

Town Hall & Strategic Planning Session

2020

Introduction

The Women's Health Research Cluster (WHRC) held a Town Hall & Strategic Planning Session on December 7, 2020. At this event we shared updates about the WHRC and defined goals for our strategic priorities, formed working groups that will drive action in each priority area and formed an EDI Advisory Committee. The following summarized key points brought up throughout the event and outlines opportunities for member engagement.

A special thanks goes out to the following people who helped us organize and facilitate this event:

Dr. Liisa Galea
Dr. Nichole Fairbrother
Dr. Elizabeth Rideout
Theresa Wong
Sidney Hryciuk

Bonnie Lee
Alex Lukey
Arrthy Thayaparan
Rebecca Baron
Katherine Moore

Executive Summary

- Five working groups were formed to drive action in each of our strategic priority areas: Women's Health Funding, Sex and Gender Based Analysis, Perinatal Mental Health, Student Curriculum and Intersectionality.
- An Equity, Diversity and Inclusion Advisory Committee was formed to review WHRC activities and processes to provide feedback on how we can best meet the needs of diverse people.
- The Women's Health Funding working group will focus on hosting roundtable discussions with funding agencies to raise awareness about funding issues and encourage the development of new targeted programs.
- The Sex and Gender Based Analysis working group will raise awareness about the importance of sex difference research and provide education about how to define and properly incorporate SGBA into research through public workshops.
- The Perinatal Mental Health working group will raise awareness in the general public about critical issues within this domain through existing WHRC knowledge translation initiatives (e.g. Women's Health Seminar Series).
- The Student Curriculum working group will work towards developing/curating content about sex and gender-based medicine and incorporating it into lectures within, but not limited to, the School of Nursing and Faculty of Medicine at the University of British Columbia. We are looking for a student to lead this group.

WHRC Updates

Ultimate Goal

The WHRC has envisioned a new ultimate goal, which is to *achieve sex-and-gender-based health equity by 2070*. **We are looking for individuals to help us conduct statistical modeling** to continue working on this goal and make it evidence based. If you would like to join in this effort, or have suggestions about the people or processes we should involve, please get in touch with us by emailing womenshealth.res@ubc.ca

Staff

We recently hired 6 part time student staff to lead several knowledge translation projects as part of a student science communication initiative. **We are looking for additional reliable sources of funding that will enable us to continue employing student staff** through co-ops, internships and part time roles. We welcome all suggestions by email to womenshealth.res@ubc.ca.

Member Growth

Our cluster has grown to include over 225 members from 11 countries across the world! The majority of our members are students (120), followed by faculty (93) and community partners (12). These numbers are slightly outdated as we had a surge in membership growth in January.

Diversity of Members

Our annual equity, diversity and inclusion survey suggests that our membership is in line with Canadian norms for non-binary individuals (1%), has an over-representation of visible minorities (33%) and women (89%) and are under-represented in some areas (disability-1%, Indigenous-1%, men-10%). Cluster members also represent a broad range of career stages (early career researcher [ECR]-19%, professor-8%, instructor-1%, undergraduate-5%, graduate-43%, postdoctoral fellow-14%). Considering these results, we aim to recruit and engage more individuals who identify as men, male, Indigenous (e.g. First Nation, Métis, or Inuit), instructors or those who have a disability in 2021.

Breakaway Rooms

Based on discussions with key stakeholders, the WHRC identified 4 strategic priority areas to focus on in 2021: women's health funding, sex and gender-based analysis, perinatal mental health and student curriculum. Breakaway discussions helped us engage attendees to define goals in each area and form working groups to move action items forwards with the support of WHRC staff.

Women's Health Funding

This breakout room was moderated by Dr. Liisa Galea. **Key issues** around this topic included the need to recruit male participants in all studies (which limits much needed female-specific

research), the challenge of receiving funding for women's health projects, and the need for more targeted women's health funding programs. With regards to the latter, it was mentioned that there are many funding opportunities for female-specific cancers but not much outside of that domain—thus alluding to the need for *multidisciplinary* targeted funding for women's health. It was also brought up that the WHRC should recruit more male members.

Potential solutions to these issues that the WHRC could explore included supporting grant applications by promoting current funding opportunities and facilitating new applications between our members on women's health research (e.g. team grants), hosting a roundtable with funding agencies to discuss more funding opportunities for women's health to encourage the development of new targeted programs, and to meet with government officials to advocate for more women's health funding alongside key partners. Working together with stakeholders already involved in this space (e.g. BC Women's Health Foundation, Women's Health Research Institute) was identified as a critical and necessary strategy moving forwards to ensure efforts are additive as opposed to competitive or redundant.

As the working group formed, with Dr. Liisa Galea at the helm, hosting roundtable discussions with funding agencies was identified as a solid first action item that the group could tackle. If you would like to join this working group, please email us at womenshealth.res@ubc.ca

Sex and Gender Based Analysis

With Dr. Elizabeth Rideout (CIHR Sex and Gender Science Chair in Genetics) leading this discussion, several **issues** were brought to light. Attendees mentioned that there is a lack of reliable data and evidence on sex and gender, that there is still debate over how to measure gender (especially between those who study animal vs human populations), and that people are unsure of how to include sex and gender-based analysis (SGBA) in their research—or how to define it.

When attendees looked for **solutions**, the need for education arose several times. In addition, they discussed the importance of encouraging diverse individuals to be a part of the research process and the need for additional grants to support education, research and diversity initiatives. Furthermore, they highlighted the need for increased knowledge exchange between multidisciplinary academics to enhance understanding of diverse field-specific vocabularies and to foster mixed methodologies.

When considering how the WHRC could make a positive impact in this space, the group indicated that our organization could focus on education. In particular, they mentioned that we could host publicly accessible workshops to raise awareness about the importance of sex difference research and provide education about how to define and properly incorporate SGBA into research.

Dr. Elizabeth Rideout will be leading our SGBA working group. If you would like to join, please email us at womenshealth.res@ubc.ca

Perinatal Mental Health

Dr. Nichole Fairbrother, whose research focuses on perinatal anxiety disorder epidemiology and postpartum obsessive-compulsive disorder, led discussions in this breakout room. Upon recognizing the prevalence of anxiety and mood disorders in women, the group pointed out several **issues** with how this relates to the perinatal period. For example, they highlighted issues in screening for anxiety disorders in pregnancy, the limited literature available on perinatal mental health, the lack of public education on pharmaceutical interventions for depression in pregnancy and the lack of access to evidence-based treatments (e.g. cognitive behavioural therapy) outside of pharmaceuticals.

Potential solutions to these issues included the incorporation of psychoeducational interventions into screening practices, reducing stigma around depression and public education on perinatal mental health—especially education for fathers to help identify symptoms, spark conversations and support action. Furthermore, they agreed that more public education was needed about the efficacy of pharmaceutical treatment for depression (e.g. SSRIs) compared to non-pharmaceutical options (e.g. cognitive behavioural therapy).

Action items identified for the WHRC revolved around public education. Potential strategies included 1) incorporating talks about mood and anxiety disorders during the perinatal period as well as treatment options in our Women's Health Seminar Series, and 2) developing an animated video on postpartum harm thoughts and the risks associated with them. Dr. Nichole Fairbrother will lead this working group. If you would like to join them, please email us at womenshealth.res@ubc.ca

Student Curriculum

Our Network Manager, Katherine Moore, facilitated conversation around **issues** that persist at the nexus of student training and women's health. The group discussed problems associated with medical student training—namely that there is a dearth of sex and gender-based medical training for soon to be nurses or physicians. As such, students aren't being adequately equipped to treat female patients. For example, it was mentioned that symptoms of a heart attack differ between males and females, yet symptoms prevalent in males are more widely known and considered the norm. Thus, if students aren't taught these critical differences, lifesaving interventions won't be administered as quickly for females as they are for males. On another note, the group indicated that there is a lack of resources for seasoned professionals as well as students about sex and gender-based medicine, and that deep siloes between medical disciplines prevent information sharing on this subject.

According to attendees, the WHRC could work towards **amending** this issue by creating sex and gender-based medicine training tools and employing strategies to incorporate them within

existing curricula. Suggested strategies included working with faculty to revise teaching materials (using pre-made content) and working with stakeholders that have embarked on similar curricula enhancement endeavours, such as Dr. Suzanne Campbell's lactation group.

This working group will be led by Katherine Moore, but the WHRC welcomes any student interested in this work to take lead. If you would like to join this working group, please email us at womenshealth.res@ubc.ca.

Fifth Strategic Priority Area

The WHRC asked attendees to share their thoughts about whether the above-mentioned strategic priorities adequately covered critical issues in the women's health field or if something was missing. This spurred dialogue around the importance of promoting intersectionality and helping researchers meaningfully incorporate intersectional approaches and gender diverse individuals within their research. It was also mentioned that socioeconomic factors are critical to consider when examining women's health and that we have expertise on the subject within our cluster. This led to the formation of a 5th strategic priority area on *Intersectionality*.

Notably, this session also included conversation around the importance of focusing specifically on Indigenous women's health. Two potential partners were identified: Dr. Sarah Munro who is working with the First Nations Health Authority to set up a community-based project on the subject, and Dr. Gavin Stuart who leads the Gynaecologic Cancer Initiative, which includes Indigenous Women's Health as one of their strategic priorities in 2021. Conversations are ongoing with Dr. Stuart to determine a potential collaboration.

Dr. Marina Adshade, who is one of Canada's foremost economics experts on the role of women in society, stepped forwards to lead the working group on *Intersectionality* and several others expressed interest in joining. If you would like to join this working group, please email us at womenshealth.res@ubc.ca.

Equity, Diversity and Inclusion Committee

As the WHRC continues to grow, staying rooted in our core values of diversity and inclusion are paramount. That is why we decided to form an Equity, Diversity and Inclusion (EDI) Committee. This committee will review WHRC activities and processes to provide feedback on how we can best meet the needs of diverse people. The group will include at least 5 members including (1) Trainee, (1) Senior Faculty, (1) ECR, and (1) Community Member who has lived experience and/or professional expertise in EDI. This committee will meet twice a year and has the possibility of forming a working group to lead EDI initiatives if they wish.

Thanks to the interest and willingness of attendees we recruited 5 members that represent a wide variety of perspectives, and more joined shortly after the event. If you are interested in joining this committee, please reach out to us at womenshealth.res@ubc.ca.

Next Steps

- The WHRC has defined an ultimate goal to work towards. Next steps include identifying individuals to support statistical modeling to ensure our goal is evidence based.
- We are looking for additional reliable sources of funding that will enable us to continue employing student staff through co-ops, internships and part time roles.
- The WHRC is seeking individuals who are interested in joining any of our working groups.