Ontario

Echo: Improving Women's Health in Ontario

Reflecting Women's Voices

2010-2011 Annual Report

www.echo-ontario.ca

Our Mission
Greater health for women through leadership, productive partnerships and research-based action.

Our Vision
Improved health and well-being and reduced health inequities for Ontario women.

Our Mandate
Echo's mandate is to be the focal point and catalyst for women's health at the provincial level. Echo promotes equity and improved health for women by working in collaborative partnerships with the health system, communities, researchers and policy-makers.

Our Values
Equity, Diversity, Inclusiveness

Our Priorities
Sexual & Reproductive Health
Chronic Disease
Mental Health & Addictions

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Message from the Chair and Chief Executive Officer

2010-2011 was a year of significant growth and accomplishment for Echo. Our vision of improving the health and well-being and reducing health inequities for Ontario women is immense however by working with key partners we believe Echo is establishing itself as an effective catalyst of change. There is a lot of exciting work underway in Ontario and there are no shortage of willing partners to join the quest to have health supporting programs be more effective in meeting women's needs.

We have seen this year that the POWER (Project for an Ontario Women's Health Evidence-Based Report) Study has become a vital resource for researchers, educators, policy-makers, providers and consumers. This multi- year project examined gender differences on a comprehensive set of evidence-based, modifiable indicators and has been published as a series of chapters. The Muskuloskeletal Conditions, Diabetes, and Reproductive and Gynaecological Health chapters were released in 2010-2011 generating strong media interest and usage. This brings the total chapters released to nine with over 60 investigators involved in the project. This body of work on the health and health care services in Ontario provides a solid baseline of evidence for Echo to move forward on. In fact, almost 100 stakeholders from across the province attended a POWER Study Summit in September 2010 to identify leading women's health indicators, delineate the cross cutting themes from study and to discuss the impact of the POWER Study findings on the articulation of the Ontario Women's Health Framework.

The Ontario Women's Health Framework which provides a roadmap for health system improvement activities that will benefit women was a major focus of Echo's work this year. The Framework responds to the needs women expressed in the Echo Conversation events held in five communities in June 2010. The Framework partners and the women's health leaders who contributed through the steering committee to the articulation of the Framework look forward to releasing this groundbreaking document in June 2011. We thank them for their support and involvement in this initiative.

Echo engaged directly with women in their communities through Echo Conversations across the province not only on the development of the Framework but also on the topic of smoking. Young women are smoking at alarming rates that will impact on the health of women directly

and on their families. Pregnancy can be a time when women are open to changing their health behaviours. This year we held four events supporting the project aimed at helping pregnant or recently pregnant women quit smoking. By bringing local women into the conversation around smoking cessation best practices, women were able to help design smoking cessation programs for their communities based on the research evidence regarding smoking. Two of the programs are being piloted for evaluation in the coming year. Echo is committed to giving women, particularly those who experience marginalization a voice in health system planning and we are grateful to the community partners who have supported these conversations to take place.

We would like to acknowledge some significant steps forward this year that support Echo's mandate. Efforts are being made by organizations and agencies across the province to implement the guidelines set out in the Ontarians with Disabilities Act. This will help Ontario to become more inclusive and make it easier for everyone to respond to diverse needs. We want to applaud the government in the Sexual Violence Action Plan and we are happy to be a partner in the implementation of the plan. We would also like to congratulate the University of Western Ontario in appointing Dr. Marilyn Ford Gilboe as the Echo Chair in Rural Women's Health and we also look forward to welcoming Dr. Angel Foster from the University of Ottawa as the Echo Chair in Women's Health with a focus on population health.

We are extremely thankful for the dedication of Echo's Board of Directors for the support and guidance that they have provided this year. Particular thanks go to Janet Davidson and Lori Marshall for their leadership of the board committees. We would also like to thank the staff at Echo, a talented team of professionals whose tireless efforts have helped create profile and credibility for the agency. Lastly, we would like to acknowledge Echo's sponsor The Ministry of Health and Long-Term Care for their investment in women's health.

It is an honour to serve the province with the responsibility of being the focal point and catalyst for women's health and we will continue to respectfully strive to effectively echo the voices of Ontario women.

Marianne Park
Interim Chair of the Board of Directors

Pat Campbell
Chief Executive Officer

How Echo Works

Echo is a catalyst for change and improvement that will improve the health of Ontario women. We work together with partners, researchers and other stakeholders in supporting evidence-based practice and policy that moves toward equity of access and outcomes for women.

Advancing Knowledge

Echo conducts, funds, and works in partnership on community and policy relevant research that creates new knowledge, identifies best practices, and supports change. Echo strengthens the impact of new knowledge by ensuring that the implications are clearly expressed through the use of Expert Panels and consensus-building processes.

Echo in collaboration with the Women's College Research Institute launched the Ontario Directory of Women's Health Researchers.

Facilitating Stewardship

Echo, in concert with others, supports effective decision making by providing research-based advice and promoting the adoption, uptake and spread of policy and practice changes that will have a positive impact on women's lives. We work alongside experts to engage with the Government of Ontario, the Ministry of Health and Long-Term Care, professional health organizations, health service agencies, community organizations, regulatory bodies and educators. We do this by engaging in planning forums and by publishing Echo Advances, our policy briefs.

Strengthening Community

Echo provides assistance for others to make changes that support the women of Ontario with health information, health care decision making and access to high quality health services. This includes demonstration and pilot projects. Echo invests in projects focused on relationship-building, skills development, and knowledge sharing, particularly related to intersectoral/interprofessional linkages. This includes Echo Conversations (stakeholder dialogues on health topics), leadership training, Echo Cafés (informal women's health research discussions), learning institutes, and conferences.

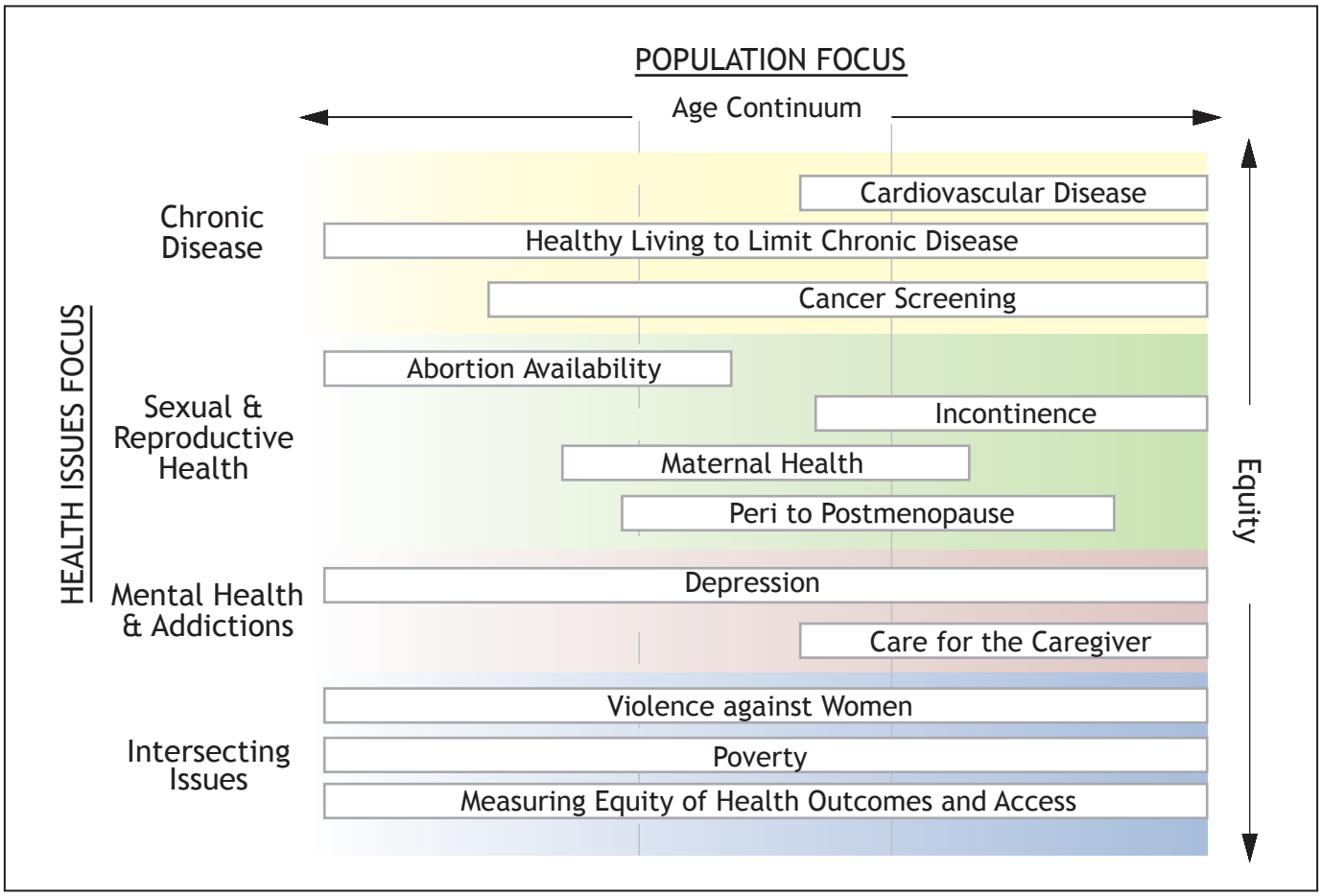
Echo's network of stakeholders grew from 890 to over 2300 this year and includes partners, researchers, health professionals and newsletter subscribers.

Being the Focal Point

Echo raises the profile of women's health issues. This includes engaging with experts, policy-makers, health-care providers and women across the province. We clarify the needs, challenges, and opportunities for improvement and the channels for change in Ontario's health-care system. We advocate for the uptake of knowledge that can be put into practice. Being the focal point also means raising awareness that equitable access to service along with sex and gender-sensitive care is a component of a high quality health system.

Echo's Health Priorities

Echo has identified a number of health priorities within chronic disease, sexual & reproductive health, mental health and addictions and issues that intersect. The following chart illustrates Echo's health issue priorities across the age continuum.



Chronic Disease

Cardiovascular Disease

What we know

❖ Cardiovascular disease (CVD) is a leading cause of death and disability among Canadian women (and men). In 2005, over 13,990 Ontario women died of CVD[1].

❖ The number of people living with CVD is expected to rise over the next 25 years due to an aging population, changes in health behaviours, improved diagnostic testing and treatment options that extend the lives of people with CVD.

❖ Women in Ontario are more likely to be readmitted to the hospital after an admission for heart failure and women with CVD consistently report worse functional status and higher rates of disability than men[2].

Intended Impact

Supporting independence through improved functional status for women experiencing cardiovascular events.

Improving health quality and costs by examining the possibility of integrating cardiac and stroke rehabilitation.

❖ Without rehabilitation services, one may expect 18% of men and 23% of women to die within one year following their myocardial infarction; 21% and 23% of men and women, respectively, are projected to die within a year of their stroke. In terms of disabilities, at 6-months post-stroke, approximately 50% of survivors experience paralysis, 30% cannot walk unassisted, 26% cannot complete activities of daily living on their own, 19% cannot speak without defect, and 35% have depressive symptoms[3].

❖ Despite Canadian guidelines on cardiac and stroke rehabilitation[4], most research demonstrates low enrolment in rehabilitation and researchers have found that women tend to underutilize rehabilitation services and are less likely to get a referral[5,6]. Rehabilitation services as a whole have repeatedly demonstrated benefit, both clinically and economically.

What Echo is doing

Examining Best Practices for Cardiac/Stroke rehabilitation for Women

In 2010, the Ontario Stroke Network, Heart and Stroke and the Cardiac Care Network partnered with Echo to:

1) examine the current state of cardiac and stroke rehabilitation practices for Ontario women;
2) explore opportunities for integrating cardiac and stroke rehabilitation for women;
3) conduct a gap assessment between best practices for cardiac rehabilitation for women and current practices in Ontario; and
4) identify barriers to implement and sustain best practices.

The partners have commissioned a systematic review, an environmental scan, and qualitative research with women across the province. This project will be completed in 2011-2012.

Outcome

Ultimately, this initiative will strengthen practice standards for cardiac and stroke rehabilitation by drawing attention to the need for improvement and the negative impacts for patients and the system of low uptake of this intervention. This project will involve the development of demonstration projects to support test program improvement opportunities to be initiated in 2011-2012.

Improving Cancer Screening Rates in Ontario

What we know:

❖ Colorectal, cervical and breast cancer screening remain below the provincial targets.

❖ Income, age, and geographic location are strongly linked with screening behaviour; people from lower-income neighbourhoods have the lowest screening rates[7].

❖ Some women are less likely to have appropriate follow-up for abnormal screening results; particularly lower-income women[8].

❖ Several researchers have identified lower rates of cancer screening in the following groups: people with disabilities, substance users, marginalized populations (sex workers; homeless women; undocumented residents, recent immigrants; lesbian, bisexual, transgender and queer women; women with mental health issues; teen and single mothers; rural women; Aboriginal women; HIV positive women; women with co-morbidities; transient women; and women who do not speak English)[9,10,11,12,13].

Intended Impact

Increasing cancer screening among women who experience marginalization.

Supporting health system programs that are cost-effective, high quality and reliable by integrating best practices and sex and gender considerations through community based collaborations.

What Echo is doing:

Helping increase cancer screening access/awareness for women who experience marginalization.

In 2009, Echo partnered with South Riverdale Community Health Centre to host an Echo Conversation with 80 Ontarians about issues related to cancer screening. Participants indicated there was a need to increase awareness and access to cancer screening services across Ontario for women experiencing marginalization.

In 2010, responding to the key messages from the 2009 conversation, Echo engaged four demonstration sites designed to increase access to and/or awareness of cancer screening for targeted groups of women who experience marginalization. Each demonstration site focuses on a different population of women as follows:

1. Urban women who experience marginalization and have had a positive pap-test
2. South Asian women
3. Women with physical disabilities
4. Lesbians

Echo is supporting independent evaluations of the demonstration projects in order to help others adapt and adopt these innovative service models in their communities.

Supporting the spread of information to increase access to Pap screening

In early 2011, Echo engaged key stakeholders in three Echo Conversations in order to raise awareness of the demonstration projects and to develop the strategy to spread the innovations across Ontario.

In total, 51 participants from hospitals, universities and community organizations across the province attended the three events, with representation from: Halton Region, Hamilton, Kingston, London, North Bay, Ottawa, Peel Region, Peterborough, Stoney Creek, Thunder Bay, Toronto (GTA), Waterloo Region, and Windsor Essex. This spread activity will facilitate relationship formation, support reflection on practice and create a shared vision of system change.

Partners:

Anne Johnston Health Station

Brampton Multicultural Community Centre

Planned Parenthood Toronto

Bay Centre for Birth Control.

Intended Impact

Demonstrate mechanisms that remove barriers and improve access to primary and secondary screening for 3-4 distinct groups of women who experience marginalization and identify how these findings can support policy and practice change across the province.

Outcome

Echo released two Echo Advances in October 2010 providing recommendations for providers and decision makers on improving equity in cancer screening for women who experience marginalization to support the spread of the lessons learned. Echo will be conducting further work in the coming year which includes:

Implementing four demonstration projects that target hard to reach women and evaluating the effectiveness of the community-based program models and approaches; and

Documenting the models that increase cancer screening for under-screened women and hosting additional engagement events to support other communities and policy-makers to adopt the lessons learned.

Sexual and Reproductive Health

Maternal Health

Fetal Fibronectin Testing (fFN)

What we know

❖ The fFN test for evaluation of women suspected of preterm labour is a reliable predictor of preterm birth. Preterm birth is the major cause of neonatal morbidity and mortality in reproductive care[14].

❖ The rate of preterm birth has been rising in Canada from 7.0% of live births in 1995 to 8.2% in 2004[15]. In Ontario, the preterm birth rate is 8.5%[16]. This has a significant impact on personal and system costs.

❖ The fFN test is expected to reduce system costs and maternal stress by reducing transportation to specialty services for women with false preterm labour[17].

❖ In January 1, 2009, all hospitals in Ontario that provide maternity care (approximately 80) received funding for the implementation and ongoing provision of fFN testing.

What Echo is doing

In 2010, Echo funded the Ottawa Hospital Research Institute and BORN Ontario to evaluate the implementation of fFN testing in Ontario's delivery hospitals. Over the course of 2010-2011, Lead Investigator, Ann Sprague continued to look at health services utilization, cost/benefits and the experiences of women and providers with the program.

Outcome

The project will be completed in 2011 and will highlight the strengths of the current program model and how the integration of services can be refined.

Abortion Services

What we know

❖ Abortion is a safe procedure in Ontario, with less than a 1% complication rate[18]. Access to safe abortion preserves women's health and saves women's lives[19].

❖ Currently, abortion services are easier to access in larger urban centres; which means that some women will have to travel outside their communities to access abortion services[20].

❖ Only a few providers offer the majority of abortion services, leaving the Ontario system fragile[21].

❖ The drug combination of mifepristone followed by misoprostol to safely interrupt pregnancy up to nine weeks gestation is available in many other countries but is not available in Canada[22]. Availability of this regime could increase access and decrease health system and personal costs related to the health need[23,24].

Intended Impact

Supporting accessible, safe, appropriate, timely, and non-judgmental abortion services for Ontario women through an integrated and sustainable sexual and reproductive health system.

What Echo is doing

Assessing abortion services in Ontario

The Studies on Access to Abortion Services (SAAS) were commissioned through the Institute for Clinical Evaluative Sciences (ICES) to update the information regarding access to abortion and abortion safety in Ontario; to supplement the understanding of access with an examination of medical school curriculum related to abortion; and to explore the role of primary care in the provision of medical (drug induced) abortion. Led by Dr. L. Ferris, these studies when taken together provide a more complete picture of abortion in Ontario than was available previously.

Bringing experts together to recommend improvements to abortion services in Ontario

In 2010-2011, Echo worked with the results of SAAS and supplemented it with input from an Expert Panel to generate recommendations for change that are targeted at specific stakeholders in Ontario. Although abortion is a safe procedure in Ontario, with less than a 1% complication rate there is a need to develop the current fragmented services into a system of care that operates on standards and can be monitored effectively. Training programs need to improve the core training regarding abortion and Canada does not have access to the most effective drugs for supporting medical abortion that are available in other parts of the world.

Outcome

Four case scenarios were developed to highlight and synthesize the research findings of the ICES studies. They will be released in May 2011. Additionally, Echo will conduct a series of consultations to update stakeholders on new abortion information.

The findings of SAAS were reviewed and discussed by members of the Expert Panel, and key stakeholders were also consulted to help define the recommendations in the Expert Panel report. Follow-up to the report will be undertaken in 2011-2012.

Postpartum Health and Health Service Utilization

What we know

Intended Impact

Supporting effective use of health system resources and better outcomes for mothers and babies.

❖ There is a rising caesarean section rate in Ontario with an 8% increase in caesarean section rates over the last ten-year period; the provincial rate is currently 28.6%[25].

❖ Research exploring health outcomes and service use patterns associated with delivery method is currently underway in Ontario[26] and can benefit from including a cost analysis.

❖ There is lack of solid evidence of the short-term and long-term risks and benefits of a planned caesarean delivery compared to a planned vaginal delivery[27] and there is very little published research on the association between delivery method and other outcomes such as breastfeeding duration, functional health status and patterns of service use postpartum.

What Echo is doing

In 2011, Echo funded a cost analysis of postpartum health and service use. The results will support health service policy and delivery at the provincial level and the Local Health Integration Network (LHIN) level to improve outcomes and reduce costs of care.

Outcome

A report on this research will be available in 2011.

Smoking Cessation and Pregnant Women

What we know

❖ In 2007-2008, there were over 100,000 pregnant Ontario women who wanted to quit smoking[28]. Given that many pregnant women are reluctant to disclose they are smokers, especially during pregnancy, these estimates likely under represent the true prevalence of smoking during pregnancy.

❖ Women who smoke are almost twice as likely to have low-birth weight babies as women who never smoked[29].

❖ Premature and low-birth weight babies face an increased risk of serious health problems during the newborn period, chronic lifelong disabilities (such as cerebral palsy, mental retardation and learning problems), and even death[30].

❖ If a woman stops smoking even by the end of her second trimester of pregnancy, she is no more likely to have a low-birth weight baby than a woman who never smoked[31]. Smoking is also associated with pregnancy complications for example, smoking cigarettes doubles a woman's risk of developing placental problems[32].

❖ Given the health consequences of smoking on the mother and the fetus and the system costs of the associated complications, it is imperative to help women quit smoking.

Intended Impact

Health system design that improves cost-effectiveness, quality and reliability through integrating evidence based best practices with gender and contex sensitive program elements.

What Echo is doing

Helping Ontario Pregnant Women Quit Smoking

In 2010, Echo launched a multi-year project to help Ontario pregnant women quit smoking. The first step of this project identified demographic characteristics, health behaviours (e.g. using illicit substances) and co-occurring health issues (e.g. mental illness) of Ontario pregnant women who smoke. Echo worked with BORN Ontario to analyze data from the "Better Outcomes Registry & Network Ontario" (BORN, 2006-2008).

Based on the data, Echo co-hosted four Echo Conversations in communities where the smoking prevalence among pregnant women was highest (Thunder Bay, North Bay, Hamilton, Peterborough).

Intended Impact

Tested program models will support policy and program decision-making.

Decreased smoking during and after pregnancy in women that experience marginalization will promote health.

Through these events women's voices were reflected in local planning of evidence based smoking cessation supports.

The 70 participants included women of childbearing years, who were smokers or had recently quit smoking. They brought their knowledge of the difficulties women in their communities

face when trying to quit smoking to a discussion of the pros and cons of evidence based best practices. Participants provided recommendations for adopting and adapting the best practices and for applying them in their respective communities.

Echo further supported two demonstration projects with the North Bay Indian Friendship Centre and Peterborough County-City Health Unit based on the smoking cessation programs designed by community women. A third demonstration site provides online smoking cessation services province wide. All three demonstration projects are being evaluated in order to support the learning from the initiative and the spread of innovation across the province.

This initiative will support increased access to smoking cessation programs for pregnant women based on evidence based best practices, women's experiences and the local context.

Outcome

Prevalence of smoking in maternal age women has been assessed and four target communities identified. Engagement of providers and community women has been undertaken in the four communities resulting in the articulation of evidence based context sensitive programs to support women to stop smoking. Two of these programs are being initiated to test the program models. A provincial summary of the conversation findings as well as community specific reports were developed and will be released in May 2011.

A smoking cessation website will be developed in partnership with the Centre for Community-Based Research in 2011 to support Ontario providers and women to quit smoking with evidence regarding what works and for whom.

Peri to Postmenopause

What we know

❖ A Family Physician survey in 2009 identified a need in Ontario for support in knowing best practices for care for menopause symptoms.

❖ Approximately 35% of Ontario women are between 40 to 64 years of age where there is an intersection of issues of aging (e.g., urinary incontinence, osteoporosis) with a normal transitional biological lifecycle event known as the menopausal transition.

❖ Women in the menopausal transition (i.e., perimenopause -the years during which women are still menstruating but periods are becoming more irregular), report symptoms such as headache, poor sleep, mood changes, vasomotor symptoms, and joint pain[33,34], although many women transition without major problems and may consider it a positive event in their lives [35,36].

❖ Menopause, which officially begins one year after the last menstrual period[37], is associated with an increased risk for several chronic diseases, including cardiovascular disease[38,39] and osteoporosis [40, 41, 42].

What Echo is doing

Peri to Postmenopausal Health Scoping Review

In 2010, Echo commissioned a scoping review to assess the current state of knowledge in peri to postmenopausal health in Ontario. The review consisted of a literature review, qualitative interviews with key informants, and a research synthesis.

Intended Impact

Increased capacity of women to manage midlife symptoms.

Women's increased knowledge of treatment options.

Improved peri to postemenopause care reflecting current practice standards.

Outcome

The literature review identified critical issues related to how midlife transition and menopause are defined. The qualitative interviews provided additional information on symptoms, treatment approaches, practice issues and issues related to access and regulation from the perspectives of health providers and women's health advocates. The research synthesis identified four major issues concerning peri to postmenopausal health in Ontario.

Building on the gaps identified in the peri- to postmenopause scoping review project, an interprofessional education conference day was held in Toronto for primary care providers (i.e., family physicians and nurse practitioners) through a partnership with the Ontario College of Family Physicians and the Nurse Practitioners Association of Ontario to disseminate the evidence of what works and for whom. The Society of Obstetricians and Gynaecologists' Continuing Medical Education module on menopause was offered, as well as sessions on hormone replacement therapies (including bioidentical hormone therapies), chronic disease and menopause, and mood disorders during midlife. Future work will include more educational sessions for family practitioners in northern and rural parts of the province to spread evidence based best practices, as well as a cross-provincial series of community sessions to hear from women about menopausal and incontinence care.

Benign Uterine Conditions (BUC)

What we know

❖ Focus group discussions conducted with Aboriginal women in Northern Ontario revealed that women often felt that their doctors had a propensity either for or against hysterectomies, and that they were not allowed an adequate role in decision-making regarding the treatments available for benign uterine conditions[43].

Intended Impact

Improved service provision for Aboriginal women.

Improved access to culturally and language-sensitive decision aids for Aboriginal women.

❖ Hysterectomy rates for the District Health Council region encompassing Manitoulin Island was twice that of Toronto.

❖ Women can experience abnormal uterine bleeding[44] or other symptoms in the peri to postmenopause time frame that result in discussions about benign uterine conditions.

What Echo is doing

Supported by Echo, the Centre for Effective Practice, in partnership with Noojmowin Teg Health Access Centre in Little Current Manitoulin Island, completed a project in 2010 to develop patient education tools about hysterectomy for Aboriginal women. This project was designed specifically to address hysterectomy rates among First Nations women in Ontario.

Focus group discussions conducted with Aboriginal women in Northern Ontario revealed that women often felt that their doctors had a propensity either for or against hysterectomies, and that they were not allowed an adequate role in decision-making regarding the treatments available for benign uterine conditions.

Outcome

In order to address literacy and language barriers, two handouts (“Understanding Hysterectomy” and “Pelvic Support Problems”) originally developed for the BUC initiative were adapted as pictograms. Tools were developed for use in three formats: printed handouts in English, Ojibwe and Oji-Cree; a printed “pictogram” tool featuring illustrations plus simplified written information in English; and audio recordings of text of written patient handouts in English, Ojibwe and Oji-Cree. All the tools were piloted in the community and are available electronically.

Incontinence

What we know

❖ Urinary incontinence (UI) is an underreported chronic condition that affects approximately 4.5% of midlife women, 25% of women by the time they are 70, and 35% of women after age 80[45].

❖ All types of UI (stress, urge, mixed and functional) have been reported in 10% to 30% of postmenopausal women, compared with only 1% to 5% of similarly aged men; and prevalence rates vary by ethnicity[46].

❖ Women who are heavier, who smoke, and have chronic conditions (e.g., type 2 diabetes, arthritis) are more likely to have incontinence than other women[47,48].

❖ Women who have incontinence have out-of-pocket costs of about $900 per year (i.e., pads, laundry) and report lower quality of life, more social isolation, and higher depression scores than women who do not have this condition[49].

❖ Few women approach the subject of incontinence with their health care providers; discussion of incontinence is difficult due to feelings of shame or embarrassment[50, 51] and women may also have the perception that it is a normal part of getting older, or the consequence of having children[52, 53].

Intended Impact

Greater uptake of best practices by practitioners.

Greater capacity by women in choosing care options and self management.

Improved incontinence care.

What Echo is doing

Incontinence in mid-life women: Tools to aid in communication and decision-making

Echo is supporting a project to assemble evidence about women's urogenital health needs and treatment preferences for urinary and faecal incontinence. A decision-aid tool(s) is also being developed to help women understand incontinence, talk to their health care provider about their incontinence, and make decisions about treatment for their incontinence.

Outcome

The tool(s) will be pilot-tested and the project completed by April 2012.

Mental Health and Addictions

Depression

Women in Ontario are resilient despite evidence that some of the circumstances of women's lives contribute to anxiety and depression.

What we know

❖ Women from diverse backgrounds, Aboriginal women, women who have experienced abuse and/or sexual violence, women who are caregivers and women with chronic illnesses all have a greater chance of suffering from depression.

❖ Postpartum depression is reported to affect between 6.5% and 20% of women and may be as high as 30% in socioeconomically-disadvantaged populations[54].

❖ Postpartum depression affects health service use and costs of care[55].

What Echo is doing

Care for Postpartum Depression – Moving Toward Standards for Ontario

In 2010, Echo initiated a project: Care for Postpartum Depression – Moving Towards Standards of Practice in Ontario in collaboration with Brenda Toner, Centre for Addiction and Mental Health, (CAMH). The goal is to build upon the work and initiatives that have been completed and are underway in the area of postpartum depression (PPD) in Ontario and bring together thought/practice leaders from around the province to articulate an Ontario-wide vision for a coordinated, integrated system of care for postpartum depression.

Intended Impact

Building on an initiative funded through the Ontario Medical Association Innovation fund to move toward standardized care for post partum depression to increase the health of mothers and families.

Outcome

A project report will be received early in 2011-2012 that will define the current state and steps for moving forward to develop this practice leader network further and to move towards implementation of practice standards for postpartum depression in Ontario.

Improving Access to Services for Depression for At-Risk Populations

What we know

Women from diverse backgrounds, Aboriginal women, women who have experienced abuse and/or sexual violence, women who are caregivers and women with chronic illnesses all have a greater chance of suffering from depression.

In 2009, in collaboration with the Canadian Institutes of Health Research (CIHR), Echo supported a competition for knowledge translation projects in women and depression. The project was awarded in 2010 and the successful applicant is focusing on depression experienced by lesbian women, and knowledge translation activities to increase access to appropriate services.

Intended Impact

Information to support decision-making re: program/service requirements.

Improved depression care for lesbian and bi-sexual women.

Outcome

This initiative will a) increase understanding of ways to remove barriers to treatment for women with depression; b) evaluate new models of health care delivery for women with depression; and c) develop new insights about ways to improve the acceptability of mental health services. This project will be completed in 2013.

Care for the Caregiver

Intended Impact

Reduced demand on health system resources.

Increased awareness of support options for caregivers. Increased use of caregiver supports.

What we know

❖ Twenty-three per cent (nearly 1 in 4) of informal caregivers reported signs and symptoms of stress, including anger and depression according to a recent Change Foundation Study[56].

What Echo is doing

Addressing Caregiver Needs for Improved Health and Reduced System Stress

In 2010, Echo commissioned a project to determine the best practice programs and/or tools which provide education to informal caregivers in Ontario and to create recommendations for cost effective education support priorities for a range of informal caregivers. The purpose of this project is to learn what strategies exist which support caregiver education, what organizations are offering the supports, and to recommend best practices.

Outcome

Echo as a member of the Ontario Caregiver Coalition will engage with others regarding the outcome of this work. These activities will ground future efforts to support the well-being of caregivers recognizing that women undertake the majority of family caregiving responsibilities. This report will be received in 2011-2012.

What Echo is doing

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Intended Impact

More effective and efficient system use.

Improved family physician capacity to support women's health issues.

Mentoring Family Physicians

What we know

❖ A cross province survey of Family Physicians in 2009 identified significant need for support to improve care for a variety of women's health issues.

What Echo is doing

Supporting general practitioners and nurse practitioners to better serve women through mentoring

In 2009, Echo supported the Ontario College of Family Physicians to develop a mentoring program designed to support general practitioners to better serve women (WOMMEN). The project steps included a survey of family physicians about challenges they experience in serving the mental health needs of their patients. The survey identified the need for support for family physicians related to a broad range of women's health issues. It is clear that expert support to family physicians increases the quality of care[57].

Outcome

In 2010-2011, Echo supported mentoring activities in order to increase physician access to mentoring supports. Also in this year, nurse practitioners from across Ontario were included in the mentoring program and the associated education events.

Gender Analysis of Problem Gambling in Ontario

What we know

❖ Problem gambling is typically defined as recurrent maladaptive gambling behaviour that disrupts personal, family, or vocational pursuits. Gambling among women has increased substantially over the years. Research suggests that women are now as likely as men to gamble and women have been shown to advance through stages of problem gambling more quickly than their male counterparts.

What Echo is doing

Gender-Based Analysis of Problem Gambling

Echo is working with the Ontario Problem Gambling Research Centre to explore the prevalence of problem gambling among women in Ontario.

Intended Impact

Increased knowledge about at risk women.

Outcome

In order to inform the development of policy and program initiatives, researchers have started work to examine prevalence in terms of level of education, income, geographic location, age, and ethnicity. This work will continue until the Fall of 2011.

Ontario Women's Health Framework

What we know

❖ High quality health care in Ontario must support health and health service equity for both women and men.

❖ Ontario's population is diverse: over half of Canada's immigrants settle in Ontario and Ontario has the largest Aboriginal population in Canada.

❖ Cardiovascular disease (CVD) is the leading cause of mortality for women in Ontario, and women with CVD report more disability and poorer physical functioning than men[58].

❖ The burden of chronic disease is higher in women; women are twice as likely to have multiple comorbidities, and rates tend to be highest in women with low-income and/or education levels, homeless women, and marginalized women.

❖ Maternity care is intermittent in rural and remote communities; lack of access to these services is an issue for pregnant and postpartum women in these communities[59].

❖ According to the 2006 Census, women working full-time, year-round in Ontario earned 71 per cent of what men employed full-time, year-round, made that year[60].

Intended Impact

Articulation of priorities for action and clear measurable indicators will align improvement efforts to improve women's health.

What Echo is doing

Echo has partnered with a diverse group of players to build Ontario's first ever Framework that has set priorities to improve women's health through addressing health care quality and health equity. With a vision of: improved health and well-being for all Ontario women, particularly those who are disadvantaged, through targeted approaches and system changes, the partners refined priority areas for action and finalized this vital leadership tool over the course of 2010-2011 incorporating the input from women in the province. The Ontario Women's Health Framework will be released in June 2011.

The Framework builds on the work of the Project for an Ontario's Women's Health Evidence-based Report (POWER Study), which was led by Dr. Arlene Bierman, funded by the Ontario government and Echo over 2006-2011.

Outcome

A Steering Committee comprised of system leaders and women's health experts was developed to guide the articulation of the Framework and its priorities. Further engagement in the Framework included consultations with provincial agencies and associations in various health sectors including hospitals, public health, community mental health, physicians, Local Health Integration Networks (LHIN), community health centres, community care access centres and the Ontario Agency for Health Promotion and Protection.

Echo's Researcher Expert Panel and Diversity Expert Panel were consulted in the development of the Framework. Over 200 Ontario women were also asked to comment directly on the Framework's emerging priorities for change through a series of province-wide engagement events in the Spring

and Fall of 2010. Community specific summaries of the discussions were released along with a cross provincial synthesis of the findings.

An Echo Café was also held during the 2010 Canadian Public Health Association conference in Toronto with policy-makers and health leaders in attendance. Feedback from this diverse group of women and health leaders is reflected in the priorities and actions in the Framework.

Three strategic priorities to improve women's health in Ontario

(1) **Reducing gendered health inequities resulting from women's social roles and status.** Women know that securing decent income, safe housing, education, and freedom from violence, stigma and racism will support health.

(2) **Designing and implementing care delivery systems that strengthen the reliability and quality of care.** Service planning must consider the unique needs of different groups of women. For example, women coping with poverty, stigma, geographic barriers, or cultural factors are often prevented from seeking out needed services.

(3) **Mandating planning and accountability requirements that reflect the priorities of women.** When data are examined to show how gender (social roles) and sex (biology) affect health, and when these data are considered with respect to ethnicity, geography, income and other factors, Ontario can see where to focus efforts to improve health and health service outcomes.

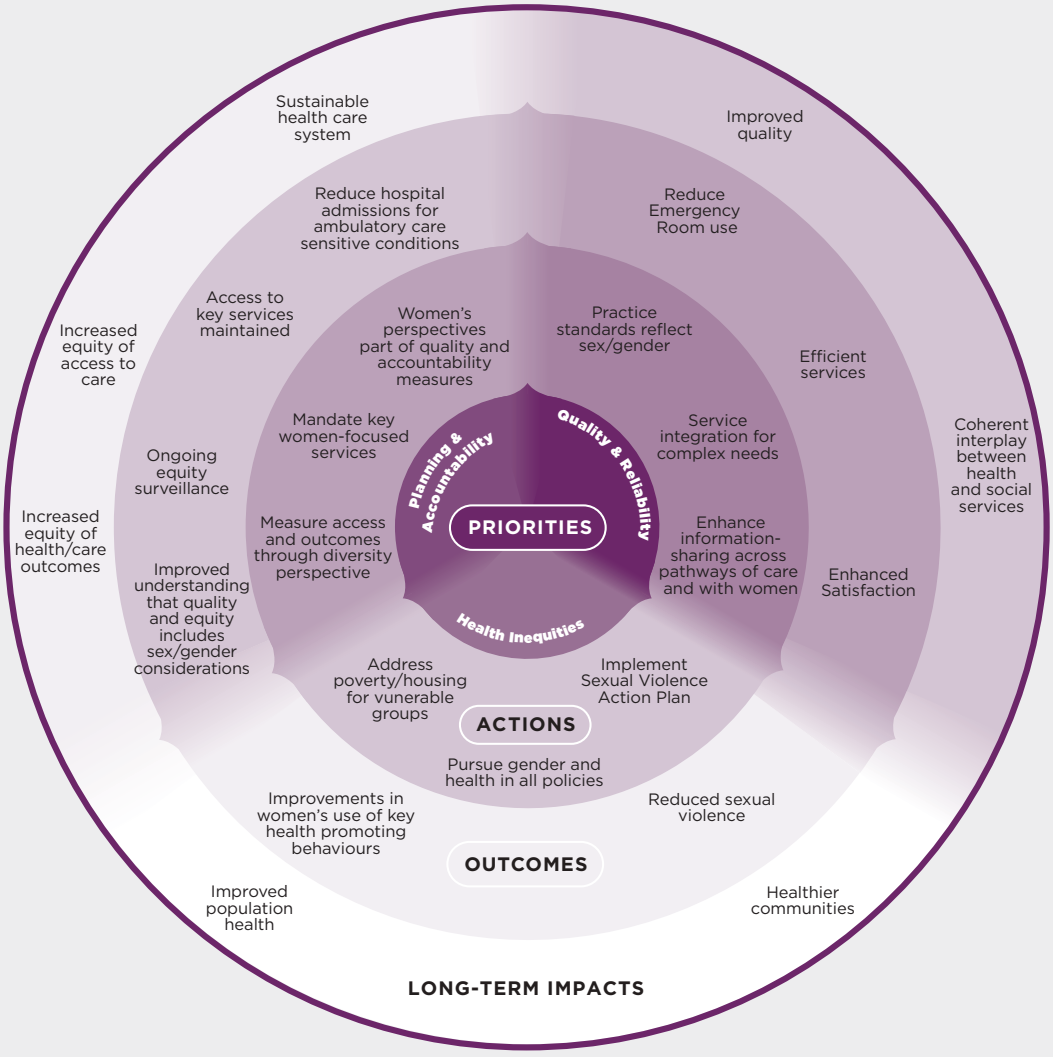
Who is needed to take action on the Ontario Women's Health Framework?

- Ontario government
- Ministry of Health and Long-Term Care
- Other ministries
- Researchers and educators
- First Nations, Métis and Inuit communities and their governing bodies
- Local stakeholders such as the Local Health Integrated Networks (LHINs), health and social service providers, related organizations and professionals, and community members
- Men and women
- Echo: Improving Women's Health in Ontario

A variety of supporting activities will be necessary to move the Framework forward and support uptake across Ontario communities. The ability to systematically examine decisions from a sex- and gender-based perspective requires training and support. Echo has established a leadership training program that will address this capacity-building need across the Ontario health service system. The Ontario Health Quality Council (OHQC) will also post the indicators and analyses from the POWER Study in an online format to allow regions in Ontario to create reports on indicators of interest for improvement activities. Other activities will include progress reporting on innovations related to women's health and the Framework, updating and monitoring of the key indicators, development of a women's health community of practice, and conferences to share learning and support continued momentum for change.

Women's Health Framework Partners:

Ontario Women's Health Framework Logic Model:



Intersecting Issues

Echo identified as part of its strategic planning that there are some overarching and intersecting issues that need to be considered when addressing the health of women. They include Measurement and Accountability, Women's Poverty and Violence Against Women. Furthermore Echo commissioned some foundational work in 2009 to support the agency in fulfilling its mandate.

What Echo is doing

Increasing Equity in Health System Planning

The "Make it Real" project (Addressing the Knowledge Translation needs of Ontario Health Care Providers) highlights the knowledge and skill development needs of health care providers related to the analysis of sex and gender and health equity.

Outcome

This study was completed in 2011 and reports on the support practitioners need to use gender-based analysis and equity-assisting frameworks. Recommendations include:

- Reframing language and perception
- Embedding equity in organizational fabric
- Focusing on leadership
- Adapting existing frameworks and tools
- Refining knowledge-sharing strategies

Intended Impact

Articulation of priorities for action and clear measurable indicators will align improvement efforts to improve women's health.

Gender-based Analysis of Primary Care

In 2010, Echo embarked on a project to examine and describe how Ontario Primary Care Reform efforts support the health needs of women. Gender-based analyses reveal the strengths and weaknesses of the primary care reforms as they affect gendered health inequities for Ontario women and their families.

Outcome

The project results include a gender-based analysis tool specific to primary care to support the ongoing development of primary care practice models in effectively addressing women's needs.

Equity Planning for Ontario Community Health Centres

In 2011, Echo funded a project to support equity planning in health centres throughout Ontario by identifying the distribution of unmet need across the province geographically and by primary population groups and by examining the sex differences. The data will be assessed using the 114 sub Local Health Integration Network (LHIN) areas (Version 9, December 2010). The analysis plan tackles and addresses overlapping and intersecting issues across the different population groups to create a helpful picture of population based indicators of need.

Outcome

Policy briefs for key target groups will be created. This project will be completed in Spring, 2011.

Rural Health

In 2011, Echo submitted its response to the Ontario Rural Health Framework reflecting evidence based sex and gender specific considerations in Rural Health. The response will be released in July 2011.

In collaboration with the Rural Ontario Institute, the Wellesley Institute, the Centre for Rural and Northern Health Research initiated development of a report on how to assess and improve rural health equity.

Outcome

The Rural and Northern Health Framework submission is scheduled for release in July 2011.

Developing a Women's Health Research and Knowledge Translation Agenda

A project completed this year identifies Ontario women's health research and knowledge translation priorities. This work will support development of a research agenda in women's health and support Echo's future knowledge translation investments which can now be informed by the systematic collection and reporting of Ontario women's perspectives through this project.

Outcome

Information was collected through a literature review, survey, focus groups and a community forum. The project investigator engaged a broad range of community based agencies in the province. More than 2,000 women in Ontario participating as respondents to an online survey and as informants in focus groups held across the province, Health Research and Knowledge Translation: Including the Voices of Ontario Women strongly demonstrates that women in Ontario are willing to take time out of their busy lives and multiple roles to be actively involved in women's health. The project was conducted in French and English, led by the Ontario Women's Health Network.

Intended Impact

Increased capacity to incorporate women's voices in research, education, and knowledge translation.

Addressing Violence Against Women

Echo has partnered with the Sexual Assault and Domestic Violence treatment centres to undertake projects in support of the province's Sexual Violence Action Plan over a three year period. The projects include the implementation of service delivery standards for Sexual Assault and Domestic Violence services in hospitals including implementing drug facilitated sexual assault standards of care.

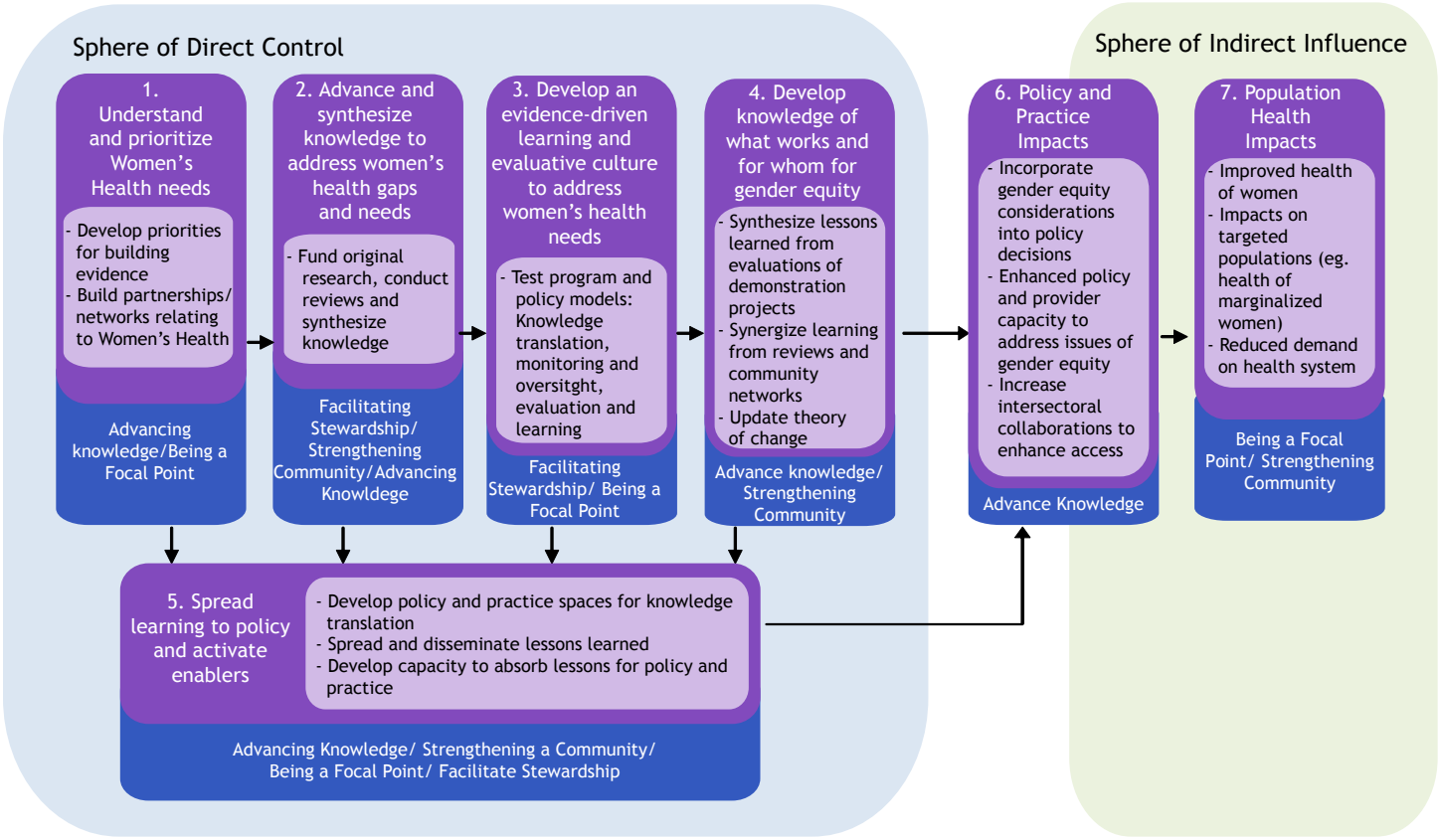
This project will engage the Ontario Hospital Association, the 14 Local Health Integration Networks and the hospitals in formalizing the system of care creating clarity about the role of emergency services and the role of the Sexual Assault and Domestic Violence Treatment Centres. The project includes a public education component.

Outcome

This project will evolve the current program model to incorporate new research regarding drug facilitated sexual assault and will integrate services provided by hospitals within a region.

Developing an Evaluation Framework for Echo

Echo engaged the Li Ka Shing Knowledge Institute Evaluation Centre to develop an evaluation framework for Echo to support the articulation of the success of the agency in delivering on its mandate. The framework will define what should be measured and how that could be accomplished.



Supporting Shared Leadership in Women's Health Across Ontario

What we know

❖ The release of the POWER Study over 2009-2011 created a need for a response to the findings.

❖ An Ontario Women's Health Framework was developed to create priorities for improvement.

❖ The Framework was supported by extensive community engagement over 2010 and will be release in June 2011.

❖ International research has demonstrated that improving women's health supports broader system goals of equity, sustainability and quality.

❖ Leadership development programs have successfully stimulated change in Ontario for other communities of interest (Nursing, HIV).

What Echo is doing

Exploration of Women's Involvement in Ontario's Health Sector

A project finalized this year documents baseline information about women's involvement in decision making in the health sector. Recommendations include supporting a Women's Health Leadership Development Program, using the internet and social media tools to create dialogue and debate, the need for mentoring and creating welcoming environments for women to influence decisions.

Women's Health Leadership Program/ Program Evaluation

In response to the recommendation coming out of Echo's exploration of women's involvement in Ontario's health sector, Echo joined forces with the Ontario Women's Health Network to support a Women's Health Leadership Development program. Designed to support women to build their leadership capacity the program affords women the opportunity to participate meaningfully and effectively in the systems and structures affecting women's health throughout Ontario and to effectively articulate sex and gender considerations in local planning efforts.

"I have used the excellent acquired skills for my community here and have been able to intitiate connections for my dream project I mentioned at the retreat. Thanks to the team for the insightful experience."

"I am greatly appreciative for all your support and encouragement at the leadership retreat, which provided me with the wind under my wings to take action on an issue that has been near to my hear for a long time."

Participants,
Women's Health
Leadership Retreats

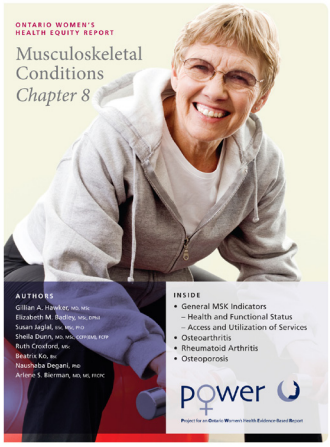
Outcome

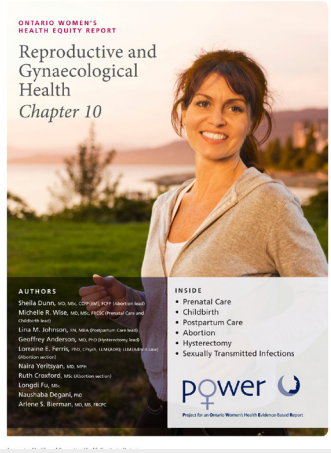
The Women's Health Leadership Program has now completed year two of the planned four years. Evaluation of the program was initiated this year. This program will provide three levels of training and will engage over 200 women from across the province over the four years.

The Women's Health Leadership program has been well received by women across the province. Three retreats were held over the course of 2010-2011 with a total of 75 applications received. Forty-two women were engaged in training over the year and feedback has been extremely positive.

In 2011, Echo launched the Directory of Women's Health Researchers in partnership with the Women's College Research Institute. The Directory will ultimately provide a comprehensive listing of researchers working in the field of women's health and related areas and support a broad community of women's health scientists and students from across Ontario. Since its launch in early January, the Directory has grown to include researchers from Brampton, Dryden, Guelph, Hamilton, Kenora, Kingston, Kitchener, London, Mississauga, North York, Oakville, Oshawa, Peterborough, Scarborough, St. Catharines, Thunder Bay, Whitby and Windsor.

power
www.powerstudy.ca
Project for an Ontario Women's Health Evidence-Based Report





The POWER (Project for an Ontario Women's Health Evidence-Based Report) Study, is an Echo funded multi-year project that examines the gender differences in access to care, as well as quality of outcomes of care for leading causes of morbidity and mortality in Ontario.

The study is designed to serve as an evidence-based tool to help policy-makers, providers and consumers improve the health of and reduce inequities among the women of Ontario. The project highlights modifiable indications of health and quality thereby supporting efforts to link measurement to intervention and improvement. Educators can also use the report to teach about women's health, health inequities, population health, and health system performance.

In 2009-2010 volume one of the POWER Study was released including chapters on Burden of Illness, Cancer, Depression Cardiovascular Disease and Access to Care. Volume two chapters released in 2010-2011 include Muskuloskeletal Conditions, Reproductive and Gynaecological Health and Diabetes. The HIV Infections and Populations at risk chapters will be submitted and released early in 2011-2012. The POWER Study chapters are being accessed widely and are seen as a model for how equity can be assessed in the health system. The website received almost 15,000 visitors and more than 25,000 downloads of its chapters and highlights documents.

Findings and recommendations from the POWER Study have supported the development of the Ontario Women's Health Framework to be released in June 2011. The POWER Study Summit held in September 2010 supported the articulation of leading women's health indicators, discussed the cross cutting themes from the chapters and how the POWER Study could inform the Framework. A survey was also conducted to support the articulation of the key indicators for ongoing monitoring of women's health included in the Framework. The key indicators are derived from the POWER Study.

Funding and Expenditures

Echo received $2.9 million in funding for the year. $944K was refunded to Echo for projects disbursed in prior years. Of the $2.9 million approximately $1.2 million was invested in Knowledge Translation Initiatives (including projects in progress of $45K). Being the Focal Point spending of about $123.5K involves stakeholder engagement and communications activities relating to website development, visual identity and branded products, media, reports and translation. Capital spending was limited this year to approximately $15.5K related to office changes.

Staff expenditures were increased this year with the agency operating at full staffing for the first time. Detailed project management supports continued to be refined this year with streamlining of internal processes to improve efficiency. The agency worked with the Vendor Of Record guidelines to foster positive relationships with external parties essential to the mission. The review of risk management completed this year supported operations and compliance processes.

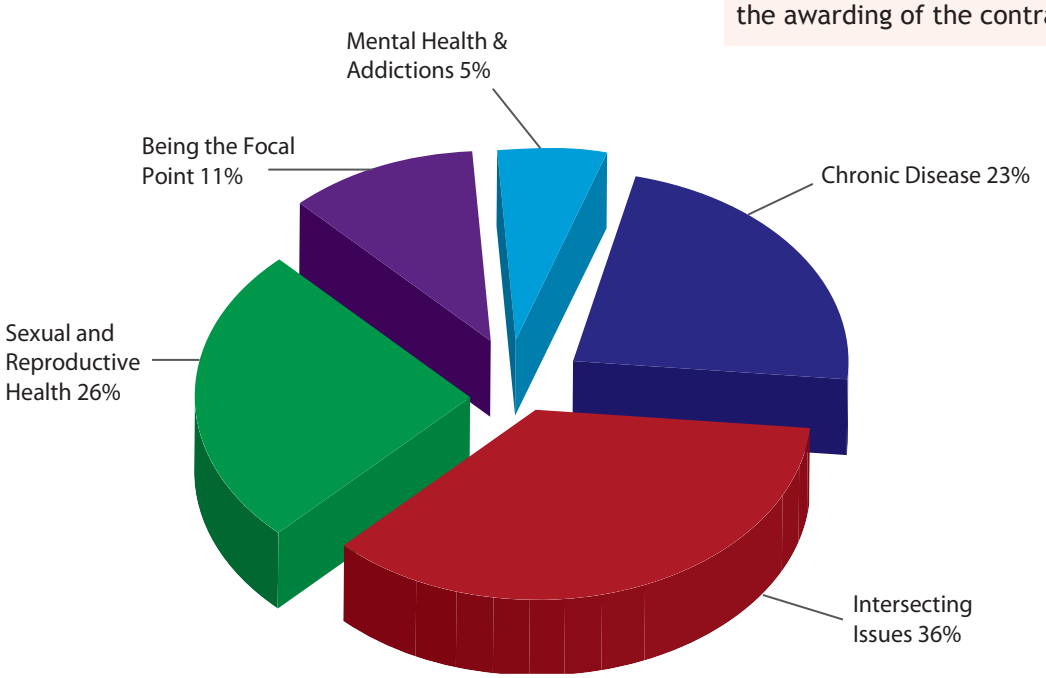
Annual remuneration for Directors

In compliance with the May 2011 directive regarding Public Appointees the total annual remuneration for appointees is $28,100 reflecting 5 board meetings, 8 committee meetings and a board retreat.

Knowledge Translation Initiatives – total $1.2M

Echo Requests for Applications

Echo released six RFAs (Requests for Application) in 2010 and received an enthusiastic rate of response from women's health researchers across the province. All applications were reviewed internally for eligibility completeness and relevance. Respondents moving to the next stage were then evaluated by three external scientific and/or community reviewers as appropriate. Finally, external review results were compared resulting in decisions about the awarding of the contracts.



Partners

Echo promotes equity and improved health for women by working in collaborative partnerships with the health system, communities, researchers and policy-makers.

Echo is thankful for the support of the following partners:

Anne Johnston Health Station
Association of Community Health Centres
Better Outcomes Registry & Network Ontario (BORN)
Brampton Multicultural Community Centre
Bay Centre for Birth Control
Brock University
Canadian Institutes of Health Research
Centre for Addictions and Mental Health
Centre for Community-Based Research
Centre for Effective Practice
Centre for Rural and Northern Health Research
Community Development Council of Quinte
Community Development Halton
Community Legal Clinic of York Region
Dalla Lana School of Public Health – University of Toronto
Heart and Stroke Foundation
Institute for Clinical Evaluative Sciences (ICES)
Kappel & Associates
Laurentian University
Le regroupement des intervenantes et intervenants
francophones en santé et en services sociaux de l'Ontario (Rifssso)
Li Ka Shing Knowledge Institute Evaluation Centre
Noojmowin Teg Health Access Centre
North Bay Indian Friendship Centre
NorWest Community Health Centres (Thunder Bay)
Nurse Practitioners Association of Ontario
Ontario College of Family Physicians
Ontario Council for Graduate Studies
Ontario Problem Gambling Research Centre
Ontario Health Quality Council (OHQC)
Ontario Stroke Network
Ontario Tobacco Research Unit
Ottawa Hospital Research Institute
Ontario Women's Health Network
Peterborough County-City Health Unit
Peterborough Women's Health Centre
Pillar Nonprofit Network (London)
Planned Parenthood Toronto
POWER Study
Program Training and Consultation Centre
Public Health Unit – Peterborough
Rainbow Health Ontario
Registered Nurses Association of Ontario
Réseau des services de santé en français de l'Est de l'Ontario
Rural Ontario Institute
Social Development Council of Cornwall and Area
Social Planning Council of Kitchener Waterloo
Social Planning Council of Sudbury
Social Planning and Research Council of Hamilton
Social Planning Council of York Region
Social Planning Network of Ontario
St. Elizabeth Health Care
St. Michael's Hospital
Tazim Virani and Associates
The Cardiac Care Network
Thomas Egdorf
Toronto Central Local Health Integration Network
Toronto Rehab
University of Ottawa
University of Toronto
University of Western Ontario
Wasabi Consulting
Wellesley Institute
Women's College Hospital
Women's College Hospital Research Institute
York University
York Region Legal Aid Clinic

Echo: Improving Women's Health in Ontario
Board of Directors
As at March 31, 2011

Board Member	Date Appointed	Term Expires
Marianne Park, Interim Chair of the Board of Directors	June 27, 2007	June 26, 2012
Lori Marshall, Interim Vice-Chair of the Board of Directors	December 3, 2008	December 2, 2011
Elizabeth Burnham	June 27, 2007	June 26, 2012
Aisha Chaudry	June 27, 2007	June 26, 2012
Shaheen Darani	June 27, 2007	June 26, 2012
Janet Davidson	June 15, 2010	June 14, 2013
Jack Kitts	June 27, 2007	June 26, 2011
Rita Tsang	June 27, 2007	June 26, 2011
Samina Talat	June 15, 2010	June 14, 2012
Audrey Johnson	October 20, 2010	October 19, 2013
Karen Meades	May 23, 2011	March 22, 2014
Meredith Cartwright	June 27, 2007	Resigned Jan 2011

Echo Senior Management Group

Pat Campbell
Chief Executive Officer

Shelley Cleverly
Director,
Knowledge Translation

John Ecker
Director,
Public Affairs & Community Engagement

Rosie Yeung
Director,
Finance & Administration

Echo Chairs in Women's Health Research

Dr. Arlene Bierman
The University of Toronto

Marilyn Ford-Gilboe
University of Western Ontario

Nazilla Khanlou
York University

Expert Researcher Panel

Dr. Sonia Anand, Panel Chair
Anne Rochon Ford
Dr. Arlene Bierman
Caroline Andrew, PhD
Dr. Donna Stewart
Dr. Harriet MacMillan
Julie Maher
Katherine Boydell, PhD
Madeline Boscoe
Nadine Wathen, PhD
Nazilla Khanlou, PhD
Pat Armstrong, PhD
Dr. Paula Rochon
Pamela Wakewich
Lorraine Ferris, PhD
Susan Phillips
Marilyn Ford-Gilboe
Gillian Einstein

Abortion Expert Panel

Dr. Sheila Dunn
Dr. Rebecca Cook
Dr. Saara Greene
Dr. Melissa Hausmann
Lori Marshall
Dr. John Lamont
Dr. Deborah Penava
Dr. Lori Ferris (Resource)

Financial Statements of

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Year ended March 31, 2011

KPMG LLP
Chartered Accountants
Yonge Corporate Centre
4100 Yonge Street Suite 200
Toronto ON M2P 2H3
Canada

Telephone (416) 228-7000
Fax (416) 228-7123
Internet www.kpmg.ca

INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Echo: Improving Women's Health in Ontario

We have audited the accompanying financial statements of Echo: Improving Women's Health in Ontario, which comprise the statement of financial position as at March 31, 2011, the statements of operations and changes in net assets and cash flows for the year then ended, and notes, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Echo: Improving Women's Health in Ontario as at March 31, 2011, and its results of operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

KPMG LLP

Chartered Accountants, Licensed Public Accountants

June 22, 2011
Toronto, Canada

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Statement of Financial Position

March 31, 2011, with comparative figures for 2010

	2011	2010
Assets		
Current assets:		
Cash	$ 217,429	$ 134,406
Prepaid expenses and deposits	8,668	42,067
Projects in progress (note 2)	45,377	2,262,551
Investment (note 3)	251,078	—
Excise tax receivable	54,071	17,328
	576,623	2,456,352
Capital assets (note 4)	202,555	289,795
	$ 779,178	$ 2,746,147
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities	$ 321,975	$ 139,782
Deferred revenue (note 5)	254,648	2,327,490
	576,623	2,467,272
Deferred capital contributions (note 6)	202,555	289,795
Net assets:		
Restricted funds	—	(10,920)
Commitments (note 7)		
	$ 779,178	$ 2,746,147

See accompanying notes to financial statements.

On behalf of the Board:

Director

Director

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Statement of Operations and Changes in Net Assets

Year ended March 31, 2011, with comparative figures for 2010

	2011	2010
Revenue:		
Grant	$ 4,177,154	$ 2,338,423
Interest	2,505	—
	4,179,659	2,338,423
Expenses:		
Knowledge Translation Initiatives:		
Being the focal point	123,629	80,189
Intersecting issues	1,097,460	703,533
Mental health and addictions	378,855	94,642
Sexual and reproductive health	520,743	16,200
Chronic disease	355,055	7,590
	2,475,742	902,154
Administrative:		
Salaries, wages and benefits	1,136,841	896,989
Property, repairs and maintenance	110,434	112,849
Travel, meals and board	40,627	84,252
Services and equipment	236,179	240,923
Amortization of capital assets	102,814	66,234
Office and general	19,902	21,703
Audit, insurance and other	46,200	10,759
	1,692,997	1,433,709
	4,168,739	2,335,863
Excess of revenue over expenses	10,920	2,560
Net assets, beginning of year	(10,920)	(13,480)
Net assets, end of year	$ —	$ (10,920)

See accompanying notes to financial statements.

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Statement of Cash Flows

Year ended March 31, 2011, with comparative figures for 2010

	2011	2010
Cash flows from operating activities:		
Excess of revenue over expenses	$ 10,920	$ 2,560
Items not involving cash:		
Amortization of capital assets	102,814	66,234
Amortization of deferred captial contributions	(102,814)	(66,234)
Gain on disposal of capital assets	—	(5,053)
	10,920	(2,493)
Change in non-cash operating working capital:		
Decrease (increase) in prepaid expenses and deposits	33,399	(28,865)
Decrease (increase) in projects in progress	2,217,174	(1,232,551)
Decrease in due from Women's College Hospital	—	407,132
Increase in excise tax receivable	(36,743)	(17,328)
Increase (decrease) in accounts payable and accrued liabilities	182,193	(62,593)
Increase (decrease) in deferred revenue	(2,072,842)	1,062,663
Cash provided by operating activities	334,101	125,965
Cash flows from investing activities:		
Additions to investment	(251,078)	—
Addition to capital assets, net of disposals	(15,574)	(104,854)
Receipt of deferred capital contributions	15,574	109,907
Cash provided by (used in) investing activities	(251,078)	5,053
Increase in cash	83,023	131,018
Cash, beginning of year	134,406	3,388
Cash, end of year	$ 217,429	$ 134,406

See accompanying notes to financial statements.

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Notes to Financial Statements

Year ended March 31, 2011

Echo: Improving Women's Health in Ontario ("Echo") was incorporated on June 21, 2007 under the Development Corporations Act as an Operational Service Agency (the "Agency") of the Province of Ontario. Echo's mandate is to be the focal point and catalyst for women's health at the provincial level and to promote equity and improved health for the women of Ontario. The year ended March 31, 2009 marked the end of the transition period for the start-up of the Agency.

Echo is a corporation without share capital and is not subject to the Corporations Act or the Corporations Information Act.

Echo is funded through a Memorandum of Understanding (the "Memorandum") with the Province of Ontario under the Ministry of Health and Long-Term Care ("MOHLTC") dated August 20, 2008. The Memorandum shall be in effect for a period not to exceed 5 years and may be renewed or revised prior to its expiry.

1. **Significant accounting policies:**

(a) Basis of presentation:
These financial statements have been prepared in accordance with Canadian generally accepted accounting principles.

(b) Revenue recognition:

Echo follows the deferral method of accounting for contributions.

Capital contributions for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis at a rate corresponding with the amortization rate of the related capital assets.

Externally restricted grants are deferred and recognized as revenue in the year in which the related expenses are incurred, or when project milestones under third-party contracts are completed.

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Notes to Financial Statements (continued)

Year ended March 31, 2011

1. **Significant accounting policies (continued):**

(c) Capital assets:

Capital assets are recorded at cost less accumulated amortization. Amortization is provided on a straight-line basis over the estimated useful lives as follows:

Computer hardware	3 years
Computer software	3 years
Website development	3 years
Office equipment	5 years
Furniture	5 years
Leasehold improvements	Over term of lease

In the year of acquisition, 50% of the annual amortization rate is used.

(d) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Actual results could differ from those estimates.

2. **Projects in progress:**

Projects in progress reflect funds flowed under contract to a third party where project milestones are in process of completion and funds had not been expended by the third party by March 31.

3. **Investment:**

Short-term investment consists of a guaranteed investment certificate in the principal amount of $250,000, with a maturity date of more than 90 days and less than one year.

4. Capital Assets:

	Cost	Accumulated amortization	2011 Net book value	2010 Net book value
Computer hardware	$ 24.082	$ 20,068	$ 4,014	$ 12,040
Computer software	36,198	18,100	18,098	36,197
Website development	61,560	30,780	30,780	51,300
Office equipment	101,638	37,493	64,145	84,473
Furniture	65,222	26,381	38,841	34,754
Leasehold improvements	121,766	75,089	46,677	71,031
	$ 410,466	$ 207,911	$ 202,555	$ 289,795

5. **Deferred revenue:**

Deferred revenue comprises restricted grant contributions not yet spent and amounts due to MOHLTC. Amounts due to MOHLTC represent funding received during the fiscal year which is being returned at the MOHLTC request. These amounts will be recovered by the MOHLTC through a reduction of future years' funding.

6. **Deferred capital contributions:**

Deferred capital contributions represent restricted capital funding received from the government for the purchase of depreciable capital assets. Deferred capital contributions are amortized on the same basis as the capital asset to which they relate.

Changes in the deferred capital contributions balances during the year are as follows:

	2011	2010
Balance, beginning of year	$ 289,795	$ 246,122
Contributions received	15,574	109,907
Amounts amortized to revenue	(102,814)	(66,234)
Balance, end of year	$ 202,555	$ 289,795

7. **Commitments:**

(a) Echo commitments under various operating contracts and leases, including premises requiring annual rental payments as follows:

2012	$	113,000
2013		97,000
	$	210,000

(b) Echo has commitments to research projects as follows:

2012	$	945,000
2013		701,000
2014		161,000
	$	1,807,000

8. **Fair values of financial assets and financial liabilities:**

The carrying values of cash, investment, excise tax receivable, accounts payable and accrued liabilities and due to MOHLTC approximate their fair values due to the relatively short periods to maturity of these financial instruments.

9. **Comparative figures:**

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted in the current year.

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