

Still Making Waves

10 Year Report 1996 to 2006



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Contact Information

British Columbia Centre of Excellence for Women’s Health
E311 – 4500 Oak Street, Box 48
Vancouver, British Columbia V6H 3N1
CANADA

Phone: 604 875 2633
Fax: 604 875 3716
Email: bccewh@cw.bc.ca
Web: <http://www.bccewh.bc.ca>

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STILL MAKING WAVES

10 Year Report
1996 - 2006

The mission of the British Columbia Centre of Excellence for Women’s Health is to improve the health of women by fostering collaboration on innovative, multi-disciplinary research endeavours and action-oriented approaches to women’s health initiatives, women-centred programs, and health policy. We pay particular attention to policy that will improve the health status of women who are marginalized and who face multiple disadvantages in health due to socio-economic status, race, culture, age, sexual orientation, geography, disability, and/or addiction.



ACKNOWLEDGEMENTS

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Thanks to Lionel Matecha and the design team at Graphically Speaking Services Inc. for their support in bringing this document to life, and to the entire team at the British Columbia Centre of Excellence for Women's Health for their contributions. We also want to thank the people who provided us with testimonials about our past ten years. We appreciate your support for our work.

We thank the many individuals who have contributed to the Centre over the past decade. We have been fortunate to have been home to a large number of energetic and creative people. Whether as students, researchers, staff, volunteers, advisors, or collaborators, we have learned from our associations with you and appreciate your engagement with the Centre.

We particularly wish to thank Health Canada for its financial support and BC Women's Hospital & Health Centre for hosting us. We have been fortunate to work with both of these organizations and our sister Centres of Excellence, the Canadian Women's Health Network, Women and Health Care Reform, and Women and Health Protection in a program dedicated to understanding and improving women's health in Canada. ●



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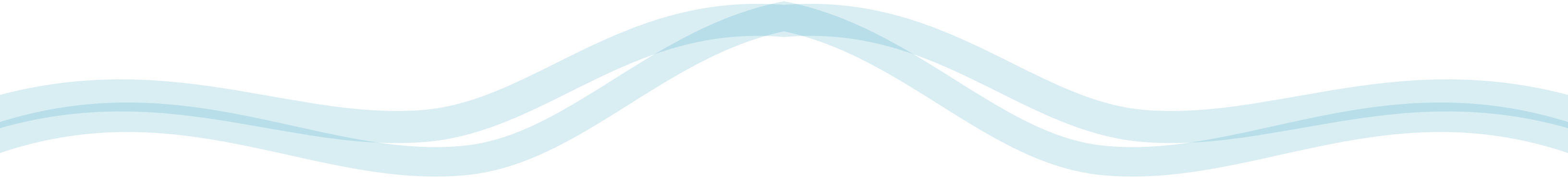
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STILL MAKING WAVES!

A Message from the Executive Director

It is with immense pride that I mark the tenth anniversary of the British Columbia Centre of Excellence for Women's Health (BCCEWH). We have grown from a small enterprise in 1996 to a key player in women's health research and policy development in British Columbia, Canada and globally.

This report, *Still Making Waves*, documents the elements of our work and achievements. Building on our first five years, described in *Making Waves* in 2001, we have grown and changed to meet new demands for women's health research, gender-based analysis (GBA), and knowledge exchange with multiple groups using a variety of media. We have extended our research program to include new themes and projects, while never losing sight of our joint commitment to both collaboration and relevance in girls' and women's lives. We have introduced a range of technologies to our well-established involvement model, thereby engaging with women and men from all over the province and country with much more ease.

We have extended our knowledge transfer and exchange, producing a wider range of products; policy briefs, journal articles, books and reports. We have applied our work to refine approaches to women's health by producing better practice manuals, guidelines, new interventions and protocols, journal supplements, strategies and gender based analyses of surveys, reports, and health planning instruments. From a small point of activity in 1996, our influence now reverberates across multiple issues, locations and organizations, in person and in cyberspace, all to the betterment of women's

health. We are indeed, *'still making waves'*.

Our expertise in developing the conceptual bases for gender based analysis (GBA) and for applying it in varied ways is well established. We have embraced this aspect of our mandate to take forward Health Canada's commitment to requiring GBA in its policies, to extend that initiative to other countries, to craft key documents and to provide training, insight and commentary on GBA to research, student, policy and provider audiences across the globe. Doing gender-based analysis has often taken us well past improving women's health, generating insights into issues of family, community and men's health as well.

Our thanks go to our host institution, BC Women's Hospital & Health Centre for its exciting environment and in-kind support. Its leader, Elizabeth Whynot, has been a consistent advocate for improving women's health research and policy, the exact mandate of the BCCEWH. The programs of BC Women's, an agency of the Provincial Health Services Authority of BC, have been a source of opportunity and inspiration. The province wide mandate of BC Women's has offered us a chance to lead in providing information, evidence and strategic direction for women's health across BC. In turn, we have assisted BC Women's in developing its own research strategy and its new Women's Health Research Institute to advance the clinical care of women and girls in British Columbia. This will be a key contribution and a permanent change in the landscape of women's health research.

Our funding from Health Canada has enabled us to grow and develop into the wonderful enterprise de-

scribed in these pages. Its support has allowed us to flourish. Most importantly, it has enabled us to provide the dividends on this trust and investment by creating new questions and new knowledge in women's health and gendered policy. I am very grateful for the ongoing support from the Bureau of Women's Health and Gender Analysis at Health Canada, and our sister Centres across Canada. Our successes are funded by and shared by the people of Canada.

It remains a privilege for me to lead the British Columbia Centre of Excellence for Women's Health. Ten years of support from our advisory body, coordinating council members, partners and volunteers has made my job easier. The incredible contribution of our staff,

researchers and communications personnel is, well, simply excellent. Our numerous trainees and students continue to inspire us and help to create a stronger future for women's health. The recognition and testimony embedded in this report from partners far and wide tells its own story of our influence and reach. Ten years on, we continue to grow and learn together, to stake out new ground for research and policy development in women's health in Canada.

I hope you enjoy *Still Making Waves* and incorporate women's health into your business by joining with us in our next ten years.

— Lorraine Greaves, PhD, Executive Director ●

“ You can be very proud of the Centre's important contributions to knowledge creation and translation and to research training on women's health. Best wishes for continued success over the next ten years! ”

Miriam Stewart, Scientific Director, Canadian Institutes of Health Research, Institute of Gender and Health.



CHANGING THE LANDSCAPE

A Message from the President of BC Women’s Hospital & Health Centre

BC Women’s Hospital & Health Centre has hosted the British Columbia Centre of Excellence for Women’s Health for ten years, and promoted its incredible contribution to the landscape of women’s health research in BC. The BCCEWH has made our hospital and its programs stronger, along with contributing to the province, nation and indeed, the globe.

The Centre has excelled at its mandate—growing its small beginning into a thriving enterprise, accruing funding for many, many projects and leading the way in social determinants and health systems research on women’s health. In my view, its ability to create innovative partnerships with a range of communities and sectors has been its key to success. As a result of its open collaborative model, the BCCEWH has not only produced research, policy advice, better practice guidelines, and information that is appreciated worldwide, but has created receptivity for research and new information on women’s health. This has produced many concrete improvements in the health of girls and women.

For example, the BCCEWH has brought a research and evaluation lens to BC Women’s programs—in-patient, ambulatory, and provincial. It has assisted with data collection

and produced new knowledge in conjunction with practitioners in a range of our programs, such as the Aurora Centre, a treatment centre for women with addictions; the Fir Square Combined Care Unit, an in-patient unit for pregnant women who use substances; the Eating Disorders program; *Osteofit* and the Osteoporosis Program; and the Breast Health Program, among others. The Centre has offered the leadership and perspective required to influence health planning and women’s health strategies across British Columbia on issues ranging from bone health to heart health to tobacco control.

Together, the BCCEWH and BC Women’s have collaborated on a range of important processes in British Columbia. For example, we worked together to craft a Provincial Women’s Health Strategy, to coordinate the Maternity Care Enhancement Project, and to develop training for health planners in the application of Gender-Based Analysis. All of this benefits BC Women’s and the women of BC.

Since 2001, under the leadership of the Executive Director of the BCCEWH, BC Women’s has been inspired to develop our own research strategy, focused on expanding its clinical research capacity to directly improve our patient care. The

strategic planning process that took place between 2001 and 2006 paved the way for our new Women’s Health Research Institute.

I am thrilled to be congratulating the British Columbia Centre of Excellence for Women’s Health on its ‘ten years of excellence’. This anniversary also marks ten years of a productive and exciting collaboration between BC Women’s and the Centre.

— Elizabeth Whynot, MD
President, BC Women’s Hospital & Health Centre •

“The Centre is unique in British Columbia and is widely recognized for making major strides in fostering research to advance women’s health initiatives and women-centred programs and policy.”

Aubrey Tingle, President & CEO,
Michael Smith Foundation for Health Research.

CHARTING OUR COURSE

Our Advisory Board

The British Columbia Centre of Excellence for Women’s Health was established at BC Women’s as a result of a broad based, collaborative proposal led by Penny Ballem, then Vice-President of Specialized Women’s Health and Reproductive Health, in the mid-1990s. The proposal articulated a model for an organization that would serve all of British Columbia by creating a research and policy centre devoted entirely to women’s health. Since its inception, the BCCEWH has become just that.

We have been sustained over the years by numerous volunteers. Our Advisory Board has been a particularly supportive group. When we were established in 1996, our Board members were drawn from across the province, representing numerous institutions and constituencies interested in women’s health. Many represented our founding partners in the consortium that designed the proposal for the Centre. That group launched the BCCEWH and established our trajectory in the context of the province, the region, and the country.

Following the initial consortium, which was chaired by Dr. Ballem, Joan Meister was named Board Chair.

Joan represented PacificDAWN, the regional chapter of the DisAbled Women’s Network of Canada, and she served the Centre with considerable commitment and great energy for eight years, until her untimely death in January 2004. From 2004-2006, John Gilbert of the College of Health Disciplines at the University of British Columbia served as our Chair. In 2006, the BCCEWH became an independent, incorporated Society in the Province of British Columbia.

Our founding Society Directors are:

- Pat Armstrong, Professor, Department of Sociology, York University
- Patti Hunter, Benchmark Consultants and Director, 2010 Legacies Now! BC
- Joy Johnson, Professor, School of Nursing, University of British Columbia

Our Advisory Board members include:

- Joanne Douglas, Physician, BC Women’s Hospital & Health Centre
- Joanne Fiske, Interim Dean, School of Graduate Studies, University of Lethbridge
- Shari Graydon, Communications consultant, President, Women’s Future Fund

- Rita Stern, Department of Health Care and Epidemiology, UBC and former Regional Director, Health Promotion Directorate, Health Canada
- Elizabeth Whynot, President, BC Women’s Hospital & Health Centre

We also thank our former advisory board members who served terms between 2001-2006:

- Ardath Paxton Mann, Assistant Deputy Minister, Western Economic Diversification Canada
- Tracee Schmidt, Manager, Organizational Effectiveness, Business Transformation Division, BC Public Service Agency
- Jeannie Wexler, Director, Western Management Consultants

Over the past ten years, many others have supported the BCCEWH by serving on committees, review panels, project teams, and strategic planning groups. We thank them all. •



AT A GLANCE

Funding (1996-2006)

\$ 4,571,878	Health Canada Contribution
\$ 1,488,197	In-Kind Support from BC Women's Hospital & Health Centre
\$ 213,100	In-Kind Support from University of Northern British Columbia
\$ 7,198,990	External Project Funding
\$ 20,011,980	Affiliated and Collaborative Research
\$ 33,484,145	Total Investment in Women's Health Research

Activities (1996 -2006)*

250	Research Projects over 10 years
34	Affiliations and Collaborations
65	Trainees and postdoctoral fellows

Activities since 2001*

100	Publications & Reports
110	Presentations
45	Events Hosted

* Selected

GENERATING MOTION

Our core activity at the British Columbia Centre of Excellence is generating new knowledge about women's health. Our findings drive our efforts to change policies and practices in women's health to close the loop between research and action. We began in 1996 by conducting research on three broad themes: Health Status and Health Determinants, Women-Centred Care, and Healthy Women in Healthy Communities. Today, we do research on the entire continuum of health—from what it means to live with chronic disease to how to optimize resilience in the face of trauma—and a broad array of health and social services—from health promotion through to rehabilitation and palliative care to housing and food security. We address such issues within five major research areas—women and health services; addictions and substance use; tobacco use; physical activity; and mothering and health—all pursued through either a population health or a health services and systems framework. The impact of marginalization on the health of girls and women has been an overarching concern in the

work of the BCCEWH since its inception. Hence, we pay particular attention to women who are marginalized due to socio-economic status, race, culture, age, sexual orientation, geography, disability, and/or addiction. One priority audience for our research is policy makers—both elected politicians and government staff—at all levels of government, from the local to the global. But our work is aimed at a range of audiences; service providers, clinicians, other researchers, and women. We use multiple ways to communicate our findings to close the loop between posing questions, proposing solutions, and monitoring interventions. We have made an impact on women's health research in Canada. We participated in the original deliberations about the shape and mandate of the Canadian Institutes of Health Research (CIHR). We were active on its Interim Governing Council, co-ordinated national workshops and meetings to design a proposal for a women's health institute, developed a rationale for integrating sex and gender into all health research, and developed *Fusion*, a model for carry-

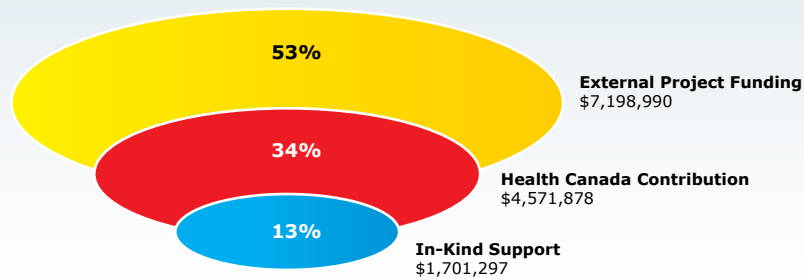
ing out multidisciplinary health research. We have offered leadership in our region. In 2004, we developed the Women's Health Strategy for BC, and are now supporting the Provincial Women's Health Network. We are co-leaders in the Women's Health Research Network—supported by the Michael Smith Foundation for Health Research—linking and developing over 450 researchers interested in women's health across BC. We are a catalyst for action with a reach growing steadily wider. Today, we have active partnerships in Australia, South America, and Europe. We are sought after for research, consulting, and advice from groups such as the World Health Organization, the National Institute for Health and Clinical Excellence (NICE) in the UK, the TReND network in the USA, the Canadian Centre on Substance Abuse, and various departments of Health Canada and the government of BC. We are proud of our accomplishments and of our path. ●



CIDA / ACIDI Photo: Bruce Paton

SOURCES OF REVENUE

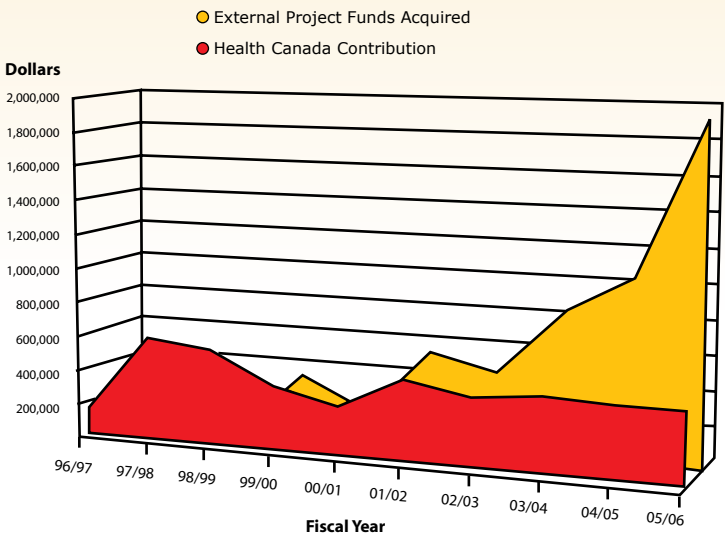
BCCEWH SOURCES OF SUPPORT 1996 - 2006



Between 1996 – 2006 the British Columbia Centre of Excellence for Women’s Health has had three primary sources of support. A third of our funding has come from the Women’s Health Contribution Program of Health Canada. Both BC Women’s Hospital & Health Centre and the University of Northern British Columbia have provided in-kind support in space and services. More than half of our total revenue has come from externally-funded research projects. Sources for these funds include the Canadian Institutes of Health Research, the Michael Smith Foundation for Health Research, the Social Science and Humanities Research Council, Status of Women Canada, National Institute for Health and Clinical Excellence, the Alcoholic Beverage Medical Research Foundation, the American Cancer Society, the Province of British Columbia, and various departments of Health Canada, among others.

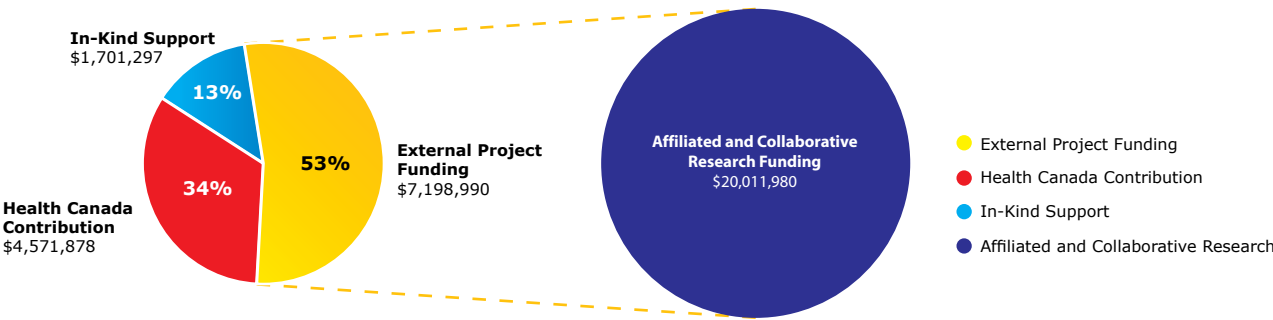
GENERATING RESEARCH FUNDS

BCCEWH FINANCIAL GROWTH 1996 - 2006



The BCCEWH has been increasingly successful in acquiring external funds for projects over the years.

GENERATING WOMEN’S HEALTH RESEARCH 1996 - 2006



The BCCEWH has garnered more than \$7 million in project funds. Through its affiliations and collaborations on research projects with various partners, the BCCEWH has been involved in an additional \$20 million of women’s health research activity in Canada and abroad.

THE ALCHEMY OF RESEARCH

Research embodies science, art and philosophy, and seeks to replace ignorance with enlightenment. While the basic elements of a project can usually be identified at the beginning, a magic takes place when partners join together to answer a question of common interest or to solve a problem. The process can unfold along unforeseen paths and produce unanticipated results which fuel processes of change—in what we ask, what we know, how we think, what we do, and with whom.

How we do research at the BCCEWH is part of what makes our research different. We focus on involving as many people as possible in policy-relevant research on girls' and women's health. We make an effort to erode disciplinary walls, and bring many partners together to create research that matters for girls and women. We explain and encourage the integration of sex and gender into research and have contributed to manuals and guidelines for researchers, peer reviewers and policy makers. We encourage reciprocal exchanges between different disciplines and sectors to improve investigation,

methods and analysis.

These approaches are exemplified in FUSION, a model for women's health research that we developed in a national workshop held in 2000. FUSION supports a multi-disciplinary vision of women's health research and is a tool for developing research projects aimed at changing policy or programming. It helps researchers clarify potential partners, locate their research question within the four pillars of the Canadian Institutes of Health Research, and recognize the potential contributions of other disciplines and sectors to answering questions.

We ensure that the social sciences and clinical and biomedical sciences are equitably recognized contributors to women's health research. For example, we are involved in a team studying gender and chronic obstructive pulmonary disease (COPD). This group aims to understand both social and biological factors that contribute to the development of COPD, women's and men's experiences of the disease, and the health care system's responses to them. We explicitly consider what it means to include sex, gender, and diversity in research

on lung health, across and between several disciplines.

Who do we involve? The BCCEWH has always gone beyond the 'community-academy' model and involves four groups: care providers, policy makers, women in communities, and academics. Research questions, timelines, accountabilities, resources, rewards, and outcomes are often experienced differently across these sectors. It has meant taking the time to listen, learn, and advocate for changes in research practices to accommodate these differences.

We work closely with community partners, near and far. Sometimes we are asked to help a community group to undertake research on a question of concern; other times we recognize that a particular partnership is vital if a research project is going to have meaning and we look for appropriate partners. We are working with the YWCA to assess the effects of their housing program on women and children. We have worked closely with Sheway, a program of the Vancouver Native Health Society that provides supports for substance-using mothers and their children, particularly prenatal care. We are help-

ing the Vancouver Area Network of Drug Users (VANDU) Women's Group study their experiences of accessing primary health care services in the Downtown Eastside of Vancouver. We are working with six Aboriginal communities across BC in assessing smoking among teen girls. We are working with partners across the world, from South America to Europe to India to bring gender into tobacco control practices.

Why do we do what we do? We always look for ways to make our research count. Sometimes, this means tackling an unpopular topic, such as reminding policy makers that breast implants may not be healthy for women, or that some women are still smoking or taking drugs while pregnant. We are specific in asking for women- or gender-specific policies or programs, or better practices that reflect commitment to women-centred care.

For example, despite an overall reduction in tobacco use, some groups, such as Aboriginal people, young pregnant women, gays and lesbians, and low income women and men smoke significantly more than the average Canadian. This suggests that current tobacco control efforts

may not be reaching some of today's smokers and may require tailoring. We strive to communicate such research results to the right audiences—policy makers, other researchers, the groups involved, and health and social service providers.

What matters? Research involves thinking about what counts as evidence and how questions can best be answered. We often use multiple methods to address complex research questions, believing that no one method can provide adequate answers. We strive to ensure that qualitative research methods are incorporated appropriately into health research but also that a wide array of both quantitative and qualitative approaches are recognized for their contribution to understanding women's health. In addressing what evidence matters, we make women's experiences count as data and help shape questions and priorities for our research.

Context affects women's health and women's health research. This means engaging with research funding organizations, research institutions, universities, hospitals, health authorities, and governments, along with communities, in the develop-

ment of women's health research. For instance, we participated in the development of the Canadian Institutes of Health Research, particularly the Institute of Gender and Health. We have advised on an emerging women's health institute process in Ontario. We contributed to the development of a Women's Health Research Institute at BC Women's Hospital & Health Centre. And we are one of the five co-leaders of the Women's Health Research Network of British Columbia, a research network funded by BC's Michael Smith Foundation for Health Research. All of this work is vital for identifying the need for women's health research in Canada, for building capacity and shaping priorities and opportunities.

But alchemy is aimed at transformation. We continuously ask, what program changes need to be made as a result of this research? Who needs to do what differently, now that we know what we know? How should policy be different, based on the evidence? What information is missing? What does it all mean for the way that we conduct further research? And finally, with whom do we need to share the findings of this research? ●



DID YOU KNOW?

Women are affected by substance use differently than men

Women are affected more seriously and more quickly than men when they use substances such as alcohol or other drugs. Hence early and straightforward access to addictions services is critically important to women to reduce the level of complications that they experience from substance use. Women experience more stigma from substance use than men and experience different social consequences—which in turn make it difficult for women to access treatment. For example, women who are mothers run the risk of losing custody of their children when they enter addictions treatment whereas this is not the case for men who are fathers. Creating conditions and facilities for women with substance use issues thus entails addressing not only issues of substance use, but also child custody, mothering, stigma, and shelter.

Pregnant women and mothers experience unique barriers to accessing treatment and support for substance use problems

At the point of accessing pregnancy outreach, detoxification and treatment services, mothers most commonly cite the following barriers to accessing help: shame (66%), fear of losing children (62%), fear of prejudicial treatment on the basis of their motherhood status (60%). The top support cited has been support-

ive professionals who raise the issue of substance in a compassionate and non-judgmental way, and actively help women make the needed connections to services.

Women in Canada are not physically active enough

Physical activity statistics collected in 2000, 2001 and 2003 for Canada and British Columbia, found that: men were more physically active than women in all age groups; and women were slightly more moderately active but more frequently inactive than men in all age groups. Among younger Canadians, girls are less active than boys, and boys are twice as likely as girls to engage in enough physical activity for optimal growth and development (27% compared to 14%). While Canadians participation in physical activity has increased by 5% since 2000/01, older populations, particularly women, have reported the least significant increase in physical activity levels.

The media present different portraits of mothers under duress

In a study of Canadian newspapers, mothers who use alcohol, tobacco and other drugs were portrayed as willful and abusive to their fetuses or children. In contrast, mothers with mental illness were regarded as not being in control and mothers in abusive relationships were deemed to have done things to have brought

“Epidemiologist Aleina Tweed recently published research conducted through the BC Centre of Excellence for Women’s Health finding that women with (breast) implants had much more interaction with health-care providers than women without, and were four times more likely to be admitted to hospital”

Shari Graydon, Breast Roulette, *The Globe and Mail*, February 5, 2005, p. F7.

their situation upon themselves. For mothers experiencing mental illness, the system was said to be failing to provide for the women adequately when things went tragically wrong, such as when a woman’s unrecognized or untreated mental illness was associated with her harming her children. The system was less likely to be blamed in instances of either woman abuse or substance use. ●

REFINING PRACTICE

Research can reveal how to change practice. We use evidence from our research and evaluation projects to refine practice. We question current practices when the evidence indicates that we should, in the interests of women’s health. We help health care providers deliver the best care possible and we train practitioners to provide care in ways that work for women. We pay attention to the care that women receive, as well as the care that women provide through unpaid labour, including child care, providing for the elderly, and supporting those with disabilities or chronic illness, in addition to their paid work.

Our host, BC Women’s Hospital & Health Centre, and our strong links to communities have been important in these processes. We have evaluated several programs at BC Women’s to help them assess effect. We have developed logic models, designed data collection tools, participated in program advisory committees, and contributed to care guidelines.

For example, we are supporting the expansion of *Osteofit*, a community-based physical activity falls prevention program developed by the Osteoporosis Program at BC Women’s. We have been part of the process of renewing and expanding this

program to communities beyond the Lower Mainland of BC which involves working with staff to develop the logic model and protocols for program evaluation, and help with the design of a program of research on the program’s effectiveness.

We conduct research on women and substance use and take a leadership role in promoting improved addiction services to women in BC and Canada. We work closely with the Aurora Centre, a treatment centre for women with substance use problems at BC Women’s. The Aurora Centre is the largest women-only treatment facility in BC providing residential and day treatment services and has been providing addiction treatment services to women for over thirty years. We have helped them to assess their programs, raise research questions, and develop their resource materials.

As BC Women’s is Canada’s busiest maternity care hospital, we have many opportunities to be involved in work related to maternity care. In 2004, we coordinated an extensive consultation process to enhance maternity care in BC through an examination of human resource issues such as the supply of nurses, physicians, midwives; remuneration of various health care providers and the

implications for care; and assessing the appropriateness of various models of care for BC. We have also been involved in research on patient-initiated caesarean sections, post-partum depression, and maternity care in Aboriginal communities.

But we help refine practices far beyond the walls of BC Women’s. We are a long time partner in Women and Health Care Reform, a national group that has been examining issues per-

“The BCCEWH has provided us with a place to debate policy, research, and clinical applications. I trust that just as the BCCEWH has informed our clinical work, we too have informed the Centre’s quest to identify the questions central to improved health for all women.”

Gail Malmo, Program Director, Aurora Centre, Residential and Day Treatment centre for substance use at BC Women’s Hospital & Health Centre.



taining to women and the health care system, paid and unpaid health care providers, and/or decision makers within health care. Women and Health Care Reform has examined privatization of health services and the implications for women; home care and women's disproportionate role in unpaid care giving; changing models of primary care and what they might mean for women and their families; what quality health care means for women; and the roles of ancillary workers such as the cleaners, secretaries, dishwashers, managers, and file clerks that work throughout the health care system. Much of this work is directly about "care"—who cares, where, and for whom, and who pays for that care, financially, practically, emotionally and physically.

In 2003, we did a meta-review and analysis of best practices in responding to pregnant and post partum women who smoke. We not only assessed the quality of the literature and identified best practices, but also addressed the feasibility of putting programs into practice. This work led to a widely-used report and compact disc that has traveled across the world. In 2005, the elements of the report, *Expecting to Quit*, were transformed into a specific protocol for pregnant women who call Quitlines, telephone-based services that counsel smokers. This tree of questions and prompts is being studied for adoption in both Canada and the United States.

In 2005, we were asked by the BC

Ministry of Health to contribute to a component of ActNow BC by developing a province-wide training program aimed at reducing women's use of alcohol and tobacco use during pregnancy. This large initiative has generated up-to-date evidence papers that support multi-media training materials for health care providers and social services personnel, and training sessions across BC in motivational interviewing, harm reduction, and women-centred care.

In 2006, we were contracted by the National Institute for Health and Clinical Excellence (NICE) of the UK to prepare a series of rapid reviews on several tobacco programs. These included a review of a National Health Service (NHS) smoking cessation program and a review of workplace bans and workplace policies. These reviews fed into a process of developing evidence statements, building the foundation for clinical guidance deployed throughout the health system of the UK.

Refining practice is always a work in progress, continuously improving the quality, delivery and understanding of care. It requires constant training to support workers' understanding of the importance of women's health. The BCCEWH has taken a lead role in this work in Canada and beyond, and will continue to actively link evidence, training, and practice. ●

“ *Fir Square Combined Care Unit is a dedicated unit for pregnant women with substance use issues. One of our goals is to change practice in how we care for pregnant substance using women. The BCCEWH is always available to give advice, help draft policy and guidelines, and provide the most up to date research or literature searches. The focus on women and gender is vital to my work and to the women of BC and Canada.* ”

Sarah Payne, Senior Practice Leader, Socially Complex Admissions, BC Women's Hospital.

DID YOU DO?

Better practices in smoking cessation for pregnant women

The BCCEWH produced a meta-review of international practices for tobacco reduction and cessation during pregnancy and the postpartum period. This evidence led to identifying 11 components and 7 new approaches for tobacco reduction during pregnancy that are being used widely across the US and Canada for training front-line health care providers. It has served as the basis for a protocol for quitline counsellors, and training and guidelines for perinatal nurses and addiction counsellors.

A new framework for considering fetal alcohol spectrum disorder (FASD) as a women's health issue

The BCCEWH has led the development of a national research agenda on FASD as a women's health issue through a national workshop process engaging researchers and practitioners. The BCCEWH has presented this agenda and approach to policy makers, researchers, practitioners and politicians at conferences, roundtables, workshops and meetings thereby facilitating the re-orientation of

thinking about FASD as a prevention issue in women's health rather than solely an intervention issue for those affected.

Building virtual communities for assisting women who have both substance use and violence issues

BCCEWH researchers facilitate a group of Canadian researchers, policy advocates and service providers from the anti-violence and substance use fields to "meet" in an innovative virtual community. In our virtual community we have reflected on the response to women who use alcohol, tobacco, prescription drugs and illicit drugs, and who are accessing anti-violence services such as transition houses and sexual assault services. In a virtual workspace, we reviewed and synthesized better practices for anti-violence services in integrating the response to women facing both violence and substance use issues, and prepared fact sheets for both women and service providers to assist them in making, and acting on, the strong connections between these two issues. ●

“ Researchers are increasingly documenting that older Aboriginal women are being over-prescribed benzo-diazepines, which is putting them at significant risk, reports the British Columbia Centre of Excellence for Women's Health ”

Raven's Eye, The Aboriginal Newspaper of British Columbia & Yukon, May 2006

MOVING POLICY MOUNTAINS

Making change—communicating research results to decision makers and convincing them to act—is another core function of the BCCEWH. Sometimes this is an easy task when our findings line up with the priorities of governments or other large institutions. Other times, it can mean ‘moving mountains’ to convince policy makers of a different way of seeing things, the value of a different program option, or even the danger of proceeding with the status quo.

We have contributed to policy making at all levels. In the course of moving mountains, there is seldom a direct route between research and policy. Policy can be both what is done and what is not done, or a commitment to maintaining the status quo. Either way, it is a powerful instrument for shaping the determinants of health and creating the frameworks which influence women’s health.

Some of the policy work at the BCCEWH has been to examine the effects—both intended and unintended—of existing policy. For example, we have explored tobacco control policy with respect to its explicit effects on women and girls, low income people, Aboriginal

“We have fruitfully collaborated with the BCCEWH on numerous projects, such as the development of regulated midwifery in Canada, services for pregnant women with addictions, and health issues for women in rural, remote and northern Canada. We are particularly grateful for the editorial leadership BCCEWH has taken for the WHCP Research Bulletin. Congratulations BCCEWH, and best wishes for your next 10 years.”

Margaret Haworth-Brockman,
Executive Director, Prairie Women’s
Health Centre of Excellence.

people, and pregnant women. We have examined how the processes of redress for victims of institutional sexual abuse affect the complainants. We have examined how child welfare policies affect mothers who use substances. We have studied the introduction of registered midwives in the health care system in BC. And we have closely examined the ways that the media and policy makers talk and write about mothers who use substances, or who have mental illnesses, experience from abuse from their intimate partners.

We also try to change policy. We have given policy briefings, appeared before government inquiries or Commissions, met with officials and Parliamentarians, and disseminated the results of our research in various reports and policy briefs. We have undertaken meta-analyses and rapid reviews to consolidate policy-relevant knowledge on a topic. For example, we conducted a review of how tobacco policies differentially affect women and men who are vulnerable or poor, and edited a journal supplement on how girls and women of low socioeconomic status are affected by tobacco control policies.

Sometimes our efforts are unseen. Starting with research on the health care utilization patterns of women who had undergone breast implant surgery in BC, we contributed to national efforts to maintain federal policy regarding the control of silicone gel-filled breast implants in Canada. While our recommendation for establishing a breast implant registry to monitor the use and effects of breast implants was supported by an expert review panel, we were not ultimately successful in preventing the rescinding of a moratorium on the use of silicone gel-filled implants. In contrast, our efforts in supporting issues such as making emergency contraception (ECP) for women, or improving mid-

wifery availability across Canada are slowly paying off with increased and wider access for women.

At other times, we contribute knowingly to long term change processes. We are a partner in the Canada Northwest FASD research network where we argue that fetal alcohol spectrum disorder needs to be seen as a women’s health issue inextricably linked to child health, and approached from the perspective of prevention with research funds deployed accordingly. We have used our research on discourses on substance-using mothers to suggest a new policy paradigm for child welfare, one that places mother and child together, as a unit, for policy purposes.

We also contribute to policy frameworks in women’s health. We wrote *Advancing the Health of Women and Girls*, the women’s health strategy for BC released in 2004, in partnership with BC Women’s and the Ministry of Health. This strategy provides an overview of health issues facing women and girls in BC and offers a 10 year vision for women’s health aimed at improving women’s health services, promoting women-centred care and enhancing women’s health monitoring and surveillance in the province.

Together with the new Provincial Women’s Health Team of BC Women’s and the Provincial Women’s Health

Network, we are continuing to raise the profile of women’s health issues with policy makers across the province of BC. We are pursuing specific objectives consistent with the Strategy: improving monitoring and surveillance of women’s health; improving access to addictions and mental health services; and improving maternity care in BC. In the past 10 years, we have worked with many women’s health community projects supported by the Ministry of Health and continue to link researchers with policy makers across the province.

Our national mandate, however, directs most of our attention to federal policy makers. We work closely with the Bureau of Women’s Health and Gender Analysis, as well as many other departments in Health Canada. We prepared a guide to gender-based analysis, *Exploring Concepts of Gender and Health*, for people working as policy makers in the health field, designing programs and services, or conducting research in Health Canada. We have also assisted analysts preparing reports on mental illness in Canada, the national addictions survey, home care, palliative care, tobacco control, rural health, and Aboriginal seniors’ health, among a range of other topics.

In advancing Canada’s leadership in women’s health, we also extend our policy changing efforts outside of Canada. Through international conferences and workshops, we have spoken to health care providers, policy

“Congratulations to Dr. Greaves and the British Columbia Centre of Excellence for Women’s Health on 10 years of outstanding contributions to articulating the critical public policy and personal issues faced by women in all societies, and for serving as our collective conscience in advocating for women.”

Richard Clayton, Associate Dean for
Research, University of Kentucky, College
of Public Health.

makers, and researchers about women’s health and gender and health in Kuwait, Costa Rica, Finland, Australia, the UK, the US, and Spain. We have provided training on women’s health research and gender-based analysis in Costa Rica, Kuwait, and England. We work virtually with partners across the world—on research projects in Sri Lanka, Argentina, and Australia. We recently published an international portrait of the effects of tobacco use and tobacco production on women globally, with contributors from Japan, South Africa, England, Sweden, Ghana, Lebanon, Turkey, Iran, Uruguay, India, and Brazil. Finally, we influence policy at the global level. We are creating policy backgrounders for the World Health Organization and work with the International Network of Women Against Tobacco (INWAT) and the Framework Convention Alliance to develop gender-sensitive tobacco control, helping to reduce the size of the women’s tobacco epidemic in the 21st Century. ●



DID YOU CHANGE?

The BCCEWH provided evidence of breast implant complications and successfully argued for a breast implant registry in Canada

Research on breast implant surgery and health care utilization rates in a BC sample suggests that women with breast implants obtain more medical services than women who have not undergone the surgery. This study, and challenges accessing data in Canada about rates of breast implant surgery led to the creation of a background paper on breast implant registry initiatives worldwide. These materials were presented at the public hearings of Health Canada's Expert Advisory Panel and contributed to a recommendation that Health Canada establish a breast implant registry.

Introducing gender and diversity concepts into tobacco control policy and programming nationally and internationally

The BCCEWH has developed the only research and policy program on women, gender and tobacco in Canada and is a leader internationally. We are providing background policy direction to the World Health Organization (WHO) and working closely with the International Network of Women Against Tobacco (INWAT). The WHO has urged the ratifying States of the Framework Convention for Tobacco Control (FCTC), the

first and only international public health treaty in the world, to incorporate gender considerations into their work. The BCCEWH is building upon Health Canada's Gender-Based Analysis framework to advise on how to successfully integrate gender into tobacco policies across Canada and internationally.

Women's health surveillance: improving access to the evidence base

The BCCEWH and BC Women's are developing an online women's health data directory for British Columbia sponsored by the Women's Health Research Network, a population health research network funded by the Michael Smith Foundation for Health Research. This directory will assist researchers, students, policy makers, health planners, and community members to identify sources of women's health information from local, provincial, national and international sources. The Women's Health Data Directory will be a searchable database, and include links to relevant sources of external data. It will act as a portal for locating and accessing various sources of women's health data, or for identifying gaps where they exist. The choice of data sources will be based on a range of indicators of women's health, that reflect the unique experiences of women and girls in the province of British Colum-

bia. By improving access to data and communication between researchers through the linkage provided by the directory, we will be able to better inform women's health policy development, compare health status among sub-populations of diverse women, and identify gaps in and priorities for women's health research. ●

“The BCCEWH was launched 10 years ago with a big idea and a small team. It was born of wide community support among those interested in women's health in BC. Now, it has grown to bring national and international recognition to women's health and British Columbia. We should all be very proud.”

Penny Ballem, Former Deputy Minister of Health, British Columbia

MAKING GENDER MATTER MORE

Gender is a key determinant of women's health, and yet is often not considered in planning and policy making. However, many governments in Canada have made commitments to GBA and have been working to develop tools and processes to facilitate its introduction into policy making, program development, and research.

The BCCEWH has directly contributed to the growth of GBA in Canada. We have introduced more specificity to GBA, by stipulating that the impact of sex, gender and diversity be explicitly addressed for their impact on women's health (SGBA). This means that both biological and sociological impacts need to be addressed when using a gender lens, as well as specific ethnocultural knowledge that may have an effect on women's health. Further, it lets us raise the questions about how sex and gender might interact to influence women's health. We have encouraged the integration of this more complex lens into all programming, policy, and research.

For example, we are key partners in bringing both sex and gender issues to respiratory health through our activities with our co-investigators in ICEBERGS, a CIHR-funded team exploring gender and lung health. We are leading the processes of introducing both sex and gender considerations into IMPART,

a one-of-a-kind CIHR program training researchers in gender, women, and addictions. In both of these programs, biological and genetic processes interact with social and cultural practices in gendered ways which affect the diagnosis, treatment, rehabilitation and recovery of people with these conditions.

Getting people to use SGBA and appreciate its contribution is an ongoing process of capacity building. We have developed capacity for gender-based analysis with health planners, program developers, and policy makers. We wrote a guide to gender-inclusive health planning for the Ministry of Health in British Columbia. We prepared *Exploring Concepts of Gender and Health* for Health Canada, outlining federal government commitments to GBA, trends that are shaping the context of women's (and men's) health, a framework for understanding policy, and questions to guide researchers, program developers, and policy makers as they work. We applied such a lens in a 1999 background paper on how the emerging Canadian Institutes of Health Research should consider questions of sex and gender in its work.

The BCCEWH also provides training in GBA. We have trained staff in health authorities, within the provincial and federal departments of health, and in-

“Researchers are finally tuning in to the fact that there's many more differences in men's and women's health. In fact, many illnesses affect the sexes in distinct ways. Only recently have scientists determined that heart attacks in women, for instance, are rarely characterized by chest pain, as they are in men. The need for better monitoring and surveillance of women's health issues in this province is just one area that has been deemed a priority by two local health organizations.

BC Women's Hospital and Health Centre and the British Columbia Centre of Excellence for Women's Health recently launched a 10-year plan to address female-specific care. Titled *Advancing the Health of Girls and Women: A Women's Health Strategy for British Columbia*, the paper also singled out improved access to maternity care and help for mental illness and addiction as urgent issues.”

Gail Johnson, *The Georgia Straight*, December 2-9, 2004, p. 41.



ternationally. The BCCEWH has contributed to the writing of manuals to support capacity building in GBA, on how to integrate sex and gender into health research, and how to inform peer review committees on assessing sex and gender issues in research proposals. We have done GBA training on diverse topics, such as mental health, diagnosing heart disease or access to health services, as well as week-long training session on gender-sensitive research and policy making in Costa Rica.

While we provide useful guidelines for enhancing the gender-sensitivity of research, program development and policy making, we also encourage a permanent change in a way of thinking about health, health research and policy. This assists in “making gender matter more”, by developing critical questioning throughout one’s work, whatever sector one is working in. As trainers in GBA, we encourage others in asking questions about their work, their data, or the policy under consideration: What is known about the potential different effects of a phenomenon on women and men, girls and boys, or different groups of women and men? In what ways are men and women likely to experience the impact of a policy differently? What aspect of women’s and men’s different social or economic situations would mean that a program could have different effects on them?

GBA is a process, going well beyond counting male and female rates or sex-disaggregating research results. Applying GBA can elicit more questions than

answers. In working with the Women and Health Care Reform group to prepare a gender-based analysis of waiting times for total joint arthroplasty (TJA), an initial review showed that women are more likely to have osteoarthritis and therefore are more likely to need TJA than men. But larger gendered questions emerged regarding the “patient journey,” suggesting that the path for women and men into and out of the health care system differs markedly. Caregiving responsibilities, the ability to pay for formal home support services, access to informal care, and overall economic resources may affect women’s and men’s uptake of TJA—differences reflecting not simply women’s need for surgery but the context in which such surgery happens.

We continue to contribute to the analysis of complex measurement issues and contribute to the availability of high quality data on women’s health by exploring gender-sensitive indicators for women’s health and new methods of addressing gender. The BCCEWH is committed to introducing sex- and gender-based analysis to more and more health researchers, programmers, and policy developers, as well as continuously improving our own research in assessing a wide range of health issues and questions for their gendered implications. ●

“ *BCCEWH is widely acclaimed as a leader in national and international efforts to prevent and reduce the harm caused to young girls and women by tobacco.* ”

Dawn Hachey, Director, Tobacco Control Programme, Health Canada

“ *It was a privilege for me from the International Network of Women Against Tobacco (INWAT) to partner to produce Turning a New Leaf: Women, Tobacco, and the Future. The Centre is clearly at the global forefront of the women and tobacco issue.* ”

Sara Sanchez-del-mazo, INWAT coordinator, Sweden.

CAN YOU SEE?

Providing education and training on gender-based analysis (GBA) and health at the local, provincial and federal levels

The BCCEWH was a partner in the development of a women’s health plan for the Vancouver/Richmond Health Board, now part of Vancouver Coastal Health, and contributed to the development of a widely-adopted framework on women-centred care. The BCCEWH conducted research on women’s health planning activities in BC’s health regions and developed a guide for gender-inclusive health planning, and is currently preparing materials on leadership in women’s health for the regional health authorities. The BCCEWH worked closely with the federal Bureau of Women’s Health and Gender Analysis to write its GBA guide, has provided training materials on gender-based analysis in tobacco policy and research, and conducted training with Health Canada regional policy staff on GBA.

Requiring recognition of sex and gender in all research proposals regarding alcohol, drugs, tobacco and addiction

BCCEWH researchers led the initiative and wrote the text to insert the requirement to incorporate sex and

gender into national research agendas in tobacco and addictions over the next decade. This text appears in the Canadian Tobacco Control Research Initiative and the CIHR materials asking for requests for proposals. In addition, BCCEWH researchers garnered support and achieved a separate priority area in each of these national research agenda documents on girls, women and gender.

Addressing Gender and the Olympics

Vancouver is going to host the 2010 Winter Olympic and Paralympic Games. BCCEWH is monitoring the impact of these events from the perspective of gender equity. How are women and men integrated into the opportunities that the Games provide? How are women’s and men’s events portrayed in media coverage? The hosting of the Olympics also raises many issues for the host city, including issues from the displacement of marginalized residents, land usage, and the effects of an increased sex trade that is associated with the Games. These, and other developments, are among the facets of the event that are being studied by the BCCEWH. ●

“ Inspirational women in sport will now have a place of their own at the B.C. Sports Hall of Fame and Museum....In Her Footsteps...Celebrating B.C. Women in Sport, will document and commemorate the stories and achievements of up to three women each year who have made a significant contribution to sport. The project is a joint initiative of the Hall of Fame, ProMOTION Plus (the B.C. association for girls and women in sport and physical activity), 2010 Legacies Now and the B.C. Centre of Excellence for Women’s Health. ”

Spirit of Vancouver, December 2005, Vol. V, No. VII, p.7 (Vancouver Board of Trade magazine)

A CRUCIBLE FOR TRAINING

The British Columbia Centre of Excellence for Women's Health is a crucible for training and capacity development in women's health and a national and international resource for students, scholars, researchers and policy makers. We provide opportunities to learn about women's health issues, debate improvements in women's health care, learn gender-based analysis and connect with others. We hold speakers events and workshops both in person and virtually, and host students from many disciplines.

We have worked with over 65 students in both short- and long-term projects and hosted students from Canada and abroad. The BCCEWH is also the home of the CIHR funded Integrated Mentor Program in Addictions Research Training (IMPART), a unique, innovative, multidisciplinary research training program designed to equip health researchers from across settings to conduct gender and sex-based analyses in addictions research. It has trained over 25 graduate students, post-doctoral fellows and clinicians.

The BCCEWH has contributed to capacity in community-based research. We have run a successful 52-project seed grant program. We have

been integrally involved in community research, or we have assisted community organizations to access research funding to engage in research important to their goals.

The BCCEWH has contributed to creating a cadre of new and emerging researchers in women's health and gender and health in a wide variety of disciplines from women's studies to medicine. They have built upon opportunities with the BCCEWH to establish themselves as scholars. Several have gone on to become leaders within the national research community in women's health, and are key members of the next generation of women's health scholars in Canada

We have also contributed to capacity building in advocacy, policy making and care provision. Former students and staff work in federal and provincial governments, doing evaluation and policy development in women's health. Former staff and trainees are working in international tobacco control, bringing women's health messages to women via radio, providing social services to abused women who use substances, and providing nursing care.

We are proud of their contributions to the future of women's health care, policy and research. ●

“Over the past decade the BCCEWH has played a leading role in women's health research by fostering interdisciplinary collaboration with researchers from all regions of Canada. As a junior researcher the BCCEWH provided several opportunities for me to share my research and ideas with different audiences. The feedback and input and the types of opportunities offered to me contributed significantly to my academic career and the research path that I have embarked upon.”

Caroline Tait, Faculty Researcher, Indigenous Peoples' Health Research Centre, University of Saskatchewan.

RESEARCH WITHOUT BORDERS

Our reach is no longer confined by geography. We are advancing Canada's leadership in women's health by extending ourselves in new spaces in new ways. Our use of technology has grown over the years, from early projects that examined women's use of the internet, and making our research available for downloading, to where we now have an explicit commitment to creating a collaborative¹ for women's health. We have built a functional web-based environment to co-construct knowledge with a range of partners across Canada.

Ten years ago, we engaged primarily in focus groups, face-to-face discussion groups, and paper surveys as ways of creating community and gathering data. Technology has improved access for many women, especially those in rural areas or who are physically challenged. Now the BCCEWH engages using technology through virtual learning communities, telehealth, videoconferencing, webcasting and communities of practice. We are as likely to meet electronically to discuss our research in virtual community, evaluate our impact with electronic surveys, or exchange data and build documents.

We are creating products to go along with new technology. In our work on ActNow, we are creating a DVD to assist in teaching compas-

sionate, evidence-based interviewing techniques to health care practitioners working with pregnant women with substance use problems. This will ensure that women in remote areas receive up to date care. Ultimately this will be available from our website so that all women in Canada and in the international community will be able to use the techniques we have developed in British Columbia to help pregnant women with substance use issues improve their health.

We continue to maintain our women-health listserv, the first of its kind in Canada. We are making use of emerging spaces in the cyber world to advance our reach by continuously building virtual communities. We are building a presence in new communities such as the virtual world *Second Life*. These communities are sites of growth and offer opportunities to advance women's health. Our original involvement model continues to guide us, but the methods we use are rapidly changing with the times. A global audience of women awaits our work, and new questions for future research and knowledge exchange abound.

What will the next 10 years bring for the British Columbia Centre of Excellence for Women's Health? We will continue to ask questions about what matters in women's health, and how

we can make a difference to practice, and to the real lives of women. We will continue to stress collaboration as a means to improving women's health research and policy. We will depend more and more on technology to increase our involvement and make our information and opportunities accessible for more and more women and men. Our interests in improving the lives of marginalized women will not fade. We will undoubtedly remain a crucible for change, investing in the next generation of women's health researchers, practitioners and policy makers. We will continue to make waves! ●

1 - Defined as a "center without walls, in which the nation's researchers can perform their research without regard to physical location, interacting with colleagues, accessing instrumentation, sharing data and computational resources, [and] accessing information in digital libraries" (Wulf, 1989).

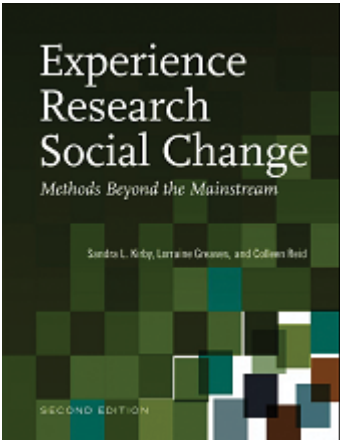
“I was welcomed to Canada and provided with excellent training and mentorship, thanks to the connections, support and open atmosphere at the Centre.”

Emily Falk, 2005 Canada - US Fulbright Scholar at the BCCEWH.

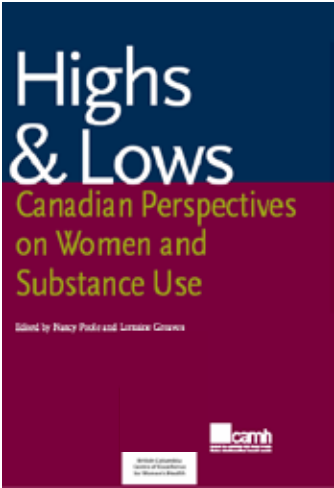
HAVE YOU READ?

We produce a wide range of print and electronic materials at the BCCEWH for a variety of audiences. We are particularly proud to announce the release of new books prepared by staff and associates of the Centre.

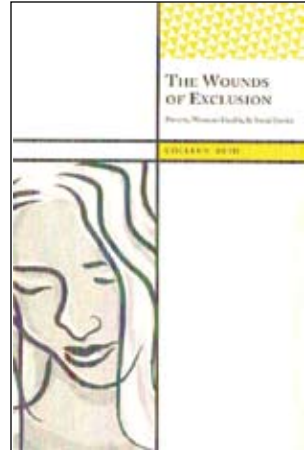
Research, Experience, Social Change: Methods Beyond the Mainstream
Sandra L. Kirby, Lorraine Greaves and Colleen Reid Toronto: Broadview Press, 2006



Highs and Lows: Canadian Perspectives on Women and Substance Use
Nancy Poole & Lorraine Greaves (Eds.) Toronto: Centre for Addiction and Mental Health, 2007



The Wounds of Exclusion: Poverty, Women's Health and Social Justice. Colleen Reid Edmonton: Qualitative Institute Press, 2004



Promotion de la santé au Canada et au Québec, perspectives critiques, Michel O'Neill, Sophie Dupéré, Ann Pederson, Irving Rootman, (Eds.) Québec, Presse université Laval, 2006



“The Centre for Addiction and Mental Health (CAMH) is very proud of our partnership with BCCEWH, Canada’s leader in the field of women and substance use, to develop and publish a book on topics of concern to women with substance use problems -- an underserved, highly stigmatized and often marginalized population.”

Julia Greenbaum, Publishing Developer, Policy, Education and Health Promotion, Centre for Addiction and Mental Health.

Health Promotion in Canada: Critical Perspectives
Michel O'Neill, Ann Pederson, Sophie Dupéré, Irving Rootman Toronto: Canadian Scholars' Press

APPENDIX A: AFFILIATIONS & COLLABORATIONS

The BCCEWH was founded with several university and community partners. Many of these partners have worked with us on research or knowledge translation projects over the past ten years. In addition, new partnerships have formed. We have Memoranda of Understanding (MOU) with the Canadian Centre on Substance Abuse (CCSA) and the Key Centre for Women's Health in Society at the University of Melbourne in Australia; these memoranda indicate our mutual commitment to a long-term partnership to improve women's health.

BCCEWH is also involved in several important research collaborations. Among our partners are groups such as NEXUS, a research unit at the University of British Columbia studying the social context of health behaviour; ICEBERGS, an interdisciplinary team researching gender and lung health; FACET, studying family behaviours linked to tobacco reduction; and the Farm Family Health project of PrioNet Canada, studying the social effects of prion disease in rural Canada. We participate in, or lead, several networks, such as the Women's Health Research Network of BC, the Provincial Women's Health Network of BC and the Canada North West FASD research network, involving 7 western Canadian Provinces and Territories in addressing fetal alcohol spectrum disorder. We also are engaged in numerous projects led by investigators external to the BCCEWH, some of which are listed below.

- ICEBERGS: Interdisciplinary Capacity Enhancement: Bridging Excellence in Respiratory Disease and Gender Studies
- NEXUS: Researching the Social Contexts of Health Behaviour
- FACET: Families Controlling and Eliminating Tobacco
- Centre for Hip Health: A Lifespan Approach
- Canada North West Fetal Alcohol Syndrome Research Network
- A Healthy Balance: A Community Alliance for Health Research on Women's Unpaid Caregiving
- Patterns of Family Interaction Influencing Tobacco Reduction During Pregnancy and Postpartum
- Gender Analysis of Tobacco Use during Pregnancy, Postpartum and Early Childhood
- What Does Quality Health Care Mean to Women? A National Study
- Mental Health Reform – Building Rural Community Capacity
- Youth Sexual Health Information Seeking
- Developing New Approaches to Smoking in Pregnancy
- Mental Health Reform - Building Rural

- Community Capacity
- Towards a Research Agenda on Gender and Lung Health Workshop
- Support Interventions for Low Income Women Smokers
- Understanding Community Capacity in Mental Health Reform Through an Examination of the Gendered Dimensions of the Riverview Redevelopment Process
- Developing an effective health care response to benzodiazepine dependence in Canadian men and women
- A Cohort Study Of The Impact Of Prion Disease On Farm Community Health
- Sex, Gender and Place: An Analysis of Youth's Experiences with STI Testing
- Expanded Access to Emergency Contraception in British Columbia: Impact on Prevalence and Patterns of Usage.
- Smoking as a Coping Mechanism for Racialized Discrimination? Laying the Ground Work
- Gender and Health in the Canadian Institutes of Health Research
- How Women Maintain Their Health in Northern Geographically Isolated Settings
- The Social Context Of Smoking: Laying

“Our interactions with the BCCEWH have challenged us to critically evaluate our approaches to research, pursue new lines of inquiry, and consider the implications of our findings for improving women's health.”

Joan Botorff, Dean, Faculty of Health and Social Development, UBC Okanagan and Co-Director, NEXUS.

- the Conceptual and Empirical Foundation for a Theoretical Tool-Kit in Tobacco Research
- Enhancing Competency Based Performance: A Gender Model for Assessing & Strengthening Health Care Workers' Knowledge, Skills, and Resiliency
- National Women's Health Indicators Workshop
- National Think Tank on Gender & Unpaid Caregiving
- Youth Risk Behaviours: A Gendered Analysis of the Determinants of Health and Well-Being of Young Women and Men in Post-Conflict Sri-Lanka
- Enhancing Competency Based Performance: A Gendered Model for Assessing & Strengthening Health Care Workers' Knowledge, Skills, and Resiliency
- Responding to Rural Communities: Building a Program of Research on Maternity Care
- Rural and Remote Women's Health in Canada
- Evaluation of the Pacific Native Women's Assoc. Community Support Training Program
- Mothers and Daughters Talking Circles
- Action on Food Security

APPENDIX B: SELECTED RESEARCH PROJECTS

The BCCEWH has carried out a wide variety of projects with the support of a range of external funding agencies. Some examples of projects undertaken over the past 10 years are listed below.

Workshop - Towards a Research Agenda on Gender & COPD. Canadian Tobacco Control Research Initiative (CTCRI)

Substance-Using Women and Their Experiences of Primary Health Care. Michael Smith Foundation for Health Research (MSFHR)

Policy Brief on Gender-Responsive Tobacco Control. World Health Organization (WHO) and International Development Research Centre (IDRC)

Towards a Research Agenda on Gender and Lung Health Workshop. Canadian Institutes of Health Research (CIHR)

Evidence Review of Workplace Smoking Policies (U.K.). National Institute for Health & Clinical Excellence (NICE)

Evidence Review of National Health Services Stop Smoking Services (U.K.). NICE

Mental Health Reform - Building Rural Community Capacity. MSFHR

A Cohort Study of The Impact of Prion Disease on Farm Community Health. PrioNet Canada

A Gender Analysis of Tobacco Use during Pregnancy, Postpartum and Early Childhood. CIHR

Sex, Gender, and Diversity Analysis of Tobacco Use Assessment Instruments. ICEBERGS (CIHR)

Lay Understandings of Lung Disease. ICEBERGS (CIHR)

An International Exploration of Policy Discourses Around Gender and COPD. ICEBERGS (CIHR)

Aboriginal Adolescent Girls and Smoking. CIHR

Responding to the Global Female Tobacco Epidemic: A Canadian Led Initiative. Health Canada, American Cancer Society, L'Institut National du Cancer (France)

Coalescing on Women's Substance Use Issues. Health Canada

We Don't Smoke Here Anymore. Health Canada

Osteofit Evaluation. BC Women's Hospital & Health Centre.

Youth Sexual Health Information Seeking. Options for Sexual Health (OPT)

Sex, Gender, and Resilience in Problematic Substance Use and Addictions. CIHR

Understanding Community Capacity in Mental Health Reform Through an Examination of the Gendered Dimensions of the Riverview Redevelopment Process. Social Sciences and Humanities Research Council (SSHRC)

INWAT Tobacco and Women Website/ Database Development. Cancer Research of U.K.

Sex, Gender & Place: An Analysis of Youth's Experiences with STI Testing. CIHR

ActNow BC Healthy Choices in Pregnancy - Provincial Education and Resource Development. BC Ministry of Health

GBA Case Study & Training Workshop. Health Canada

Sex and Gender Analysis of the Canadian Addictions Survey. Health Canada

Fetal Alcohol Syndrome Research Network. Canada Northwest FASD Partnership and 7 Western Provincial and Territorial Governments

Evaluation of the Sheway Project for High-Risk Pregnant and Parenting Women. Vancouver Native Health Society; Health Canada.

The Human Face of Mental Health And Mental Illness in Canada. Health Canada

National Health Indicators Workshop. Health Canada

Benzodiazepine Utilization Literature Review. Health Canada

Telephone Counselling Protocols for Pregnant and Postpartum Women. Health Canada

Lifetime Passive Smoking Questionnaire. St. Paul's Hospital Foundation

Fetal Alcohol Spectrum Disorder - Online Course. Justice Institute of BC

FASD Virtual Community. Province of BC – Ministry of Children and Families

Gender-Based Analysis of the 2010 Olympic Games. proMOTION plus

Sustainable Rural Maternity Care: Moving Forward with a Research Agenda. CIHR and BC Reproductive Care Program (BCRCP)

Enhanced Services for Women: Outcomes Research Project. Alberta Alcohol and Drug Abuse Commission.

Responding to Rural Communities: Building a Program of Research on Maternity Care. CIHR

Maternity Care Enhancement Project. BC Ministry of Health, BC Women's Hospital & Health Centre

YWCA Housing Research - Pregnant Women and New Mothers with Substance Use Issues. YWCA, BC Ministry of Children and Family Development

Transformational Education Program for Consumers with Breast Cancer. Canadian Breast Cancer Foundation

The Community Initiatives Fund Training Project. Vancouver Coastal Health Authority (VCHA)

Women's Health Research Network. MSFHR

Women's Attitudes Towards Patient-Initiated Caesarean Section. SSHRC

Women's Attitudes Towards Elective Patient-Initiated Caesarean Section. CIHR

Primary Healthcare for Women with Serious Mental Illness. BC Mental Health & Addictions Services

Canadian Centre on Substance Abuse Expert Review Panel. Canadian Centre on Substance Abuse (CCSA)

Better Practices: Tobacco Prevention & Cessation Among Ethnocultural Groups in Canada. CTCRI, National Cancer Institute.

Fir Square Combined Care Outcomes Study. BC Ministry of Health

Women and Tobacco Fact Sheets. Health Canada

Women and Substance Use: Current Canadian Perspectives. Centre for Addictions and Mental Health

Support Interventions for Low Income Women Smokers. SSHRC

Issues in Rural Aboriginal Maternity Care. CIHR.

Women, Community and Control: Midwifery and Home Birth (1970-1990). Hannah Institute.

International Research Team on Girls & Women's Tobacco Use. CTCRI

Immigrant Chinese & South Asian Women's Experience of Postpartum Depression. Vancouver Foundation

Gender Identity, Ethnic Identity and Tobacco Use Among Adolescent Aboriginal Girls. Vancouver Foundation

Integration of a Smoking Intervention Within an Eating Disorders Program: A Preliminary Study. BC Women's & Children's Hospital

Better Practices Review of Impact of Tobacco Control Policy on Vulnerable Populations. CTCRI, SSHRC
Teen Girls and Smoking Proposal Development. CIHR

Rural Women's Experiences of Maternity Care: Implications for Policy and Practice. Status of Women Canada

Peer Support Worker Training 2004. VCHA

Centre on Girls, Women and Addictions (IMPART). CIHR

Statistical Baseline Profile of Substance Use Among Women in Their Childbearing Years in Alberta AADAC

Action Schools! BC Ministry of Health
Midwifery in Canada: An Environmental Scan of Professional Data. Canadian

Association of Midwives
Rural Women's Experience with Maternity Care. CIHR

Women's Satisfaction with Maternity Care. BC Women's Hospital & Health Centre

Rural and Remote Women's Health. Health Canada and National Network of Environments and Women's Health

Impact of Restructuring on Rural, Remote & Northern Women's Health. Prairie Women's Health Centre of Excellence, Status of Women Canada

Provincial Women's Health Strategy. BC Ministry of Health, BC Women's Hospital & Health Centre

Osteoporosis Clinic Evaluation. BC Women's Health Centre

Investigating Mothering Under Duress: Implications for Research, Intervention & Policy. Health Canada

CFI Women's Health TeleResearch Centre. Western Economic Diversification, Canada Foundation for Innovation Support Program

Youth Health Program Evaluation. BC Women's Hospital & Health Centre.

Midwifery: Building our Contribution to Maternity Care (symposium). BC Women's Hospital & Health Centre

Best Practices Review of Smoking Cessation Strategies for Pregnant and Post Partum Women. Public Works and Government Services Canada Science Directorate

Women's Health Surveillance Project. Health Canada

FAS & Women's Health: Setting a Research Agenda. CIHR

Above Ground and Under-ground: BC's First School of Midwifery. Hannah Institute

Gender and Women in Rural Health Research. CIHR

Tracking Alcohol Use in Women Who Move Through Domestic Violence Shelters. Alcoholic Beverage Medical Research Foundation (ABMRF)
Exploring Concepts of Gender and Health. Health Canada

Teenaged Girls and Smoking Workshop. CIHR

Mental Health Guide. BC Ministry of Health

Socioeconomic Costs of Palliative Home Caregiving: A Gender Analysis. Health Canada

Assessing the Therapeutic Aspects of Redress Packages for Sexual Abuse Survivors. SSHRC

Canadian Journal of Midwifery Research and Practice. SSHRC and Association of Ontario Midwives

Evaluation of the Pacific Native Women's Association Community Support Training Program. BC Women's Hospital & Health Centre

Midwifery in Canada: Directions for Research. SSHRC

Developing An Effective Health Care Response to Benzodiazepine Dependence in Canadian Men and Women. CIHR

Women and Mental Health Across the Lifespan. BC Ministry of Health Services

Trans-disciplinary Care for Substance Using Pregnant Women. CIHR

National Training Initiative in Women's Health: Proposal Development. CIHR

Evaluation of Women's Health Programs. BC Women's Hospital & Health Centre

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. BC Women's Hospital & Health Centre

Designing a Staged Women's Health Planning Process for British Columbia Women's Hospital BC Women's Hospital & Health Centre

Midlife Health Project. Ministry of Health

Evaluation of a Training Program on Trauma and Revictimization at a Psychiatric Hospital (Riverview). Riverview Hospital

Socioeconomic Costs of Teenage Pregnancy. Health Canada

Mothering Under Duress: Policy Discourses in the Context of Woman Abuse, Illicit Substance Use and Mental Illness. Status of Women Canada

Lesbian Health: Raising Awareness and Improving Access to Quality Care. Health Canada, Status of Women Canada

Technical Cooperation Between Canada and Costa Rica on Women's Health. Pan American Health Organization

The Challenges of Change: The Midlife Health Needs of Women With Disabilities. Health Transition Fund

Gender and Health in the Canadian Institutes of Health Research. Medical Research Council of Canada

Creating Solutions, Women Preventing FAS. BC Health Research Foundation

Coordination of the Working Group on Gender and Women's Health in the CIHR. Health Canada

“Catching our Breath”, Evaluation of a Women-Centred Tobacco Cessation Program. Aurora Centre, BC Women's Hospital & Health Centre

FUS/ION: A Model for Integrated Research in Women's Health. Medical Research Council, BC Women's Hospital & Health Centre, Health Canada

Addressing Gender and Women's Health within the CIHR. SSHRC, Canadian Health Services Research Foundation (CHSRF)

Development of a Gender Economic Costing Group and a Generic Model for Quantifying Various Women's Health Issues. SSHRC

Economic Costs of Child Sexual Abuse. Health Canada

Development of Research in Maternity, Addictions and Women-centred Care. BC Women's Hospital Foundation

Preliminary Investigation of the Therapeutic Consequences of Civil Litigation Compensation Claims by Victims of Sexual Abuse. The Law Foundation of British Columbia

Sexual Assault and the Collection of Forensic Evidence. BC Women's Hospital & Health Centre

The Dome of Silence: Sexual Harrassment and Abuse in Sport. Sport Canada, University of Winnipeg

Women's Mental Health Demonstration Projects in British Columbia. BC Ministry of Health

Violence & Trauma in the Lives of Women Who Have Been Diagnosed With a Serious Mental Illness. BC Ministry of Health

Social Justice & Women's Health: A Canadian Perspective. Maritime Centre of Excellence for Women's Health, Health Canada

The Legal System & Its Impact on Women's Health: A Largely Uninvestigated Terrain. MCEWH/Health Canada.

Reformed or Rerouted? Women and Change in the Health Care System. Health Canada and York University

Hearing Voices: Mental Health Care for Women. Developing a women-Centered Mental Health Care System. BC Ministry of Health, BC Ministry of Women's Equality, Canadian Mental Health Association

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

Filtered Policy: Women and Tobacco in Canada. Health Canada
Evaluation of the Outreach of the

Continence Program at BC Women's Hospital and Health Care Centre. BC Women's Hospital & Health Centre

Evaluation of the Oaktree Program on HIV/AIDS Outreach at BC Women's Hospital and Health Centre. BC Women's Hospital & Health Centre
Evaluation Framework for BC Women's Hospital and Health Centre on Reproductive Mental Health. BC Women's Hospital & Health Centre

Consultation to the Women and Tobacco Research Project: The Role of Smoking in the Lives of Young Women on Low Incomes. Social Planning & Research Council of BC

Canadian Women's Health On-line: Outlining Strategies for Internet Activism. Canadian Research Institute for the Advancement of Women

Alberta Alcohol & Drug Abuse Commission Effects Series - Review & Recommendations. Alberta Alcohol and Drug Abuse Commission (AADAC)

- Research Bulletins. Health Canada
- Women and HIV/AIDS
 - Mental Health and Addictions in Women
 - Voices From the Community
 - Safety First: Women and Health Protection
 - What Counts and Who's Counted in Women's Health Research?
 - Who Cares?
 - What Makes Us Healthy, What Makes Us Sick?
 - What's Policy Got to Do with It?
 - What do Women Want?
 - Does Sex Matter?

APPENDIX C: PUBLICATION HIGHLIGHTS 2001-2006

In addition to our own publishing program, which has produced reports from the seed grant program, staff and associates of the BCCEWH have published their work in numerous forms. Listed below are selected publications of the past five years.

Books and Book Chapters

Armstrong, P., Amaratunga, C., Bernier, J., Grant, K., Pederson, A. & K. Willson (eds.). (2001). *Exposing Privatization: Women and Health Care Reform in Canada*. Toronto: Garamond.

Grant, K., Armstrong, P., Amaratunga, C., Boscoe, M., Clow, B., Jackson, B., Pederson, A. & K. Willson. (eds.) (2004). *Caring For/ Caring About: Women, Home Care, and Unpaid Caregiving*. Toronto: Garamond.

Greaves L. “Smoke Screen: The Cultural Meaning of Women's Smoking.” In: Alexander A, Roberts M (editors) *High culture: Reflections on addiction and modernity*. State University of New York Press (SUNY). 2002.

Kirby, S., Greaves, L, and Reid, C. *Experience, Research, Social Change: Methods into the Mainstream*. Toronto: Broadview Press, 2006.

Kirby S, Greaves L, Hankivsky O. Women Under the Dome of Silence: Sexual Harassment and Abuse of Female Athletes. *Canadian Woman Studies, An Introductory Reader; Revised 2nd Edition*. Inanna Publications. 2006.

O'Neill, M., Pederson, A., Dupéré, S., Rootman, I. (Eds). (forthcoming). *Health promotion in Canada: Critical perspectives*. Toronto: Canadian Scholars' Press.

Pederson, A. (forthcoming). Twelve Canadian portraits: health promotion in the provinces and territories, 1994 – 2006. In M. O'Neill, A. Pederson, S. Dupéré & I. Rootman (eds.), *Health Promotion in Canada: Critical Perspectives*. Toronto: Canadian Scholars Press.

Pederson, A., & Raphael, D. (2006). Gender, Race and Health Inequalities. In D. Raphael, T. Bryant & M. Rioux (eds.), *Staying alive: critical perspectives on health, illness, and health care*. Toronto: Canadian Scholars' Press.

Pederson, A., Rootman, I., & M. O'Neill. (2005). “Health promotion in Canada: Back to the past or towards a promising future?” In A. Scriven and S. Garman (eds.), *Promoting Health: Global Perspectives*

(pp. 255-265). Houndmills, Basingstoke, Hampshire: Palgrave Macmillan.

Poole, N. and L Greaves (eds). (forthcoming) *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Toronto: Centre for Addictions and Mental Health.
Poole, N., Greaves, L., Jategaonkar, J., McCullough, L., Chabot, C. (forthcoming 2007) Influencing Women's Substance Use: The Role of Transition Houses. In: Poole, N., Greaves, L (editors) *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Centre for Addiction and Mental Health.

Poole, N., Greaves, L. (forthcoming 2007) Pregnancy, Mothering and Substance Use: Towards a Balanced Response. In: Poole, N., Greaves, L (editors) *Highs and Lows: Canadian Perspectives on Women and Substance Use*. Centre for Addiction and Mental Health.

Reid, Colleen.(2004) *The Wounds of Exclusion:Poverty, Women's Health and Social Justice*. Edmonton, AB: Qualitative Institute Press.

Salmon, A. (in press) Beyond Shame and Blame: Aboriginal Mothers, Fetal Alcohol Spectrum Disorders, and Barriers to Care. In *Highs and Lows: Canadian Perspectives on Women and Substance Use*, N. Poole& L. Greaves, (eds). Centre for Addiction and Mental Health

Peer-reviewed Journal Articles

Bottorff, JL, Kalaw C, Johnson JL, Stewart M, Greaves L and Carey J. (2006) Couple dynamics during women's tobacco reduction in pregnancy and postpartum. *Nicotine and Tobacco Research*. Vol 8, No 4, 499-509.

Bottorff, J.L., Kalaw, C., Johnson, J.L., Stewart, M., & Greaves, L. (2005). Tobacco use in intimate spaces: Issues in the qualitative study of couple dynamics. *Qualitative Health Research*, 15 (4), 564-577.

Bottorff, J.L., Kalaw, C., Johnson, J.L., Chambers, N., Stewart, M., Greaves, L., & Kelly, M. (2005). Unravelling smoking ties: How tobacco use is embedded in couple interactions. *Research in Nursing and Health*, 28, 316-328.

Devries KM, Greaves L. (2004). Smoking cessation programs for pregnant women: Current Canadian programs and future development. *Canadian Journal of Public Health*. 95(4):278-279.
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Greaves L. Symbol and solace: Women, smoking and social control. *Healthsharing Women*. 1996;16 (6 and 7):1,3.

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Greaves, L, Tungohan, E. (forthcoming 2007) Engendering Tobacco Control: Using an international public health treaty to reduce smoking and empower women. *Tobacco Control*.

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Hankivsky O, McPhail F, Friesen J, Varcoe C, Greaves L, Spencer C. (2004). Expanding economic costing in health care: values, gender and diversity. *Canadian Public Policy* 30(3):257-282.

Harris R, Stickney J, Graseley C, Hutchinson G, Greaves L, Boyd T. (2001). Searching for help and information: Abused women speak out. *Library and Information Science Research*. 23: 123-141.

Jackson, B. E., Pederson, A., Armstrong, P., Boscoe, M., Clow, B., Grant, K. R., Guberman, N. and K. Willson (2004). 'Quality is like a carton of eggs:' Using a Gender-Based Diversity Analysis to Assess Quality of Health Care. *Canadian Woman Studies*, 24(1): 15 – 22.

Jategaonkar, N., Greaves, L., Poole, N., L. McCullough & C. Chabot. (2006) 'Still Out There' Experiencing Substance Use & Violence in Rural British Columbia. *Canadian Woman Studies*. 24(4):136-141.

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Morrow, M. Mental Health Reform, Economic Globalization and the Practice of Citizenship. *Canadian Journal of Community Mental Health* Vol 23 (2) Fall, 2004:39-50.

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Poole N, Greaves L, Cormier R. (2003). Integrating Treatment for Tobacco and Other Addictions at the Aurora Centre of the British Columbia Women's Hospital and Health Centre. *Canadian Journal of Nursing Research*, 35(1):95-102.

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Greaves L, Jategaonkar N, Sanchez S. *Turning a New Leaf: Women, Tobacco, and the Future*. Vancouver, BC, British Columbia Centre of Excellence for Women's Health. 2006.

Greaves L, Johnson J, Bottorff J, Kirkland S, Jategaonkar N, McGowan M, McCullough L, Battersby L. *Reducing Harm: A Better Practices Review of Tobacco Policy and Vulnerable Populations*. Vancouver, BC. BC Centre of Excellence for Women's Health. 2006.

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Policy Briefs

Currie, J. *Manufacturing Addiction – The Over-Prescription of Benzodiazepines and Sleeping Pills to Women in Canada*. 2003.

Greaves L. *Ensuring a Good Death – Improving Palliative Care for Patients and Caregivers*. 2003.

Kornelsen, J. *Solving the Maternity Care Crisis – Making Way for Midwifery's Contribution*. 2003.

Morrow, M. *Mainstreaming Women's Mental Health – Building a Canadian Strategy*. 2003.

Poole N. *Mother and Child Reunion – Preventing Fetal Alcohol Spectrum Disorder by Promoting Women's Health*. 2003.

Pearce, D. *Curing Inequity: Toward Gendered Aboriginal Tobacco Policy*. 2007 (in press)

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These reports were all published by the BC Centre of Excellence for Women's Health (Can): British Columbia Women's Hospital and Health Centre.

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Kornelsen J, Carty E. *Experiences of registering to be a midwife in British Columbia*. 2001.

Kornelsen J, Carty E. *A difficult labour: Experiences of registering to be a midwife in British Columbia*. 2001.

Lee P M. *In the absence of consent: Sexual assault, unconsciousness and forensic evidence*. 2001.

Luce J. *Making choices/taking chances: Lesbian/bi/queer women, assisted conception and reproductive health*. 2002.

Morrow M. *Demonstrating Progress – Innovations in Women's Mental Health*. 2003.

Morrow M. *Violence and Trauma in the Lives of Women with Serious Mental Illness: Current Practices in Service Provision in British Columbia*. 2002.

Pederson A, Tweed A. *Registering the Impact of Breast Implants* 2007. (in press).

Poole N, Isaac B. *Apprehensions: Barriers to treatment for substance-using mothers*. 2001.

Reid C. *A full measure: Towards a comprehensive model for the measurement of women's health*. 2002.

Riddell L, Greenberg K, Meister J, Kornelsen J. *We're Women Too: Identifying Barriers to Gynecologic and Breast Health Care for Women with Disabilities*. s2003.

Tweed A. *Health Care Utilization Among Women Who Have Undergone Breast Implant Surgery*. 2003.

APPENDIX D: SELECTED PRESENTATIONS 2001-2006

Speakers representing the BCCEWH appear at conferences and meetings worldwide. This list contains highlights of presentations given over the past five years.

2006

Workshop on Health Promotion and Women's Health - Kuwait City, Kuwait.

- Health Promotion for Women: Continuing the Dialogue
- Understanding Health Promotion for Women
- Strategies and Approaches to Health Promotion for Women
- Examples of Health Promotion in Canada

Let's Talk about Addiction Conference - Kamloops, BC, Canada. Pregnancy and Substance Use: Supporting Health Care Providers and Women through Education and Research.

The 6th National Harm Reduction Conference - Drug User Heath: The Politics and the Personal - Oakland, CA, USA. Housing and Women-Centered Harm Reduction: Examples of Canadian Programs for Substance-Using Mothers and their Children.

Best Practices – Early Intervention, Outreach and Community Linkages for Women with Substance Use Problems Workshop (sponsored by Health Canada) - Ottawa, ON, Canada. Exploring Community Linkages: More than Linked Services.

Multidisciplinary Rounds presented through Telehealth sites across BC, from Children's and Women's Health Centre of BC - Vancouver, BC, Canada. Alcohol & Tobacco: Collaborative Intervention with Pregnant Women.

17th National AWHONN Canada Conference, Promoting the Health of Women and Newborns - Calgary, AB, Canada. Pregnancy and Substance Use: Supporting Health Care Providers and Women through Education and Research.

Honouring Your Health Conference (sponsored by the Aboriginal Tobacco Strategy of the BC Ministry of Health) - Vancouver, BC, Canada. Pregnancy and Substance Use: Promising Practices in Prevention.

Web casts associated with the Coalescing on Women and Substance Use Issues: Linking Research Practice and Policy - Vancouver, BC Canada. Working with Women on Violence-related and Substance

Use Issues: The Role of Anti-Violence Services.

American Sociological Association Conference – Montreal, QC, Canada. Hidden Realities: Women and Health Care in Practice in Canada.

The International Society for Equity in Health, ISEqH 4th Biennial Conference - Adelaide, Australia. Creating Healthy Societies through inclusion and equity. “Can an International Tobacco Control Treaty Assist in Transforming Gender Relations?”

1st Fraser Regional Conference on FASD - Vancouver, BC, Canada. Pregnancy and Substance Use: Promising Practices in Prevention.

Workshops (sponsored by community service networks and funded by ActNow BC Healthy Choices in Pregnancy) - British Columbia, Canada. Working with Women on Substance Use and Related Health Issues Pre- during and Post Pregnancy.

13th World Conference on Tobacco or Health - Washington DC, USA.

- Research to Action: smoking cessation for pregnant and postpartum women. Tobacco or Equality?
- Moving Forward: Women, Tobacco, and the Future
- Vulnerable populations and the development of tobacco control interventions and policies
- Applying a Gender Based Analysis to Tobacco Policies

Summer Institute, Canadian Centre on Substance Abuse - Stanhope Beach, PEI, Canada. Partnerships that Move Systems to Improve Women's Health and Prevent FASD.

Maternal Child/Youth Conference - Vancouver, BC, Canada. Supporting Maternal and Child Health: Housing, Shelter and Women's Substance Use and Recovery.

Taking the Pulse of Women's Health Research: Women's Health Research Network Summer Institute - Vancouver, BC, Canada.

- Supporting Maternal and Child Health: Housing, Shelter and Women's Substance Use and Recovery.
- Life Review in Women with Chronic Obstructive Pulmonary Disease (COPD)

– A Pilot Study.

- Impairing Agency: Exploring the Ethics of Participatory Qualitative Health Research with “Addicted” Women.
- Housing as a Critical Support for Mothers whose Lives include Substance Use.

17th International Conference on the Reduction of Drug Related Harm - Vancouver, BC, Canada. Housing Support in the Perinatal Period: Reducing Harms for High-risk, Substance Using Women and their Children.

Canadian Public Health Association - Vancouver, BC, Canada. What are the Effects of Tobacco Policies on Vulnerable Populations?

2nd International Congress on Qualitative Inquiry - Illinois, USA. Impairing Agency: Exploring the Ethics of Participatory Qualitative Health Research with “Addicted” Women.

Ontario Training Centre for Health Services and Policy Research - Ontario, Canada. Understanding Women's Health and Gender and Health.

Ontario Women's Health Council conference. Enhancing Women's Health Research - Ottawa, ON, Canada. Research Without Borders, Divisions and Departments.

Association of Substance Abuse Programs of British Columbia Annual Conference - Richmond, BC, Canada. Working on FASD: The Role of the Addictions Field.

University of British Columbia Collaboration for Maternal and Newborn Health - Vancouver, BC, Canada. Substance Use and Pregnancy: Current Research and Future Directions.

PHSA Tobacco Advisory Committee - Vancouver, BC, Canada. Reducing Harm: Better Practices Review of Tobacco Policy and Tobacco Populations.

Your Body's Your Own Conference, Government of Yukon Women's Directorate - Whitehorse, YK, Canada. Women and Substance Use: Exploring New Knowledge and Approaches to Support. Women and Substance Use: Reducing Harm.

11th International Qualitative Health Research Conference - Edmonton, AB,

Canada. Life Review as Research and Intervention.

Heart and Stroke Foundation - Vancouver, BC, Canada. Tobacco Policy: Influences on vulnerable populations.

Addressing Pregnancy & Addiction Conference, Motherisk, Sick Children's Hospital - Toronto, ON, Canada. Moving Systems to Improve Women's Health and Prevent FASD. Making all Knowledge Count in Addressing Pregnancy and Addiction.

Healthy Living, Healthy Children & Families, Healthy Communities: BC Early Childhood Development Provincial Conference - Vancouver, BC, Canada. Working with Women on Substance Use and Related Health Issues.

Justice Institute of BC and North Peace Community Resources Society - Fort St John, BC, Canada. Women, Substance Use and Experience of Violence/Trauma: Responding to the Connections.

Annual Best Start Conference - Toronto, ON, Canada. Mothering Under Duress: Pregnancy, Motherhood and Substance Use in Canada.

Moving Forward: Treatment Prevention and Hope for Substance Abuse, National Conference - Saskatoon, SK, Canada. Gender Specific Approaches to the Treatment of Women with Substance Use Problems.

2005

BC Sports Hall of Fame and Museum - Vancouver, BC, Canada. GBA and the 2010 Winter Olympic and Paralympic Games.

WHO Meeting on the Development of Policy Recommendations for Gender Responsive Tobacco Control - Ottawa, ON, Canada. Sifting the evidence: gender and global tobacco policy.

CHEST Foundation- American College of Chest Physicians - Montreal, QC, Canada. Tobacco Use Prevention with Women and Girls.

Invited presentation to UBC Faculty of Education Diversity Cohort, Teacher Education Program - Vancouver, BC, Canada. What's in a Name? Naming and Claiming Disability in Social Justice Education.

The Tobacco and Health Disparities Research Network - Bethesda, MD, USA.

Tobacco Control Policies: Do they make a difference for low SES women and girls?

IAPESGW Congress - Edmonton, AB, Canada. Beyond Keeping Score: A Gender-Based Diversity Analysis of the 2010 Winter Olympic and Paralympic Games.

Rural & Northern Health Research – Bridging the Distance: 6th Conference on the Canadian Rural Health Research Society and the 1st Conference of the Canadian Society for Circumpolar Health - Quebec City, QC, Canada. Aboriginal Community Members and University Researchers Reflect on Collaborative Research Partnerships: Lessons Learned from a Community-based FASD Project.

Canadian Centre on Substance Abuse conference; Issues of Substance - Toronto, ON, Canada.

- Benzodiazepine Use and Mental Health Issues among Aboriginal Seniors: Considerations for Research, Policy and Practice.
- Housing as a Critical Support for Pregnant Women and New Mothers with Substance Use Problems.

4th National Conference on Tobacco or Health - Ottawa, ON, Canada.

- Quit smoking telephone counselling protocol for pregnant and postpartum women.
- Tobacco and vulnerable populations: better practices in policies and programs.
- Trauma-informed tobacco treatment.
- Emergent theory and better practices in tobacco reduction: women, pregnancy and motherhood.

Society of Disability Studies 18th Annual Meeting - San Francisco, CA, USA. It Helps, The Labels: Young Aboriginal Mothers Negotiating the Contradictions and Contestations of Medicalization, Racialization, Gender, and Fetal Alcohol Syndrome.

The 1st International Congress on Qualitative Inquiry - Illinois, USA. How Do You Measure Empowerment: Contesting the Terrains of Partnership, Indigenous Knowledges, and Participatory Action Research in/ and Aboriginal Community Development?

1st Symposium on Women's Health - Kuwait City, Kuwait. Reflections on Primary Care and Promoting Women's Health: A Canadian Perspective.

International Meeting on Inuit and Native American Child Health - Seattle, WA, USA. Canadian Urban Aboriginal Mothers:

Breaking Down the Barriers to Maternal Care and the Prevention of FASD.

International Academy of Eating Disorders Annual Conference - Montreal, QC, Canada. Integration of a smoking intervention within an eating disorder program: a preliminary study.

5th Australian Women's Health Conference - Melbourne, Victoria, Australia.

- Gender and tobacco treatment, programs and policies: what is a woman– centred approach?
- Dare to Dream: Resisting Gender Neutrality in Primary Health Care Reform in Canada.

Key Centre for Women's Health, University of Melbourne/Royal Women's Hospital - Melbourne, Victoria, Australia. Mothering Under Duress.

Victorian Women's Health and Wellbeing Strategy Annual Forum - Melbourne, Victoria, Australia. Engaging with young women and their health.

INWAT Europe, Expert Seminar - Barcelona, Spain. Gender, Power and Environmental Tobacco Policies.

Counseling Protocol Meeting - Ottawa, ON, Canada. Quit smoking telephone counseling protocol for pregnant and postpartum women.

Health Living, Healthy Children & Families, Healthy Communities, BC ECD Provincial Conference - Vancouver, BC, Canada. The SMART Guide in Action: Using Motivational Interviewing Techniques when Discussing Substance Use with Pregnant Women.

Atlantic FASD Networking Conference - Moncton, NB, Canada. Preventing FASD: Lessons from the Past Decade, Moving Forward with Evidence and Heart.

Provincial Women's Health Network Meeting - Vancouver, BC, Canada. Addressing the Women's Mental Health and Addictions Priority in the Provincial Women's Health Strategy.

2004

Using the Better Practices Model to Inform School Health Researchers: An Interactive Workshop - Charlottetown, PEI, Canada. Expecting to Quit: A Best Practices Review of Smoking Cessation Interventions for Pregnant and Postpartum Girls and Women.

Public Health Nurses Leaders Conference, Perinatal Tobacco Session - Richmond, BC, Canada. Expecting to Quit and Quitline.

Substance Use Certificate Program, Justice Institute of British Columbia - New Westminster, BC Canada. Women & Tobacco Use: Community Voices/Contemporary Issues.

Health Canada Science Research Forum - Ottawa, ON, Canada. Changing the paradigm about women and health care reform.

SIDS International Conference - Edmonton, AB, Canada. Expecting to Quit: Best Practices in Smoking Cessation During Pregnancy.

International Interdisciplinary Conference on Gender, Sexuality and Health - Vancouver, BC, Canada.

- Changing the paradigm about women and health care reform.
- Knowledge Translation and Research Involvement in Women's Health Policy and Practice.
- The British Columbia Centre of Excellence for Women's Health. An Overview of our first Seven Years: Some Illustrations of Women Centred Research.

British Columbia & Yukon Society of Transition Houses Training Session - Richmond, BC, Canada. Tracking Alcohol Use in Women Who Move Through Domestic Violence Shelters.

Health Canada Policy Forum - Ottawa, ON, Canada. Coalescing on Addictions: Fusing our efforts in responding to women's substance use.

Ontario Tobacco Control Conference - Toronto, ON, Canada. Expecting to Quit: Best Practices in smoking cessation during pregnancy.

At Moving Primary Health Care Forward: Many Successes, More to Do. National Primary Health Care Conference - Winnipeg, MB, Canada. Dare to Dream: Reflections from the National Workshop on Women and Primary Health Care.

2003

Canadian Dental Association, 1st Annual Strategic Forum - Ottawa, ON, Canada. The evolution of health promotion in Canada and its implications for oral health promotion.

12th World Conference on Tobacco or Health – Global Action For a Tobacco Free Future - Helsinki, Finland.

- Gender analysis and tobacco control – making research, policy and practice more gender sensitive.
- Best Practices in smoking cessation during pregnancy.
- Integration of a smoking cessation treatment program into a women's residential substance use treatment program.

14th International Congress on Women's Health Issues: Building Alliances for Living, Working, Research and Practice: Women's Health in the Postcolonial Context - Victoria, BC, Canada. Trade Agreements and Health Policy: Implications for Women.

Femmes, santé mental et victimisation secondaire Collectif de défense des droits de la Montérégie - Québec, Canada.

- Developing Women-Centred Mental Health Care Models.
- Violence and Trauma in the Lives of Women with Serious Mental Illness: Current Practices in Service Provision in British Columbia.

Premier's Dialogue on Health - Vancouver, BC, Canada. Women as a Vulnerable Population.

2002

3rd National Conference on Tobacco or Health - Ottawa, ON, Canada. A holiday gift! Tools and techniques for best practices. Adolescent girls and smoking: Key research directions and priorities.

York University Conference - Toronto, ON, Canada. Social Determinants of Health.

Alberta Alcohol and Drug Abuse Commission - Calgary, AB, Canada. Working with Women with Addictions Problems.

Rural Matters: CRRF Rural University - Miramichi, NB, Canada. Service Provision in Resource Town Transition Planning: A Case from Northern BC.

Association for Research on Mothering conference, York University - Toronto, ON, Canada. Mothering Under Duress.

Address to the Midwifery Education Program, University of British Columbia - Vancouver, BC, Canada. Birth in a Technological Society.

First Nations and Inuit Branch Tobacco Division - Calgary, AB, Canada. Training Session for Aboriginal Tobacco Consultants on Gender, Policy and Aboriginal Tobacco Use.

IGH Award Recipient Symposium and Workshop - Toronto, ON, Canada.

- Teen Girls and Smoking: A Research Agenda.
- Women and Mental Health Across the Lifespan: Creating a National Cross-Disciplinary Research Agenda and Strategy.
- Developing an Effective Health Care Response to Benzodiazepine Dependence in Canadian Men and Women.
- Fetal Alcohol Syndrome and Women's Health: Setting a Women-centred Research Agenda.
- Transdisciplinary Care for Substance-using Pregnant Women on Vancouver's Downtown Eastside: A descriptive study.

BC Addiction Foundation - Victoria, Canada. The FUSION model for developing multidisciplinary research.

CCS/NCIC National Office - Toronto, ON, Canada. Best Practices in Tobacco.

Department of Health Policy, Management & Evaluation, Faculty of Nursing - Toronto, ON, Canada. Trade Agreements and Home Care.

Johannes Gutenberg – University of Mainz - Mainz, Germany. Globalization, Health and Gender: A Canadian Perspective.

Canadian Psychological Association - Vancouver, BC, Canada. Presentation of mental health policy research.

Canadian Political Science Association Annual General Meeting - Toronto, ON, Canada. A Critique of Liberal Assessments of an Ethic of Care.

Canadian Tobacco Control Research Summit - Ottawa, ON, Canada. Program committee membership, representing the IGH of the CIHR.

6th National Health Promotion Research Conference - Victoria, BC, Canada. FUSION: A model for integrated health research. Using partnerships of knowledge to strengthen women's health planning and practice.

APPENDIX E: BCCEWH EVENTS 2001-2006

The BCCEWH hosts numerous events each year, including a Speaker Series and periodic workshops.

2006

Appraisal of Rural Women's Reproductive Health Management: Programs and Practices in India.

- Savita Singal, Professor in Family Resource Management, CCS Haryana Agricultural University, Hisar, India..

Turning a New Leaf: Women, Tobacco, and the Future.

- Natasha Jategaonkar, Research Coordinator, BCCEWH.
- Lorraine Greaves, Executive Director, BCCEWH

Olympic Consensus on Safe Sport and The Child Athlete, Disability and Homophobia.

- Sandra Kirby, Professor of Sociology, University of Winnipeg.

Considering Women's Health Indicators Workshop.

- Margaret Haworth-Brockman, Executive Director, Prairie Women's Health Centre of Excellence.

Women, Girls and Self-Harm.

- Colleen Anne Dell, Senior Research Associate, Canadian Centre on Substance Abuse.

How should women's health be measured and what are good indicators of women's health?

- Ann Pederson, Manager Policy and Research, BCCEWH.

Reflecting Women? Women's Health Surveillance.

- Lorraine Greaves, Executive Director, BCCEWH.

2005

Women's Health Policy in Australia: Challenges and Successes.

- Marilyn Beaumont, Executive Director, Women's Health Victoria, Melbourne, Australia.

Give It To Me Now: How And Where Young Adults In BC Would Like To Receive Sexual Health Information And Services.

- Emily Falk, Fulbright Scholar, BCCEWH.

Community Based Research And Aboriginal Women's Health And Healing.

- Kim Anderson, Author and Chair, Aboriginal Women's Health and Healing Research Group.

The Challenge Of Collaboration: Professional Cultures In Australian Maternity Care.

- Kerreen Reiger, Associate Professor, Sociology Program, School of Social Sciences, La Trobe University, Australia.

Doing It All: Integrated Support For Women With Trauma, Mental Health And Substance Use Issues.

- Nancy Poole, Research Consultant, Women and Substance Use Issues, BCCEWH.

Shifting Landscapes: Immigrant Women And Post-Partum Depression.

- Marina Morrow, Research Associate, BCCEWH.
- Jules E. Smith, Research Coordinator, BCCEWH.
- Suman Jaswal, Researcher, BCCEWH.
- Yuan Lai, Researcher, BCCEWH.

Making Sense Of Cigarette Brands: How do they work and who are they for?

- Stacy Carter, Researcher, School of Public Health, University of Sydney, Australia.

Rural Women's Health Research Symposium.

- Margaret Haworth-Brockman, Executive Director, Prairie Women's Health Centre of Excellence.
- Lana Sullivan, Co-Research Coordinator, Rural Maternity Care Research Program.
- Stefan Grzybowski, Co-Director, Rural Maternity Care Research Program.
- Lorraine Greaves, Executive Director, BCCEWH.

Knowledge translation to support clinical practice: Developing women's mental health and substance use publications.

- Julia Greenbaum, Publishing Developer, Centre for Addiction and Mental Health, Toronto.
- Nancy Poole, Research Consultant, BCCEWH.

Forum on Sexual Health.

- Natasha Jategaonkar, Tobacco Research Co-ordinator, BCCEWH.
- Emily Falk, Fulbright Scholar, BCCEWH.
- Karen Devries, Researcher in Addictions, BCCEWH.
- Sonni Bruner, School of Journalism, University of British Columbia.

Deconstructing Social Capital to construct the path of social integration.

- Bilkis Vissandjee, Associate Professor, School of Nursing and School of Public Health, University of Montreal.

2004

Talking About Sex: what sport has done with it.

- Sandra Kirby, Professor of Sociology, University of Winnipeg.

Grandparenting Narratives: The childbearing year.

- Jeanette McMillan, Clinical Nurse Educator, VIHA South Island Intravenous Therapy Department.

Islam and the female body: Negotiating local and global influences on sport and exercise.

- Jennifer Hargreaves, Professor of Sport Sociology, Department of Sport Sciences, Brunel University, London, UK.
- Ghanima Mohammed Al-Othman Al-Hadair, Assistant Dean for Student Guidance, Deanery of Student Welfare and Activities, College of Basic Education, Kuwait.

Trauma and aggression in girls.

- Marlene Moretti, Professor, Department of Psychology, Simon Fraser University.

Sorting Through Research Problems: An Ethics and Methods Workshop.

- Sandra Kirby, Professor of Sociology, University of Winnipeg.

The health of street youth: a general review and results of a study of female prostitution.

- Jean-François Boivin, Professor, Epidemiology and Biostatistics, McGill University.

Women's Experience of Breast Cancer.

- Sue Wilkinson, Professor of Feminist and Health Studies and Social Psychology Programme Director, Loughborough University, UK.

Fit and fat: Challenging myths and beliefs around physical activity and weight loss.

- Colleen Reid, Research Associate, BCCEWH; Institute for Health Research and Education, Simon Fraser University.
- Sandra Friedman, Counselor and Consultant.

Training for staff who work with women with mental health needs.

- Jennie Williams, Inequality Agenda Ltd. UK.
- Tessa Parks, Inequality Agenda Ltd. UK

The Impact of Trauma on Women's Experience of Pregnancy, Birth and Postpartum Adjustment.

- J. Olivia Scalzo, Registered Psychologist.

Linking the Research Question and the Tools You Need: Choosing the Best Methods for Data Gathering

- Sandra Kirby, Professor of Sociology, University of Winnipeg.

Running the Gauntlet: Girls' Sport, Bullying and Initiations.

- Sandra Kirby, Professor of Sociology, University of Winnipeg.

Prescription drug dependence as a "Gateway" to chronic physical or mental health problems and to the overuse of the health care system.

- Janet Currie, Director, Focus Consultants, Member, Board of PharmaWatch, and Member, Benzodiazepine Awareness Network.

2003

Decontextualizing Motherhood: Experiences of Mothers with Serious Mental Illness and the Response of the Professional System.

- Tasnim Nathoo, Dept. of Health Care & Epidemiology, University of British Columbia.

Demonstrating Progress: Innovations in Women's Mental Health.

- Anne Burrill, Executive Director, Women's Contact Society.
- Lynda Dechief, Research Associate, Woman Abuse Response Program, BC Women's Health Centre.
- Nancy Poole, Research Associate, Aurora Centre & BCCEWH.

- Monika Chappell, Executive Director, Youthquest.
- Marion Fallding, Chilliwack Mental Health.
- Kim Burton, Fraser Valley/West Coast Mental Health Support Teams.
- Marina Morrow, Research Associate, BCCEWH.

Screening Issues for Women in Violent Relationships.

- Jill Cory, Coordinator, Woman Abuse Response Program, BC Women's Health Centre.
- Lynda Dechief, Research Associate, Woman Abuse Response Program, BC Women's Health Centre.
- Colleen Varcoe, Associate Professor, University of Victoria, School of Nursing.
- Linde Zingaro, Consultant, Educator, Feminist Counselor.

Genetics and the Implications for Women and Women's Health.

- Sarah Cunningham-Burley, Reader in Sociology, Public Health Sciences and Co-director, Centre for Research on Families and Relationships, University of Edinburgh.

Spin the Bottle: Sex, Alcohol, & Advertising.

- Jean Kilbourne, International pioneer in alcohol and tobacco advertising and the image of women in advertising.

The Discredited Medical Subject in Health Policy and Practice: First Nations Women in Northern British Columbia.

- Annette Browne, Assistant Professor, School of Nursing, University of British Columbia.
- Jo-Anne Fiske, Professor, Women/Gender Studies and First Nations Studies at the University of Northern British Columbia.

A Profile of Women's Health in the South Fraser Region: Indicators and Solutions.

- Patricia Janssen, Assistant Professor, Department of Health Care and Epidemiology, University of British Columbia.

Sex and Gender Differences in Chronic Obstructive Pulmonary Disease.

- Pat Camp, Senior Research Coordinator, UBC Respiratory Division PhD student, UBC Individual Interdisciplinary Studies Program.

The Meaning Of Mental Illness To Youth: Exploring The Psychosocial Effects Of Mental Illness On Identity And Life Cycle Development In Youth Aged 17-24.

- JoAnn Leavey, OISE Department of Counselling Psychology, University of Toronto.

2002

Mothering Under Duress: An Examination of Canadian Media and Policy Discourses on Mothering and Substance Use, Woman Abuse and Mental Illness.

- Lorraine Greaves, Executive Director, BCCEWH.
- Marina Morrow, Research Associate, BCCEWH.
- Lori Irwin, Post Doctoral Fellow/Executive Director, ECD Knowledge Network, WHO.
- Colleen Varcoe, Associate Professor, University of Victoria, School of Nursing.
- Joy Johnson, Professor, Associate Director, Graduate Programs and Research, School of Nursing, University of British Columbia.
- Nancy Poole, Research Associate, Aurora Centre & BCCEWH.
- Ann Pederson, Manager Policy and Research, BCCEWH.

A New Study of Women-Centred Care.

- Robin Barnett, Independent Health Promotion Consultant.

Women and Mental Health Panel Discussion.

- Pat Capponi, Social activist, author & a leading mental health care advocates.
- Sue Penfold, *Professor Emeritus in the Department of Psychiatry, University of British Columbia.*

Guiding Recovery: A women-centred, trauma-informed model of care for substance-using women and their families.

- Norma Finkelstein, Founder and Executive Director of the Institute for Health and Recovery, Cambridge, Massachusetts & founder and Executive Director of the Women's Alcoholism Program/CASPAR.

Reflections on Women's Health Planning in British Columbia.

- Ann Pederson, Manager Policy and Research, BCCEWH.
- Robin Barnett, Independent Health Promotion Consultant.
- Tracee Schmidt, Team Lead, Planning & Performance Measurement, BC Public Service Agency.
- Maria Hudspith, VCHA Coordinator of Community Consultations and Partnerships-Vancouver.

CONTACT INFORMATION

For more information and additional copies please contact:

British Columbia Centre of Excellence for Women's Health
E311 – 4500 Oak Street, Box 48
Vancouver, British Columbia V6H 3N1
CANADA

Phone: 604 875 2633
Fax: 604 875 3716
Email: bccewh@cw.bc.ca
Web: <http://www.bccewh.bc.ca>

The BCCEWH Team in 2006

Ayne, Anna	McCullough, Lucy
Battersby, Lupin	McDiarmid, Trica
Bell, Kirsten	Moran-Bonilla, Laura
Bowers, Michele	Neely, Janet
Cerani, Jorge	Patel, Shaista
Clark, Katja	Pederson, Ann
Claydon, Jennifer	Poole, Nancy
DiNatale, Diana	Ramsden, Kristen
Dussault, Marie	Reid, Colleen
Faria, Revelita	Richardson, Lindsay
Greaves, Lorraine	Rose, Leanna
Hemsing, Natalie	Salmon, Amy
Horner, Liz	Schmidt, Christina
Hoyak, Kristy	Segal, Leslie
Hunt, Rodney	Sproule, Kamala
Janyst, Pauline	Tungohan, Ethel
Jategaonkar, Natasha	Urquhart, Cristine
May, Pat	Verma, Pamela



“ We at the Key Centre for Women's Health in Society at The University of Melbourne were delighted to find academic soul mates at BCCEWH following the visit to our Centre by Dr Lorraine Greaves several years ago. BCCEWH is one of the few Centres worldwide that shares our emphasis on a social model of women's health; this makes possible an exchange of ideas and experiences that enhances the work of both Centres. Happily, our Memorandum of Understanding between the Centres is not just a formal document. Our relationship has opened up the potential for exciting Canadian/Australian research synergies which have already been translated into action with exchange visits and plans well underway for collaborative research. BCCEWH is truly a Centre of Excellence and we are proud to be associated with it and to have the opportunity of working with colleagues whose vision of women's health matches our own. ”

Doreen Rosenthal, Director & Professor, The Key Centre for Women's Health in Society,
University of Melbourne

“ CCSA values the opportunity of working with the BCCEWH, an acknowledged and passionate leader, in addressing the negative impact of substance abuse and addictions on the health and well-being of women and girls in Canada. ”

Michel Perron, Chief Executive Officer, Canadian Centre on Substance Abuse.

