ONTARIO WOMEN'S HEALTH COUNCIL

Ontario Women's Health Council

Annual Report 2001-02

Submitted to the
Minister of Health and Long-Term Care

July 2002

Message from the Chair

April 2002

The Honourable Tony Clement
Minister of Health and Long-Term Care
Minister's Office
10th Floor, Hepburn Block
80 Grosvenor St.
Toronto, Ontario
M7A 2C4

Dear Minister Clement:

On behalf of the Ontario Women's Health Council (the Council), I am pleased to submit our Annual Report for 2001-02. The report highlights the work and activities of the Council over the past year.

Several projects that began in the early days of the Council were completed in the past year and are now in the public domain. The results of our 'baseline research' projects provide a solid foundation for creating a road map for future system changes required to improve the health and quality of life for women in Ontario. The activities highlighted in the Annual Report illustrate the scope of the Council's activities and, we believe, are a testimony to the significant acceleration that has occurred in the development of innovative and sustainable products emerging from our work.

This year, the Council has strengthened its *advocacy agenda* on a number of fronts. One of our key objectives was to ensure that women's health issues, needs and concerns are taken into consideration by provincial and national decision-makers such as the Commission on the Future of Health Care in Canada (the Romanow Commission). We advocated with the provincial and federal governments for reforms in areas ranging from tobacco taxes and their impact on smoking among young women, the impact of violence on women, access to emergency contraception, to the need for an effective education strategy for the new nutrition labelling requirements.

We are particularly pleased that this year saw the release of the *Preliminary Study Exploring Women's Health* that was produced as part of the Ontario Hospital Association and Ministry of Health's *Hospital Report 2001* initiative. The inclusion of women's health indicators in the hospital reporting process is an important step towards improving awareness of women's health issues and the accountability of hospitals in this area. A strong foundation has been laid for raising interest and awareness of how the health system responds to the needs of women and paves the way for the eventual development of a women's health report card.

…continued

While Council has completed an impressive body of work to date, there is still much to be done to effectively communicate our successes and to position Ontario as a leader in improving women's health. The challenge before us is to build on our successes and continue the Council's momentum towards being the leading provincial advocate for women's health.

On a final note, I want to take this opportunity to thank members who retired from the Council over the past year including Lee Myers, Rob Nolan, Annette Cormier O'Connor, and Andrea Ou-Hingwan.

It is also a pleasure to acknowledge our continuing collaboration with the Ministry of Health and Long Term Care and all the other partners and stakeholders we have worked with during this past year. I believe that together we are continuing to put in place important initiatives that will improve the accessibility, coordination and quality of health services for women across Ontario.

N. Jane Pepino, C.M., Q.C.
Chair

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I. Overview of the Ontario Women's Health Council

"The purpose of this submission is to put the issue of women's health on the Commission's agenda and to ensure that women's health issues, needs and concerns are taken into consideration in all deliberations concerning renewal and change in the Canadian health care system."

Ontario Women's Health Council
Submission to the Commission on the Future of Health Care in Canada
January 2002

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:

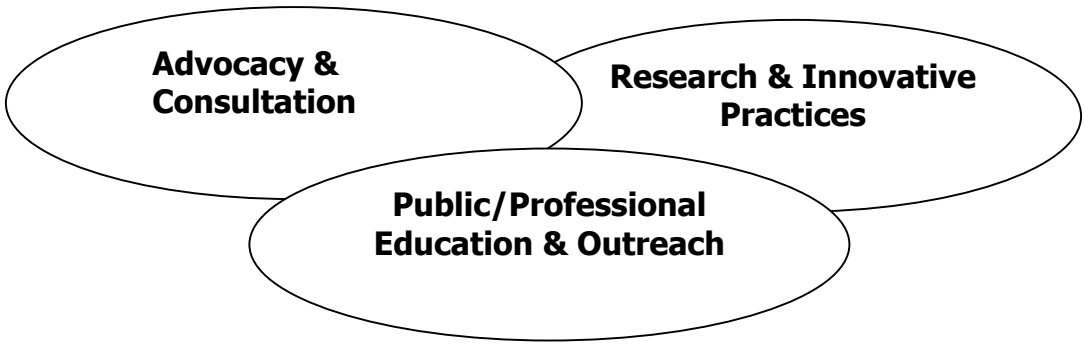
- To advise the Minister of Health and Long-Term Care and key stakeholders on health issues affecting women;
- To advocate for improvements in women's health in Ontario;
- To promote, influence and disseminate research into women's health issues; and
- To reach-out and empower women across the province 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 contribute 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 by bringing forward solutions for integrating required changes into the complexities of today's health care system.

Principal Strategies

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



Membership

Chaired by Jane Pepino, the Council is comprised of members who collectively bring a broad range of expertise in the areas of treatment, research, public and community health, corporate and consumer issues as they relate to women (see Appendix 1 for a list of Council members).

II. Council Accomplishments in 2001/02

"Perceptions of quality of care were often framed in the context of access to information and education. For example, women emphasized the importance of being able to obtain information on their condition, treatment options, etc. as part of their assessment of the quality of care. This finding is consistent with women's assertions of wanting to take an active role in their own health care and that of their families."

Observation from the focus groups conducted as part of the *Preliminary Study Exploring Women's Health Hospital Report 2001* series, March 2002

Priorities for the Council were developed as part of an annual strategic planning process. **The *2001/02 Plan of Action*** reflected the importance of building on existing work to bring about improvements in the health of women.

Highlights of the achievements of the Council in advancing work related to each of the Principle Strategies are summarized below.

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 (OHA/MOHLTC). 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 without a prescription through specially trained pharmacists in designated pharmacies. 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.[1] In 2001/02 the Council received and approved for release:

[1] 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 behavioural 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.

Public & 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 physician 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 educational 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 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 produce 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.

Advocacy & 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.[2] (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 emphasize 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;[3] producing an annual report card on the status of women's health in Canada.

[2] 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).

[3] 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.[4]

- 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.

[4] Research demonstrates that women suffer from a number of diseases and conditions that are influenced by eating behaviours (*e.g.*, osteoporosis, cardiovascular disease, certain cancers, diabetes, obesity).

III. Creating a legacy of systemic change: *highlights of selected projects undertaken in 2001/02*

"The endowed Chairs in Women's Health provide an excellent example of the Council's work and values in action. The Chairs establish a commitment and a foundation for improving our ability to understand what is needed to improve the health of women and their access to quality health care services."

Remarks by N. Jane Pepino at a press conference in London, Ontario announcing the $1 million endowment of a Chair in Rural Women's Health, awarded to the University of Western Ontario. February 18, 2002

Preliminary Study Exploring Women's Health (Hospital Report 2001):
establishing a solid base of information, evidence, and new knowledge

The development of a report card on women's health was identified as a priority by the Ontario Women's Health Council early in its mandate. Given the number of initiatives underway provincially and nationally related to performance measurement and evaluation, the Council decided to focus its efforts on:

- Ensuring that appropriate women's health indicators are embedded in health system reporting and accountability measures as part of ongoing initiatives, and

- Positioning itself as an advocate and facilitator with the goal of "connecting" current players involved in performance evaluation activities.

In February 2002, the ***Preliminary Study Exploring Women's Health*** was released as part of the Hospital Report Research Collaborative and the ***Hospital Report 2001*** series.[5] Development of the report was guided by a research collaborative, including 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.

The study explores women's health issues and health services in Ontario hospitals and begins to paint a portrait of how well the public health system is meeting the needs of women. The report includes only those indicators reflecting hospital-based acute care (i.e., day surgery, emergency and inpatient care).

The Council sponsored the project as a vehicle to develop a comprehensive performance measurement of women's health care in Ontario hospitals. The Council believes that the inclusion of women's health indicators in the hospital reporting process is an important step towards improving awareness of women's health issues and the accountability of hospitals in this area.

The report provides a strong foundation for undertaking more comprehensive measurement for women's health. It also reflects increased recognition of the differences in the way in which women and men access and interact with the health care system, and the way in which the system responds to the needs of specific populations.

[5] The Hospital Report Research Collaborative is a joint initiative between the Ontario Hospital Association and the Government of Ontario. 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.

Emergency contraception pilot project: *stimulating the advancement of women's health by bringing forward solutions*

Improving access to emergency contraception has long been identified as a priority health issue for women by the Council. In 2001/02 the Council funded a pilot project to examine the feasibility of providing direct access to emergency contraceptive pills for women from specially-trained pharmacists.

The project was initiated by Sunnybrook and Women's College Health Sciences Centre through the Regional Women's Health Centre; collaborators include the Centre for Research in Women's Health, the Ontario Pharmacists Association, Toronto Public Health and the University of Toronto. The project is being conducted in three communities in the Greater Toronto Area – Rexdale, North York and Scarborough – and will run for one year (June 4th 2001 – June 2002), followed by a 6-month evaluation period.

The goal of the project is to prevent unwanted pregnancies and abortion by increasing access to emergency contraception. Preventing unplanned pregnancies through readily available emergency contraception would significantly decrease the physical, emotional, social and economic costs of abortion or unplanned childbearing. However, currently emergency contraception is only available in Ontario by prescription. Other barriers to the use of emergency contraception are low awareness about this therapy; misconceptions about its side effects by potential users and/or providers; the 72 hour time-frame for administration of emergency contraception; the availability of physicians or clinics at times when it is needed; and discomfort – particularly among adolescents – in accessing contraception through their family doctors.

The pilot project addresses these barriers and increases women's access to emergency contraception pills by making them directly available from specially-trained pharmacists. Participating pharmacists develop a collaborative agreement with a supporting physician to allow them to provide emergency contraception according to a protocol, with retroactive authorization from the physician.

As of December 2001 there were 33 pharmacies participating, with 118 pharmacists trained to dispense emergency contraception. In the first three months of the project 1,335 prescriptions for emergency contraception were filled, approximately 445 prescriptions per month.

Endowed chair in women's health: *applying new knowledge to improve the health of women*

The Council has developed a number of initiatives to foster research into, and education about, women's health, including the creation of endowed Chairs in Women's Health and the establishment of a Scholar Awards Program in Women's Health. These initiatives provide an excellent example of the Council's work and values in action, helping to establish a commitment and foundation for improving the ability of existing provincial institutions to understand what is needed to improve the health of women and their access to quality health care services. They create a strong legacy for the Council by seeding women's health research and scholarship and creating the next generation of women's health professors and researchers.

This past year, the University of Western Ontario was selected to establish an Ontario Women's Health Council's Chair in Women's Health.[6] **The University of Western Ontario Chair in Rural Women's Health** will work closely with the university's Rural Medicine Education, Research, and Development Unit (SWORM) to:

- Consolidate existing work in rural health and women's health by providing a central locus for educators, researchers, and community partners to share ideas, exchange information, develop collaborative programs, and disseminate project findings;

- Expand the opportunities for students, faculty, and community members to participate in learning about issues in rural women's health through curriculum development, communication, and dissemination initiatives that aim to translate research outcomes into applied practice, community-based collaborative interventions, and mentorship programs that target younger women in professional programs;

- Promote the critical application of a gender-lens to a broad range of education and research topics pertaining to rural women's health and welfare; and

- Develop leading research into rural women's health including: health status, health determinants, health care needs, and use of health care resources and effective models of health care delivery.

The Council believes that the establishment of this Chair has strong potential to impact on the quality and effective delivery of health services to *all* women living in rural communities. The Chair will help to enhance our understanding of what contributes to the health of women in rural communities and – at the same time – create a centre of expertise in an area where there is much to learn and understand.

[6] In 2000/01, the Ontario Women's Health Council awarded two universities $1 million each to establish an endowed Chair in Women's Health. One of these chairs was established at the Faculty of Nursing at the University of Toronto to study issues related to inner city health. The second was established at the University of Ottawa's Institute of Population Health to stimulate and conduct research on the determinants of women's health and the provision of health promotion and health care services to improve the health of high-risk groups.

4: Upcoming Initiatives

"The continuing efforts of the members of the Women's Health Council, led by Jane Pepino, are significant and greatly appreciated. Inaugurated by our government nearly three years ago, the Council is a strong voice for women and an effective force in helping us build a health system that's increasingly more responsive to women's unique health needs."

Remarks by the Honourable Tony Clement, Minister of Health and Long-Term Care
at a press conference in Toronto, Ontario
announcing Ministry and Council funding for a number of initiatives on osteoporosis.
December 3, 2001.

2002/03 Plan of Action

In undertaking activities in the coming year, the Council will continue to position itself as a catalyst for change. Addressing the health needs and concerns of poor and socially isolated women and building on our previous efforts to develop a comprehensive approach for reporting on women's health are some of the key objectives shaping our work in 2002/03.

Some of the specific activities that will be undertaken include:

- Hosting a **Women's Health Reporting Roundtable** with key organizations involved in health reporting to:
  - Identify sources of (and gaps in) women's health reporting information (using indicators where possible);
  - Explore ways of incorporating societal, community and equity based indicators into current and future women's health reporting efforts;
  - Determine accountability and an appropriate 'lead' organization to oversee development of a women's health reporting paradigm; and
  - Achieve consensus on implementing a plan of action toward creation of a women's health report card for Ontario.

- Supporting a research initiative on **Aboriginal women's consumer health information needs**. The research project will determine what consumer health information exists for Aboriginal women on Aboriginal women's health issues, identify how Aboriginal women access the health information they need, and provide recommendations on how to address current information gaps.

- Developing a **common core curriculum on poverty and gender** as determinants of health for health care professionals (with potential to adapt for other groups working with homeless women and men) to provide more comprehensive training in dealing with the unique health issues of poor, homeless and socially isolated women.

- Enhancing the Council's **communications program** to increase public and professional knowledge of Council's substantial work to date, and elevate awareness of Council as a champion of and advocate for the improvement of women's health at all stages of life.

- Releasing two key reports:
  - ***Ontario Women's Health Status Report***
  - ***Achieving Best Practices in the Use of Hysterectomy***

- Embarking on a research project to identify **innovative models and best practices in service integration and coordination for homeless women and men**.

Letter to the Chair from the Chief Operating Officer

March 31, 2002

N. Jane Pepino, C.M., Q.C.
Chair, Ontario Women's Health Council
880 Bay Street, 2nd Floor
Toronto, ON
M5S 1Z8

Dear Ms. Pepino:

I am pleased to attach the financial report (Appendix 2) on the activities of the Ontario Women's Health Council for the 2001-02 fiscal year.

As you know, the Ministry of Health and Long Term Care, through the Council Secretariat, is responsible for all administrative and financial services related to the work of the Council. Secretariat staff is employed by the Ministry under the *Public Services Act*. As in previous years, we have supplemented staff resources with consulting services as required to support the work of the Council.

As you are aware, I am retiring from the Ontario Public Service effective March 31, 2002. I would like to take this opportunity to thank you and the other members of the Council who have supported me so well in my role and have made my tenure as Chief Operating Officer both professionally and personally rewarding.

I wish you and the Council continued success in the coming years. With your strong leadership , the commitment of the Council members and the hard work and dedication of the Secretariat staff, I am confident that the Council will continue to make lasting and important changes that will help to improve the health of women in this province.

Terry Bisset
Chief Operating Officer

Appendix 1: Council Membership

N. Jane Pepino, CM, QC
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)

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 since December 1998)

Nova Lawson, BA, MBA (en cours)
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, Department of Obstetrics and Gynecology (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)

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)

Lee Myers, MD, FRCSC
Cardiac Surgeon at London Health Sciences Centre and Associate Professor, Department of Surgery at the University of Western Ontario (Member December 1998 to October 2001)

Rob Nolan, BA, MA, PhD
Cardiovascular Research Psychologist and Coordinator of Behavioural Cardiology Research, University Health Network and Assistant Professor, Faculty of Medicine, University of Toronto (Member December 1998 to October 2001)

Annette Cormier O'Connor, BScN, MScN, PhD
Professor, University of Ottawa, Faculty of Health Science, School of Nursing and research scientist (Member December 1998 to October 2001)

Andrea Ou-Hingwan, BA, Bed
Intermediate/senior teacher and founder of the first support group in Canada for young people with lupus (Member December 1008 to October 2001)

Patricia R. Petryshen, BA, BScN, MSN, PhD
Vice President of Patient Care Programs 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)

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: Council Expenditures for 2001/02

Following is a summary of the expenditures for the period of April 1, 2001 to March 31, 2002.

Description	2001-2002 Expenditure $	Notes
Operations of Council		
- Per Diems	43,580	Council generally meets once
- Travel Expenses	37,862	a month.
- Meeting Expenses	26,140	
Operations of the Secretariat		
- Salaries & Wages	462,884	Secretariat supports development and
- Benefits	68,446	implementation of Council's agenda
- ODOE		and workplace and coordinates
T&C	42,100	advocacy initiatives on behalf of
Services	132,769	Council.
Supplies & Equip.	18,823	
Initiatives		
Research		
TP	385,072	
ODOE	110,880	
Public/Professional Education		
TP	5,114,513	
ODOE	228,186	
Demonstration Projects		
TP	2,284,292	
S&W and Benefits	**531,330**	
ODOE	**640,339**	
TP	**7,783,877**	
Total	**8,955,546**	