Ontario Women's Health Council

Plan of Action for 2002/03

A report to the Minister of Health and Long-Term Care

July 2002

Table of Contents

Ontario Women's Health Council
Plan of Action for 2002/03

I. Introduction

The Ontario Women's Health Council is approaching the end of its initial five-year mandate. What follows is a description of the core components of its *2002/03 Plan of Action.* This year's *Plan of Action* builds on the work of the past four years and proposes a limited number of new activities, as well as an enhanced communications program to raise awareness of the results of past and existing initiatives.

The development of the OWHC's *2002/03 Plan of Action* included an analysis of:

- The milestones, activities and accomplishments of the Council in 2001/02;
- The outstanding commitments and new activities to be incorporated in the 2002/03 work plan; and
- The specific criteria used by the Council to guide its decisions regarding future priorities and activities.

The Council remains committed to fulfilling its goal of creating a legacy of lasting systemic change to improve the health and health care of women across Ontario.

II. Overview of the Ontario Women's Health Council

A Goal

The Council has one overriding goal: **the improvement of women's health at all stages of life**.

The Council is focussed on providing women with better access to the unique health information and health care they require. The Council has been charged with stimulating the advancement of women's health in Ontario not only by identifying where change is needed, but by bringing forward the solutions about how such change can be integrated into the complexities of today's health care system.

> ***Defining "women's health"***
>
> Women's health involves women's emotional, social, cultural, spiritual and physical well being, and is determined by the social, political and economic context of women's lives, as well as by biology. It is defined by, and recognizes the validity of, women's perceptions and life experiences of health and illness, the values and knowledge of women, and the role of women both as users and as providers of health care.
>
> *-- Council's Working Definition of Women's Health*

B Mandate

The Ontario Women's Health Council (the Council) was established in 1998 by the Minister of Health to act as an advocate and a catalyst for change to improve the health of women in Ontario at all stages of life. The mandate of the Council is:

- To advise the Minister of Health and Long-Term Care and key stakeholders on health issues affecting women;
- To advocate for improvements in women's health in Ontario;
- To promote, influence and disseminate research into women's health issues; and
- To reach-out and empower women across the province to make informed decisions that will contribute to improvements in their health.

An independent advisory body, the Council is focused on creating a ***legacy of systemic change*** that will be embedded in the health care system for years to come. To achieve this goal, the Council is working to:

- Establish a solid base of information, evidence and new knowledge that will increase understanding of the factors that contribute to women's health and to the provincial, national and international body of knowledge and research on women's health issues;

- Advocate and make recommendations for improving women's health and applying new knowledge to improve the health of women and the decision-making of researchers, educators, government, community organizations and health care providers; and

- Stimulate the advancement of women's health by identifying where change is needed and bringing forward solutions for integrating required changes into the complexities of today's health care system.

C Membership

The OWHC represents a commitment at the highest level of government to bring about thoughtful, creative change to improve the health and well being of women across Ontario. Chaired by N. Jane Pepino, the Council is comprised of 13 members appointed by the Minister of Health and Long-Term Care. Council Members bring a broad range of expertise in the areas of treatment, research, public and community health, corporate and consumer issues (for a list of Council members, see Appendix 1).

D Funding

Ten million dollars in annual funding from the Ministry supports the Council's activities. The funding:

- Fosters innovative research;

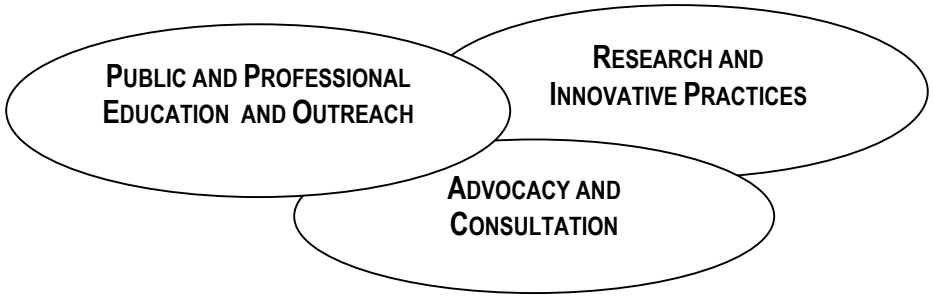
- Ensures research is communicated, disseminated and transferred to public and professional organizations;

- Ensures that consumers, health care providers and educators are informed of research results; and

- Encourages and facilitates partnerships that support improving women's health.

E Strategies

The three principal strategies that shape the Council's work in realizing its objectives are:



F Objectives

In the area of research and innovative practices, the Council's key objectives are to:

- Identify transferable best practices for prevention, treatment and health care for women, and support their dissemination;
- Identify and address specific gaps in research on, and services for, women, particularly those who are hard to reach because of age, race, geography, culture, language, socioeconomic status, disability, or sexual orientation;
- Collect and analyze data and a set of key health indicators through a "gender lens", to evaluate the physical, mental and social health of women; and
- Build a critical mass of women's health scholars and clinicians.

In the area of public and professional education and outreach, the Council's key objectives are to:

- Heighten consumer awareness of, and knowledge about, important women's health issues;
- Empower women to take control of their own and their families' health; and
- Heighten awareness and sensitivity among health care providers about the unique needs of women.

In the area of advocacy and consultation, the Council's key objectives are to:

- Provide policy advice on specific issues to the Minister of Health and Long-Term Care;
- Advance issues requiring government attention and action;
- Promote more accessible, appropriate and effective quality health services to women in Ontario; and
- Stimulate the integration of women's health perspectives into public policy, research, data collection, analysis and reporting and into the design and delivery of health care programs, public and professional education and training.

III. Major Milestones for 2001/02

G Research and Innovative Practice: 2001/02 Milestones

✓ Supported the **development of women's health indicators**. Results of hospital-based women's health indicators were included in ***Preliminary Study Exploring Women's Health***, released as part of *Hospital Report 2001* series[1]. The report will help ensure that appropriate women's health indicators are developed and included as part of on-going hospital reporting.

✓ Developed recommendations for **best practices in the management of the 'discretionary' indications for hysterectomy**. The report – ***Achieving Best Practices in the Use of Hysterectomy*** -- builds on a Round Table Discussion on abnormal uterine bleeding sponsored by the Council in 2000/01. The report is being prepared for release in May 2002.

✓ Supported a pilot project to increase **availability of emergency contraception** to women in three communities in the Greater Toronto Area in order to decrease the number of abortions and unwanted pregnancies. Emergency contraceptives are made available through specially trained pharmacists in designated pharmacies without a prescription. The project will evaluate the impact of this model on women's access to and use of emergency contraception.

✓ Funded a research project which will yield a report with evidence-based recommendations on **best practices for integrated post-fracture care** in Ontario. The project will profile the scope of post-fracture care in Ontario hospital and community care settings and through family physicians and nurse-practitioners. It will identify the human and organizational factors that influence the post-fracture care that patients receive, and develop a case study based on site visits to hospitals and communities with current initiatives in post-fracture care.

✓ Completed the final baseline **research projects** initiated at the outset of the Council's mandate to provide a foundation for building upon the work of the Council. The Council commissioned these reports in the first year of its mandate to provide a starting point and foundation upon which Council could develop an initial assessment of key aspects of women's health care in Ontario and establish some baseline observations for future measurement. Some of these reports were completed in 2000/01.[2] In 2001/02 the Council received:

---

[1] The Hospital Report Research Collaborative is a joint initiative between the Ontario Hospital Association and the Government of Ontario, and includes several departments at the University of Toronto, Canadian Institute for Health Information (CIHI), ICES, Centre for Addiction and Mental Health, Providence Centre, University of Western Ontario, and Wilfrid Laurier University. As part of the *Hospital Report 2001* series, five special reports were produced in the areas of Women's Health, Mental Health, Rehabilitation, Nursing, and Population Health. These reports were commissioned with a view to encouraging the production of useful indicators for these topic areas to support the hospital report card process, and quality improvement initiatives within Ontario's hospital system.

[2] Baseline reports completed in 2000/01 included: Policy Scan; a database of clinical practice guidelines (CPGs) in women's health; *Literature Review – Best Mechanisms to Influence Health Risk Behaviour* summarizing the results of a literature review on areas of health promotion and prevention and the area of public policy to identify the best mechanisms to influence health risk behaviour among women.

- ***Consumer Education Scan on Women's Health Issues*** determined what health information exists in the public domain on women's health issues; identified gaps in women's health information resources; and provided recommendations to address the gaps. This report was based on an environmental scan and on consultation with women and women's health groups.

- ***Literature Review – Behavioural Guidelines for Adjusting to Medical Conditions*** proposed behavioral guidelines for adjustment to medical conditions with a focus on identifying the most effective ways to help women manage medical problems and cope with chronic and acute conditions. This report was based on a review and synthesis of the literature.

- ***Ontario Women's Health Status Report*** represents the first comprehensive attempt to compile, in a single volume, current information on the health status of Ontario women including critical social, environmental and economic factors and information on vulnerable population groups. This report will be officially released mid-2002.

H Public and Professional Education and Outreach: 2001/02 Milestones

✓ Developed and issued a **call for proposals to establish an endowed University Chair in Women's Health** to contribute significantly to bringing about systemic change in the health system and in the education of health professionals. The Chair was awarded to the University of Western Ontario (London) to establish a Chair in Rural Women's Health.

✓ Established an **endowed Women's Health Scholar Awards Program** to ensure that Ontario attracts and retains pre-eminent women's health scholars needed to build a community of women's health scholars and establish Ontario as a leader in women's health research and education. The Program offers Student Awards at the Masters, Doctoral, and Postdoctoral level.

✓ Supported a series of **public and professional education initiatives on osteoporosis**. These initiatives build on recommendations outlined in the Council's report, ***A Framework and Strategy for the Prevention and Management of Osteoporosis***, and focus on:

- Training family physicians to deliver continuing medical education programs in their communities which will assist other family physicians in preventing and treating osteoporosis. The project is being implemented by the Ontario College of Family Physicians.

- Launching a province-wide public awareness and prevention campaign aimed at adolescents and adults. This project is being implemented by the Osteoporosis Society of Canada.

✓ Supported **enhanced professional education to identify and respond to violence against women** through a series of initiatives:

- Developing resources for training hospital personnel in the use of violence screening protocols. The project is a partnership between the Council, the Woman Abuse Council of Toronto, the Ontario Hospital Association, Education Wife Assault, and the Ministry of Health.

- Training family physicians to deliver continuing medical education programs in their communities which will assist other family physicians in screening for, and recognizing the health effects of, woman abuse. This project is being implemented by the Ontario College of Family Physicians.

- Disseminating public and professional materials about stalking and anti-stalking resources to community and professional groups throughout the province, in partnership with the Metropolitan Action Committee on Violence Against Women and Children.

✓ Supported an initiative to improve women's health care through the **development of a collaborative, web-enabled medical curriculum that integrates gender and health** into all aspects of medical education. This integrated curriculum will be a common provincial resource for use by all Ontario medical schools. The initiative involves a comprehensive review of undergraduate curriculum at the five Ontario medical schools to determine how medical students can best learn about the health of women and the effects of gender, in the context of present and future curriculum.

✓ Supported the development and implementation of three key initiatives to increase **access to health information** including:

- Launching an on-line searchable database on consumer information on women's health topics, a partnership project with the Faculty of Information Studies (University of Toronto) and the University Health Network. The database is available at www.womenshealthcouncil.on.ca.

- Launching an on-line resource inventory database on health and community services through a partnership project with the Ontario Women's Health Network. The database is available at www.owhn.on.ca.

- Developing nine, hard copy regional resource directories on women's health to provide information on local women's health and community services. The directories, entitled ***In our Hands: A Guide to Women's Health and Community Services*** and produced by the Ontario Women's Health Network, have been distributed widely to over 50,000 stakeholders across the province, including all MPPs.

✓ Supported two projects aimed at enhancing the **knowledge-base and knowledge transfer on the issue of healthy eating** resulting from recommendations made at Council's Healthy Eating Round Table including:

- Enhancing research into interventions designed to assist women and their families to consume more vegetables and fruit by targeting behaviour change as a practical way to turn "policy into action". This project is an enhancement of a pilot being carried out by Cancer Care Ontario.

- Supporting the cultural adaptation, translation, and validation of ***Canada's Food Guide to Healthy Eating*** to collect and validate food guides that reflect the needs of diverse communities and make them available to health care professionals and the public. This initiative is a partnership with the Nutrition Resource Centre.

✓ Participated as an exhibitor in the **Women's Health Matters Forum and Expo 2002** (January 18-19, 2002) and sponsored two workshops on issues related to healthy relationships *("Love or Obsession: What is a Healthy Relationship?")* and bone health *("Bone Health: Stop a Fall, Stop a Break!")*

✓ Participated in the **Ontario Hospital Association's 2001 Annual Convention and Exhibition** (November 2001) profiling the Council's consumer education materials.

✓ Held a ***Northern Gathering*** in **Thunder Bay** (May 2001) focused on northern and Aboriginal women's health issues, and an **information session** in **Owen Sound** (October 2001) focused on addressing the health information needs of rural women and identifying strategies for addressing areas of women's health that require specific attention.

I Advocacy and Consultation: 2001/02 Milestones

✓ Advocated with the Government of Ontario (Minister of Finance) to amend its ***Tobacco Tax Act*** to increase the price of cigarettes in Ontario to ensure that (at the very least), Ontario prices are comparable to prices in other provinces. There is considerable evidence to suggest that action on this front would contribute to the **reduction of tobacco consumption in Ontario**, particularly among the increasing number of young women who are choosing to smoke.

✓ Developed a submission for the Commission on the Future of Health Care in Canada (the Romanow Commission) to ensure that the issue of **women's health is considered in revitalizing the Canadian health care system**. Key recommendations in the submission included the following:

- That, in developing its recommendations, the Commission ensure that sex and gender differences are provided for and that recommendations made consider the impact of these differences.[3] (i.e., What policies help women stay or become healthy? What policies pose a threat to women's health? What policies provide all women access to appropriate services and high quality care? What policies foster women's participation in decision-making?)

- That the Commission emphasise the importance of developing new knowledge and understanding of women's health and women's health needs by: investing in and facilitating research in women's health including disseminating findings and translating findings into policy; promoting research that realizes the balance of both biomedical and social determinants perspectives; and enhancing existing surveillance activity, developing new surveillance systems and creating an infrastructure to support the previous two activities;[4] producing an annual report card on the status of women's health in Canada.

[3] An example of an application of this recommendation is to ensure that efforts to promote funding and policy strategies that enhance [and support] home and community based care do not negatively impact on the role of women as caregivers (formal and informal).

[4] Detailed recommendations regarding Women's Health Surveillance can be found in the report – *Women's Health Surveillance – A Plan of Action for Health Canada* (1999).

- ✓ Commissioned an **inventory of health issues**, and sponsored a **think tank on the health of homeless and socially isolated women**, which included representation from experts across the province and was held in Toronto on November 20, 2001. The purpose of the think tank was to determine an appropriate role for Council in addressing women's health issues related to homelessness and social isolation. Recommendations from the think tank participants resulted in Council's decision to further investigate strategies for improving the health status of poor and homeless women in the coming year.

- ✓ Convened a **Healthy Eating Roundtable**, which included representation from experts across the province and was held in Toronto on August 13, 2001. The Roundtable identified key issues and determined an appropriate role for Council in enhancing the knowledge-base on this issue and translating research findings into practice. It was organized in response to healthy eating issues identified in the Council's report, ***Literature Review – Best Mechanisms to Influence Health Risk Behaviour***.

- ✓ Advocated with the Federal Government (Minister of Health) in support of **new regulatory nutrition labelling requirements** with an emphasis on recognizing the important role played by women in making more informed food choices for themselves and their families**.** The Council recommended that the introduction of new labelling guidelines be accompanied by a strong public and professional education strategy to ensure effective implementation of new guidelines.

- ✓ Advocated with the federal Minister of Health to **support the collection of comprehensive baseline and ongoing data on what Canadians (including Ontarians) eat** in order to provide nutritionists/dieticians and other health care professionals with data to assess nutritional needs and assess the effectiveness of interventions.

- ✓ Successfully advocated for the implementation of an **HIV Seroprevalence Study of Pregnant Women in Ontario**, which will provide accurate estimates of the prevalence of HIV infection in Ontario and constitute an important component of the evaluation of the Ontario HIV screening program. The study has the potential to improve prenatal HIV screening in Ontario by identifying the problems with current screening practices.

IV. 2002/03 Priorities

J Criteria for determining priorities

Council members agreed that the criteria developed for the 2001/02 priorities would continue to apply to 2002/03 priorities. These criteria are:

- Capacity and potential to improve health outcomes for all women.
- Potential to create a legacy of systemic change by:
    - Meeting an identified need and/or filling an existing gap;
    - Leveraging change through partnership building or building interest and momentum that will make it sustainable;
    - "Adding value"; and
    - Generating interest and building momentum that will increase the likelihood of its "impact" potential.
- Consistency and compatibility with Council's role and mandate.
- Potential to address specific gaps in research and services for women who are hard to reach because of age, race, geography, culture, language, socioeconomic status, disability or sexual orientation.
- Extent to which priorities build on previous and/or current consultation, activities and reports of the Council.
- Clarity of intervention (e.g., as a catalyst, a broker, an advocate).
- Potential to build the profile and demonstrate the value of the Council.
- Relevant, realistic and affordable.
- Promotes knowledge creation and exchange.

The OWHC's ***Plan of Action 2002/03*** will support activities related to Council's existing initiatives as well as new initiatives identified by Council as priority areas to be addressed in the 2002/03 fiscal year. The following pages provide details of existing and new initiatives for 2002/03.

K Research and Innovative Practice: 2002/03 Priorities

1. Reporting on the Health of Ontario Women: Women's Health Report Card

Background:
One of the main priorities identified by the Council is the creation of a comprehensive, sustainable Ontario Women's Health Report Card. Specifically, the OWHC seeks to build on a number of health reporting initiatives – such as the Council's ***Ontario Women's Health Status Report*** and ***Preliminary Study Exploring Women's Health*** – by establishing a report card that examines women's health across each major sector of the health care system and incorporates relevant and scientifically sound women's health indicators. It is anticipated that such a project will increase accountability for women's health care in Ontario.

Activities:
Phase I: Women's Health Reporting Roundtable
As a first step towards the creation of a women's health report card for Ontario, the Council is focussing its efforts on maximizing and extending existing data sources; identifying current gaps; determining the feasibility of collecting data where sources are inadequate or unavailable; and exploring ways of integrating societal, community, and equity-based indicators into women's health reporting.

In summer or fall 2002 the Council, in association with the Hospital Report Research Collaborative under the direction of Dr. Adalsteinn Brown, will host a Women's Health Reporting Roundtable at the University of Toronto. Key experts from provincial and national organizations involved in data collection, analysis, and dissemination will be invited to participate in the Roundtable. The Roundtable will be facilitated by a facilitator who will work with Secretariat staff in preparing background/discussion materials to be given to participants in advance of the Roundtable and in establishing an agenda with realistic and achievable deliverables.

The specific objectives of the Roundtable will be to:

- Understand the current scope of women's health reporting;
- Identify indicator domains (and indicators where possible) for women's health across all health care sectors;
- Describe available data sources to support each indicator domain and/or indicator;
- Identify current gaps in existing data sources;
- Investigate the development of a common framework for data collection;
- Determine feasibility of collecting data where existing sources are inadequate or unavailable; and
- Explore ways of incorporating societal, community, and equity based indicators into women's health reporting.

After the Roundtable has been held, the facilitator will work with Secretariat staff to prepare a report which will include:

- A matrix for the development of the women's health report card, including indicator domains, available data sources, current gaps, and priority areas;

- A framework and membership principles for the report card listing organizations and key players who are willing to contribute to the women's health report card and identifying a central coordinating body; and

- A work plan outlining the reasonable next steps in making the Ontario Women's Health Report Card a reality.

The report will be circulated to roundtable participants for their comments; once these are incorporated, it will be presented to the Council for their approval. Once approved, the report will be posted on the websites of the Council and other collaborating organizations.

Phase II: Ontario Women's Health Report Card
Phase II will be marked by the release of a comprehensive Ontario Women's Health Report Card by the central coordinating body identified in Phase I. Work on Phase II will commence once Phase I has been completed, and it is anticipated that a Women's Health Report Card will be released within 18 months of the Roundtable.

2. Promoting Behavioural Interventions for Adjusting to Medical Conditions

Background:
In 2000/01, the Council commissioned seven baseline projects which together give a picture of women's health in Ontario. One of these projects concerned behavioural guidelines to foster adaptation to chronic medical conditions that are relevant to Ontario women. The final report, ***Literature Review – Behavioural Guidelines for Adjusting to Medical Conditions***, was accepted by the Council at their December 2001 meeting and will be released in May 2002.

Activities:
Council has identified the promotion of self-management behavioural intervention training programs as a priority. Secretariat staff will identify key components of effective self-management programs, particularly the Chronic Disease Self-Management Program (CDSMP), and invite submissions from key consumer advocacy groups (e.g. the Lupus Foundation of Ontario, the Lung Association) to implement or enhance their self-management training programs based on CDSMP learnings. Consumer advocacy groups will be encouraged to adapt the program for the Ontario context and to modify it so that it will be even more valuable to women. As an adjunct, Council will encourage community health centers and hospitals to refer their clients who suffer from chronic conditions to these consumer advocacy groups for self-management training and peer support.

3. Best Practice Models of Service Integration and Coordination for Women who are Homeless or at Risk of Homelessness

Background:
In response to its 2001/02 Plan of Action, Council commissioned an inventory of health issues and held a think tank on the health of homeless and socially isolated women. Participants in the think tank identified a number of health issues for homeless and socially isolated women and recommended strategies that Council could undertake in order to address these issues.

In an effort to address a fragmented and uncoordinated system of programs and services for women who are homeless or at risk of homelessness, Council will conduct research into best practice models of service integration and coordination.

Activities:
Phase 1:
Council will issue a Call for Proposals for researcher(s) to develop an inventory of innovative models of service integration and coordination for homeless women[5]. Researchers will collect comprehensive information on models from across the province and inclusive of a diversity of settings (urban, rural and remote) to produce an inventory containing a system level description of each model of service delivery, the health problem/barrier addressed by this service delivery model and its impact on the health status of homeless and socially isolated individuals, and women in particular. Researchers will also identify general/common elements of best practice models to be used in the assessment of models.

Phase 2:
Council will consider models identified in the Inventory and select a small number (1-3) for full assessment. The results will be disseminated in an effort to encourage uptake of best practice models.

4. Achieving Best Practices in the Use of Hysterectomy

Background:
The Council's Action Plan for 2000/01 included the establishment of an expert panel to develop evidence-based recommendations for best practices in the management of the discretionary indications for hysterectomy. (The discretionary indications for hysterectomy are abnormal uterine bleeding (AUB)[6], uterine prolapse, endometriosis, pelvic pain and other unknown benign causes.) The expert panel met several times between June and December 2001. In developing its report, the panel:

- Reviewed current research evidence;

- Presented research and experience from specialty areas;

[5] Some service delivery models are women-specific, while the majority are non-gender specific or integrated models of service delivery. The inventory will encompass models of both types with a specific focus on their impact on women.
[6] "Abnormal uterine bleeding (AUB) is defined as changes in frequency of menses, duration of flow or amount of blood loss." Vilos G A, Lefebvre G, Graves G. SOGC Clinical Practice Guidelines. JOGC 2001; 106.

- Held six discussion groups with women in Northern Ontario (including Francophone and Aboriginal discussion groups); and

- Conducted interviews with five Chiefs of Obstetrics and Gynecology in regions that have observed a substantial decrease in their hysterectomy rates over recent years.

The final report of the Expert Panel on Best Practices in the Use of Hysterectomy identified recommendations in the following areas:

- Patient Education, Satisfaction & Quality of Life

- Education and Availability of Health Care Providers

- Medical Management of Benign Uterine Conditions

- Future Research

Council accepted the expert panel's final report, ***Achieving Best Practices in the Use of Hysterectomy***, at their February meeting. It will be released in June 2002.

Activities:
Dissemination of the report and preliminary identification of possible activities to be pursued by Council.

5. Showcase of Demonstration Projects: Best Practices in Women's Informed Decision-Making and Equitable Access to Women's Health Services

Background:
The OWHC's 2000/01*Call for Proposals for Demonstration Projects* focused on the following themes and priorities:

> ***Theme 1:*** To support women's informed decision-making in one of three priority areas: mental health treatment options; healthy eating, physical activity and positive self-image in youth; prevention of unplanned pregnancy.
>
> ***Theme 2:*** To provide equitable access to health services for women in one of three priority areas: access to effective breast cancer screening services, with a special focus on hard-to-reach populations; access to effective gynecological cancer screening information and services, with a special focus on hard-to-reach populations; gender specific policies and practices related to cardiovascular and cerebrovascular disease.

Council funded seventeen demonstration projects across the province, all of which will be completed by March 31, 2003.

Activities:

A one-day Council-sponsored showcase of the demonstration projects, tentatively scheduled for fall 2002, which will bring together representatives from all the projects and allow them to share methodologies and interim findings with each other and with other community groups and researchers with similar foci. A follow-up event will be held after projects are completed and full results are obtained.

6. Other Activities

- Demonstration projects: Secretariat staff to monitor progress of projects
- Emergency Contraception pilot project: Secretariat staff to monitor progress of project
- Caesarean Section best practices projects: Report to be prepared summarizing results of pilot projects at individual hospital sites, to be released fall 2002
- Best Practices in Post-fracture Care research project: Secretariat staff to monitor progress of project
- Cancer Care Ontario enhanced evaluation of pilot to increase vegetable and fruit consumption: Secretariat to monitor progress of initiative

L Public and Professional Education and Outreach: 2002/03 Priorities

7. Ontario Women's Health Council Career Development Awards

Background:
The Council is looking to support academics early in their careers in establishing a track record of research in women's health by giving them Ontario Women's Health Council Career Development Awards. The awards will create a legacy for the Council by seeding women's health research and scholarship and creating the next generation of excellent women's health professors and mid- to senior-level researchers. This initiative complements the Council's endowment of the Women's Health Scholars Awards program for Masters, Doctoral, and Post-doctoral level applicants at the Ontario Council of Graduate Studies, and the Council's establishment of Chairs in Women's Health for senior level academics at several Ontario universities.

Successful applicants will receive $50,000 per annum for a period of one to three years, depending on the research program. The applicant must devote at least 75% of their time to the women's health research program. The institution with which the applicant is linked must provide matching funding, in cash and/or in kind. Funding must include adequate infrastructural support for the applicant, such as the provision of an office, lab, secretarial and administrative support, and other supports as required, and must agree to protect 75% of the applicant's time for the research program in women's health.

Activities:
Pursue discussions with appropriate partnering body to host the program.

8. Development of a Common Core Curriculum for Health Care Professionals and Other Service Providers on Poverty and Gender

Background:
In response to its 2001/02 Plan of Action, Council commissioned an inventory of health issues and held a think tank on the health of homeless and socially isolated women. Participants in the think tank identified a number of health issues for homeless and socially isolated women and recommended strategies that Council could undertake in order to address these issues.

The think tank participants reported a lack of health care providers with knowledge of the culture of homelessness and skills to engage homeless women in a supportive way. They recommended that Council support the development of a common core curriculum for health care professionals to address poverty and the interaction of poverty and gender as determinants of health. This curriculum will be able to be adapted for use with other service providers working with women who are poor, homeless or at risk of homelessness.

Activities:
Council will issue a Call for Proposals for consultant(s) to:

- Develop an inventory of existing materials and learning objectives;

- Organize and facilitate a one-day session of academic and opinion leaders in this area; and

- Draft a common core curriculum based on feedback from the one day session and approved by participants in the session.

Council will then determine a dissemination strategy to encourage uptake for training of both health care professionals and others working with poor, homeless and socially isolated women.

9. Research Project on Consumer Health Information for Aboriginal Women

Background:
The ***Consumer Education Scan on Women's Health Issues*** was one of the seven baseline projects funded by the Council in 2000/01. The final report was approved by the Council at their September 2001 meeting. In October, Council agreed to undertake research to determine how women go about finding the consumer health information they need and what barriers they face, with a specific focus on aboriginal women. At its March 2002 meeting Council approved a Call for Proposals on consumer health information for aboriginal women. This research initiative will determine what health information exists for Aboriginal women on Aboriginal women's health issues; identify how Aboriginal women access the health information resources they need; and provide recommendations, in the form of a report, addressing the gaps and identifying the optimal media and methods of dissemination of Aboriginal women's health information to the greatest number of Aboriginal women.

Activities:
Applications are due June 15, 2002. A Selection Committee made up of representatives from the Aboriginal Health Office, the Aboriginal Healing and Wellness Strategy Unit, and the Ontario Women's Health Council Secretariat will review proposal submissions and recommend the successful applicant to the Council. Council member Nova Lawson will chair the committee in an ex-officio capacity (non-voting). The announcement of the award will take place on July 15, 2002, and the project will run from August 1, 2002 to March 31, 2003.

10. Ontario Women's Health Status Report

Background:
In 2000/01, the Council commissioned seven baseline projects which together give a picture of women's health in Ontario. One of these projects involved a report on the health status of Ontario women. The final report, ***Ontario Women's Health Status Report***, was accepted by the Council at their December 2001 meeting, and is being prepared for release mid-2002.

Activities:
Dissemination of the report and further activities identified as priorities by Council.

11. Health Status of Homeless and Socially Isolated Women – An Inventory of Issues

Background:
As part of its 2001/02 activities related to poverty, homelessness and social isolation, Council commissioned the development of an inventory of health issues affecting homeless and socially isolated women. Initially, this document was used as a foundation for discussion at Council's November 20, 2001 think tank on homeless and socially isolated women. One of the recommendations of the think tank was to distribute this document widely to educate both health care professionals and social service providers about the health issues these women face.

Activities:
Following editing and translation, this document will be submitted for possible journal publication as well as published separately and distributed to a wide group of stakeholders. Secretariat staff will also arrange to have summary articles prepared for publication in appropriate newsletters/bulletins.

12. Information Session: Kingston

Background:
Council has held a number of information sessions across the province. In 1999 sessions were held in Ottawa-Carleton and Sudbury; in 2000 in Toronto and London in 2000; and in 2001 in Thunder Bay and Owen Sound.

Activities:
Plan and host an information session in Kingston in 2002/03.

13. Enhanced Communications Program

Background:
As the Council nears the end of its initial five-year mandate, elevating public and professional awareness of Council as a champion of and advocate for the improvement of women's health at all stages of life becomes even more important.

Activities:
Council speaking engagements; Secretariat drafting of diverse materials, including briefings, key messages, mailings; Secretariat responding to public and press inquiries.

14. Other Activities

- Dairy Farmers of Ontario Bone Health Youth Outreach Initiative: Council member to continue participation in the Dairy Farmers' Advisory Committee for this initiative

- OWHC website enhancement: Secretariat communications staff to continually augment and improve the Council's website

- MAINPRO-C on osteoporosis: Secretariat staff to monitor progress of initiative

- Osteoporosis Society of Canada public education initiatives on osteoporosis prevention: Secretariat staff to monitor progress of initiatives

- MAINPRO-C on violence against women: Secretariat staff to monitor progress of initiative

- Anti-stalking materials dissemination: Secretariat staff to monitor progress of initiative

- Training for hospital personnel in screening for violence/hospital accreditation project: Secretariat staff to monitor progress of project

- Gender in Medical Education project: Secretariat staff to monitor progress of project

- Chairs in Women's Health (University of Toronto, Ottawa University, University of Western Ontario): Secretariat staff to monitor progress in establishing Chairs

- Women's Health Scholar Awards Program: Secretariat staff to monitor progress of program

- Nutrition Resource Centre Food Guide Cultural Adaptation, Translation and Validation Project: Secretariat to monitor progress of initiative

M Advocacy and Consultation: 2002/03 Activities

15. Hospital Report 2002

Background:
In 2002/03 Council is providing funding to support the further development and integration of women's health indicators in the Hospital Report series. Council's funding has leveraged commitment from the Ministry to produce and publish under separate cover Women's Health Excerpts from the 2002 Acute Care and Emergency Department Hospital Report Cards.

Activities:
Disseminate Women's Health Excerpts widely.

16. Establishment of Centre for Excellence in Behavioural Management of Chronic Diseases

Background:
In 2000/01, the Council commissioned seven baseline projects which together give a picture of women's health in Ontario. One of these projects concerned behavioural guidelines to foster adaptation to chronic medical conditions that are relevant to Ontario women. The final report, ***Literature Review – Behavioural Guidelines for Adjusting to Medical Conditions***, was accepted by the Council at their December 2001 meeting and will be released in May 2002.

Activities:
Council has identified the establishment of a Centre for Excellence in Behavioural Management of Chronic Diseases as a priority. The Centre for the Study of Pain or the Home and Community Care Evaluation and Research Centre, both at the University of Toronto, were identified at the Council's December meeting as potential "homes" for this new Centre for Excellence. Council could take a "broker" role in the establishment of the Centre and provide seed funding, while recognizing that the impetus for establishing such a Centre must come from the researchers themselves.

17. Other Activities

- Healthy Eating Roundtable advocacy regarding nutrition in schools: Secretariat to continue negotiations with Ontario Physical and Health Education Association (OPHEA) to communicate support for good nutrition instruction and environmental supports for good nutrition in schools across Ontario

- Reproductive Technologies: Secretariat to continue to monitor new legislative developments at the federal level and their impact on Ontario, to determine if there is a role for Council to play

- Genetics and Gene Patenting: Secretariat staff to continue to monitor new developments in genetics and gene patenting to determine if there is a role for Council

V. Draft Budget for April 1, 2002 to March 31, 2003

Description	2002- 2003 (Fiscal) $	Comments
Operations • Salaries & Wages • Benefits • ODOE (Other Direct Operating Expenses) - Trans & Comm - Services - Supplies & Equip	 $420,000 $75,600 $63,000 $650,000 $26,000	
TOTAL DOE:	**$1.2 Million**	
Transfer Payments		
• *Release Holdback*	$78,900	Various projects 10% Hold Back
• *Research & Innovative Practices*	$3,806,200	
• *Public & Professional Education*	$1,375,000	
Sub-Total:	**$5,260,100**	
Other Project Activities (to be decided)	$3,418,200	
Total Transfer Payments:	**$8.6 Million**	
Total DOE & TP:	**$9.8 Million**	

Appendices

Appendix 1: Council Membership

Appendix 2: 2000/01 Demonstration Projects

Appendix 3: Financial Roll-Out for Demonstration Projects

Appendix 1: Council Membership

N. Jane Pepino, CM, QC, Chair
Partner in the Toronto Law firm Aird & Berlis LLP, Board Member of Sunnybrook & Women's College Health Sciences Center and Chair of legislated Women's Health Committee, Board Member and past Chair of Women's College Hospital and received the Order of Canada, April 2000 (Chair and Member since December 1998)

Nancy Birnbaum, BA, MBA
President and Chief Executive Officer of Invest in Kids Foundation (Member since October 2000)

Pat Campbell, BScN, MBA
President and Chief Executive Officer of Grey Bruce Health Services (Member since April 2002)

Jane Cooke-Lauder, BA, MBA, CMC
President and Chief Executive Officer of Bataleur Enterprises (Member since April 2002)

Ellen Hodnett, BSN, MScN, PhD
Professor and Heather M. Reisman Chair in Perinatal Nursing Research, University of Toronto, Faculty of Nursing (Member since December 1998)

Terumi Izukawa, B.Sc, MD, FRCPC
Deputy Head, Department of Geriatric and Internal Medicine at Baycrest Centre for Geriatric Care, and Assistant Professor, Faculty of Medicine, University of Toronto (Member December 1998 – April 2002)

Nova Lawson, BA, MBA (In Progress)
Coordinator, Aboriginal Initiatives, Lakehead University and Chair of the Provincial Early Years Steering Committee – Aboriginal (Member since October 2000)

Guylaine Lefebvre, MD, FRCSC, FACOG
Chief of Obstetrics and Gynecology at St. Michael's Hospital and Chair, Clinical Practice Committee for the Society of Obstetricians and Gynecologists of Canada, and Associate Professor at University of Toronto. (Member since February 2001)

Marilyn Linton, BA
Journalist and former Health Editor of the Toronto Sun, immediate past Chair of the Canadian Breast Cancer Foundation, Ontario Chapter Toronto, and past President of the Canadian Club (Member since December 1998)

Heather MacLean, BA, MA, PhD
Director of Centre for Research in Women's Health and Associate Professor, Department of Nutritional Sciences and Department of Public Health Sciences, Faculty of Medicine, University of Toronto (Member since April 2002)

Miriam McDonald, BScPhm, MSc,
Chief Executive Officer of the Northeastern Ontario Medical Education Corporation in Sudbury, member of the Sudbury-Manitoulin Alzheimer Society Capital Campaign Cabinet and the Northern Research Ethics Board (Member since December 1998)

Susan McNair, BA, MD, CCFP, MClSc(FM)
Family physician and Associate Professor, Department of Family Medicine at the University of Western Ontario (Member since December 1998)

Patricia R. Petryshen, BA, BScN, MSN, PhD
Executive Vice President Programs, Hospital Relations and Chief Nursing Officer at St Michael's Hospital, Toronto and Associate Professor, Faculty of Nursing, University of Toronto (Member since December 1998)

Nancy Ross, BScN, MSA
Former Chief Executive Officer of the Dufferin-Caledon Health Care Corporation and Registered Nurse (Member since October 2000)

Carolyn Smith-Pellettier, MD
Staff physician with Community Mental Health Clinic and Family Practice team in Guelph and founder and former director of Women-in-Crisis treatment centre at Guelph women's shelter. (Member since April 2002)

Donna E. Stewart, MD, DPsych, FRCPC
Professor and Lillian Love Chair of Women's Health, Senior Research Scientist, University Health Network and University of Toronto and Chair of the Section of Women's Mental Health World Psychiatric Association (Member since December 1998)

Ruth Wilson, MD, CCFP, FCFP
Professor of Family Medicine, Queen's University, and Chair of the Ontario Family Health Network (Member since December 1998)

Appendix 2: 2000/01 Demonstration Projects

Theme I: WOMEN'S INFORMED DECISION-MAKING IN MENTAL HEALTH TREATMENT OPTIONS	
Hong Fook Mental Health Association (Toronto) *PROJECT: Promoting Mental Health Among East and Southeast Asian Immigrant/Refugee Women in Ontario*	East and Southeast Asian immigrant and refugees have been identified as a population at risk of mental health problems. This initiative will test a cross-cultural approach to empower East and Southeast Asian immigrant/refugee women to make informed decisions regarding mental health treatment/service options.
Office of Research & Graduate Studies, Trent University and Peterborough Family Resource Centre - Eastern (Peterborough) *PROJECT: Peterborough Postnatal Mood Disorders Collaboration*	This project is focused on reducing the percentage of women who experience postnatal mood disorders. It will test a best practice approach which includes: screening women; providing information for women, their families and service providers; ensuring access to an integrated continuum of supports and services; and supporting women in exercising informed choices about their options.
Women's Health Concerns Clinic - St. Joseph's Hospital - Central-South (Hamilton) *PROJECT: Diagnosis and Treatment of Female Specific Mood Disorders in Primary Care Settings*	Research into women-specific health issues has lagged behind research into illnesses more commonly affecting the male population. Further, the prevalence of mood disorders is higher for women than for men. This initiative will compare and evaluate evidence-based interventions that promote early recognition and treatment of female specific mood disorders in primary care settings.
The Motherisk Program, The Hospital for Sick Children (Toronto) *PROJECT: Determinants of Women's Decision-Making Regarding the Use of Antidepressants During Pregnancy*	Research shows that a large number of women of childbearing age suffer from depression and that the use of antidepressant drugs during pregnancy is relatively safe. However, during pregnancy many women experience a high level of anxiety regarding the use of antidepressants as they feel the medication will harm the fetus. This study will test women's perception of the risk of deformity before and after the receipt of evidence-based counseling using a validated tool.
The Brief Psychotherapy Centre for Women (Toronto) *PROJECT: Outcome Evaluation of a Community-Based Mental Health Service for Women Employing the Brief Psychotherapy Feminist Relational Model*	Traditional models of psychotherapy and counseling are based on a medical model focused on the therapist. This project will evaluate a client-driven (i.e., client identifies own needs) counseling approach that is community-based, non-medical, short-term and specific to women.

Theme II: WOMEN'S INFORMED DECISION-MAKING IN HEALTHY EATING, PHYSICAL ACTIVITY AND POSITIVE SELF-IMAGE IN YOUTH	
Centre de santé communautaire du Témiskaming – Northern (Sudbury) *PROJECT: Nurturing Healthy Nutrition, Physical Activity and Positive Self-Image in Young People"*	The research project will test a qualitative approach to determining the impact of group sessions on body image, self-esteem and lifestyle among francophone teenage girls in Temiskaming.
Phoenix Wholistic Health Centre –Teen Health Centre - South-West (London) *PROJECT: Eating Disorder Program*	This initiative will test best practice approaches to providing services in a community-based eating disorder treatment program for at risk youth aged 12 to 20. The initiative is expected to provide effective, intensive and cost-effective outpatient services for eating disordered youth; improve medical and psychological outcomes through early intervention; and decrease morbidity associated with untreated or resistant eating disorders.
The Ontario Physical and Health Education Association (Toronto) *PROJECT: Healthy Choices - A Mentoring Project for Girls & Young Women*	Healthy, active lifestyle choices are essential to the personal health of women and a key factor in preventative care. This initiative will test an approach to providing girls and young women with information and support to make informed choices about healthy, active living during a particularly challenging stage of their development, while maintaining sensitivity toward the emotional, social and cultural issues they may face.
University Health Network - Toronto General Hospital - Toronto & Eastern (Ottawa) *PROJECT: A Search for Practice Models in the Primary and Secondary Prevention of Eating Disorders: A Multi-Site Study on Promoting Healthy Eating, Active Living, and Self-Acceptance in Young Women*	Eating disorders affect 85,000 individuals in Ontario and have been identified as the third most common chronic illness among female youth. This initiative will develop, evaluate and communicate evidence-based strategies for best practices in the primary and secondary school setting to prevent eating disorders.

Theme III: WOMEN'S INFORMED DECISION-MAKING IN THE PREVENTION OF UNPLANNED PREGNANCY	
Regional Municipality of Waterloo - Community Health Department - Central-West (Waterloo) *PROJECT: Girl Time: Grade 7 & 8 Sexual Health Program*	Research suggests that Canadian girls are engaging in sexual intercourse at an alarmingly young age. This project will focus on girls in grades 7 and 8 and test the use of interventions to influence subsequent healthy attitudes and behaviour toward sexual activity.

Theme IV: IMPROVE ACCESS TO BREAST CANCER SCREENING INFORMATION AND SERVICES	
Centretown Community Health Centre - Eastern (Ottawa) *PROJECT: Building Community Capacity & Equitable Access to Cancer Screening for Ethno-Racial Minority Women*	In Canada, the rate of cancer of the cervix among the immigrant population is six times greater than the average. Breast cancer screening is also greatly underutilized by minority women. This project will demonstrate a model to address gaps and barriers limiting equitable access to effective breast and cervical screening information and services for the Hispanic population (hard to reach) in Ottawa-Carleton.
Sudbury & District Women's Health Unit - Northern (Sudbury) *PROJECT: Sudbury/Manitoulin Districts Women's Health Outreach Program*	This initiative will develop, implement and evaluate an outreach program targeting primarily Northern Ontario, low-income and hard to reach women from various cultural groups. These women will be provided with universal access to health services and education related to breast and cervical screening and sexual health services while maintaining sensitivity to cultural differences.
St. Michael's Hospital - Inner City Health Research (Toronto) *PROJECT: A Community-Based Program to Promote Cervical Cancer and Breast Cancer Screening in Homeless Women*	Homeless women face enormous barriers to obtaining equitable access to effective health services. The current levels of cervical and breast cancer screening among homeless women in Toronto will be assessed. The project will test an approach to increasing cervical and breast cancer screening through contacts made at drop-in centers, used by homeless and marginally housed women for meals, clothing, health care and socialization.

Theme V: IMPROVE ACCESS TO GYNECOLOGICAL CANCER SCREENING INFORMATION AND SERVICES	
PEPPI Steering Committee, Women's Health Network - Quinte - Eastern (Ottawa) *PROJECT: PEPPI - Pap Education and Program Planning Initiative*	Research suggests that the current screening practices for cervical cancer in Ontario can be improved to further reduce the incidence of this disease. This project will test best practices that will reach women who are not having regular Pap tests and ensure that women with abnormal Pap tests get proper follow-up and monitoring and ensure the quality of screening procedures.
Scadding Court Community Centre – Toronto *PROJECT: Cervical Cancer Prevention Initiative*	This initiative will test processes that lead to equitable access to health services with a specific focus on access to effective gynecological cancer screening information and services in underserviced and hard to reach groups (i.e., Chinese-speaking immigrant women).

Theme VI: INCREASE GENDER SPECIFIC POLICIES AND PRACTICES RELATED TO CARDIOVASCULAR AND CEREBROVASCULAR DISEASE:	
Victorian Order of Nurses, Grey Bruce Branch - South-West (London) *PROJECT: Cardiovascular and Cerebral Vascular Diseases Health Program*	This initiative will include the design, implementation and evaluation of gender specific practices and policies related to cardiovascular and cerebrovascular disease as they affect rural women in designated under-serviced areas in Grey and Bruce counties.
Geriatric Assessment Unit of the Ottawa Hospital Civic Campus, University of Ottawa - Department of Medicine - Eastern (Ottawa) *PROJECT: An Interdisciplinary Intervention in a Complex Outpatient Female Population with Congestive Heart Failure*	Congestive heart failure is the most common cause of hospitalization in men and women over the age of 65. There are few studies in this area for those over the age of 75. This study will examine and evaluate female sufferers' health-related quality of life by looking at their medical, psychosocial and functional circumstances.

Appendix 3: Financial Roll-Out for Demonstration Projects

Fiscal Year	2000/2001	2001/2002	2002/2003	Total
17 Demonstration Projects	$898,215	$3,233,614	$3,276,187	$7,408,016