with at the WHCC, and to the Project Coordinator at the Trent Centre for Community-Based Education (TCCBE) for review and further approval. It took approximately three weeks before receiving approval from the Ethics Committed.
Once approval was received, the arranging of interviews began. An initial list of twelve prospective participants was provided by Melanie Anderson, the Resource Coordinator at the WHCC. Interviews were conducted during the months of March and April, 2010. Participants included both current and former staff members of the centre, either primary care providers, specialists, or administrators, and, volunteers who have had influential involvement with the centre since it’s establishment. An attempt was made to contact all names on the list to be invited to participate in this project via ‘cold calls’. Over the phone, each participant was provided with a thorough explanation of the project, and appointments were set up with participants for in-person interviews. The open ended, semi-structured interview questions were conducted using face to face interviews lasting anywhere from 30 - 60 minutes (see Interview Questions in Appendix C). All information discussed during the interview was validated at the end of the discussion to ensure each participant concurred with the material they provided. Additionally, the material provided by each participant was documented in their own voice. Consent forms were provided to each participant prior to beginning the interview. It was required that all participants issue consent prior to being involved in the project.

Unfortunately, official contact was not made with all participants on the list of potentials. However, from meeting with some of those who were available, the researcher was led to other notable knowledgeable individuals who were not on the initial list. This is known as the snowball effect. A total of eight interviews were conducted, recorded, and transcribed. A subsequent thematic analysis performed highlighting key moments within the history of the WHCC.
Results

Grey Literature Review

Results from the grey literature review conducted on archived materials at the WHCC provided some key historical facts regarding the initiation of the WHCC. Facts included:

- On February 2, 1988, a special meeting was held at the Peterborough Civic Hospital to address a proposal for a Women’s Health Care Centre. During this meeting, Dr. Keats, seconded by Mr. McKie, moved that “the Board of Governors of the Peterborough Civic Hospital approve the proposal concerning the establishment of a Women’s Health Care Centre and forward same to the Ministry of Health for approval”.

- In 1988, the Supreme Court of Canada struck down Canada’s abortion law as unconstitutional. This opened up access to abortions across the country. During that year, there was a call for proposals from the Ministry of Health to fund women’s health services in the province. The intention was to not only to provide access to abortion, but to a wide range of services associated with women’s health. So, Peterborough Civic Hospital put in a proposal which was accepted, and then received funding, and were able to get started in 1989. They started out with basic services.

- On September 30, 1988, the Peterborough Civic Hospital was granted $630,000 from the provincial government of Ontario, to establish and operate a Women’s Health Care Centre for education, information, counseling and referral services. Within the first two years of the centre opening, it services included:
- Breastfeeding support
- Abortion services
- Youth phone line (the Facts of Life line)
- Colposcopy clinic (offered 2 full days/week)
- Antenatal ultrasounds
- Pregnancy non-stress testing services
- Emergency on-call social work services (particularly for crisis situations, sexual assault, child abuse, spousal abuse, or unexpected health problems)
- A resource centre

- At the time of the WHCC coming to be, the provincial government had been looking at how, in some areas, women were not being served well by the health care system. And so, they (the government) established three women’s health care centre pilot projects in the province, two in the Toronto area (at the Women’s College Hospital, and at St. Joseph’s Hospital), and one in Peterborough, at the Peterborough Civic Hospital. The bid for the Peterborough location had been prepared by the Associate Executive Director (AED) of the hospital, who happened to be the only woman on the senior executive team.

- The initiation of the WHCC was largely in response to a feminist lobby to support public abortion services, to improve the quality of women’s health services overall, and to increase women’s participation in their own health care. The government recognized, and was acknowledging, some of the determinants of health, such as poverty, access to education, and women’s roles in society. They felt that opening up a WHCC would address these issues.
- Access to abortion in the Peterborough area was not the only factor behind the initiation of the WHCC, but it definitely was a big issue being addressed.

- The Civic hospital was a 300-bed public hospital that was serving the greater Peterborough area, as well as the surrounding rural area. The government recognized that this hospital was reaching far more people than just those living in Peterborough. The lack of access in the region was part of the reason behind why the government agreed to establish a pilot site here.

- In 1990, additional funding was received in order to expand out into the community. The opening of the downtown location was pivotal to the community. This increased access significantly, and it also created a more private and confidential setting for individuals to walk into. It is much less intimidating to walk into the downtown location seeking advice and support than it is to go up to the hospital where one might run into many familiar faces.

**First-person interviews**

Each interview was recorded and later transcribed. This process also involved a thorough analysis of the content. The researcher studied the transcriptions in search of themes among the answers to the list of questions. The thematic analysis revealed the following:

**Why and how did WHCC come to be?**

- There was an increasing societal awareness around importance of women’s health interventions such as breast exams and pap smears

- A gap was identified in health care services for women in the community, therefore the importance of the WHCC become more clear
- There was also increased recognition of violence against women back then - the WHCC filled in this identified gap
- It began as a pilot project
- Grassroots initiation with an active, dedicated, women’s community behind it, advocating
- Intent to increase public health education
- The community asked for these services
- Need for abortion access, and for the program to have structure, and it needed to be dealt with more confidentially
- Women should not be at the mercy of their Doctors. They need a place that is non-judgmental, and that will provide them with information to make their own informed decisions -
- Need for community-based health to provide information, support, and advocacy for women’s health
- There was a need for a safe space for women
- Hospital funding keeps it alive
- Increasing need to move toward community-based health care with more emphasis on wellness and prevention as opposed to just diagnostics and intervention
- A need identified to increase health access to lower-income women - being tucked away in an institution is not accessible
- There was a need for an improved colposcopy clinic - a dedicated space where women could have that invasive procedure done with some privacy and dignity
What programs/services have disappeared?
- Community outreach education programs, workshops, and support groups have disappeared
- Moving to a smaller location meant that there was no longer the space to host programs and workshops onsite.
- Community Advisory Board faded away, and it was a very vibrant and active group
- Overall diminished advocacy role because as staffing shrinks, staff have less available time for advocating, and instead they need to remain focused on what they are currently working on
- Programs and services would disappear mainly due to decreased funding.

Pivotal points of WHCC’s history?
- Getting initial funding to open, and then subsequent funding to expand into community
- The move to a downtown offsite location. This move downtown increased accessibility and confidentiality - it became more visible
- The move within the downtown area from a larger location to a much smaller one, due to lack of funding to afford the rent - this downsized the WHCC significantly as there was no longer adequate meeting space - now we’re a lot smaller, with less staff than we used to have
- Important community programs, such as the sexual assault and domestic violence program establishments
- Emergence of the breastfeeding support was pivotal
- The Nurse Practitioner (NP) has been the healthcare provider for people with nowhere to go, without family doctors to provide the healthcare that they need. The NP provides an essential service to people
- The opening of the new hospital with onsite TA work - much nicer and more secure facility for women
- The unplanned pregnancy program is essential - it covers a very large region, 4 counties
- Need for abortion services - Peterborough Civic Hospital and St. Joseph’s Hospital were very different, philosophically speaking. St. Joseph’s did not want to be associated with any service that was providing abortions because it didn’t fit in with their mandate - therefore, increased importance for WHCC being associated with the Peterborough Civic Hospital
- The research project with Trent on postpartum mood disorders increased access and choice for women - choice in type of therapy for disorder but this disappeared as soon as the funding for it ran out.
- The WHCC used to have a “we come to you” approach, but as funding decreases, that has had to change to a “you need to come to us” approach in order for the centre to continue providing services
- It was pivotal when they became able to provide clinic-based health services

**Other important aspects of the WHCC?**

- The strong support for women and their needs - a friendly environment for women to get information
- The onsite lending library increases education and awareness of women’s health
- A very positively preventative approach to health
- They have a willingness to advocate for things like community health care
- Their involvement and collaboration in community, and community planning activities in particular
- Their role as a navigator within the health community - their ability to direct and refer patients is an essential part to community health care; they have strong connections to the rest of the community
- The Community Advisory Board was very important - it made health care feel like a part of the community; it involved getting the community’s feedback and responding to it
- They are stunningly creative, and what they do is visionary
- Their ability to maintain a public presence in the community is essential
- The public need this access to good credible health information
- WHCC provides comprehensive programs which makes them more accessible and appealing
- It’s location makes it easily accessible, and this is especially important in a poor city such as Peterborough - people can just drop in, no matter what age, to get information for themselves and their family, in a private and comfortable setting
- The WHCC is located where the needs are, and not just in the hospital
- The WHCC empowers women

Discussion

The WHCC in Peterborough, Ontario emerged in response to an identified gap in health services for women. It began as one of three pilot projects in 1989, initiated by the Ministry of Health, and due to its positive addition to the community, it has remained an essential service for women. The thematic analysis and literature review both indicate that there was a strong need for an increased access to unplanned pregnancy services, such as abortion. Additionally, it was recognized that by having an offsite, downtown location, health services would be more accessible to the community, reaching a wider overall population.

The community-based aspect of the WHCC has created a unique and beneficial health service to Peterborough, and the surrounding area. The WHCC serves women for all four counties including Haliburton, Northumberland, the City of Kawartha Lakes, and Peterborough. Being the only hospital in the area that is supportive of a women’s personal choice with respect
to unplanned pregnancy, their services are imperative. Unfortunately, since the WHCC is a department of PRHC, provincial funding cuts to health care negatively affect them. As a result of decreased funding, they have had to downsize numerous times, and have also had to cut some of their most advantageous community programs, such as educational workshops and support groups. Having to move to a smaller location has put the WHCC in a position where they no longer have the available space to host their own programs, meetings, and workshops.

Overall, the WHCC is a safe, non-judgmental, and accessible health care service for women providing education, empowerment, support and essential health services. It is also a base from which women can advocate for their own needs and those of the community. From the results of this project, it is evident that the WHCC is a necessary part of Peterborough’s health care system, yet due to the constant threats to provincial health care funding, there remains an ongoing need for increased support and advocacy from the community. Hopefully this project provides a clear understanding for the importance of the centre, and encourages community members to get involved. Since only eight interviews were conducted in the short timeframe this semester, there is certain potential for this project to be continued. Additional interviews with knowledgeable participants of the WHCC would only enhance the efficacy of this research.

**Personal Comment**

As a nursing student, I have learned about the importance of recognizing the social determinants of health, the social, economic, and political conditions in which people live, and how those conditions influence health outcomes (McGibbon, Etowa, & McPerson, 2008). These determinants can include income, food security, housing, and social exclusion (Raphael, Curry-Stevens, & Bryant, 2008). Without sufficient income, it is difficult for an individual to afford adequate housing and food security and this can result in social exclusion very easily. In fact,
inequities that exist related to income have serious detrimental effects on women today. Women are over-represented among the poverty-stricken in Canada (Townson, 2000). The decreased, or lack of, income for women affects where they live, and how they eat. This social injustice is linked to an increased risk for stroke, ischemic heart disease, and chronic obstructive pulmonary disease (Starfield, 2005). Gender inequalities leading to poverty is only one reason why women specifically are in need of support beyond the emergency room of the hospital. According to the World Health Organization (2000), women also face an increased rate of common mental illnesses such as anxiety and major depression. Such illnesses can lead to secondary infections, therefore resulting in additional health risks. The World Health Organization (2009) also states that inadequate access to basic health services and information leads to poor health and social conditions for women, and as a result, women experience an overall lower quality of life when compared to men. Women go through ebbs and flows of health and illness differently than men. So, the fact that men have dominated the research world in terms of health, being the primary subjects, poses many problems. It has led to knowledge gaps in women’s health which has likely contributed to suboptimal healthcare for women in general (Giardina, E.V., Cassetta, J.A., Weiss, M.W., Stein, M., Press, R., & Frassetto, G., 2006). Such knowledge gaps give reason to the need for the WHCC.
References


Appendix A: Initial Letter to the Ethics Committee

Dr. Janet Rush  
Trent Fleming School of Nursing  
Chair of Ethics Committee  
Trent University 1600 West Bank Drive  
Peterborough Ontario, K9J 7B8  
February 7, 2010

Dear Dr. Rush and the Nursing Ethics Committee,

This letter requests approval for a community based research project for NURS 30H titled, *A History Of The Women’s Health Care Centre*. This is a collaborative project with the Women’s Health Care Centre (WHCC) and the Trent Centre for Community-Based Education (TCCBE). Please find the interview questions and verbal informed consent form attached. I will be conducting face to face semi-structured interviews lasting up to 1 hour with current and former staff members/health care providers of the WHCC, and with other women’s health advocates, in the Peterborough area. These interviews will be conducted in person, and over the phone, between the months of February and April of 2010. The results of the interviews will provide lived experiences of key individual’s involvement with the WHCC to add depth and context to the project. If you have any questions please contact Ann MacLeod, who is my facility advisor on this project.

**Research project description/ design**

The aim of this project is to create a chronicle of the WHCC in Peterborough Ontario from it’s inception to present day. One of the key project goals of this project is to conduct first-person interviews and collect accounts related to the history of the WHCC throughout the past twenty years. These narratives may be the only source of information available on some of the programs and services that have existed since since the conception of the WHCC. These interviews will also add depth and context to this project while providing key information pertaining to the changes that have occurred at the centre over time.

These interviews will focus on why and how the WHCC came to be, what programs and services have come and gone, or have changed over time, and why these changes have occurred. After the interview processes have been completed, the information obtained will be summarized and used in an anonymous manner as supporting information of the history of the WHCC.

**Partners**

This project is my community nursing placement for nursing course NURS 302. Therefore, there are a number of partners on this project. Ann MacLeod is my faculty advisor, Melanie Anderson is my the Resource Coordinator and key informant for me at the WHCC, and Barb Woolner is the Project Coordinator for the TCCBE.

**Participant/ Sample description**

A list of 12 participants has been provided by Melanie Anderson, the Resource Coordinator at the WHCC. Melanie has given assurance that none of the names on the list are deceased. Participants will be key informants of the staff at WHCC who were providers of care,
or administrators or volunteers with the personal experiences associated with the WHCC over the past twenty years. An attempt will be made to contact all names on the list to be invited to participate in this project via ‘cold calls’. Each participant will be provided with a thorough explanation of the project over the phone during the ‘cold calls’. Appointments will be set up with participants over the phone where they will be given the option to either meet with me face to face, or to conduct the interview over the phone. The open ended semi-structured interview questions will be conducted using face to face interviews, and if necessary over the phone, with both former and current staff/health care providers of the WHCC, as well as with attending patients. All information discussed during the interview will be validated at the end of the discussion to ensure each participant concurs with the material they provided. Additionally, the material provided by each participant will be documented in their own voice. Consent forms will be sent to each participant following the interview, and any information gather from the interview will not be used in the project until the consent form has been signed and returned to me. Forms will be mailed and emailed to participants to provide options for how each would like to respond, and to simplify the process. All participants will provide consent prior to being involved in the project, and will be made aware of the potential 60-minute length of the interview.

Possible Risks and Benefits to the participants

There is very little risk involved in this project as participants are only being asked to participate in a first person interview. The participants are responding to the questions in a professional capacity regarding their association with the WHCC, what programs or services they have been involved with, and what the centre has meant, or means, to them. The information collected will be used as an educational tool for new staff members, patients, and women’s health advocates interested in learning about the WHCC. Therefore these questions should not be upsetting or disturbing in any way. Participants also have the option not to answer any question they do not want to. They are also given Ann MacLeod’s phone number to debrief as needed. The personal experiences collected through this interview process will help provide the WHCC with a chronicled collection of it’s history. This process will provide an opportunity to delve deeper into some of the reasons for why some of the programs and services came about, why some are no longer available, and why certain changes have occurred over time. This information will be a useful tool for the centre, providing knowledge on the programs and services that have been, and remain, offered by the WHCC. Since a documented history does not already exist on the WHCC, interviews will be necessary in order to access information that may not be available through any source.

Consent Form

Please see the attached verbal consent form. This form will be read to participants at the beginning of their personal interview. Participants then have to give verbal consent before the interview can proceed. The consent form will be read over the phone and one copy of the consent form will be left with the participant. Consent forms are kept for up to 5 years at the WHCC in a secure manner.

Confidentiality

I will be the only one who knows which interview belongs to which participant. Once data has been collected, the interviews will be coded to ensure anonymity. I will also be signing a confidentiality form for the project.
Participant Withdrawal

The participants’ right to withdraw from the project is covered in the verbal informed consent form. Therefore they will be aware that they can withdraw before they start the interview. If participants do withdraw, their interview data that was collected will be destroyed and a record that they withdrew will be kept.

Thank you. Your time is very much appreciated.

Sincerely,

Claire Hanlon
Third Year Nursing Student
Appendix B: Participant Consent Form

VERBAL INFORMED CONSENT SCRIPT

OVERVIEW: My name is Claire Hanlon and I am a third year nursing student working with the Women’s Health Care Centre and the Trent Centre for Community-Based Education as part of my Community Health Nursing course of the Trent/Fleming School of Nursing. The aim of this project will be to collect individual insight and experiences on the programs and services that have been offered by the Women’s Health Care Centre since its conception approximately twenty years ago. You have been identified by the Women’s Health Care Centre as someone who might be able to provide useful insight regarding the centre’s history. The face to face interview or over-the-phone interview may take up to 1 hour and will be written up protecting your anonymity. The interview process has been approved by the Trent/Fleming School of Nursing departmental research committee.

Before we proceed, please provide your consent by agreeing to the following:

I, __________________________________ (please state participant name) I agree to participate in the interview under the following conditions:

(1)  I understand that my involvement in the project consists of answering questions in first person interviews.

(2)  I understand that my participation is voluntary and I can refuse to answer any question.

(3)  I understand that I can withdraw from involvement in the project at any time without any penalty and any information provided by me to the research project will be destroyed.

(4)  I agree / or don’t agree (please circle) with my name and identifying information will being used in presentations or publications of the research. The research will be housed at the WHCC, the Trent Centre for Community-Based Education office, and potentially the Public Library of Peterborough.

(5)  I agree / or don’t agree (please circle) to release photographs for public archives.

(6)  I agree / or don’t agree (please circle) to have the interview recorded on a voice recorder to be used as a reference.

(7)  I understand that all information from the interview will be kept in a secure location at Women’s Health Care Centre and at Trent University in the researcher’s office, and will be destroyed after five years.

(8)  I understand that I can contact Ann MacLeod at Trent University (705 748 1011 ext 7386, annmacleod@trentu.ca), Melanie Anderson at the Women’s Health Care Centre (705-743-4132, manders@prhc.on.ca), or Barb Woolner at the Trent Centre for Community-Based Research (705-743-0523 ext. 22, barbwoolner@trentcentre.ca) if you would like to debrief following the interview, or have any questions or concerns about the interview process or the research project.

Participant agreed to informed consent:  YES ______  NO ______

Date: ______________________ Signature of Participant________________________

Signature of Researcher________________________
### Appendix C: Interview Questions

<table>
<thead>
<tr>
<th>First-Person Interview Questions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Please state your name, or indicate if you would prefer to remain anonymous.</td>
</tr>
<tr>
<td>- In what capacity were you involved with the WHCC?</td>
</tr>
<tr>
<td>- Please state the dates that you have been involved with the WHCC.</td>
</tr>
<tr>
<td>- If you held a variety of roles with the WHCC, please indicate what they were and the corresponding dates of involvement.</td>
</tr>
<tr>
<td>- Please state your opinion on why and how the WHCC came to be.</td>
</tr>
<tr>
<td>- Please state the programs and/or services, with corresponding dates of involvement, that you have been involved with at the WHCC over time?</td>
</tr>
<tr>
<td>- Do you remember some programs and/or services that have been offered by the WHCC that are no longer available? When were they offered? When did they disappear? Why do they no longer exist?</td>
</tr>
<tr>
<td>- What have been some of the pivotal points in the WHCC’s history? Please state dates if you remember them.</td>
</tr>
<tr>
<td>- Please feel free to share any other historical events or moments associated with the WHCC that you hold in your memory.</td>
</tr>
</tbody>
</table>