Research to Action in Women's Health: Policy Highlights 1997-2007

Women's Health Contribution Program:

Centres of Excellence for Women's Health, Women's Health Working Groups, and the Canadian Women's Health Network

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pour LA SANTÉ DES FEMMES

centres of excellence
for WOMEN'S HEALTH

Research to Action: Improving Women's Health Policy in Canada

Since its inception, **the Women's Health Contribution Program** (WHCP) has supported a partnership among organizations strategically positioned to generate new knowledge about women's health in Canada and translate that knowledge into improved policies, programs and services. This 'research to action' orientation has been a critical aspect of the success of the program. All members of the program – four Centres of Excellence, three Working Groups, and the Canadian Women's Health Network – share a commitment to making knowledge serve the goal of advancing the health of women and girls in Canada. Individually, each organization has identified key areas for action and collectively we have worked to move the women's health agenda forward. Through our partnerships in the WHCP, we have developed new knowledge, asked new questions, and developed new solutions. The WHCP has catalysed and supported many synergies and links over the past 10 years that have created a critical mass and added value to women's health and gender based analysis in Canada. Some policy improvement highlights are described in this report.

Program Elements

The WHCP includes four **Centres of Excellence for Women's Health**:
1. *Atlantic Centre of Excellence for Women's Health* based in Halifax
2. *British Columbia Centre of Excellence for Women's Health* based in Vancouver
3. *Prairie Women's Health Centre of Excellence* based in Winnipeg
4. *National Network on Environments and Women's Health* based in Toronto

Three **Working Groups** have been formed to give particular attention to aspects of women's health that are of national concern:
1. *Aboriginal Women's Health and Healing Research Group*
2. *Women and Health Protection*
3. *Women and Health Care Reform*

The **Canadian Women's Health Network** provides communications, networking and policy advice within the program. The Bureau of Women's Health and Gender Analysis provides both overall financial support and key policy direction.

The WHCP operates with five core mandates:

⇒ Knowledge Generation
⇒ Networking
⇒ Communications
⇒ Information
⇒ Policy Advice.

These mandates close the circle of research and policy, program, and service delivery. This document summarizes *selected* achievements of the Program with respect to the provision of policy advice at all levels – from the local to the international – across a wide range of topics of relevance to women's health in Canada including HIV/AIDS, substance use, lung disease, occupational health, home care, poverty, caregiving, tobacco use and mothering.

Centres of Excellence for Women's Health

Atlantic Centre of Excellence for Women's Health

1. **Influencing international, national and provincial strategies for HIV/AIDs**
   The ACEWH has contributed to keeping women and gender as issues within the global HIV/AIDS pandemic. The ACEWH has led or contributed to workshops, satellite sessions and streaming events on women, gender and HIV/AIDS in Australia, South Africa, Botswana, Lesotho, Swaziland, Senegal and Thailand. They secured several meetings with the UN Special Envoy to Africa on HIV/AIDS, Stephen Lewis, and have contributed to his thinking about the particular issues of women and HIV/AIDS. The Executive Director of the ACEWH is currently a government-appointed Commissioner for the Nova Scotia Advisory Committee on HIV/AIDS, a group which advises the provincial government on the implementation of the Nova Scotia Strategy on HIV/AIDS. In addition, the ACEWH is working with the Bureau of Women's Health and Gender Analysis and other federal officials to ensure that gender issues receive attention in the Canadian HIV/AIDS strategy. The ACEWH is coordinating the development, with the BWHGA of a satellite skills-building session on using gender-based analysis (GBA) as a tool to understand women and HIV/AIDS.

2. **Promoting a diversity and social inclusion agenda within primary health care reform in Nova Scotia.**
   The ACEWH has partnered with the Nova Scotia Department of Health in developing and promoting a diversity and social inclusion agenda within the Primary Health Care Transition Fund proposals and efforts within Nova Scotia. This is a unique approach to primary health care reform in Canada and, as a result of this work, the provincial Department of Health is planning further work in the areas of cultural competency and improved access to services for diverse, vulnerable populations.

3. **Fostering awareness of women's unpaid caregiving and its social, economic and health impact on women, families and communities.**
   Through its partnership in the Healthy Balance Research Project, the ACEWH has been a key leader in conducting research and promoting awareness of the impact of women's unpaid caregiving. The ACEWH has secured numerous meetings with provincial and federal officials and participated in numerous roundtables and discussions at all levels of government to explain the social, economic and health effects of women providing unpaid caregiving. The ACEWH is currently developing final recommendations for policies to support caregivers and scheduling presentations to decisions makers in the public and private sector, at the provincial and federal levels.

4. **Contributing to enhanced choices for women with respect to childbirth in Nova Scotia**

through the implementation of midwifery.
During the past three years, the ACEWH has played a pivotal role in bringing together consumers, practitioners and government representatives interested in the implementation of midwifery throughout the Atlantic region. In Nova Scotia, this activity led to an invitation to join the Provincial Advisory Group on the Implementation of Midwifery in Nova Scotia, a group that advises the provincial Minister of Health. The ACEWH has made a critical contribution to the recent passage of midwifery legislation in Nova Scotia and continues to advocate, with a myriad of partners, for public funding of midwifery services. The ACEWH also continues to work with partners in the other three Atlantic provinces for the regulation and funding of midwifery services.

5. **Fostering alliances across sectors and provinces through the Atlantic Summer Institute on Healthy and Safe Communities (ASI)**
Since 2002, the ACEWH has spearheaded an initiative to bring together researchers, government representatives, and community-based organizations to better understand the connections between the root causes of crime and victimization, and the social determinants of health. Although other regions of the country have annual events focused on health promotion, the ASI is unique because it links expertise and experience in the fields of crime prevention through social development as well as health promotion and community development. The Executive Director is Chair of the Advisory Committee, which includes policy analysts from Public Health Agency of Canada and Public Safety and Emergency Preparedness Canada as well as from provincial departments of health, justice, statistics and health promotion. Through the ASI, the ACEWH has been able to raise awareness about the gender dimensions of health and safety, and to foster gender appropriate government strategies for health and safety. For instance, the Statistics Agency of Newfoundland and Labrador now explicitly includes gendered information as well as sex-disaggregated evidence its database, Community Accounts.

6. **Adapting innovative approaches to including gender in health planning**
The ACEWH has been working on adapting the *Gender and Health Planning* guide developed by the Prairie Women's Health Centre of Excellence. District Health Authorities in Nova Scotia are eager to see this guide made available throughout the province as are the Regional Health Boards in Newfoundland and Labrador. Through a participatory research project the ACEWH has also been able to help advance representation of African Nova Scotian women on Community Health Boards.

7. **Contributing to the quality of health information for women on the internet**
As a member of the Women's Affiliate Program Advisory Group of the Canadian Health Network (CHN), the ACEWH is contributing to policy decisions about sources of health information for women, and is helping to ensure that content on the CHN website addresses the social determinants of health for diverse populations of women and girls.

British Columbia Centre of Excellence for Women's Health

1. Influencing the design and establishment of the Institute of Gender and Health at CIHR and a focus on women in Canadian health research.

The BCCEWH coordinated the writing of a key paper outlining the arguments for an Institute addressing women's health (*CIHR 2000, Sex, Gender and Women's Health*). The Executive Director was appointed to the Interim Governing Council of the Canadian Institutes of Health Research (CIHR) by the federal Minister of Health and supported the establishment of an Institute on Gender and Health. In her role on the IGC, the Executive Director was successful in recommending that specific wording identifying women's concerns be incorporated into the preamble to Bill C13, The *CIHR Act*: "WHEREAS Parliament believes that health research should address the respective health issues of children, women and men and of the diverse populations of Canada..."

2. Introducing gender and diversity concepts into tobacco control policy and programming nationally and internationally.

The BCCEWH has developed the only research and policy uptake program on women and tobacco use in Canada and is a leader internationally. The BCCEWH is providing background policy directions to the World Health Organization (WHO) and its ED is the President of the International Network of Women Against Tobacco (INWAT). Based upon a background paper, *Sifting the Evidence: Gender and Global Tobacco Policy*, the WHO is recommending that its Member States incorporate gender considerations into the Framework Convention for Tobacco Control (FCTC), the first and only international public health treaty in the world. The BCCEWH is building upon Health Canada's Gender-Based Analysis framework in research examining national and international tobacco control policy efforts in several countries around the world.

3. Introducing a new policy and program framework for considering fetal alcohol spectrum effects (FASE) as a women's health issue.

The BCCEWH has led the development of a national research agenda on FASE as a women's health issue through a national workshop process engaging researchers and practitioners. The BCCEWH has presented this agenda and approach to policy makers, researchers, practitioners and politicians at conferences, roundtables, workshops and meetings thereby facilitating the re-orientation of thinking about FASE as a prevention issue rather than solely a treatment issue.

4. Deriving and providing evidence of breast implant complications that led to successfully arguing for a breast implant registry in Canada.

The BCCEWH supported primary research on breast implant surgery and health care utilization rates in a BC sample, which achieved national media coverage, and developed a background paper that examined breast implant registry initiatives worldwide. These materials were presented at the public hearings of Health Canada's Expert Advisory Panel and contributed to a recommendation that Health Canada establish a breast implant registry.

5. Writing the provincial women's health strategy and conceptualizing the priorities for women's health for the province of British Columbia.

The BCCEWH partnered with BC Women's Hospital & Health Centre in a process to develop and write a women's health strategy for British Columbia. The strategy, *Advancing the Health of Girls and Women*, was released in October 2004 and endorsed by several members of the provincial Cabinet at a press conference. The BCCEWH was also a partner in establishing a Provincial Women's Health Network to support the implementation of the strategy and is responsible for leading all dimensions related to improving women's health surveillance and reporting for the province, including contributing to the Provincial Health Officer's report on women's health to be released in 2007.

6. Shifting the approach to tobacco reduction during pregnancy to a women-centred perspective.

The BCCEWH produced a meta-review of international practices for tobacco reduction and cessation during pregnancy and the postpartum period. This evidence led to identifying 11 components and 7 new approaches for tobacco reduction during pregnancy that is being used widely across the US and Canada for training front-line health care providers. It has been transformed into a new protocol specifically designed for pregnant smokers for the national telephone tobacco cessation support service, Quitline.

7. Requiring recognition of sex and gender in all research proposals regarding alcohol, drugs, tobacco and addiction.

BCCEWH researchers led the initiative and wrote the text to insert the requirement to incorporate sex and gender into research agendas in tobacco and addictions over the next decade. This text appears in the Canadian Tobacco Control Research Initiative and the CIHR materials asking for requests for proposals. In addition, BCCEWH researchers garnered support and achieved a separate priority area in each of these national research agenda documents on girls, women and gender.

8. Supporting education and training on gender-based analysis (GBA) in the health system at the local, provincial and federal levels.

The BCCEWH was a partner in the development of a women's health plan for the Vancouver/Richmond Health Board, now part of Vancouver Coastal Health, and contributed to the development of a widely-adopted framework on women-centred care. The BCCEWH conducted research upon women's health planning activities in BC's health regions and developed a guide for gender-inclusive health planning, and is currently preparing materials on leadership in women's health for the regional health authorities. The BCCEWH worked closely with the federal Bureau of Women's Health and Gender Analysis to write its guide, *Exploring Concepts in Gender and Health*, has provided training materials on gender-based analysis in tobacco policy and research, and conducted training with Health Canada regional policy staff on GBA.

Prairie Women's Health Centre of Excellence for Women's Health

1. **Ensuring community consultation and representation in the implementation of regulated midwifery in Saskatchewan.**

   The November 2005 Saskatchewan Throne Speech declaring midwifery implementation is a direct result of the work PWHCE did to develop and present policy recommendations to Saskatchewan Health, and the work PWHCE did in communicating and disseminating the most recent data and information on the state of midwifery in Canada. PWHCE continues to work with community women and government to ensure there is due representation in the regulation process. This includes links with federal health representatives for including issues for First Nations women in the process.

2. **Demonstrating innovative ways to include gender and gender-based analysis in health planning.**

   Beginning with the 1999 project *Invisible Women*, PWHCE has provided expert advice, demonstration projects, functional tools and advice on how to practically apply gender-based analysis and make gender considerations for health planning and for target populations. These include contributing to GBA training for regional Health Canada offices, papers on gender considerations in non-Insured Health Benefits for First Nations Inuit Health Branch, and manuscripts for inclusion in the Federal Initiative on HIV/AIDS, as well as provincial women's health strategies. PWHCE's work in this field has gained international attention.

3. **Adapting GBA training for national and international HIV/AIDS research, policy and programming.**

   PWHCE's work with the Atlantic Centre of Excellence for Women's Heatlh in skills-building workshops and refined training methods on applying GBA to the field of HIV/AIDS at international workshops in Thailand, Australia, Senegal and Toronto has received national and international recognition, with continued requests for presentation.

4. **Broadening concepts for health indicators and measuring health.**

   PWHCE's GBA guide, training methods, and integrated gender in health planning documents led to a contract from the Kobe Centre, World Health Organization to be one of three pilot tests of the international *Core Set of Gender-Sensitive Leading Health Indicators*. This work is part of a broader project of a *Profile of Women's Health* for Manitoba to be integrated in health planning for provincial and regional health authorities.

5. **Illustrating the need for new paradigms in Aboriginal peoples' health.**

   Living Well: Aboriginal Women, Wellness and Cultural Identity was adopted by the Aboriginal Health branch of Manitoba Health as an example of the paradigm shift they are requesting programmers and planners to make for more holistic and wellness based views of

health instead of conventional disease-based models. The research provides actionable examples for new policy development.

6. **Improving mental health services and intake.**

   Recommendations from PWHCE's *Prairie Women, Violence and Self-Harm* were adopted by Corrections Services Canada and Justice Canada to change treatments of incarcerated women who harm themselves. Similarly the release of the PWHCE project *Domestic Violence and the Experiences of Rural Women in East Central Saskatchewan* in 2001 was adapted for immediate changes in mental health services intake in rural Saskatchewan.

7. **Including women's recommendations for policy change in other sectors.**

   PWHCE has contributed substantially to the body of knowledge about women's experience of poverty over the past 10 years. Federal and provincial governments have adopted the research and consulted with PWHCE for directed policy improvement in the sectors of health, income assistance, housing, recreation and transportation.

8. **Including rural women in health research and policy.**

   Manitoba and Saskatchewan Rural Teams, which have multi-sectoral, federal/provincial membership, have adapted and adopted policy recommendations from the PWHCE and Centres' *Rural, Remote and Northern Women's Health: Policy and Research Directions.*

National Network on Environments and Women's Health

1. **Creating and enhancing health services for marginalized women in British Columbia.**

"Marginalized Voices from the Downtown East Side: Aboriginal Women Speak Out About Their Health Experiences" was presented to BC Ministry of Health Services. This led to new Aboriginal staff at Crabtree Corner at the YWCA and included a new program focus on early childhood intervention, as well as follow-up research projects relating to FASD, homelessness, and other women's issues and plans to establish a new Healing Centre for Aboriginal women.

2. **Promoting the health of gender and safety as a municipal governance issue/or part of municipal planning.**

A National Consultation on Urban Women' Health (NNEWH) helped frame a Brief presented by the Toronto Women's Call to Action to the Governing Toronto Advisory Panel of the City of Toronto in September 2005. The purpose of this brief was to ensure women's rights and gender equity policies and action plans addressing women's concerns and priorities are incorporated into the new "City of Toronto Act." NNEWH also worked with several international and national groups of UN Habitat on networking women and safe cities in the third session of the World Urban Forum (WUF III) and the Women's Caucus.

3. Creating and enhancing research capacity for women and work.

"From Fishplant to Nickel Smelter: Health Determinants and the Health of Newfoundland's Women Fish and Shellfish Processors in an Environment of Restructuring" (NNEWH) led to SafetyNet, a Community Research Alliance on Health and Safety in Marine and Costal Work. This led to a community-based approach to shellfish processing that is helping communities organize around prevention. "An Agenda for Women's Health Research in Newfoundland and Labrador, 2003-2006" (NNEWH) which outlined five priority areas for women's health research in the province was presented to the provincial Minister of Health, Gerald Smith in August 2003 by the Women's Health Network, Newfoundland and Labrador.

4. Informing the social transfer debate regarding women, poverty and social support.

NNEWH collaboration with National Antipoverty Organization (NAPO) produced "VOICES: Women, Poverty and Homelessness in Canada" a report based on national qualitative research. This work was a catalyst to the development of a Women and Poverty as a priority for NAPO. This work informed (through NAPO) the roundtable discussion on women and the Canada Social Transfer where several women's groups contributed to a 2 day meeting in November 2005 by the Feminist Alliance for International Action. A paper has been submitted to House of Commons Committee on Human Resources, Skill Development, and Social Development and Persons with Disabilities. It also informed a briefing to the parliamentary Standing Committee on Finance in 2004 and was presented to the National Housing Strategy at the invitation of Joe Fontana, Minister of Housing in 2005 by NAPO.

5. Informing the national and international policy on sex trade work.

NNEWH's "Sex Work Policy: An Integrated Approach" (NNEWH) was presented to the House of Commons Subcommittee on Solicitation Laws (SSLR) in February 2005 in order to inform committee members impact of different social and legal environments, to discuss the impact of criminal law on sex workers and to recommend specific proposals for social and legal policy reform. This work was also presented at a session at the World Congress in Sydney Australia (2007) which included local, international and cross border recommendations on new immigrants and sex trade work in the context of the differing international legal and social environments.

6. Influencing the international debate on contaminants and infant feeding.

"Risks, Rights and Regulation Communicating about Risks and Infant Feeding" (NNEWH) led to a series of policy initiatives. Key findings informed a global, collaborative response to an international study on flame retardants in breast milk. A FAQ sheet entitled "Toward Healthy Environments for Children – Frequently Asked Questions (FAQ) about Breastfeeding in a Contaminated Environment" was developed. It also informed a background document for an International meeting Celebrating the Innocenti Declaration on the Protection, Promotion and Support of Breastfeeding.

7. Informing health practice and education in Saskatchewan

"I Couldn't Speak So My Body Spoke For Me": The Cost of Providing Health Care Services to Women Survivors of Childhood Sexual Abuse (Tamara's House Saskatoon, PWHCE and NNEWH) made a recommendation to the Government of Saskatchewan to ensure that education on the prevalence, impact, and cost of childhood sexual abuse be incorporated into the curriculum and training of the health care and human service professionals and to advocate for further research to better understand the prevalence and impact of gender differences.

Working Groups

Aboriginal Women's Health and Healing Research Group

1. **Institutionalizing the Aboriginal Women's Health and Healing Research Group to support policy research on Aboriginal women.**

Establishing a group within the WHCP that specifically addresses issues of Aboriginal women's health is a critical step, in itself, in changing the environment for research, policy making, and program development to improve women's health

2. **Supporting and encouraging Indigenous knowledge**.

The AWHHRG has influenced health promotion, and influenced policy and programming by publishing "Canada needs a Health and Healing Strategy for First Nations, Inuit, and Métis women" (Fall 2005). This document outlines the need for gender equality to secure the health and healing of First Nations, Inuit and Métis women by developing a health and healing strategy.

3. Developing the first national annotated bibliography of Aboriginal women's health and healing research.

This identifies thirteen key research themes specific to First Nations, Inuit, and Métis women and existing research gaps. A secondary analysis of this document is currently under way, which will expand upon this integral work and further inform policy development.

4. Initiating and maintaining an extensive national database.

This includes groups and individuals (researchers, professionals, graduate students, undergraduate students, and community members) interested in health and healing of Aboriginal women.

5. Implementing three (3) regional community-based meetings.

These meetings will produce research outcomes that will inform policy regarding Aboriginal women and healing. These working meetings were held in the Alberta region, which focuses on Métis women's health and healing and in the Quebec region and the Atlantic region. These gatherings were aimed at identifying current gaps in policy and making recommendations. The proceedings of the Halifax and Alberta meetings were filmed, edited and distributed on DVD to participants at the meetings and key Aboriginal organizations. The health and healing needs of First Nations, Inuit, and Métis women are unique and the outcomes from these meetings are reflective of this distinctness.

6. Mobilizing women on Aboriginal women's health issues.

The regional workshops were about much more than research outcomes - they were forums which gave a voice to Aboriginal women to express their health and healing research needs. The

workshops also gave an opportunity to get mobilized around a health and healing research agenda. There were Aboriginal and non-Aboriginal researchers and aboriginal community members in dialogue with each other to create action plans.

7. Tracking the national policy process and women's health agenda.

The AWHHRG is a participant in discussions with Aboriginal women, Aboriginal organizations such as ACADRE, Native Women's Association of Canada, Quebec Native Women and the Aboriginal Nurses Association of Canada about where the Aboriginal Women's Health and Healing Research Group will concentrate regarding policy. We have established strategic alliances for eventual policy development with various national organizations, such as the Aboriginal Nurses Association of Canada, Native Women's Association of Canada (Health Indicators project), Status of Women (Violence Against Aboriginal women). We are participating and contributing to policy discussion at various national conferences, for example, the National Aboriginal Health Organization, Aboriginal Policy and Research conference, Knowledge Translation Summit, and the Status of Women Forum, amongst others.

8. Networking with multiple groups.

For example, the Canadian Institutes of Health Research – Institute of Aboriginal Peoples' Health; working with the national Aboriginal Capacity and Developmental Research Environments (ACADRE) in different regions across Canada. Promoting dialogue and working in partnership with Centres of Excellence for Women's Health that will eventually affect policy in terms of research and Indigenous women. Advancing Indigenous women's health and healing policy by establishing regional, national, and international networks, which strengthens our cultural continuity, while maintaining our uniqueness.

9. Generating Aboriginal specific policy advice and research methods,

The AWHHRG has produced papers on mental health, maternal health, health governance research, gender based analysis, and Ownership, Control, Access and Possession (OCAP) in relation to Aboriginal women's research. The Aboriginal Women's Health and Healing Research Group has been approached by diverse groups and individuals for AWHHRG input, perspective and expertise on policy papers, briefs, peer review, plenary speakers, and other partnerships.

10. **Developing a workshop on Aboriginal Gender Based Analysis**.

This will result in the first draft of an Aboriginal women's gender based analysis framework. Regional meetings are planned to further develop the GBA framework for Aboriginal women.

Women and Health Care Reform

1. Introducing a gender analysis into national discussions of health care reform.

Women and Health Care Reform commissioned reports through the Centres of Excellence for Women's Health to assess what we know about health care reforms and their impact on women.. They were published as a book, *Exposing Privatization: Women and Health Care Reform in Canada,* that has been widely distributed. We prepared a plain language document to inform a wide audience about health reform issues for women. The group made submissions to and appeared before the Kirby Senate Committee on health care reform and the Royal Commission on the Future of Health Care chaired by Roy Romanow. Following the release of the report of the Royal Commission, Women and Health Care Reform wrote and released a gender analysis of the report entitled, "Reading Romanow". The Kirby Committee later announced it would address the issue of women and health care reform in a special appendix. The group has provided Policy Forums at Health Canada and participated in various policy consultations about health care reform.

2. Placing gender into research and policy on home care.

Women and Health Care Reform worked with the Women's Health Bureau of Health Canada to commission a paper on a summary of the research on home care that considers gender. We then offered a workshop to bring together policy makers, practitioners and researchers to develop strategies for home care that work for women and that take differences among women into account. This workshop was organized in cooperation with the Atlantic Centre of Excellence. At the end of the workshop, the group prepared the Charlestown Declaration on the Right to Care, a statement of principles for developing homecare that has been widely referenced in policy and academic circles. We produced a plain language document on women and homecare for distribution in policy, academic and community locations. We have commissioned papers to fill the identified gaps in research on women and home care; these then were then collected in a book, *Caring For/ Caring About: Women, Home Care, and Unpaid Caregiving*, and distributed to policy and academic audiences. We gave presentations at policy forums at Health Canada; the Canadian Policy Research Network (CPRN) forum on unpaid caregiving; and at the federal government's conference on caregiving. We published an editorial piece on the compassionate care programme and following up with a member of Parliament interested in the issue. The policy has since been changed.

3. Putting women in the picture of primary health care reform.

We commissioned a discussion paper on primary health care reform and women in Canada which was presented at a workshop, organized with the Prairie Centre of Excellence for Women's Health, that brought together researchers, policy makers and practitioners. The workshop report was presented to the F/T/P conference on primary health care. We co-organized with other Centres and the CWHN, a session on women for the National Primary Health Care Conference in Winnipeg. We have created a plain language document based on the workshop that encourages women's participation in planning for primary care. This was also presented at

the 5th National Australian Women's Health Conference, which brought together policy, research and practitioner communities. Members of the group then participated in the federal consultation on the development of primary care indicators run by CIHI.

4. Accounting for women in indicators of quality health care for women

We investigated how women define quality in health care. We have published articles and presented papers to academic and policy audiences, from this SSRHC funded project. This work served as the basis for a workshop with the B.C. Centre of Excellence for Women's Health, to assess the federal report of the comparable health indicators released in the fall of 2004. A report was prepared and submitted to the federal Minister of Health. We prepared a plain language document on how to assess evidence in health care research; this document is now widely distributed not only by us but also by other organizations such as the Federation of Medical Women of Canada and is regarded as a model. We met with relevant federal personnel and prepared an annotated bibliography on evidence which will form the basis for a tool kit on evidence for use by communities and by policy makers.

5. Accelerating maternity care reform.

With the Atlantic Centre of Excellence for Women's Health, we created a plain language document outlining current issues in maternity care reform and the possibilities in childbirth care in Canada.

6. Considering women's ancillary work in health care.

We organized a workshop, with National Network on Environments and Women's Health (NNEWH) that brought together policymakers, researchers and practitioners to discuss and learn about issues of ancillary work in health care and women. We developed a paper on women and ancillary care for distribution through NNEWH and a statistical portrait of ancillary workers to establish a database. We translated the workshop discussions into various policy initiatives with NNEWH, including briefings on key policy changes targeted at unions, hospital associations, and government.

7. Identifying the gendered aspects of waiting for hip and knee replacement surgery.

We prepared a paper on gender and wait times for hip and knee replacement that was published as an appendix to the Federal Advisor's Report on Wait Times. This report is being widely distributed through various means. We are presenting our analysis at a Health Canada policy forum in 2007. We propose to develop a systematic review of gender and wait times for total joint arthroplasty and to extend our methods to a gender analysis of access to radiotherapy for cancer. We will use this work to propose methods for the inclusion of gender and qualitative data in systematic reviews. We are presenting a workshop on timely access to care for policy makers in 2007, in conjunction with the other members of the WHCP.

Working Group on Women and Health Protection

1. **Influencing inclusion of women in clinical trials at the International Conference on Harmonization (ICH-clinical trials).**

As a result of their discussion paper on international harmonisation and the implications for Canada (2001), one of the group's recommendations regarding the inclusion of **women in clinical trials** led to new international activity on this issue. WHP's paper was presented by the representative from Health Canada to the ICH, resulting in a decision to undertake a survey of the extent of the problem in the participating regions. Canada was subsequently invited to prepare a public statement on the inclusion of women in clinical trials, to which WHP was invited to have input. This document was presented to the ICH in November 2004 and is posted on the ICH website (www.ich.org). WHP has also recently produced a discussion paper on women and clinical trials to continue this discussion within Health Canada. An internal workshop on women and clinical trials organized by the Bureau of Women's Health and Gender Analysis planned for the spring of 2007, will use WHP's paper as a stimulus for discussion,

2. **Improving transparency in drug regulation for women and men.**

WHP has been an active player in discussions and consultations with Health Canada aimed at improving transparency, both in the realm of public awareness of initiatives underway within the Health Products and Food Branch (HPFB), and with respect to disclosure of conflicts of interest by participants at public consultations. They were instrumental in ensuring such disclosure at the public consultation on silicone gel breast implants in September 2005. They have continued their involvement in 2006-07 in meetings with the ADM and staff at HPFB about the Branch's latest document, "Blueprint for Renewal:

3. **Improving drug safety for women and men.**

Letters to the Minister and senior officials in HPFB about concerns with the off-label use and inappropriate marketing of the acne drug, **Diane-35**, resulted in media exposure that prompted the issuance of a Health Canada advisory to doctors about appropriate use of the drug (December 2004). More recent letters to the Minister concerning other advertising campaigns for the arthritis drug, Celebrex, and the anti-obesity drug, Xenical, have resulted in media pick-up on these issues.

4. **Enlarging the discussion on direct-to-consumer advertising (DTCA).**

WHP has played an important role in furthering the discussion around the problems with DTCA in the context of legislative renewal. Since 1998, they have been vigilant in reporting advertising violations of the Food and Drugs Act and have campaigned for the need to ensure that safety is paramount in any decisions that are made about changes to the Act. In the fall of 2006, WHP (as part of a coalition of other national organizations) gained intervenor status in a Charter Chellenge case issued by CanWest MediaWorks against the federal government. WHP is developing a case for the harms to women cause inherent in direct-to-consumer advertising.

5. **Increasing consumer involvement in drug regulation.**

WHP has worked closely with the Office of Consumer and Public Involvement (OCAPI) in HPFB since its inception to increase the role of consumers in drug regulation. They have put forward new models for engaging citizens learned from other jurisdictions, and have assisted in bringing consumers from women's and community health organizations to public consultations organized by HPFB.

6. Strengthening liaison with the Health Products and Food Branch.

Members of WHP's Steering Committee have been invited to sit on numerous Health Canada Working Groups and Advisory Committees. In December 2003, the coordinator was invited to sit as a consumer representative on the Advisory Committee to Management (ACM) at HPFB, and is now attending quarterly meetings, raising implications for women's health of issues that are brought forward to this group of senior managers. The working group has also been invited to meet with the Branch's ADM, and various directors and managers at HPFB to discuss issues related to legislative renewal, the smart regulations initiative, public involvement, transparency and post-market surveillance.

7. Increasing engagement with parliamentarians and the Parliamentary Standing Committee on Health.

Members of the WHP Steering Committee made presentations to the Standing Committee on Health during public consultations on prescription drugs in 2003-04. Recommendations in the Standing Committee's report, *Opening the Medicine Cabinet* (2004), reflected many of the same recommendations put forward by WHP. Steering Committee members have also engaged parliamentarians around a range of issues relating to women's health and the safety of drugs and devices.

Canadian Women's Health Network

1. National consultations on women's health issues and priorities for action.

In 2005 the federal Standing Committee on the Status of Women undertook a review of the status of women in Canada. As a result of this review, and to follow up from CWHN's preparation of a paper entitled "Women's Health in Canada: Beijing and Beyond" for Canada's 'NGO report' to the United Nations' Commission on the Status of Women's meeting in March 2005, CWHN undertook consultations in 2006 on key women's health issues and priorities for action in Canada. Over 700 web responses and in-person meetings across Canada indicate strong support for Health Canada's Women's Health Strategy.

2. Supporting enhanced federal planning, policies and programming on women's mental health.

CWHN was requested to make a presentation on "Women, Gender and Mental Health" to the Senate Standing Committee on Social Affairs, Science and Technology hearings on mental

health in 2005, raising concerns about the lack of attention to gender and women's mental health issues in the work of the Standing Committee to date. We subsequently brought together a group of researchers, providers and community members specializing in and concerned with women's mental health, to prepare a background paper, entitled "Women, Mental Health, Mental Illness and Addiction in Canada: An Overview," to address the some of the issues that were missing from the first three volumes of the Senate committee report. The Work Group also reviewed the final report, *Out of the Shadows at Last*. Outcomes: This backgrounder and this review was subsequently distributed widely, including to Committee members, other parliamentarians, departmental staff and to relevant community groups with the goal that any further policy development and action will include the needs of women and girls.

3. Improving access to care while respecting privacy rights: Emergency contraception pill (ECP).

CWHN established an informal national network to improve access to emergency contraception. This led to a policy review at the federal level, i.e. to move the drug to non prescription status. Network members include physicians in reproductive health practices, Planned Parenthood Federation of Canada (PPFC), Ontario Women's Health Council, the Society of Obstetricians and Gynecologists of Canada (SOGC), the Canadian Pharmacists Association and the commercial distributor of the EC pill Plan B. **Outcomes** include the moving of ECP to non-prescription status and ongoing work at national and provincial levels to improve access. In 2006, Subsequently, the CWHN, in partnership with Women and Health Protection, produced and submitted a brief, "Public Interest Brief on Emergency Contraception," to NAPRA (National Association of Pharmaceutical Regulatory Authorities) with request for a drug scheduling review of Plan B and to reclassify it as a "non scheduled".
This status would allow purchase in more retail environments and without mandatory contact with a pharmacist. A backgrounder on the issues was also prepared for the public. This request was made jointly with PPFC and SOGC as well and supported by some 75 other organizations and individuals and is ongoing. The work has also resulted in policy changes by Pharmacist Associations in several provinces to enhance patient privacy in the course of counselling by pharmacists dispensing ECP.

4. Increasing the quality of policy-relevant evidence.

CWHN is an invited Affiliate Organization of the Canadian Cochrane Centre, and thus a participant in the international Cochrane Collaboration. The Collaboration is often seen as an arbitrator of "quality" in health research by undertaking "systematic" review of research papers. These reviews are frequently used in health policy decision-making. We sit as a member of the Canadian Centre's Advisory Board with the goal of increasing the understanding of women's health and integration of sex and gender analysis within Cochrane. In December 2005, Madeline Boscoe, CWHN, and Sari Tudiver, Bureau of Women's Health and Gender Analysis, made a presentation on "Applying Gender-based Analysis to Evidence and Policy" at the 4th Canadian Cochrane Symposium in Montreal. In 2005, a Health Equity field was established within the international Cochrane and Campbell Collaborations. As an **outcome** of CWHN's engagement, the Field has agreed to establish an international working group on gender analysis. This group,

which is the development stages, will develop methods to reviews research that purports to undertake a gender analysis. The CWHN ED chairs this group. A research proposal to support this work and the development of a research network for gender-based research and knowledge transfer is also being submitted to the CIHR.

5. Knowledge brokering and policy advice to strengthen health policy development.

a) Policy advice: As a national non-governmental organization, CWHN contributes frequently to Federal policy development through presentations to House and Senate Standing Committees, participation in advisory committees, and consultations on a broad variety of topics. Examples of leadership include: Co-chair of Minister's National Advisory Committee on New Reproductive and Genetic Technologies (1995-2004); Co-Chair of the Working Group on Health Information for the General Public of Health Canada's Advisory Council on Health Infostructure (1997-1999); member of Government of Canada delegation to the UN Commission on the Status of Women (2000); a brief and follow-up to the Romanow Commission on the Future of Health Care in Canada (2001); Member, Women's Health Indicators and Women's Model of Care Task Groups, WHO Centre for Health Development, Kobe Japan (2003); member of Breast Implants Expert Advisory Panel (2005). Outcomes include engagement of the broader women's health stakeholder community, recognition of gaps in the policy process and influence on final reports, recommendations and subsequent actions.

b) Supporting public engagement in women's health policy: communication, networking and knowledge transfer: CWHN has created a national, bilingual presence on women's health and gender analysis matters with extensive networks and contacts across Canada, including Quebec, built upon a powerful communication and information management infrastructure. **Outcomes** include better awareness in public, health provider, policy maker and research communities of women's health and gender analysis from an evidence based perspective, increased relationships among stakeholders and researchers.

6. Initiating the First National Roundtable and Reception on Women's Health, February 22, 2005

Attended by more than 23 Senators and MPs from all parties in the House of Commons, including the Minister of Health, the Minister of State (Public Health), the Minister - Status of Women, and the health critics from all parties, and 40 representatives from various health professional organizations, key researchers, health advocates. This was an opportunity for parliamentarians to express their opinions about women's health priorities. Outcomes include new relationships between parliamentarians and the women's health research community, greater awareness of the importance of women's health research in policy development and new research questions.

7. Strengthening gender analysis in policy-relevant health research.

With the BCCEWH, NNEWH and members of the women's health research community, CWHN worked to ensure that women's health was included in the development of the CIHR. This led to

the establishment of the CIHR's Institute for Gender and Health (IGH). The CWHN's Executive Director was appointed to the first Institute Advisory Board (IAB) of the IGH and was the founding Chair of the IGH's Knowledge Transfer sub-committee. **Outcomes**: the requirement for GBA in all CIHR-funded research, a project to develop a tool kit on GBA for the health research community, participation of the BWHGA on the IAB and increasing the understanding for the need for gender analysis across the CIHR.

8. Improving health policy and programming for aging women in Canada.

In an era where older women comprise the fastest growing segment of the population and consume a disproportionate amount of health care resources, there is a compelling rationale for addressing women's needs, containing costs and improving health for all aging women in Canada. CWHN is partnering with the Institut universitaire de gériatrie de Montréal and the Regional Department of Primary Care in the Greater Montreal area to translate research on the unmet health care needs of older women into improved health care delivery and improved physician practice. CWHN has established a national advisory committee to the project and will be leading the translation of the results of local piloting with local health care institutions and practitioners into federal and provincial health policy development outside Quebec.

Research to Action Continues

Clearly, the Women's Health Contribution Program, over its first 10 years, has had a huge influence on a range of policies that affect women's health, or that influence the processes of research, program and policy development directly influencing health care. In addition, the program has affected policy in a range of related areas such as housing, social services, research processes and community capacity building,in keeping with one of its early emphases on both partnerships and the social determinants of women's health.

In addition, the WHCP has led the growth and development of Gender Based Analysis (GBA) in Canada, by developing numerous resources to build awareness, support and capacity for carrying out GBA. The results of this have had a wider influence, affecting the directives to researchers through several funding agencies, the breadth of research through inclusion in clinical trials, and the provision of research training to hundreds of students and trainees.

The WHCP has created a fertile capacity building site in Canada, going well past the specific activities and policy impacts of the four Centres of Excellence, three Working Groups and the CWHN. The program is well known internationally, and has demonstrated the ability to inform, affect, train and disseminate new knowledge on women's health. New questions continue to emerge, as "research to action" guides the women's health community that the WHCP supports.