

Canada Northwest FASD Research Network Action Team: FASD Prevention from a Women's Health Determinants Perspective

History

In 2006, the Canada Northwest FASD Partnership, representative of governments of the three territories and four western provinces, initiated the Canada Northwest FASD Research Network. The Network Action Team on FASD Prevention was developed as a part of this new Research Network, based on a consultation process with researchers, service providers and policy makers with expertise on FASD issues.

The Canada Northwest FASD Research Network was created by the governments of the three territories and four western provinces. The mandate of this network is to facilitate collaborative research and knowledge exchange on FASD, and develop and promote inter-jurisdictional linkages between researchers and community partners.

Through this consultation process, FASD prevention from a women's health determinants perspective was identified as a key priority which gave impetus to the formation of the Network Action Team on FASD Prevention from a Women's Health Determinants Perspective.

A women's health determinants perspective assures that social determinants of health are taken into account, determinants that affect all women of childbearing years, pregnant women and mothers, as well as their support networks and communities, particularly the determinants related to maternal poverty and other health and social inequities faced by women.

Network Action Team Description

The Network Action Team builds upon the current knowledge base of FASD prevention through work with women and their support systems on a range of health and social issues. This knowledge is then brought into research, prevention, treatment, harm reduction, and policy development.



Members of the team are from Alberta, British Columbia, Manitoba, Saskatchewan, Nunavut, Yukon, and Northwest Territories. With direct community-based service delivery partners and expertise in health education, psychology, sociology, nursing, epidemiology, First Nations and Inuit health, public health, health policy and planning, program evaluation and knowledge translation, the team is able to integrate experience with conducting research and delivering services for women and families impacted by substance use and FASD.

The team meets regularly through a virtual workspace, and networking is facilitated by an online community of practice (CoP) dedicated to approaches to FASD prevention that address the social determinants of health and link the interests of mothers, children, families and communities.

New participants are welcome as the Team is continually looking to: 1) build awareness of the current approaches to FASD prevention being taken in all jurisdictions; 2) identify gaps in research; and 3) build collaborative teams to address research and evaluation priorities.

Network Action Team Activities

The current aims and activities of the Network Action Team are to:

- build a network of researchers dedicated to FASD prevention from a women's health determinants perspective in the northern territories and western provinces;
- build multidisciplinary research teams and conduct action based research identifying and examining how social determinants of health mediate women's substance use during pregnancy and can inform FASD prevention efforts;
- facilitate the incorporation of gender-based analysis of barriers to care into FASD prevention, addictions treatment, and harm reduction services for pregnant women and mothers, and as well into research plans and policy development;
- utilize and evaluate a virtual community of practice (CoP) model as a mechanism for knowledge exchange and research involvement.

Recent activities:

- In October 2007, the Team submitted a collaborative grant proposal to the Canadian Institutes for Health Research (CIHR) for support as a New Emerging Team
- The Team has developed an information sheet that documents the barriers to accessing support faced by pregnant women and mothers with substance use problems. The document identifies and discusses the three categories that barriers to care fall into:
 1. System-level barriers – barriers that make it difficult to develop and link programs and support services for women;
 2. Program-level barriers – barriers erected by facility policies and practices that hinder a woman's ability to access and manage care in her community; and
 3. Personal and social barriers – barriers that affect a woman's ability to identify and benefit from prevention and support services.

This information sheet has assisted with making recommendations to policy makers for improving access to care for women. See *Barriers to accessing support for pregnant women and mothers with substance use problems* (<http://www.fasdnetwork.ca/admin/newsx/launch.cfm?ItemId=276&gid=1>)

Information

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