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Echo News - May 2012

Pat Campbell says farewell to Echo



The time has come for me to say farewell and move on to new challenges. As I do that I am fully aware that life experiences shape who we are and how we see the world. I will take the experiences at Echo with me. I want to thank the board of Echo for the opportunity to serve as the CEO for this groundbreaking organization. I want to thank the staff and the partners for all of the exciting work that we have been able to engage in together.

Just last week the Ministers responsible for Women's Issues across the country acknowledged "that inequalities persist and that further efforts are needed to empower women and girls, particularly the most vulnerable in our communities". In the work at Echo, most notably through the [POWER Study](#), Ontario now has solid evidence that action to improve health and healthcare is warranted [and](#) that improvements are achievable (see [Health Equity Roadmap](#)). The [Ontario Women's Health Framework](#) released last June has defined ways that the changes underway in Ontario can incorporate things that women know are important.

A time of great change is underway in this province and that makes this a time of opportunity. Building on the work of Echo, Ontario can do a better job of serving citizens that are harder to reach (e.g. [smoking cessation for pregnant or recently pregnant women](#), [increasing access to cancer screening](#)); a better job of supporting women to access services that improve outcomes and help maintain independence ([increasing the number of women referred to cardiac rehab](#)); and a better job of increasing equity ([POWER Study](#)). Assessing how we are doing for men separately from women has yielded important information that helps with targeting the effort for improvement. Mandating the use of data disaggregated by sex (and other diversity data when it is available) in the pursuit of excellent care would help everyone to understand where our system is working and where some citizens are being left behind. The case has been made for the importance of looking at differences and now we need to see a commitment to action by those leading the quality agenda.

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- ▶ Latest Cuts: Another federal ministry announces program closure - the end of the Women's Health Contribution Program
- ▶ Research identifies keys to effective caregiver education and support
- ▶ CEO Pat Campbell will be leaving Echo this May
- ▶ Researchers urge action to improve health of all Ontarians

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Health cuts hurting women's health



On April 25, the Federal Government announced substantial cuts to the federal budget, including the devastating elimination of the \$2.9 million [Women's Health Contribution Program](#) (WHCP). For over fifteen years the WHCP has supported evidence-based policy research via the Canadian Women's Health Network; Women and Health Care Reform; Le Réseau québécois d'action pour la santé des femmes; and four Centres of Excellence (BC, Prairie, Atlantic, and National Network on Environments - aka NNEWH - which investigated the regulation of toxins). Until recently, it also supported the [Women and Health Protection](#) working group - cut in 2010 - which produced important work on pharmaceuticals as well as HPV screening.

The loss of the WHCP is serious, and not only for those who will lose their livelihood after channelling a passion for women's health into their work. Women not only comprise half the population but are often the centres of caregiving for their children, partners, and families. We know that when a woman's health is compromised, her community suffers as well. We have this knowledge, and yet there is an ongoing erosion of Canadian capacity to monitor and respond to women's health and welfare through bodies such as the National Council of Welfare, Statistics Canada, Health Canada, the Canadian Food Inspection Agency, and cuts to Aboriginal and refugee health programs. These cuts will have a profound cumulative effect on the ability of families to stay healthy, safe, and out of poverty.

The Centres of Excellence, whose funding ends March 31 2013, are a particularly devastating loss because of their focus on marginalized women. Their work has looked at inequities in health experienced by women living in poverty, Aboriginal women, and vulnerable populations in their regions. The [Atlantic Centre of Excellence for Women's Health](#) studied the health of rural and remote women in the Maritime provinces. The [BC Centre of Excellence for Women's Health](#) conducted a project on women & substance use which involved learning communities on such topics as harm reduction and child protection. The [Prairie Women's Health Centre of Excellence](#) has done important work on the relationship between deprivation indices and gender-based analysis.

These three centres together were also responsible for "[Rising to the Challenge](#)", an SGBA (sex and gender-based analysis) e-learning resource on the importance of a gender lens in health planning, research and policy. If you haven't already done so, we highly recommend going through the [modules](#). SGBA has been central to Echo's work on, for example, referral for cardiac rehabilitation (CR). When data on patients participating in CR is disaggregated by gender, it becomes clear that women show significant improvement in outcomes and yet are significantly less likely to participate in and complete CR. This knowledge allows us to identify barriers to access for women, and target recommendations so that more women will have improved health outcomes, resulting in less costs to the system down the road (read more: the POWER Study [chapter on cardiovascular disease](#) and the Echo Advance on [Province-wide adoption of systematic referral strategy to cardiac rehabilitation programs](#)).

The Centres of Excellence work listed above is just a small part of the immense productivity and value of WHCP-supported initiatives; they are involved in many more ongoing projects which now have an uncertain fate. All the programs affected by the elimination of the WHCP will be sorely missed. We hope that at least some of the excellent work they've produced - and the information so diligently kept by the [Canadian Women's Health Network](#) - will not be lost forever, and the portfolios will be picked up by Canadian health researchers who understand that women's health requires a

distinct approach.

Minding Our Bodies: Women's Mental Health forum



Echo is a partner on CMHA-Ontario's Minding Our Bodies project, which supports the development of community-based physical activity and healthy eating programs for people with serious mental illness. This project is running a series of events for at-risk groups, which of course includes women. Women tend to de-prioritize their health needs in favour of their children and partners' health; experience more mood disorders (such as anxiety and depression) than men; and suffer multiple chronic conditions which can impact mental health. On May 4th Echo participated in the Minding Our Bodies Women's Mental Health forum at the Stoney Creek Community Centre and YMCA, London.

From the outset – a welcome and thanksgiving by an Oneida Nation Elder and two young Elders in training – the forum emphasized connections between food and land, healthy bodies, movement and activity, and healthy minds. Participants learned how even 20 minutes a day of physical activity can help fight mood disorders and chronic disease. We learned it's possible to grow healthy vegetables even on a square foot of land. We tried armchair yoga to relieve stress and get the blood flowing. We saw a breathtaking performance by the Expressions Theatre Group on real dilemmas women face, dealing with abusive relationships and low income, as they try to keep their children fed and safely housed. After a group discussion where participants brainstormed about what a woman-centred program would look like, the day closed with a raucous interactive session by the My Sister's Place drumming group. A powerful event!

Echo thanks [CMHA-Ontario](#) and its partners – particularly [WOTCH Community Mental Health Services](#) and [My Sister's Place](#) which support women who may be homeless or at risk of homelessness – for involving us.

She's left her abusive partner...does that mean she's okay now?

A webinar on findings from the Women's Health Effects Study



June 4 - 1 p.m.

Between 6% and 8% of women report experiencing intimate partner violence (IPV) each year in Canada – and this figure is broadly assumed to be under-reported¹. That's over two million women a year.

If your work is about providing health and social services to support women, chances are you've thought about the emotional, mental, and physical costs of IPV for women and children. There are, of course, economic costs in terms of resources as well. The crisis period when a woman leaves an abusive partner is extraordinarily stressful and often risky. Women and their families need to rely on criminal justice, social and health systems to support them as they try to rebuild their lives. Although broad public understanding may see the crisis period as ending there, frontline workers know that the story is more complicated than that.

Dr. Marilyn Ford-Gilboe, Dr. Colleen Varcoe, Dr. Judy Wuest and their colleagues decided to take on the task of providing comprehensive evidence about the long-term effects of IPV on women's health and lives even after leaving abusive relationships. In the *Women's Health Effects Study*, they interviewed 309 women in Ontario, BC, and New Brunswick 5 times over a period of 4 years, gathering data about their health, relationships, service use, economic situation, personal strengths, and exposure to violence. 81% of the women remained in the study for the full four years.

This study led to many important findings about such issues as barriers to women's self-sufficiency, the health effects of violence over time (including chronic pain and mental health), the economic costs of IPV (estimated at >\$13,000/woman/year²), and women's strength and resilience as they move forward with their lives.

Join us for a webinar on June 4 where Marilyn, Colleen and Judy will discuss the findings of this research and how these results can be transformed into actions to end the impacts of violence in women's lives.

[REGISTER](#)

¹Cherniak D., Grant L., Mason R., Moore B., and Pellizzari R. (2005). Intimate Partner Violence Consensus Statement. JOGC 157(April) 365-388.

² Varcoe C, Hankivsky O, Ford Gilboe M, et al. "Attributing selected costs to intimate partner violence in a sample of women who have left abusive partners: A social determinants of health approach". Canadian Public Policy. 2011, 37(3), 1-22.

Loud and Clear video



The Change Foundation's CEO, Cathy Fooks introduces Loud and Clear, a video that sums up what seniors with chronic health conditions, and their caregivers, say they need.

[View the video](#)

[Learn more about Echo's work to support Ontario caregivers](#)

Interesting News/Resources:

[Knowledge Translation Canada](#)

[Accelerating Progress in Obesity Prevention](#)

[Health Indicators 2012](#)

Observances:

May 31 - [World No-Tobacco Day](#)

June 21 - 27 - [World Continence Awareness Week](#)

June 21 - [National Aboriginal Awareness Day](#)

Events:



May 30
Strengthening Interprofessional Care: More Than Just a Cultural Shift
Venue: Hilton Toronto Airport Hotel & Suites
Organizer: Ontario Hospital Association

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May 31 - June 1
34th Annual Guelph Sexuality Conference 2012
Venue: University of Guelph
Organizer: University of Guelph

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June 10 - 12
alPha Annual Conference
Hilton Hotel & Suites Niagara Falls
Organizer: Association of Local Public Health Agencies

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June 19 - 20
Canadian Knowledge Mobilization Forum
Venue: Ottawa Hilton Garden, Ottawa, Ontario
Organizer: Knowledge Mobilization Works

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June 20
Women in Leadership: Breaking Through the Glass Ceiling
Venue: Radisson Admiral Hotel, Toronto, Harbourfront
Organizer: Ontario Hospital Association

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