

Making Waves



REPORT

1996 - 2001

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Centre of Excellence
for Women's Health

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Multisectoral

Listserv

Midwifery

Consultation

Interdisciplinary

Speaker Series

Discussion Groups

Collaboration

Mental Health

Capacity Building

Health Status & Health Determinants

Women - Centred Care

Marginalized Women

Healthy Women in Healthy Communities

Policy Impacts

Policy

Relevant to Women

Substance Use

Physical Activity

Community Development

Partnerships



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**The traditions
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Message from the Executive Director

Lorraine Greaves, PhD

The creation of the Centres of Excellence for Women's Health Program established Canada as a world leader in women's health research. This inspired decision, made by Health Canada in 1995, has enabled us to create a vibrant and productive multisectoral research centre in the province of British Columbia. We are grateful for this financial support and proud to have been part of this initiative.

The British Columbia Centre of Excellence for Women's Health (BCCEWH) has grown from a seed planted in 1995 by a consortium of British Columbia women, organizations and institutions to a fully flowering vine of researchers, advocates and policy makers reaching across British Columbia, Canada and the world.

The fruits of this work are already changing the lives of Canadian women and improving the health of the most marginalized among us. It is already clear that the results of our work will enhance and affect policy in women's health for years to come.

The activity and leadership of the BCCEWH has also had a clear impact on health research policy in Canada. We have been deeply involved in the development of the Canadian Institutes of Health Research (CIHR) and the Gender and Health Institute. We continue to work to develop more funding and data sources for women's health research, and for due recognition of the importance of sex and gender in all health research. In addition, we have worked hard to identify the importance of both process and content in health research.



The traditions of women's health research offer a rich source of ideas about collaboration, mixed methodologies and authentic partnerships. Our work at the BCCEWH is directly linked to the experiences of thousands of Canadian women, and continues to lead to results and policy impacts that make a difference. It has been my privilege to lead this organization with the able and energetic assistance of a large group of people involved with the Centre. The vision and ongoing support of Penny Ballem of British Columbia's Women's Hospital and Health Centre has been critical to creating a productive environment for the Centre in our welcoming and stimulating host institution. Her passion, energy and assistance have enabled the Centre to achieve high regard in the field of women's health. The members of the Board of Directors, the Coordinating Council, the Research Review and Ethics Committee, and the Management Board of the Northern Secretariat have been dedicated, rigorous and supportive. The staff of the Women's Health Bureau of Health Canada have been consistently supportive, responsive and willing to assist. Finally, my colleagues at the BCCEWH – the research associates, research assistants and the publications, design and communications team – have been a consistently talented and tireless group.

This report details the results of our hard work. We are proud of our results in integrating women's health research by drawing in partners from all sectors and all disciplines. We are proud of our ability to grow and develop additional sources of support. We are proud of our findings and our products, giving face to the many projects that have been given life through the Centre. We are especially proud of the people involved in the Centre: the volunteers who work in the committees, discussion groups and research teams that produce our research agenda and guide our work have been committed, challenging and inspirational. And finally, we are proud of the many students who have made the Centre their base, as they represent the future of women's health research in Canada.

This report highlights the achievements of the BCCEWH over the period of 1996-2001 and documents the scope and depth of our work. We have demonstrated a substantial and meaningful return on the investment placed in us by Health Canada. We have met and surpassed the original mandates set out for the Centres of Excellence for Women's Health Program. In concert with our sister Centres across the country, we have outlined new territory for women's health research in Canada. In presenting this report, we look forward to the future as a key player in women's health research in Canada.

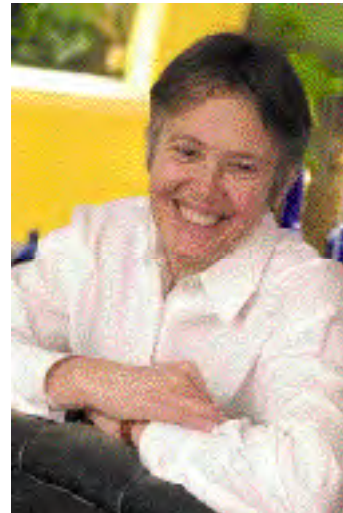
**The unique mandate
for the Centre has
provided us with a
major opportunity to
bring the social
sciences to the
bedside.**



Message from the Founder and Principal Investigator

Penny Ballem, MD

Six years ago, the consortium that developed the proposal for the British Columbia Centre of Excellence for Women's Health envisioned an opportunity that would allow the women's health research community in BC to make a significant impact on the health of women in Canada. Closing the Loop was the title of our proposal – a reference to the need to ensure that our work resulted in positive impacts and change. We offered our institution, British Columbia's Women's Hospital and Health Centre, as host to the Centre, a decision that has profoundly enriched our practice and our delivery of care.



The unique mandate for the Centre has provided us with a major opportunity to bring the social sciences to the bedside, reflecting the importance of the social determinants in influencing health status and health outcomes. The approach to research and the methods used have allowed the Centre to bring diverse researchers together – many of whom have learned a new way of collaboration and a new respect for diverse methodologies and paradigms. Often, the Centre engaged many who had regarded research or knowledge generation as beyond their capacity or outside their area of interest.

In a very short period of time the Centre has established an impressive platform for women's health policy research that is inclusive, effective and energized. We could not have done this without the hard work of

our Board of Directors, the funds, help and support of Health Canada's Women's Health Bureau, the involvement and enthusiasm of our diverse partners and the invaluable and immeasurable support of the administration and Board of BC Women's Hospital and Health Centre, now part of Children's and Women's Health Centre of British Columbia.

Being part of a national program of Centres of Excellence for Women's Health provided us with an unprecedented opportunity to have an effect at the national level on many of the challenging issues facing health researchers in Canada. During the extensive discussions related to the development of the CIHR, for example, the BCCEWH played a key role. The decision to establish a Gender and Health Institute was significantly influenced by our coordination of a national vision for gender and women's health research.

In closing, I would like to congratulate our incredible team and our visionary Executive Director, Lorraine Greaves, whose leadership has been instrumental in creating a positive and engaging environment that has made the

Centre such an attractive workplace for our many staff, volunteers and partners. Looking to the future, the work to be done is limitless; however, the consortium we have built has boundless enthusiasm, and we look forward to continuing to affect the health and lives of Canadian women and their families.

The Centre's
growth through
the past five
years has been
incredible and
impressive.



Message from the Chair of the Board of Directors

Joan Meister

I have been proud to serve as the Chair of the Board of Directors for the British Columbia Centre of Excellence for Women's Health. The Centre's growth through the past five years has been incredible and impressive. The focus on the social determinants of women's health had been long overdue in Canadian health research, and is greatly appreciated by many constituencies of women.

In particular, the mandate of the BC Centre of Excellence for Women's Health has been crucial in addressing the health needs of marginalized women in BC and Canada. For the first time, the health needs of lesbians, First Nations women, older and refugee women, women with disabilities and immigrant women have been the focus of innovative and multi-partnered, often community-based research that will have a significantly impact on the lives of these women and how they access the health system.



I have been connected with DAWN Canada: DisAbled Women's Network Canada for many years. The often expressed, long-term issues of concern for women with disabilities have begun to be addressed through the work of the BCCEWH. This has been accomplished through partnerships that both reflect and respect differences, and resonate with the experiences of thousands of women across Canada.

As Chair of the Board of Directors for the BCCEWH, it has been a pleasure to be involved with so many dedicated, inspired and incredibly

hard-working people. I am sure that I speak on behalf of the Board in saying that it has been an honour to be involved in the BCCEWH.

Finally, I would like to thank the past and current Board members for their contribution and commitment to the BCCEWH.

Sonia Acorn, Professor, School of Nursing, UBC

Shashi Assanand, Executive Director, Multicultural Family Support Services

Penny Ballem, Department Head, Specialized Women's Health, BC Women's Hospital and Health Centre

Nadine Caplette, Acting Senior Policy Analyst, Aboriginal Health Division, BC Ministry of Health

Jo-Anne Fiske, Associate Professor, Women's/Gender Studies, UNBC

Annette Garm, Executive Director, Britannia Community Centre

John Gilbert, Professor and Coordinator, Health Sciences, UBC

Shari Graydon, Press Secretary, Premier's Office of BC, Past President, MediaWatch

Katharyn May, Director, School of Nursing, UBC

Jannit Rabinovitch, Freelance Community Development Consultant

Rita Stern, Clinical Associate Professor, Department of Health Care and Epidemiology, UBC

Aubrey Tingle, Executive Director, BC Research Institute for Children's & Women's Health

Thea Vakil, Assistant Deputy Minister, Management Services Branch, Ministry of Attorney General for BC

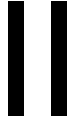
In addition we would like to thank former Board of Directors members **Sandra Greene**, **Barbara McLean**, **Neena Chappell** and **Carol Herbert**.

The BCCEWH at a Glance

In the past five years, the British Columbia Centre of Excellence for Women's Health has established itself as a significant contributor of new knowledge in women's health, and as a model for a multisectoral, multidisciplinary approach to doing health research.



108	Research projects in five years
2800+	Women consulted or participated in research
3500+	People in our database for communication purposes
10,000+	Annual website hits
\$2,100,390	Health Canada Core Funding 1996-2001
\$817,170	In-kind support from BC Women's Hospital and Health Centre and the University of Northern British Columbia
\$1,734,222	External funding
\$380,882	Health Canada Special Project Funding
\$837,500	Seed Grant Leveraging
\$3,745,100	Spin-off Research Funding
\$9,615,264	Total investment in women's health research as a result of Health Canada Core Funding of \$2,100,390



Health Canada's Commitment to the Centres of Excellence for Women's Health Program

In March of 1995, the then federal Minister of Health, the Honourable Diane Marleau, announced a commitment to provide 12 million dollars to create the Centres of Excellence for Women's Health Program (CEWHP). This vision included five Centres of Excellence for Women's Health and the Canadian Women's Health Network (CWHN) to support research on the social determinants of women's health in Canada. The five Centres were: the Maritime Centre of Excellence for Women's Health (MCEWH); Centre d'excellence pour la santé des femmes (CESAF); the National Network on Environments and Women's Health (NNEWH); the Prairie Women's Health Centre of Excellence (PWHCE); and the British Columbia Centre of Excellence for Women's Health (BCCEWH).

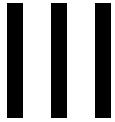
The BCCEWH opened in Vancouver in late 1996, located at BC Women's Hospital and Health Centre (part of Children's and Women's Health Centre of British Columbia). A second office, the Northern Secretariat, opened in 1997 at the University of Northern British Columbia (UNBC) in Prince George. The proposal for the Centre and the early research program had grown out of the findings of a province-wide consultation with women conducted by the newly created BC Women's Hospital and Health Centre in 1995.

The consultation identified health care needs and concerns, including issues related to marginalization, poverty and life in rural and remote areas of the province. The proposal writing process brought together a coalition of people from 14 organizations, including three of the four universities in BC, community-based organizations, women's groups and provincial and regional governments. Another 38 individuals and organizations signed the proposal.

After the announcement to fund the proposal, the then Vice-President for Women's Health at BC Women's Hospital, Penny Ballem (also the BCCEWH's Principal Investigator), established a Board of Directors to advise on the implementation of the program.

The following are the founding consortium members and partners:

- British Columbia's Women's Hospital and Health Centre
- DAWNCanada: DisAbled Women's Network Canada
- (BC) Minister's Advisory Council on Women's Health
- British Columbia Ministry of Health Women's Health Bureau
- Promotion Plus: Provincial Organization for Girls & Women in Physical Activity & Sport
- Registered Nurses Association of British Columbia
- University of British Columbia Department of Medicine
- University of British Columbia School of Nursing
- University of British Columbia School of Rehabilitation Sciences
- University of Northern British Columbia
- University of Victoria Community Health Promotion Centre
- Vancouver Women's Health Collective
- Vancouver/Richmond Health Board
- Vancouver Coordinating Committee on Violence Against Women in Relationships
- YWCA of Greater Vancouver



Governance

The Principal Investigator, Penny Ballem, and the Executive Director, Lorraine Greaves, met two to three times per year with the Board of Directors, who advised on the overall direction of the organization. A Coordinating Council was formed with the volunteer Chairs of each of the research Theme Groups. The Council advised on administrative decisions regarding research, including advising the Executive Director and carrying out the recommendations of the Research Review and Ethics Committee. While the Board, Coordinating Council and Research Review and Ethics Committee included representatives from across British Columbia and from the Northern Secretariat, the Northern Secretariat also had its own Management Board. This Management Board met regularly to operate the Northern Secretariat, along with a Coordinator of the office.

IV

Sustainability

From its inception, the BCCEWH has focussed on developing ongoing sustainability, a goal that has been at the forefront in various operating and planning decisions. Significant accomplishments and partnerships have been achieved and established to support this goal. Both the Vancouver office and the Northern Secretariat in Prince George have built successful relationships with their respective host institutions. The Northern Secretariat embarked upon its own distinct sustainability plan in 1998, building on its unique strengths in rural, remote and Aboriginal health.

Our operational success is evidenced by the 108 projects that have been undertaken, and the huge in-kind and external support that the Centre has accrued over the years. On an initial investment of \$2,100,390 from Health Canada, the BCCEWH has received a further \$2,115,104 in additional funding for a wide variety of research, communication and evaluation projects.

Through the rich partnership with BC Women's Hospital and Health Centre, future directions include the development of clinical and health services research in conjunction with hospital programs, and the ongoing provision of evaluation, research and communication services for health-related programs and organizations. Building on the past five years, the BCCEWH will continue to grow and develop in new directions.

V

In-Kind Donations from Host Institutions

Significant concrete and in-kind donations of space, office equipment, financial and other administrative services have been gratefully received from the host institutions, BC Women's Hospital and Health Centre (for the Vancouver office) and the University of Northern British Columbia (for the Northern Secretariat). The figures below indicate the scope of this investment on the part of these two important British Columbia institutions.

BC Women's Hospital and Health Centre estimated in-kind support of BCCEWH: \$604,070

University of Northern British Columbia estimated in-kind support of the Northern Secretariat: \$213,100

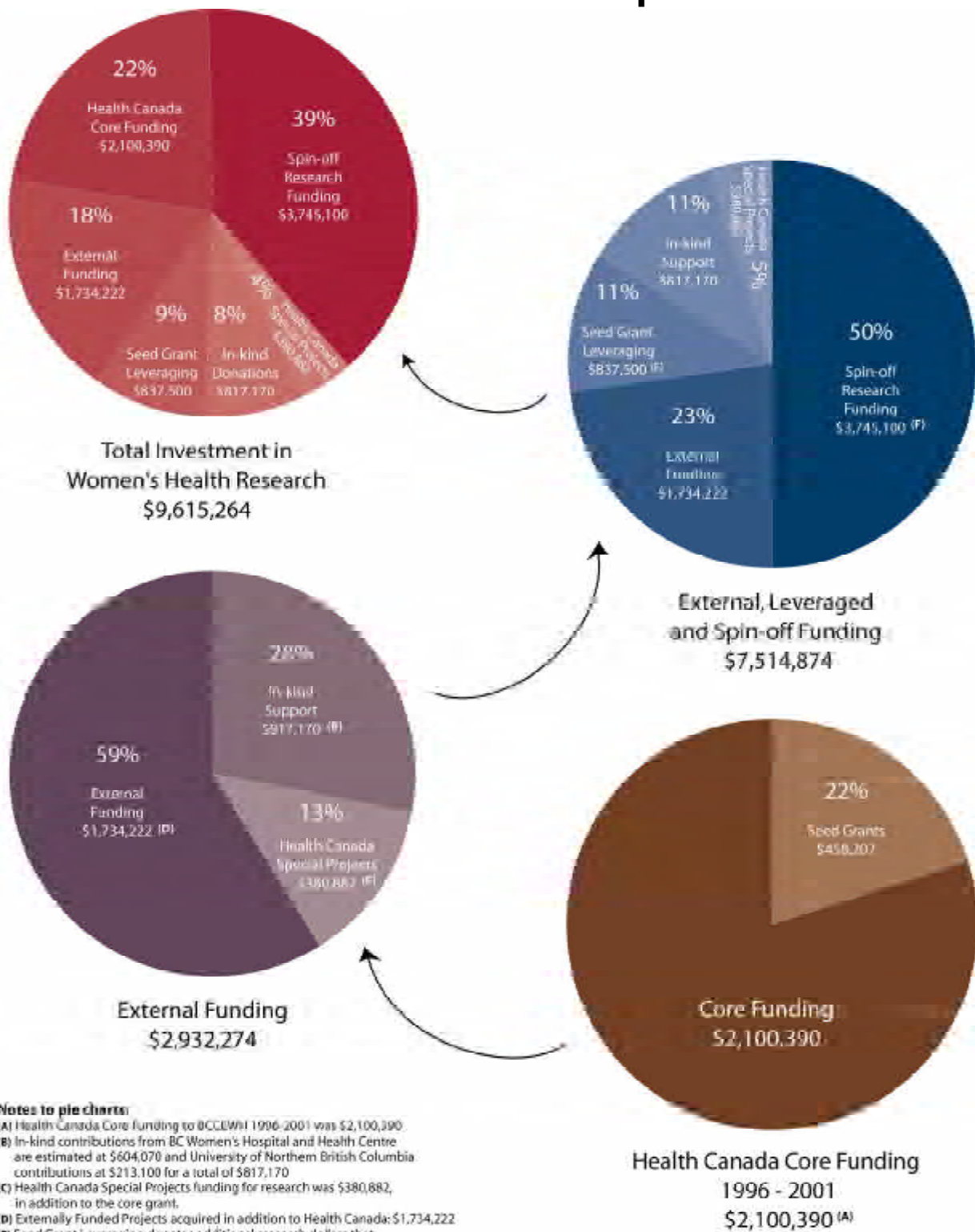
Total estimated in-kind support from the host institutions: \$817,170

VI

Return on Investment: Knowledge in Women's Health

It is clear that the significant financial commitment to women's health research by both Health Canada and the host organizations has produced impressive returns on the dollars invested. These initial investments have built a multifaceted network, considerable capacity and a defined infrastructure for women's health research that will have influence across BC and Canada and provide returns for years to come. The total dollar value of the original investment, the in-kind contributions, the leveraged dollars and the spin-off or subsequent funding for researchers is \$9,615,264 – all benefiting women's health in Canada.

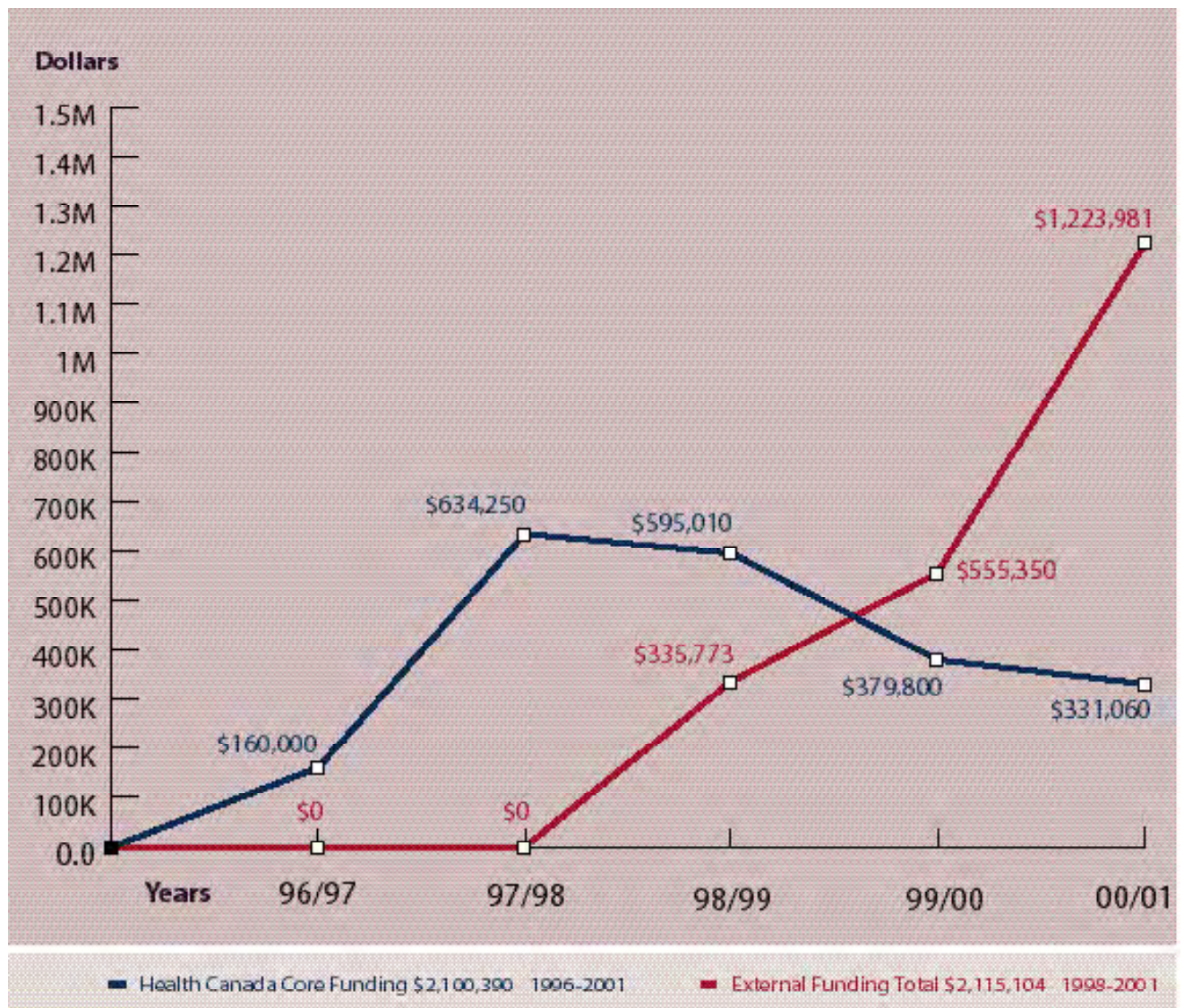
BCCEWH Financial Report 1996-2001



Notes to pie charts:

- (A) Health Canada Core Funding to BCCEWH 1996-2001 was \$2,100,390.
- (B) In-kind contributions from BC Women's Hospital and Health Centre are estimated at \$604,070 and University of Northern British Columbia contributions at \$213,100 for a total of \$817,170.
- (C) Health Canada Special Projects funding for research was \$380,882, in addition to the core grant.
- (D) Externally Funded Projects acquired in addition to Health Canada: \$1,734,222.
- (E) Seed Grant Leveraging denotes additional research dollars that Seed Grant holders acquired: \$837,500.
- (F) Spin-off research is that in which BCCEWH researchers are involved as co-investigators: \$3,745,100.

BCCEWH Financial Growth 1996-2001



VII

Mid-Term Review Results

Health Canada commissioned consultants from South House Exchange to conduct a mid-term review on the Centres of Excellence for Women's Health Program, covering the period from the beginning of each Centre's mandate to November 1999. As the BCCEWH had operationalized its organization earlier than some of the other Centres, the mid-term review covered all but the last 18 months of the BCCEWH's mandate. The results of the review were extremely positive and indicated further evidence of an excellent return on the funding investment of Health Canada.

The BCCEWH scored the highest of all the Centres in "Impact in Strengthening the Capacity of Organizations and Networks to Advocate for Women's Health", and the creation of "New Knowledge" that is credible, relevant and fills gaps in the current knowledge about women's health. In addition, the BCCEWH scored highest in the "Number of Projects" underway (34 per cent of all research was conducted in BC with a total of 82 projects underway as of March 2000), and in the number of projects that had received funding from external sources. At that point, the amount of funding from external sources was \$682,562.

VIII

Historical Perspective on Health Canada's Original Mandates

Health Canada's 1995 decision to fund the CEWHP and the determination of its five original mandates can be seen in the context of growing international interest in issues of women's equality following the United Nations Decade for Women (1975-1985) and in the lead up to the Fourth UN World Conference on Women (1995). Key initiatives in Canada included the Federal Plan for Gender Equality (1995) and the federal Gender-Based Analysis: A Guide for Policy Making (1996), both of which articulated a policy framework for greater equality in federal policy and services for women.

These equality initiatives converged with an increasing interest in the links between research and policy. The social determinants of health were increasingly accepted as powerful predictors of health status. With respect to women's health, there was a growing recognition of the limitations and pitfalls of a purely biomedical view of health. Social science research, combined with increased public involvement in health issues, pointed to the need for a broader approach.

The mandate of the CEWHP filled these gaps. It focused on generating new knowledge about women's health and facilitating the uptake of that knowledge by diverse audiences, with a particular emphasis on policy change. The original five mandates can be expressed in two broad categories:

Knowledge Generation, which covers the main mandate of investigation into women's health: to develop conceptual models for better understanding of the determinants of health; to identify key issues for further work; and to conduct research on key issues.

Knowledge Uptake, which includes the other four mandates:

- Information: to help define the health status of Canadian women by analyzing existing data sources and/or influencing data collection methods and processes of other health information agencies, and to develop/maintain an inventory of resources.
- Communication: to publicize the research for a wide range of audiences, including newsletters, technical monographs, conferences, training, etc.
- Networking: to build and strengthen local networks on women's health and participate in the development of a national network, and to develop capacity and a diversity of knowledge through information sharing and joint projects involving experts from across the country.
- Policy Advice: to provide analysis, advice and information to government and health organizations, and contribute to the women's health research agenda for Canada.

IX

Mandate Achievement: New Knowledge in the Social Determinants of Women's Health

While social determinants have been clearly identified as affecting the health of Canadians, little funding had been given to focus on how these determinants interact with sex and gender to create the context of women's health. The Centres of Excellence for Women's Health Program is part of the solution to redressing that omission. The multidisciplinary and cross-sectoral cooperation upon which the BCCEWH was founded provided a platform to launch research to fulfill the mandate of the Program.

Between 1996 and 2001, the BCCEWH has engaged in 52 Seed Grants and 56 externally funded projects for a total of 108 projects investigating the social determinants of health, particularly as they affect marginalized women. All of the research at the Centre has been undertaken with two broad goals in mind: the potential for policy impact and the potential for knowledge exchange. Throughout the research process, opportunities for achieving these goals were identified and monitored.

Marginalization and its impact on women's health has been an underlying theme at the BCCEWH. It has been defined very broadly and can be experienced in many ways. In some circumstances the typical experiences of being female create a sense of marginalization in the health system or in the health research system. Health research traditions that have excluded women as subjects or participants, or overmedicalized women's health issues and lives contribute to this process. Sometimes women are simply invisible in health service delivery, health research or health planning and policy development, resulting in systemic marginalization of women's health.

Ability levels, language, isolation, geography, age, sexual orientation or group status can all have a direct impact on the experience of health and the access to treatment and care. Marginalization can also result from having a particular disease (such as HIV/AIDS), filling a social role (such as caregiver), or experiencing such things as domestic violence,





addiction or mental health challenges. Marginalization can also result from simply having little knowledge about or limited access to the health care system. It can affect prevention and treatment patterns, responses from care providers or the ability to exercise prevention and health promoting practices. It can affect morbidity and mortality and quality of life. It can result from stereotyping and stigma. It can result from a health system being unable or ill equipped to understand a woman or her group, whether for linguistic, cultural or attitudinal reasons.

At the BCCEWH we have investigated these many aspects of marginalization and women's health. We have examined issues as diverse as midlife issues in women with disabilities to the health effects of violence against women and girls. We have looked at the implementation of health reform and privatization and the effects on women, with a particular look at inequalities. We have a set of projects on women who use substances or are addicted, some of whom are pregnant or mothers. We have examined the links between racism, gender and health. We have undertaken projects on women with HIV/AIDS and a range of projects on women who are experiencing mental health

issues. We have looked at access to cervical cancer screening and the differences among various groups of women. We have examined the effects on women of the implementation of midwifery legislation and the enactment of federal tobacco policy, among many other policy changes. We have examined the impact of doing palliative homecare on women and men, and used a gender lens in estimating social and economic costs associated with a variety of women's health issues.

Our research has always been informed and grounded in the discussions and experiences of women, and contextualized in the existing framework of the health care system and policy environment. All of our research has been undertaken in the spirit of "closing the loop" between the experiences of women, the practices of delivering care to women, the community environment surrounding women and policy frameworks affecting women's health. We have utilized an iterative process of developing research questions and methodologies that has served us well in producing authentic and relevant research, and helped us develop clear plans for optimizing policy impact, knowledge uptake and the dissemination of our research results.

The Northern Secretariat has been particularly well placed to examine the marginalizing effects of remote and rural locations on women's health. The objectives of the Northern Secretariat, in partnership with the University of Northern British Columbia, were to provide a focal point for support and facilitation of community-based action researchers and work to define the problems related to marginalized women in northern BC. This work has been action oriented, applied in the local communities and empowering for researchers and women in rural communities. The Northern Secretariat has played a key role in rural health coalitions and conferences across Canada in bringing a gender lens and women's health concerns to the rural and remote health agenda.

X

Knowledge Generation Processes and Results

Over the past five years, the BCCEWH has generated important pieces of knowledge in women's health. This has been accomplished by pursuing strategic themes in particular content areas, and by developing several key mechanisms for generating ideas, research questions, proposals and policy plans in women's health. One of the unique capabilities of the BCCEWH, and indeed the entire CEWHP, is the ability to marry content and process in women's health research in a women-centred manner.

At the BCCEWH we have used the following iterative mechanisms for developing our research over the past five years:

- Seed Grant Program
- Theme Groups
- Topical Discussion Groups
- Working Groups
- Research Associates Meetings
- Proposal Writing
- Cross-Centre Initiatives

Each of these mechanisms has its own discrete purpose and supporting structures; however, they all weave together and contribute to the overall knowledge generation activity of the BCCEWH. We consider all of these approaches important in assisting us to reach our potential for knowledge generation, and for integrating all the different partners in research who interact with the Centre. Indeed, we believe that these may constitute only the beginning of a set of ideal mechanisms for doing women's health research.

Taken together, these mechanisms have allowed us to support innovative research, generate research agendas in many areas, develop collaborative proposals, commission research, fund studentships and support students at all levels, and conduct policy-relevant research.

Knowledge Generation:

Research conducted in Vancouver and northern British Columbia identified shame, guilt and fear of child apprehension as the key reasons why women who use drugs and alcohol stay away from treatment. This is important information for designing effective treatment services and for the prevention of Fetal Alcohol Syndrome.

These mechanisms have involved all of our partners and partner groups, consultants, contractors, students, the Executive Director and Principal Investigator, other Centre Directors and the CWHN, the Coordinating Council, Board Members, Research Review and Ethics Committee members and many other volunteers.

Initially, four theme areas were identified to frame all of our research endeavours: Healthy Women in Healthy Communities, Health Status and Health Determinants, Women Centred Care, and Policy. While these four themes still guide and classify our work, other processes and mechanisms were required to expand our understanding of the issues of women's health in these theme areas. Hence, we established a broad set of topical discussion groups to generate ideas on issue-related topics in women's health. These groups immediately led to the development of proposals for funding. When these acquired funding, Working Groups were established to carry out the projects. As the national CEWHP matured and individual centres began to show results, Cross-Centre Initiatives were established to carry out national projects or to coordinate regional projects. Finally, the Research Associates connected with the BCCEWH came together for synergistic meetings on proposal

writing and the development of collaborative, forward-looking partnership ideas.

All of these mechanisms are important in contributing to the overall research agenda of the BCCEWH. Depending on the issue, current policy environment, capacity, funding opportunities and national and regional interest, we engage different processes. In some cases, the groups met for a limited period and produced an agenda or direction that informed our next steps. In other cases the groups continue to meet to develop further proposals and act as a standing reference group for ongoing research.

A. Seed Grant Program

The BCCEWH operated a competitive Seed Grant Program for research congruent with the Centre's main themes. Between 1996 and 2000, \$458,027 was awarded to fund 52 Seed Grants with individual grants ranging from \$5,000 to \$15,000. The response to the program increased every year and proposals were received from throughout British Columbia. Typically, Seed Grant recipients were community and academic partnerships interested in applied health research. The grants were awarded for projects that ranged from exploratory research to secondary data analysis to surveys. The project topics ranged from scans

Knowledge Generation:

Research has identified the benefits of physical activity on women's health and has identified a wide array of support women need to exercise, such as time, transportation, childcare and motivation.

Research with First Nations women about their interactions with health care personnel has illustrated how both validating and affirming encounters affect the quality of care Aboriginal women receive.

of local community health concerns to studies of models of service delivery to explorations of health policy issues (for a full list of Seed Grant projects, see Appendix 1).

Seed Grant Research and the Ethics Review Process

All Seed Grant proposals underwent a comprehensive research and ethical review process conducted by an arms-length Research Review and Ethics Committee appointed by the Board of Directors. Awardees affiliated with organizations that have their own ethics review process were also required to acquire approval from their own organization, most often a hospital or university.

Final budget approval and allocations were handled by the Coordinating Council. The review committee was comprised of a multisectoral and multidisciplinary group from a variety of institutions and organizations across British Columbia. All research proposals were judged against the following criteria: meeting standards of scientific rigour, policy impact, involvement of marginalized women, new knowledge generation, fitting with the overarching Centre themes, evidence of academic/community collaboration, and likelihood of improving our understanding of the impact of health reform on women.

B. Theme Groups

The four original thematic areas for research in the BCCEWH proposal have been consistently meaningful in directing and ordering our activities. All four Theme Groups have met from time to time over the past five years to not only direct Seed Grants that fell within those themes, but also to refine and develop the theoretical and methodological issues connected to the theme area.

The Women-Centred Care Theme Group has produced a draft background paper on women-centred care, analyzing its meaning and connections to other health research concepts. The Health Status and Health Determinants Theme Group, in conjunction with the Healthy Women in Healthy Communities Theme Group, has produced a background paper on the key issues in data collection and the context of women's health. In addition, numerous research proposals, the Speaker Series and Discussion Groups have been informed by the theoretical concepts developed in the Theme Groups.

Policy impact has functioned as an overarching theme for all of the Centre's work and has been integrated into all of the Theme Groups mentioned above. While policy uptake and exchange is a goal

Knowledge Generation:

A Centre study has outlined the pressing need for all health research in Canada to include sex and gender differences, without which new health knowledge will be incomplete and results less generalizable to women and children.

Innovative research on midlife health issues for women with mental and physical disabilities has filled a vacuum and raised awareness about the interaction between aging and disability and the implications for health care.

connected to each of the research projects, it is also a goal of the Centre to affect broader policy questions in health research and related sectors. For example, the goal to affect health research policy embedded in the CIHR Act and the CIHR organization was directly influenced by the mandate of the CEWHP, and the desire to have women's health concerns and sex and gender integrated into all health research and policy in Canada.

The Policy Group initially advised on the selection of policy topics for the BCCEWH. These policy areas (Midwifery, Breast Implants, and Substance Abuse and Mothering) have seen a lot of attention by BCCEWH researchers, and several projects have been undertaken in each of these areas. In the latter part of the mandate, the Policy Group was redefined to identify strategic opportunities for policy applications of a wide variety of Centre research results. The Policy Group identifies issues resulting from Seed Grants and externally funded projects and develops concrete plans to influence policy agendas at all levels, including institutional, municipal, regional, provincial and national. The current Chair of the Policy Group is a senior policy analyst for the Women's Health Bureau at the BC Ministry of Health.

Theme One: Healthy Women in Healthy Communities

This Theme Group emphasizes the context of women's lives, with a focus on social roles and cultural contexts. The Chair of this Theme Group is a community-based consultant with a long history of experience in well-being, physical activity and community development. Several Seed Grants and other Centre-



supported projects have assisted in contributing to a consensus about what makes the communities we live in health-enhancing for women and girls. A background paper commissioned by the BCCEWH to develop this theme and the Health Status and Health Determinants theme surveyed the terrain of the influences on women's health and identified data gaps that affect research on women's lives.

Consistent with social determinants research, the basic requirements for good mental and physical health are, succinctly put, a job, a house and a friend. While these factors are not sufficient to explain health status, they are vital to the perception of health and well-being as they provide meaningful

Knowledge Generation:

An evaluation of the Shewey Project, a service in the Downtown Eastside of Vancouver, showed that providing medical care, food and social support to pregnant substance-using women had a measurable and direct impact on the health of their newborns.

Eating disorders research has found that a variety of social factors, including family dynamics, personal identity issues and media influences contribute to disordered eating in adolescent girls.

social roles, safe and adequate shelter, adequate income and social networks. Issues such as income levels, poverty and care-giving burdens figure prominently in the mix of factors and issues that fundamentally affect women's health status and perceptions of health. A strong undercurrent to this work is understanding the issues of physical activity and inactivity in women and girls, and identifying the attributes of a society that facilitates women being active.

Examples of BCCEWH knowledge generated under this theme range from the impact of municipal recreation policy on low-income women's level of physical activity to understanding the housing needs of middle-aged and older women. In addition, there have been projects assessing the health needs of women with disabilities, and the media's influence on patterns of disordered eating in young women.

"The research projects that examine the linkages between physical activity and disease prevention/health promotion using a social determinants approach, and the information gained were invaluable. Thanks to the BCCEWH, this important body of knowledge regarding physical activity and girls' and women's participation provides a highly credible foundation when

talking about equity, access and policy determination at the municipal level." Patti Hunter, Chair, Healthy Women in Healthy Communities Theme Group.

Theme Two: Health Status and Health Determinants

Projects in this theme ranged from a feasibility study examining gender and health

care utilization using the BC Linked Health Database (a database that links the



publicly administered health services utilization databases, vital statistics, home care and Pharmacare), to an analysis of the effects of stable, safe housing on the physical, emotional and mental health of low-income women in Vancouver's Downtown Eastside. Studies of health care utilization were undertaken on women with breast implants, a group virtually impossible to track because augmentation for cosmetic purposes is not funded by the public health insurance system. In another example, a group of researchers in lesbian health (working through a listserv) assisted in developing an inventory of existing research on

Knowledge Generation:

Tobacco policy research has outlined the gender differences on the impact of policy on women and men, suggesting how federal policies could reduce smoking through more integrated health, economic and social policies.

The Centre's analysis of the mental health system showed that women's needs (which differ from men's across the life span) are not well recognized, resulting in women being over-medicated, misdiagnosed and often dissatisfied with their treatment.

lesbian health issues and in formulating an analysis of the health impact of sexual orientation.

The full range of determinants of women's health is not effectively measured by health researchers, health authorities and governments. Specific women's health issues and needs identified as priorities by groups of women and women's health advocates (i.e., violence, poverty, mental health issues) are not typically or fully addressed in data collection techniques, databases/sets and surveillance systems. While the health care system has been acknowledged as only one of the determinants of health, issues of access to appropriate care and the assurance of quality care remain important to women with various health problems.

For these reasons, more gender-sensitive research is required. A background paper on the contributions of sex and gender to health research, prepared for the CIHR in its developmental phase, has helped move the conceptualization of the influence of sex and gender in health research to new levels. While much remains to be done to understand the social determinants of women's and men's health, the work produced at and supported by the BC Centre of

Excellence for Women's Health is an important beginning.

Theme Three: Women-Centred Care

Women-centred care is a subtle and provocative concept that has implications for health policy from micro to

macro levels, as well as for individual interactions between service providers and women. The Theme Group



has guided the development of a background paper on women-centred care, outlining the use of the term and the concepts that it represents. In conjunction with the Seed Grant projects and related externally funded research, the theoretical and practical aspects of women-centred care, including its relationship to other models of care, its operationalization and its cost-effectiveness, have been pursued. The Chair of this Theme Group is a faculty member of the School of Nursing at the University of British Columbia.

Considerable development has taken place in developing and using evaluation models of women-centred care. Centre-supported projects throughout the province have examined the needs and resources

for women-centred care for young women, rural women, First Nations women and immigrant women. Problems such as the under-representation of some groups of women in cervical cancer and mammography screening have raised difficult issues for health care service development.

C. Topical Discussion Groups

“The discussion with the members has inspired and challenged me, taught me new methods and approaches....” Nancy Poole, Aurora Centre

The Centre established a number of Topical Discussion Groups, characterized by open membership and often co-sponsored by a partner organization. Any individual, group, organization or interested researcher may attend these groups, which are chaired by volunteers from our partner groups and institutions. These groups function as “think tanks” for new research ideas, multisectoral panels for developing proposals, and reference groups for guiding research projects. In addition, they serve as a consistent source of energy and initiative in developing networks and dissemination and policy uptake ideas for a broad range of projects.



The BCCEWH has established groups on Mental Health, Addictions and Dependencies, Violence and Health, Adolescent Girls' Health, Lesbian Health and First Nations Women's Health. These groups ebb and flow depending on the current issues and projects in the purview of the group, but have been a consistent and critical part of the research process at the BCCEWH. These groups are often conducted via face-to-face meetings, but can also include listserv exchanges and teleconferencing. On occasion, several groups have met together to discuss the overlap and intersection of some of the areas of research.

Some selected examples of the evolution and impact of this mechanism follow.

Adolescent Health

This group, established in 1998, draws members from youth-serving agencies, including British Columbia's Children's Hospital and the staff of some of the youth clinics in the local health region, the BCCEWH, and both faculty and students from universities, particularly the University of British Columbia. A young female graduate student examining adolescent health services utilization chairs the group. The group focussed its discussions and proposal writing on four issues: sexual health, eating disorders, mental health and research with youth.

**“Women who are
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BCCEWH is committed
to working with
marginalized
communities.”**

The group has been a significant networking opportunity for students, several of whom have gone on to pursue advanced degrees with the support of the discussion group. An exciting development through this group was the establishment of a local PowerCamp – an eating disorder prevention program built on empowering young women – in several Vancouver secondary schools. The group is currently participating in the planning of a national conference on youth health, developing a research proposal on gender, youth and primary care, and contributing to research on youth health at the major academic health centres in BC, BC Women’s Hospital and Health Centre, BC Children’s Hospital and Sunny Hill Health Centre for Children.

Addictions and Dependencies

This group was formed in partnership with the St. Paul’s Eating Disorders Program and encompasses all women and addictions and dependency issues, broadly defined. There has been a consistent focus on making the links between different types of addictions as they are experienced by women, such as alcohol, tobacco, licit and illicit drugs, gambling, eating disorders and over-exercising. The group is made up of diverse representatives from organizations such as the YWCA

and Aboriginal Women’s Action Network, health care professionals from hospitals/treatment programs, universities, and students. This group has formed proposal writing teams, sponsored speakers events, and developed a wide integrated research agenda in addictions and dependencies. This group has served as a vehicle for policy changes at tertiary program levels regarding cross referrals and screening for assessment. In addition, the Chair of this group, an experienced consultant on addictions treatment issues, has played a key role in contributing to national and provincial policy development on FAS/FAE, mothering and substance use, and provincial planning for comprehensive addictions treatment in British Columbia.

Mental Health

“My participation in this group has been particularly exciting, especially meeting with like-minded women. Prior to being involved in the Centre of Excellence and as a survivor of the psychiatric system, I didn’t think I was worth anything. My participation on the ‘Hearing Women’s Voices’ research project has given a huge boost to my self-confidence and belief in myself. Women who are psychiatric survivors need the safety to speak out and the BCCEWH is committed to working with marginalized communities. I am now

Knowledge Generation:

Recent research has explored the cultural reasons why Asian and First Nations women are less likely than the general population to receive pap smears. By understanding these barriers, clinical interventions to improve access can be made.

A Centre project on health planning has created tools for assessing and including women's health needs for the use of regional health authorities across British Columbia.

working with the Provincial Mental Health Advocate's office and have heard from women who have used the mental health system. They state that it is wonderful to feel that we are not alone, that there are people who care and who are trying to make a difference and offer us ways to get involved." Monica Chappell, Chair of the Mental Health Discussion Group

This group brings together mental health service providers, consumers, academics, mental health planners and policy makers to develop research projects in the area of women and mental health. The group came together in 1998 after the release of the BC Mental Health Plan in order to develop a project that would assess the impact of mental health reform on women. Since then, the group has expanded considerably and now has subcommittees on Mothering and Mental Health and Consumer Initiatives. This group is chaired by a community-based researcher in mental health who is a consumer/survivor of the mental health system. This group has become a key source of advice on women and mental health issues at the regional and provincial levels. Its representatives have made presentations to the BC Mental Health Policy Implementation Steering Committee and the Minister's Advisory Council on

Women's Health that are having an impact on the policy making process of the BC Ministry of Health. In addition, the group has played a part in assisting Regional Health Boards in making decisions about funding allocations for women's mental health programming, developed practice standards, organized evaluations of training programs for staff in psychiatric hospitals on issues of prior trauma and mental health, and engaged in UBC's Mental Health Evaluation and Community Consultation Unit.

D. Research Working Groups

Working groups on various research areas have been formed to coordinate, lead and carry out research projects in a variety of areas. These groups are generally supported by funds to facilitate their work, either from external research grants or from Centre development funds. These groups have a set agenda and are charged with carrying out a particular project or set of projects. Some examples of such groups follow.

Midwifery Research Group

This group was formed in 1997 as an advisory group for the midwifery research supported by the BCCEWH. Initial participants included midwives, nurses, physicians, and representatives of

Knowledge Generation:

Mental health research resulted in a framework now being used by the Ministry of Health and across the province for designing mental health services that are relevant and work for women.

Midwifery research has directly addressed the concrete barriers to implementation of midwifery services in British Columbia and makes suggestions for change to improve access and care for women and families.

the Vancouver/Richmond Health Board and the BC Ministry of Health as well as students and consumers. The group designed three research studies to be carried out with BCCEWH funds: a study of the Home Birth Demonstration Project, a study of nurses' attitudes towards midwives and a study of the registration process. The group provided feedback and direction for the researchers. A renewed mandate in 2000 aimed to gain funding and support for the development of a strategic program of research for clinical and non-clinical midwifery-related topics. To this end, the group's work has focused on highlighting areas of midwifery policy and practice that would benefit from a research focus, articulating a series of comprehensive research questions, and writing grant proposals to secure the means to carry out the research. The group received SSHRC funding to host a workshop entitled "Midwifery in Canada: Directions for Research" to take place in May 2001.

National Gender Economic Costing Group

This is an interdisciplinary research group from law, economics, sociology, political science and policy research. Established in 1999, the group is funded by

SSHRC's Research Innovation Development Fund and supports a program of research to develop a gendered economic costing model. It is currently completing the development of a model and methodology for the gendered economic costing of various diseases, illnesses and experiences specifically related to women's health. As part of the project, the ethical implications of economic costing and its various uses in policy analysis and development are also being considered. A background paper on methodological and ethical issues involved in economic costing work is underway, and several case examples of the application of a gendered economic costing model are being pursued. A cross-Centre study on the gendered aspects of the socioeconomic costs of palliative home care is underway and an application of the model to midwifery care has been proposed. Members of the group have completed economic costing projects in areas such as the utilization of health care, abuse of seniors, the economic costs of child sexual abuse, and the socioeconomic costs of teen pregnancy in Canada.

Midlife Health and Disabilities Working Group

"The partnership between the Centre of Excellence and DAWN (DisAbled

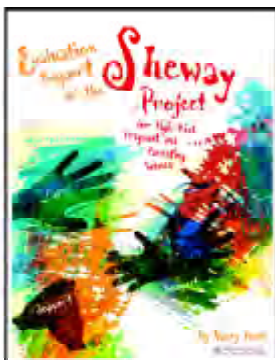
Women's Network Canada) was made in heaven as far as I'm concerned." Joan Meister, Pacific DAWN

This group formed to support the Midlife Health Needs of Women with Disabilities Project, which was funded by Health Canada's Health Transition Fund and coordinated by BC Women's Hospital and Health Centre. This group advised the researchers engaged in assessing the unique midlife needs of women with mental, physical and developmental disabilities. The members of this group included Pacific DAWN, UBC School of Nursing faculty, and community agencies and health care delivery services for people with disabilities. This group engaged in innovative research and detailed discussions surrounding appropriate methodologies for doing research with women with developmental disabilities. In addition, the group produced a report that outlined the dearth of information about midlife for women with disabilities and the specific midlife issues of women with disabilities.

Sheway Evaluation Working Group

This group formed to advise on the BCCEWH-coordinated evaluation of the Sheway Project, a unique outreach program located in the

Downtown Eastside of Vancouver that provides holistic services to pregnant women with substance use problems, and support to mothers and their families. In one of Canada's poorest neighborhoods, renowned for its high crime rate, drug and sex trade, violence, substandard housing and high rate of HIV/AIDS, Sheway takes a woman-centred, harm-reduction, culturally focussed approach to providing services. The Sheway Evaluation Committee was comprised of clients, staff from BC Women's Hospital and Health Centre, Downtown Eastside residents, representatives from community action programs for children, Vancouver Native Health Society, YWCA of Greater Vancouver, UBC Department of Epidemiology, BC Ministry of Children and Families, Vancouver/Richmond Health Board and BCCEWH. The Sheway evaluation documents the success of the project in engaging women in accessing pre- and postnatal care, in making improvements in their housing and nutritional status, in improving child health and in retaining custody of their children. This research has already been disseminated by the Children's Commission of British Columbia, which published part of the report in the Fetal Alcohol Syndrome paper distributed widely to health professionals in the Province of British Columbia.



Breast Implant Research Group

A working group of staff from the Breast Implant Centre of BC Women's Hospital and Health Centre, researchers, policy makers, plastic surgeons and women with breast implants met for over two years to support research into a study of health care utilization by women with breast implants. To address the ongoing challenges of conducting randomized clinical trials with biased samples of women with breast implants, the group recommended exploring the creation of a breast implant registry for women in British Columbia. This group has produced a policy paper recommending a model for the development of this registry, based on experiences with breast implant registries in other jurisdictions. Staff of the Breast Health Program of BC Women's Hospital and Health Centre and policy advisors in the BC Ministry of Health are exploring mechanisms for funding and establishing the registry.

E. Research Associates Meetings

This mechanism involves the Research Associates most closely associated with the BCCEWH and is a forum for generating research agendas and proposal ideas and consolidating previous Centre work. This group is designed to create

synergy between Research Associates working in diverse areas of women's health research, create ideas for new research topics/questions and to re-fit research projects to coincide with current funding availability/sources. This mechanism offers a chance for developing frameworks for future proposals, meeting request for proposals on short notice, and generating links between researchers and policy makers locally, provincially and nationally. Research funds acquired through group and individual efforts from a range of institutions, and the consolidation of research ideas make this a worthwhile mechanism for the BCCEWH.

F. Proposal Writing

As part of a sustainability strategy, the BCCEWH has engaged researchers and consultants to write proposals for external funding, often in addition to those produced by the groups already described. This has had a direct and positive impact on the scope of research at the BCCEWH and assisted in building immeasurable capacity among researchers, students and community groups. We have obtained \$2,115,104 in external funding in the past three years – not including the \$4,582,600 that has been leveraged through other routes.

We have obtained funding from many sources, including:

- British Columbia Ministry of Health and Ministry Responsible for Seniors – Women’s Health Bureau, Adult Mental Health Services, Minister’s Advisory Council on Women’s Health
- British Columbia Ministry of Women’s Equality
- British Columbia’s Women’s Hospital and Health Centre
- Canadian Health Services Research Foundation
- Canadian Research Institute for the Advancement of Women
- Community Action Programs for Children (CAP-C)
- Health Canada – Women’s Health Bureau, Health Transition Fund
- The Law Foundation of British Columbia
- Medical Research Council of Canada/Canadian Institutes of Health Research
- Social Sciences and Humanities Research Council
- Status of Women Canada
- Vancouver/Richmond Health Board

G. Cross-Centre Initiatives

Finally, the Centres of Excellence for Women’s Health Program has engaged in several Cross-Centre Initiatives, designed to engage all

regions of the country in key women’s health research issues. These topics have included such topics as Health Reform, Women and Genetics, Health Protection, CIHR Development, Economic Costing and Rural Health. These initiatives range from multi-site research projects to production of background papers to full programs of research, advocacy and communication on a subject. They produce a synthesis or consolidation of diverse case examples or experiences within a particular area of health research. The value of these initiatives is immediately apparent when issues of federal and provincial policy emerge and when representation to national organizations or bodies is critical to the development of women’s health research in Canada. Three examples are profiled below.

CIHR Development

The BCCEWH provided coordination or leadership for a variety of initiatives intended to influence the development of the CIHR and related health research policy in Canada. Penny Ballem was a co-chair (with Karen Grant) of the Working Group on Gender and Women’s Health Research in the CIHR, a national steering committee which advised on strategies for establishing institutes



and structures in the CIHR that would benefit women's health. The major efforts of this group were coordinated from the BCCEWH. Lorraine Greaves was a member of the Interim Governing Council of the CIHR, and her input had profound impact on the final language in the CIHR Act, which specifically identifies "women and men" as targets of health research in Canada. In addition, she sat on a BC-based regional CIHR steering committee, organized by the Health Canada Regional Office. The BCCEWH convened a conference, FUS/ION in April 2000, which brought together women's health researchers from all Centres and areas of research (biomedical, clinical, health services, social sciences and policy) to discuss and exchange methodologies and approaches. As a result of these efforts, the BCCEWH produced a trilogy of papers related to the CIHR initiative: CIHR 2000: Sex, Gender and Women's Health; A Women's Health Research Institute in the CIHR; and FUS/ION: A Model of Integrated Health Research. Finally, in the context of the BCCEWH, support was also extended to our host institution's efforts to establish a Child Health Institute in the CIHR. Overall, these initiatives were very successful and resulted in the development of a substantial

network of women's health researchers in Canada, a shift in health research policy, and the establishment of the Gender and Health Institute in the CIHR. Penny Ballem is now a member of the Institute Advisory Board of the Gender and Health Institute, and BCCEWH Board member, Aubrey Tingle, is a member of the Institute Advisory Board of the Institute of Human Development, Child and Youth Health.

Health Reform

A National Coordinating Group on Health Care Reform and Women was created with representatives from each of the five Centres of Excellence for Women's Health, the Women's Health Bureau and the CWHN. The group is mandated to coordinate and support research and policy development across the country related to health care reform, with a specific interest in the impact of health care reform on women. In general, research commissioned or undertaken by the group has examined whether health care reform affects women and men differently, and in what ways and with what effects. To date, the group has commissioned papers on the nature of privatization initiatives across the country and their possible effects on women, including a paper by Colleen Fuller published by the BCCEWH.



The series of papers is being compiled into book format. Ann Pederson, BCCEWH Research/Policy Associate, prepared a glossary of terms associated with privatization and assisted in the development of a popular education piece developed from the regional scans. This group has commissioned the development of annotated bibliographies in English and French on primary care and is conducting studies into women's understandings of care and issues of quality and continuity of care. The BCCEWH has established its own regional discussion group on health care reform, bringing together researchers, policy makers and health care providers interested in these issues.

Health Protection

This working group was formed in the fall of 1998, in response to growing concerns about the direction of change in the Health Protection Branch and what implications this might hold for women's health. The working group is a coalition of activists and academics that later extended to include researchers, journalists and health professionals. Their current work includes: developing several new position papers including risk management for women, testing for

toxicity, and problems with the "pills for prevention" model; enhancing the outreach and networking efforts initiated by the working group, including outreach in Quebec, the Prairies and the Maritimes, more links to NGO's doing related work, and more meetings with the Women's Health Bureau, the Health Protection Branch, the Women's Caucus of the Liberal, Reform and NDP parties and the women of the senate; improving public awareness about the implications of health protection review through a public education and information initiative, working with the media, monitoring news reports, monitoring relevant listservs and hosting information sessions; supporting additional research being undertaken by members; monitoring the development of the HPB's proposed Office of Consumer Affairs and working with the HPB to ensure women's health concerns are integrated; and finalizing, translating and distributing the many papers already produced or co-produced by the Working Group.

XI

**“We know from
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to the participants.”**

Knowledge Uptake Processes and Results

“We know from women in local communities and community groups that successful research must be meaningful, respectful and useful to the participants. As such, we are strongly community-based and our strengths include creating a formal and credible link that women can respect and rely on, enabling women to hear their own voices and experiences in the research process, and supporting women to begin to solve their own problems.” Northern Secretariat Coordinator, BCCEWH

Knowledge uptake entails multisectoral partnerships, effective communications, targeted dissemination and advocacy. It requires being part of key networks, depends upon a solid information base and benefits from good timing. It is shaped by current events, the political cycle and popular perceptions. By adopting a mandate of action research, the BCCEWH made knowledge uptake an expectation of all our work. Through multiple mechanisms, we worked to communicate the findings of Centre research to appropriate audiences and to encourage the translation of those findings into practice, programs and policies. Some of the mechanisms employed for knowledge generation served a dual purpose in supporting knowledge uptake by practitioners, policy makers and other researchers.

Topical Discussion Groups provided opportunities for interested students, practitioners, researchers and policy makers to meet to share information, develop research proposals, and establish research and practical priorities. They also provided opportunities for participants to learn about Centre-generated research results and to network with other practitioners, researchers and policy makers interested in implementing research findings. A proposal for a national conference on violence and health is currently under development by a sub-group of members of the Violence and Health Group, in which the BCCEWH is a partner.

We encouraged knowledge uptake through networking, establishing information and communication mechanisms, and contributing to the development of more appropriate and extensive information about women’s health in Canada. These mechanisms facilitate the capacity of

decision makers, researchers and community members to use the information generated on women's health by this Centre and the other Centres to support women's health.

A. Information and Communication

We held information dissemination events – local conferences, a Speaker Series, regular Discussion Groups – and contributed to the efforts to share information about research conducted by our own Centre and the other Centres, including the activities of the Research Synthesis Group, the Research Bulletin, the newsletters of the CWHN, national conferences and meetings. Staff, students, volunteers and researchers associated with the BCCEWH reached out to communities, their elected representatives, government bureaucrats, funding agencies, research institutes and other researchers to share information and guide the development of programs and policies to improve women's health.

The BCCEWH maintains a database of 3500 individuals and over 1800 organizations. All of these contacts are informed of educational events, new publications, reports, developments within the Centre, and research opportunities via

broadcast faxes, email, or our listservs or website.



The Centre operates three listservs: women-health, which has 350 subscribers worldwide and daily postings on a variety of topics related to women's health; a violence and health listserv of 45 individuals and organizations; and a lesbian health listserv that reaches 125 individuals and organizations. In a survey of our listserv users in March 2001, we received responses from across Canada, from Fort Nelson, BC to Montreal, Quebec to Halifax, Nova Scotia. We also received extremely positive feedback about our services from around the world – from Connecticut, USA to Rockhampton, Australia – attesting to the extensive network that the Centre has established.

Quotes from listserv members:

“It is good to feel part of a larger ‘body’ of women seeking to better our lives and those of the women with whom we work. Thanks for all your efforts.”
(Connecticut, USA)

“I am an addictions counselor in the far northeast corner of the province – this listserv is one of the ways I can stay connected to the world so to speak.” (Addictions and Dependencies Counselor, Fort Nelson, BC)

“This listserv has provided numerous connections to other research conducted around the world.” (Faculty of Medicine, University of Calgary, Alberta)

Our website currently receives 180-200 hits per week (or approximately 10,000 a year). The website (www.bccewh.bc.ca) contains information about all Centre publications, meetings, and events, offers free downloadable reports and bibliographies, and includes subject-specific links to other sites on such diverse topics as breast implants, eating disorders, mental health, tobacco use, and physical activity, as related to women and girls.

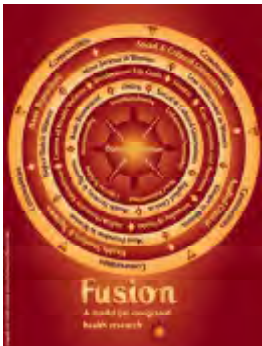
The BCCEWH is committed to making information as accessible as possible. We employ DAWN Canada’s accessibility guidelines in the preparation of our publications, encourage both print and electronic reporting for people with different access to and preferences for reporting documents, print French translations on request, and use different styles of publication for different audiences. For example, as well as publishing 18 research project reports (for a complete list, see Appendix 6), the Centre prepared a six-page media kit on women and substance use, which was distributed to all BC provincial health authorities as well as policy makers. We assisted in the preparation of a popular guide on women and health care reform to convey the information on privatization collected by the National Coordinating Group on

Health Care Reform and Women, and have prepared brief summaries of several of our Centre-funded research projects rather than full reports in order to communicate research highlights as widely as possible. In addition, we funded the creation of a video production for women dealing with perimenopause and helped in the development of a multimedia kit for women in midlife that included audio tapes, a guided journal and information booklets.

The BCCEWH has held a Speaker Series on-site in Vancouver at BC Women’s Hospital and Health Centre for the past four years. These events have featured the work of 29 different expert teams who have spoken to an average audience of 40 attendees per session, thus reaching an estimated 1160 people. Topics have included the midlife health needs of women with disabilities, mothering and substance use, fetal surgery as a women’s health issue, the effects of early admission on medical interventions during birth, women and health care reform, the politics of deregulation in terms of women and health protection in Canada, and First Nations women’s encounters with mainstream health care services and systems (for a complete list of Speaker Series topics, see Appendix 5). In addition, this forum has also been used to discuss with our research partners the opportunities presented in the

rapidly evolving federal research structures, particularly the CIHR.

The BCCEWH has engaged in numerous activities intended to contribute to the development of a research agenda for women's health in Canada, particularly with respect to marginalized women. For example, the Centre participated in the consultations of the National Advisory Committee on Women's Health Surveillance, supported research from a gender perspective using the BC Linked Health Database and the National Population Health Survey, and advised the provincial Women's Health Bureau on gender-inclusive health planning in the context of a regional health system. The Centre hosted a two-day conference, FUS/ION, for 80 multidisciplinary participants from across Canada. This was an opportunity to explore ways to conceptualize research within women's health consistent with the CIHR pillars (biomedical, clinical, health services and systems, and social, cultural and population health) and other traditional disciplines of health research. In addition, key people from the Centre are also asked to review research grants, proposals, career awards, student fellowships and manuscripts from provincial, national and international bodies.



B. Networking and Capacity Building

Building capacity was a consistent element of work at the BCCEWH that was incorporated into all activities. The process of including everyone who attends the Theme Group and Topical Discussion Group meetings in the development of research areas led to a large and diverse group of people becoming involved in the Centre who would not have been if a traditional "committee" structure was in place. The mentoring and supervision of students provided increased capacity and built for the future, bringing additional human resources and knowledge to the BCCEWH at the same time as it helped train students and influence their perspectives around the social determinants of health and gender. Through its research, the Centre consulted with large numbers of women. Within the Seed Grant program alone, we estimate that the BCCEWH received data or input from or consulted with almost 2000 people and that our Theme and Topical Discussion Groups enabled us to consult with over 800 more individuals.

At a national level, the Centre has been extremely active in supporting the development of better information about women and women's health.

Examples of these activities include: the preparation and dissemination of a background paper on sex, gender and women's health in the CIHR; our contribution to the network mapping activities of the Canadian Health Network; our participation in the Perinatal Surveillance Project; and the development of a background paper on breast implant registries. The BCCEWH has articulated the need for sex-disaggregated data in recent consultations conducted jointly by the Canadian Institute for Health Information (CIHI), the new Institute for Health Services and Policy Research (IHSPR) of the CIHR, and the Canadian Health Services Research Foundation. Centre representatives also influenced the federal efforts to support gender-based analysis within Health Canada by participating in the developmental workshops related to this institution. At a provincial level, the Centre is increasingly involved in informing planning and policy procedures. The Centre was invited to develop a framework for gender-inclusive health planning in British Columbia and has proposed an evaluation framework on women-centred care. The Centre was also very involved in developing a women's health plan for the Vancouver/Richmond Health Board, a process chaired by Dr. Penny

Ballem, the Centre's Principal Investigator.

The Centre has sponsored and/or participated in numerous conferences as a way to share experiences and information with a wide range of audiences. Over the last five years, the Centre played a major sponsorship and organizational role in two national and one provincial conference: FUS/ION, Building Bridges, and the BC Conference on Aboriginal Women and Wellness respectfully. The Centre was also a major contributor to the other national conferences held by the CEWHP: the Maritime Centre conference, Made to Measure; the Centre d'excellence pour la santé des femmes conference, Women's Health and Diversity; and the Prairie Centre conference, Our Health in Our Hands.

Representatives from the Centre, particularly the Executive Director, have made numerous presentations to a wide array of local, provincial, national and international audiences. Locally, BCCEWH researchers contribute to policy rounds at the provincial Ministry of Health, speak at regional Health Authority meetings, and give guest lectures at UBC, SFU, UNBC, UVic and Langara College. Some national examples include: Canadian Mental Health Association, Riverview

Psychiatric Hospital, Secretary of State's Federal Sport Policy Consultation, YWCA of Canada Annual General Meeting, College of Midwives of BC Annual Meeting, Promotion Plus Annual Meeting, BC & Yukon Transition House Society, and Canadian Medical Association Leadership Workshop for Medical Women. Internationally, Lorraine Greaves has spoken to, among others, the American Medical Women Association (AMWA), the American Society of Obstetricians and Gynecologists (ASOBGN), World Conferences on Tobacco and World Conferences on Health in Chicago, Paris, Buenos Aires and Australia, Harvard School of Public Health, the Dana-Farber Cancer Institute, the 1st International Conference on Women, Heart Disease and Stroke, and the Costa Rica Ministry of Health and Social Security. As well, Research Associate Olena Hankivsky gave a presentation on violence and health at the Centre for Gender Studies, Kharkov University, Ukraine.

The networking afforded through the Centres is wide and intricate. For example, the chair of the Adolescent Girls' Health Discussion Group originally participated in a research project on sexual health information needs among teens in Nova Scotia, funded by the Maritime Centre of Excellence for Women's Health.

After arriving in Vancouver, this researcher shared her research findings with the Discussion Group and was subsequently asked to present to staff from the Youth Clinics in the Vancouver/Richmond Health Region. A staff nurse from one of the Youth Clinics, upon hearing the presentation, decided to act upon the research findings by developing an information brochure on cervical cancer testing (Pap testing) for young women. This guide is now available at the city's Youth Clinics, exemplifying a direct impact of the links between the research of the MCEWH and the networking of the BCCEWH.

Researchers associated with the BCCEWH engaged in considerable mentoring of students as research assistants, practicum students and short-term work-study placements. Researchers acted as individual student advisors, course instructors, reviewers on student fellowship committees and employers. Over the past five years, the Centre has hosted students from the University of Toronto, Queen's University, Harvard, York, UVic, UNBC, UBC, Langara College and Simon Fraser University, including eight joint studentships in women's health, which the Centre co-sponsored with the British Columbia Health Research Foundation (BCHRF).

“As a parent, part-time employee and student, I am very appreciative of this scholarship because it gave me more time to focus on my dissertation and because it was given by an organization that believed that my work would contribute to women’s health.”
(Studentship recipient)

Students have participated in the BCCEWH as volunteers, research assistants, research associates, fellowship students, post-doctoral fellows, work-study students, employment-program assisted students, or students doing projects with us, or about us, as in the case of organizational or administrative courses. As a multidisciplinary research centre, we have worked with students from such disciplines as Library and Information Science, Interdisciplinary Studies, Women’s Studies, Nursing, Anthropology, Health Administration, Fine Arts, Creative Writing, Psychology, Medicine, Health Care and Epidemiology, Kinesiology, Social Work, Policy Studies and Health Promotion. Mentoring, supervising and training students involved a significant investment; we estimate that the time spent in mentorship over the past five years is almost 2000 hours, or the equivalent of one person working full time for one year.

The purpose of all of these activities was to influence practice, the availability and suitability of programs, and policy. These purposes include influencing legislation, regulation, priorities and funding patterns. An informal survey of Seed Grant recipients from the Centre revealed a wide range of project impacts, from securing

additional research dollars to having a demonstration project picked up as an ongoing program at a community centre to the creation of a provincial network dedicated to reducing cervical cancer among women in British Columbia.

C. Policy Advice

Policy can be usefully defined as the decision to take a particular form of action (or inaction). The work of the BCCEWH has had some significant impacts on policy within Canada pertaining to women and the conditions that contribute to women’s health. While the links between knowledge generation and policy impact are sometimes indirect, sound research is important in arguing for more evidence-based decision making in all policy areas, not only within the health services system.

Discussions with researchers associated with the BCCEWH revealed policy impacts ranging from securing funding for a program for adolescent girls in a low-income area of Victoria to fostering support for not legislating mandatory treatment for pregnant women who are substance users. The Centre has become recognized as an authoritative voice on tough questions about how to think about addictions and dependencies among pregnant

women and mothers, including questions on Fetal Alcohol Syndrome (FAS) prevention.

The nature and form by which the BCCEWH worked on health policy relevant to women varied over the past five years. Initially, the Centre funded research projects designated as policy projects that were analogous to research projects in the other theme areas. At the same time, all projects within the Centre were conceived of in terms of their potential policy impact. We soon came to regard policy not as a separate set of projects, but as an overarching element and integral part of all projects. Research proposals submitted to the competitive Seed Grant project process were explicitly reviewed for their policy relevance. While some projects were readily translated into policy recommendations, others had more long-term potential impacts.

Finally, the Centre also conducted policy research. The multiple research projects on different aspects of the implementation of midwifery in British Columbia are an example of an extended examination of policy implementation – a notoriously understudied aspect of the policy making process. The work that the BCCEWH has conducted as part of the National Coordinating Group on Health Care Reform and

Women studies the manifestations and effects of policy changes at all levels of government and within the health services sector. Similarly, the gender analysis of tobacco policies in Canada is aimed at showing its differential effects on women and men and recommending policy changes.

We employed numerous approaches in trying to influence policy, many of them building upon the extensive volunteer network associated with the Centre. Our volunteer theme leaders and the various Working and Discussion Groups comprise another vast array of community, academic and government connections that work in their particular constituencies to bring the work of the BCCEWH to the policy table. The value of the donated time is estimated at 1552 days or the equivalent of almost six people working full time for a year on behalf of the BCCEWH.

The BCCEWH is beginning to play a major role in improving health systems and services for women through our role as program and project evaluators. Program Evaluation Projects conducted by staff both inside BC Women's Hospital and Health Centre and for external organizations have resulted in the creation, implementation and/or improvement of the data gathering collection mechanisms to better

serve the women's health agenda. The Centre has contributed to or conducted evaluations on such services as the Oak Tree Clinic, which provides care for women and children with HIV/AIDS; Sheway, a service for pregnant substance-using women and their families in Vancouver's Downtown Eastside; a screening mammography program for staff at BC Women's Hospital and Health Centre; the Continence Outreach Program; Riverview Psychiatric Hospital Training Program on Prior Trauma; and "Our Women: Our Strength: Community Support Training" at the Pacific Association of First Nations Women.

Our multiple partnerships and networking with numerous organizations provide a wide constellation of opportunities for contributing to policy discussions. Partners with whom we have worked to facilitate policy uptake include:

- British Columbia Health Research Foundation (now the Michael Smith Foundation for Health Research)
- British Columbia Institute of Family Violence
- British Columbia Ministry of the Attorney General
- British Columbia Ministry of Children and Families

- British Columbia Ministry of Health
- British Columbia Ministry of Small Business, Tourism and Culture
- British Columbia Ministry of Women's Equality
- Canadian Women's Health Network
- The Centre: A resource for lesbian, gay and transgendered youth in Vancouver
- Health Association of British Columbia
- Health Authorities throughout British Columbia
- Health Canada
- International Network of Women Against Tobacco (INWAT)
- (BC) Minister's Advisory Council on Women's Health
- National Working Group on Women and Tobacco
- Planned Parenthood
- Promotion Plus: Provincial Organization for Girls and Women in Physical Activity & Sport
- Canadian Association for the Advancement of Women in Sport
- St. Paul's Hospital, Eating Disorder Program
- Status of Women Canada
- University of British Columbia, Centre for Research in Women's Studies & Gender Relations

The Northern Secretariat has developed key partnerships with the following organizations, among others:

- AIDS Prince George and AIDS Bulkley Valley
- Central Interior Native Health Society
- Food First Food Security Network
- Fort St. James Violence Against Women
- Immigrant and Multicultural Services Society
- Northern Interior Regional Health Board
- University of British Columbia and University of Calgary
- University of Victoria, Centre for Community-Based Research and Health Promotion

XII

Looking Toward the Future of Women's Health Research

The past five years of development at the British Columbia Centre of Excellence for Women's Health have yielded tremendous results. We are continuing to develop sustainability plans with our host institutions, BC Women's Hospital and Health Centre and the University of Northern British Columbia, and are grateful for their continued support and the support of Health Canada. In addition, as we look forward to the future of the BCCEWH, we are securing new partnerships with supportive institutions and organizations.

We are currently expanding our mandate to include clinical and health services research in addition to the social determinants research supported by Health Canada. We are also continuing to develop comprehensive evaluation research of health programs and planning in BC Women's Hospital and Health Centre and other health care institutions, regional health authorities and other organizations across BC and Canada. In addition, we continue to disseminate and communicate knowledge to communities, decision makers and policy units through a variety of routes.

Most important, we are continuing to be vigilant about the state of women's health in Canada, the issues confronting marginalized women in particular, and the level of funding for women's health research. We will continue to advocate for improvements in all of these areas, underpinned by continued and increased commitment to women's health from governments and research funding agencies. There are many gaps in knowledge to fill in women's health. In our past five years, the BCCEWH has contributed to both filling some and revealing more, but we clearly recognize that there is a long way to go in acquiring full and comprehensive understanding of women's health in Canada.

Through the enlargement of our mandate, continued productive and rich relationships with our host institutions and Health Canada, and through new partnerships forged with an eye on the future, we look forward to remaining a major player in women's health research in Canada.

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Acknowledgements

Board of Directors

Sonia Acorn, Professor, School of Nursing, UBC

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Opportunities

There are many opportunities for involvement and participation in the British Columbia Centre of Excellence for Women's Health. If you would like more information, please contact:

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Note: As of March 31, 2001, the Northern Secretariat will become Northern Fire: The Centre for Women's Health Research at UNBC. Contact information will remain the same.

Appendix 1 – Seed Grants

Healthy Women in Healthy Communities Projects

Mothering and Substance Use. Nancy Poole, Aurora Centre and independent community-based consultant

Women, Social Identity and Health. Bev Burnside, Older Women's Network and Vancouver Community College

Dissemination of a Health Promotion Initiative: Mobilizing Communities to Provide Physical Activity for Low-Income Women. Wendy Frisby, School of Human Kinetics, University of British Columbia

Women with Disability: The Social Construction of Access (Phases 1 & 2). Joan Meister, Pacific DAWN (DAWN Canada)

Links Between Physical Activity, Inactivity and Health for Girls and Women. Heather McKay, School of Human Kinetics, University of British Columbia

Disorganizing Services for Women: A Case Study of Restructuring of Health and Society Services into BC's "Super Ministry" and the Effects on Women's Access to Services. Barbara Isaac, Social Work Program, University of Northern British Columbia

Beyond Benefits: Exploring the Determinant Nature of Recreation on the Health of Vulnerable Adolescent Women. Joan Wharf-Higgins, School of Physical Education, University of Victoria

Mobilizing the Community to Address the Prenatal Health Needs of Punjabi Women. Radhika Bhagat, Vancouver/Richmond Health Board

Media Literacy and the Prevention of Eating Disorders. Marie Hoskins, School of Child and Youth Care, University of Victoria

Fostering Older Women's Emotional Well-being: Reducing Benzodiazepine Use. Nancy Hall, Mental Health Advocate of BC

Creating Healthy Communities: Perspectives of Women Aged 45-64 and Community Designers and Planners. Joan McHardy, Ministry of Education

Fear of Falling: A Qualitative Study into the Experiences of Older Women with Osteoporosis. Lenore Riddell, BC Women's Hospital and Health Centre

Health Status and Health Determinants Projects

Health Care Utilization and Gender. Arminée Kazanjian, Centre for Health Services and Policy Research, University of British Columbia

Health Care Utilization for Women Who Have Undergone Breast Implant Surgery. Penny Ballem, BC Women's Hospital and Health Centre

The Experience of Health and Illness Among Perimenopausal Women. Jerilynn Prior, Department of Endocrinology, University of British Columbia

Senior Women's Utilization of Antidepressant and Benzodiazapine Drugs. Nancy Hall, Mental Health Advocate of British Columbia

What are the Mechanisms by Which Gender Influences Health Status? Fiona MacPhail, Economics Department, University of Northern British Columbia

Women, HIV, and the Determinants of Health. Paul Perchal, AIDS Vancouver

Sources and Consequences of Abuse Experienced by Older Women. Charmaine Spencer, Gerontology Research Centre, Simon Fraser University

Effects of Stable, Safe Housing on Physical, Emotional and Mental Health of Low-Income Women in Vancouver's Downtown Eastside. Dara Culhane, Department of Sociology and Anthropology, Simon Fraser University

Young Women & Osteoporosis: Building our Knowledge and Resources. Jerilynn Prior, Department of Endocrinology, University of British Columbia

The Health Effects of Sex Trade Work on Sex Trade Workers in Victoria. Cecilia Benoit, Department of Sociology, University of Victoria

Gender Differences-Progression of Frailty/Self-Reported Health Status. Lynn Beattie, Division of Geriatric Medicine, UBC and Vancouver Hospital and Health Sciences Centre

Women-Centred Care Projects

Barriers to Pap Smear Access in Multicultural and First Nations Communities (Phase 1 & 2). Joan Bottorff, School of Nursing, University of British Columbia

Assessing Barriers to Health Care for Visible Minority Immigrant Women. Carol Christensen, School of Social Work, University of British Columbia and Multicultural Family Centre

Northern First Nation's Women's Interactions with Mainstream Health Services and Systems. Annette Browne, Nursing Program, University of Northern British Columbia

Urban First Nation's Women's Interactions with Practitioners (Phases 1 & 2). Nadine Caplette, Acting Senior Policy Analyst, Aboriginal Health Division, Ministry of Health and Ministry Responsible for Seniors

Out in the Cold: Barriers to Health Care for Lesbians in Urban and Isolated Communities. Barbara Herringer, Social Work Program, University of Northern British Columbia

Decision-Making Experiences for Women Who Have Undergone Elective Hysterectomies in the Northern Interior Health Region. Pat Jordan, Prince George Regional Hospital

Improving Health Care Services for First Nations Women: A Community Case Study. Annette Browne, Nursing Program, University of Northern British Columbia

Holistic Health Care for Immigrant Women. Yasmin Jiwani, FREDA Centre for Research on Violence Against Women and Children, Simon Fraser University

Maternal Health Needs Assessment. Louise Kilby, Dze L'Kant Friendship Centre

Caring for Caregivers: Vicarious Trauma and Sexual Assault. Carolyn Dudley, BC Women's Hospital and Health Centre

Young Women's Health Needs in Isolated Northern Communities. Sarah de Leeuw, Terrace Women's Resource Centre

Accessing Assisted Reproduction: Experiences of Lesbians and Bisexual Women Living in Northern Communities. Jacquelyne Luce, Department of Anthropology, York University

Gynecological Health Needs of Women with Disabilities. Lenore Riddell, BC Women's Hospital and Health Centre

Listening to Latin American Women. Amalia Dorigani, Vancouver/Richmond Mental Health Network

Defining Rural Women-Centred Care and Developing Strategies for Change. Lydia Sawicki, Boundary Women's Coalition and York University

Sexual Assault Examination: Are Examination Findings Associated with a Positive Legal Outcome? Margaret McGregor, Mid-Main Community Health Centre

Interprofessional Relationships: A Comparative Study of Beliefs & Attitudes of Physicians and Nurses Towards Midwifery. Elaine Carty, School of Nursing, University of British Columbia

Policy Projects

Registering the Impact of Breast Implants. Penny Ballem, BC Women's Hospital and Health Centre

Care for Substance Using Mothers. Nancy Poole, Aurora Centre and independent community-based consultant

A Community Advocacy Strategy for Policy Change: Action Towards Better Policies for Benzodiazepine Prescribing. Joan Gadsby, Market-Media International Corp.

Implementation of Midwifery in BC's Health System. Jean Lyons and Elaine Carty, School of Nursing, University of British Columbia

Prenatal Screening of Pregnant Women at Risk of Carrying Down Syndrome Fetuses. Patricia Lee, Independent consultant and BC Down Syndrome Research Foundation

Impact of Bill C46. Yasmin Jiwani, FREDA Centre for Research on Violence Against Women and Children, Simon Fraser University

Implementation of Midwifery in BC. Jude Kornelsen and Elaine Carty, School of Nursing, University of British Columbia

Implications of Choosing Not to Register as a Midwife. Elaine Carty, School of Nursing, University of British Columbia

Evidence-based Policy on Benzodiazepines and Older Women. Nancy Hall, Mental Health Advocate of BC

Appendix 2 – Externally Funded Projects

Filtered Policy: Women and Tobacco in Canada. A Gender Analysis of Tobacco Policy. Lorraine Greaves and Victoria Barr

Consultation to the Women and Tobacco Research Project, SPARC BC. The Role of Smoking in the Lives of Young Women on Low Incomes. Lorraine Greaves

Gender-Inclusive Health Planning Project: Development of a Tool for Health Planners in Regional Health Authorities in BC. Ann Pederson

Hearing Voices: Mental Health Care for Women. Developing a Women-Centred Mental Health Care System. Marina Morrow and Monika Chappell

Preliminary Investigation of the Therapeutic Consequences of Compensation Claims. Lorraine Greaves, Olena Hankivsky and Yasmin Jiwani

Canadian Women's Health On-line: Outlining Strategies for Internet Activism. Renee Cormier

Development of a Gender Economic Costing Group/Development of a Generic Model for Quantifying Various Women's Health Issues. Lorraine Greaves, Olena Hankivsky, Jane Freisen, Fiona MacPhail, Charmaine Spencer and Colleen Varcoe

Social Justice & Women's Health: A Canadian Perspective. Olena Hankivsky

The Legal System & Its Impact on Women's Health: A Largely Uninvestigated Terrain. Olena Hankivsky

Sexual Assault and the Collection of Forensic Evidence. Patricia Lee

CIHR 2000: Sex, Gender and Women's Health. Lorraine Greaves, Olena Hankivsky, Carol Amaratunga, Penny Ballem, Donna Chow, Maria De Koninck, Karen Grant, Abby Lippman, Heather Maclean, Janet Maher, Karen Messing and Bilkis Vissandjee

A Women's Health Institute in the Canadian Institutes of Health Research. Penny Ballem and Karen Grant

The Challenges of Change: The Midlife Health Needs of Women with Disabilities. Marina Morrow with the Midlife Health Needs of Women with Disabilities Advisory Committee

Evaluation of the Sheway Project for High-Risk Pregnant and Parenting Women. Nancy Poole

Reformed or Rerouted? Women and Change in the Health Care System. Colleen Fuller

Economic Costs of Child Sexual Abuse. Olena Hankivsky

Violence & Trauma in the Lives of Women Who Have Been Diagnosed With a Serious Mental Illness. Marina Morrow

Women's Mental Health Pilot/Demonstration Projects in British Columbia. Marina Morrow and Lorraine Greaves

"Catching our Breath", Evaluation of a Women Centred Tobacco Cessation Program. Tammy Horne, Lorraine Greaves and Victoria Barr

Technical Cooperation Between Canada and Costa Rica on Women's Health. Lorraine Greaves

Mothering Under Duress: Policy Discourses in the Context of Woman Abuse, Illicit Substance Use and Mental Illness. Lorraine Greaves, Ann Pederson, Colleen Varcoe, Marina Morrow, Joy Johnson, Nancy Poole, Jill Cory and Lori Irwin

Lesbian Health: Raising Awareness and Improving Access to Quality Care. Penny Ballem

Socioeconomic Costs of Teenage Pregnancy. Olena Hankivsky

Health Records in Civil & Criminal Cases of Violence Against Women. Jill Cory, Olena Hankivsky et al. (administered through the Woman Abuse Response Program, BC Women's Hospital and Health Centre)

Evaluation of the Pacific Native Women's Association Community Support Training Program. Renee Cormier

Midwifery in Canada: Directions for Research. A National Strategic Workshop. Lorraine Greaves, Jude Kornelsen, Elaine Carty and Lesley Page

Evaluation of a Training Program on Trauma and Revictimization at a Psychiatric Hospital. Marina Morrow, Lorraine Greaves and Nancy Poole

Creating Solutions, Women Preventing FAS. Northern Secretariat

Mothers and Daughters Talking Circles. Northern Secretariat

Action on Food Security. Northern Secretariat

Primary Care. Northern Secretariat

Midlife Health Project. Northern Secretariat

Evaluation Framework for BC Women's Hospital and Health Centre on Reproductive Mental Health. Marina Morrow, Lorraine Greaves and Olena Hankivsky

Outreach Evaluation for the Continence Program at BC Women's Hospital and Health Centre. Lorraine Greaves

Evaluation of the Oak Tree Program on HIV/AIDS Outreach at BC Women's Hospital and Health Centre. Marina Morrow

Design Projects of Women's Health Materials. Michelle Sotto

Power Camps: Structured Mentorship by University Students to Prevent Disordered Eating in Adolescent Girls. Rochelle Tucker and Stephanie Glube

Multidisciplinary Research Development in Women and Addictions. Renee Cormier and Lorraine Greaves

Multidisciplinary Research Development in Midwifery. Jude Kornelsen.

Documenting Visibility: Selected Bibliography on Lesbian and Bisexual Women's Health. Jacquelyne Luce

The Fullness of Our Lives: Complexity in the Measurement of Women's Health. Colleen Reid

Women-Centred Care: A Background Paper. Joy Johnson et al.

Racism, Gender and Health: A Background Paper and Research Agenda. Marsha Henry and Margaret Dorazio-Migliore

Research Bulletin Volume 1, Issue 1, “Does Sex Matter?” Ann Pederson

Research Bulletin Volume 1, Issue 2, “What do Women Want?” Ann Pederson

Research Bulletin Volume 1, Issue 3, “What’s Policy Got to Do With It?” Ann Pederson

Coordination of the Working Group on Gender and Women’s Health in the CIHR. Amanda Kobler, Lorraine Greaves, Penny Ballem

Glossary on Privatization. Ann Pederson

FUS/ION: A Model for Integrated Research in Women’s Health. Lorraine Greaves et al.

Socioeconomic Costs of Palliative Home Caregiving: A Gender Analysis. Lorraine Greaves, Olena Hankivsky and Georgia Livadiotakis

An Annotated Bibliography on Primary Care. Carolyn Shellenberg

Establishing the Indicators of Quality of Women-Centred Care. Ann Pederson

Evaluation and Quality Control in Women’s Health Programs. Lorraine Greaves and Ann Pederson

Designing a Staged Women’s Health Planning Process for a British Columbia Women’s Health Plan. Lorraine Greaves and Ann Pederson

Establishing a System for Research Coordination, Enhancement and Proposal Development Across Specialized Women’s Health Programs at Children’s and Women’s Health Centre of BC. Lorraine Greaves and Ann Pederson

Women’s Health Research in the CIHR. Penny Ballem, Joan Bottorff, Sharon Buehler, May Cohen, Anna Day, Dawn Fowler, Lorraine Greaves, Arminee Kazanjian, Michael Klein, Yvonne Lefebvre, Diane Ponée, Donna Stewart

Appendix 3 – Key Organizational Relationships

The BCCEWH was established with a formal set of signatory partners. As well, we liaise on a regular basis with numerous organizations to develop research proposals, foster support for women's and girls' health, and argue for policy and program development.

Some of our links to other organizations include:

- St. Paul's Hospital – Collaboration regarding Eating Disorders Program
- BC Health Research Foundation – Review studentships and cosponsor of women's health fellowship program
- BC Institute of Family Violence – Joint proposal writing
- BC Ministry of Health, Women's Health Bureau – Consults with us regarding policy and program development on issues such as the development of the Adolescent Girls' Health Handbook, substance-using Mothers, mental health reform
- BC Ministry of Women's Equality – Tri-lateral funding agreement with BCCEWH and the provincial Women's Health Bureau regarding mental health and violence prevention research
- BC Women's Hospital Foundation – Joint partnership for fund-development activities, research results give opportunity for making a case for donations
- Canadian Women's Health Network – Partnership, central repository for our research results
- The Centre: A resource for lesbian, gay and transgendered youth in Vancouver – Networking and a participant in our Adolescent Health Group
- Health Canada, Health Protection Branch – Consultation for legislative renewal
- International Network of Women Against Tobacco – Lorraine Greaves is a founding member and presenter at conferences worldwide
- Minister's Advisory Council on Women's Health – All research results are presented to this group to inform their policy making advice to the Minister
- Promotion Plus, Girls and Women in Physical Activity and Sport – A provincial organization that awarded the BCCEWH a Leadership Award for research topics relating to the benefits of physical activity in disease prevention and health promotion for girls and women
- Status of Women Canada – Research and project support
- University of Victoria – Student placements
- University of British Columbia, Centre for Research in Women's Studies & Gender Relations – Visiting Scholar Program

Appendix 4 – Joint Studentships and Fellowships in Women’s Health

Studentships in Women’s Health

Co-funded with the BC Health Research Foundation (now the Michael Smith Foundation for Health Research)

Studentship 2000

- Robinder Bedi, Masters, Counselling Psychology, Simon Fraser University

Project: Tailoring the psychological treatment of women with depression

- Georgia Livadiotakis, Masters, Gerontology, Simon Fraser University

Project: The impact of home care reforms on senior clients

Studentship 1999

- Aleina Spigelman, Masters, Health Care and Epidemiology, University of British Columbia

Project: Health care utilization for women who have undergone breast implant surgery

- Anne George, PhD, Institute for Health Promotion Research, University of British Columbia

Project: Vancouver Island pregnancy follow-up study

- Becky Palmer, PhD, Nursing, University of British Columbia

Project: The experience of pregnancy, labour and childbirth for women who are sexual abuse survivors

Studentship 1998

- Joanne Bryant, MSc, Community Health, University of Northern British Columbia

Project: Mammography and Pap Tests: Factors associated with screening services in northern BC

- Anne-Marie Nicol, PhD, Health Care and Epidemiology, University of British Columbia

Project: Evaluating the effectiveness of risk communication in an occupational setting: farmers, farm families and exposure to pesticides

- Colleen Reid, PhD, Interdisciplinary Studies/Institute for Health Promotion Research, University of British Columbia

Project: Merging perspectives: Using feminist action research to examine health care policy and practices

Post-Doctoral Fellowships

- Marina Morrow, Canadian Institutes of Health Research (CIHR), in partnership with the UBC Centre for Research in Women and Studies in Gender Relations

Project: The impact of mental health reform on consumer access to and utilization of publicly funded mental health care

- Olena Hankivsky, Social Sciences and Humanities Research Council (SSHRC), in association with the Department of Political Science, University of British Columbia

Project: Gender mainstreaming and the health care sector

Additional Opportunities for Students

The BCCEWH hired students through Human Resource Development Canada's (HRDC) summer student program from the University of British Columbia (2) and the University of Victoria (1).

We provided employment for two students through the First Jobs in Science and Technology Program, one from Queen's University and one a graduate of Vancouver Community College.

Fifteen students worked as part-time researchers and assistants over the past four years. Students attended UBC, UVic, SFU, UNBC, York University (in Ontario), Harvard, and the University of Toronto.

Appendix 5 – Speaker Series Events

- Women's Health Policy and Interactive Discussion, January 28, 1998
- Feminist Ethics in Qualitative Research, February 16, 1998
- Influencing Health Policy, February 20, 1998
- Nurses' Jobs and Health Care Reform: What BC Can Learn from Nova Scotia, April 23, 1998
- Women-Centred Care Project, August 25, 1998
- Feminist Approaches to Biomedical Research, September 29, 1998
- Disabled Women Speak Out: We Know What We Need to Be Healthy, October 21, 1998
- Therapeutic Consequences of Civil Actions and Compensation Claims by Victims of Sexual Abuse, November 12, 1998
- What are the Needs of Gay & Lesbian Senior Citizens?, November 13, 1998
- Smoke Screen: Women's Smoking & Social Control, January 26, 1999
- Mothering & Substance Abuse: A Women-Centred Policy Perspective, February 24, 1999
- Women with Disabilities: We Know What We Need to Be Healthy!, March 11, 1999
- Women and the Mental Health System, April 29, 1999
- Hot Off the Press: New Midwifery Research in BC, May 6, 1999
- Lesbians & Assisted Conception: Stories About Identity, Reproductive Health and Technology, June 24, 1999
- We're Talking Sex & Gender in the CIHR: Who Gets the Money?, September 29, 1999
- Reformed or Rerouted?: Women & Change in the Health Care System, November 2, 1999
- BC Linked Health Database Study – Are There Differences Between Men and Women in the Utilization of Selected Medical Procedures?, January 27, 2000
- Early Admission + More Medical Intervention = Less than Ideal Birth Outcomes, February 22, 2000
- Fetal Surgery as a Women's Health Issue, March 15, 2000
- First Nations Women's Encounters with Mainstream Health Care Services and Systems: Findings from a Community Case Study, March 16, 2000
- A Collaborative Framework for Training in Domestic Violence, May 16, 2000
- Politics of Deregulation: Women & Health Protection in Canada, September 28, 2000

- Insights about Women-Centred Care: Lessons from Pap Testing Experiences with Three Ethnocultural Groups, October 5, 2000
- Filtered Policy: Women and Tobacco in Canada, October 24, 2000
- Care for High-Risk Pregnant and Parenting Women – The Sheway Project, November 29, 2000
- Consuming Identities: Young Women, Eating Disorders and the Media, January 15, 2001
- Gender, Health and Physical Activity, February 15, 2001
- The Challenges of Change: The Midlife Health Needs of Women with Disabilities, March 14, 2001

Appendix 6 – Publications

Women with Disabilities: We Know What We Need to Be Healthy

Shirley Masuda, 1999

This report details the results of a study about how women with disabilities experience being healthy and the structural barriers they face in achieving health. The study identifies the key elements that enable women with disabilities to experience health. They are: a sense of internal and external control and predictability; self-awareness; health awareness; wellness skills; and a feeling of belonging.

The Challenges of Change: The Midlife Health Needs of Women with Disabilities

Marina Morrow with the Midlife Health Needs of Women with Disabilities Advisory Committee, 2000

This study highlights the interconnections between menopause, midlife, disability and aging. Through interviews with women with different disabilities, this study makes clear that further research, education of health care professionals, and information for women with disabilities is needed to better understand the relationship between midlife, menopause and disability.

First Nations Women's Encounters with Mainstream Health Care Services and Systems

Annette Browne, Jo-Anne Fiske and Geraldine Thomas, 2000

Women describe their encounters with health care services under the broad categories of invalidating or affirming, and illustrate the social, economic and political forces at work influencing the lives of First Nations women in relation to dominant political systems.

Reformed or Rerouted? Women and Change in the Health Care System

Colleen Fuller, 1999

This paper places BC's health system reform in a national context and points out the information gaps and inadequacies concerning issues affecting women users and workers in the system.

Reality, Opinion and Uncertainty: Views on Midwifery in BC's Health Care System

Jeanne Lyons and Elaine Carty, 1999

A researcher in the midwifery field observes and comments on province-wide presentations and discussions on midwifery and its integration into BC's health care system. Part of the series Perspectives on Midwifery.

Pushing for Change: Challenges of Integrating Midwifery into the Health Care System

Jude Kornelsen, 2000

Considers the current relationship between midwives, physicians and nurses from both a professional and interpersonal perspective, looks at specific objections put forward by the medical and nursing communities and considers the way the objections have had an impact on client care. Part of the series Perspectives on Midwifery.

In Transition: Nurses Respond to Midwifery Integration

Jude Kornelsen, V. Susan Dahinten and Elaine Carty, 2000

This report describes the results of a survey of nurses on the topic of midwifery, which was conducted shortly after the introduction of midwives as a regulated and funded part of the British Columbia health care system. Part of the series Perspectives on Midwifery.

Experiences of Registering to Be a Midwife in British Columbia

Jude Kornelsen and Elaine Carty, 2001

This applied ethnographical study investigates the experiences of the first group of women who applied to register as midwives in British Columbia. Based on women's experiences of each step of the process and on their comments of the assessment process, perceptions of bias, the midwifery model of care, continuity of care and the College of Midwives of British Columbia, this report recommends work towards establishing a process for registration that would increase both the diversity and number of midwives in the province. Part of the series Perspectives on Midwifery.

Consuming Identities: Young Women, Eating Disorders and the Media (A Research Agenda and Annotated Bibliography)

Marie L. Hoskins and Kristy Dellebuur, 2000

This survey of contemporary research on adolescent girls, eating disorders and prevention looks at self and self-identity and the influence of media on how identities are formed in relation to the phenomenon of eating disorders and body image disturbances. This report identifies gaps in the literature and poses essential questions about the future of research in this area.

The Health Benefits of Physical Activity for Girls and Women

Colleen Reid, Lesley Dyck, Heather McKay and Wendy Frisby, 2000

This multi-disciplinary literature review explores the links between physical activity, inactivity, health and well-being for women and girls, including implications of physical activity for disease prevention, management and rehabilitation and the biological, psychological, social and cultural experience of being female in our society.

Apprehensions: Barriers to Treatment for Substance-Using Mothers

Nancy Poole and Barbara Isaac, 2001

This research study explores the barriers and supports encountered by pregnant and parenting women accessing care for addictions treatment. These women's experiences illuminate the importance of recognizing women's commitment to their children as well as their distinct needs as mothers when addressing their substance use problems. The study recommends practices and policies that have a positive impact on women's ability to mother effectively while addressing their substance use: address stigma, shame and prejudice; ensure that information on treatment programming is widely available; support the role of "gatekeepers", families and peers in helping women get to care; develop/enhance alcohol and drug treatment programming that serves mothers and children; ensure comprehensive care for women and their families; conduct research into successful strategies for engaging and retaining women in care.

Evaluation Report of the Sheway Project for High-Risk Pregnant and Parenting Women

Nancy Poole, 2000

This report is an evaluation of a unique outreach program in Vancouver that provides services to pregnant women with substance use problems and support to mothers and their families through a women-centred, harm-reduction, culturally focussed approach.

Documenting Visibility: Selected Bibliography on Lesbian and Bisexual Women's Health

Jacquelyne Luce with Janet Neely, Teresa Lee and Ann Pederson, 2000

This collection of information on lesbians' and bisexual women's health marks one of many departure points for establishing a lesbian health research agenda in Canada.

Filtered Policy: Women and Tobacco in Canada

Lorraine Greaves and Victoria Barr and Women and Tobacco Working Group, 2000

This paper develops a gendered analysis of tobacco policy, contextualized in the national and international tobacco control and reduction movement, and identifies women-centred policy directions to reduce women's tobacco use.

Health Care Utilization and Gender: A Pilot Study Using the BC Linked Health Database

Arminée Kazanjian, Isabelle Savoie and Denise Morettin, 2001

This pilot study evaluates the feasibility of using the BC Linked Health Database for gender-based analyses by examining whether there are differences between women and men in the utilization of selected services, and by determining if any such differences might be explained by differences in sex, family composition and/or socioeconomic status, in relation to gender. The study concluded that gender-based analyses using the BC Linked Health Database are feasible, suggesting some interesting avenues for further research on women's health status and health care utilization, and on the interaction between disease, social roles and the life-course.

CIHR 2000: Sex, Gender and Women's Health

Lorraine Greaves et al., 1999

This paper investigates the issues of sex, gender and women's health in health research, and the opportunities to integrate these in a systematic and effective manner through the Canadian Institutes for Health Research (CIHR).

A Women's Health Institute in the CIHR

Penny Ballem and Karen Grant, 1999

Following on premises elaborated in CIHR 2000, this proposal paper outlines the key contributions that a Women's Health Research Institute will bring to the larger structure of the Canadian Institutes of Health Research, and recommends a systematic program for the integration of sex and gender across the CIHR.

Hearing Voices: Mental Health Care for Women

Marina Morrow with Monika Chappell, 1999

A multi-level study into the experience of mental health care for women in BC, from consumers to policy makers. Includes recommendations for change throughout the system.