

ABOUT Women

Manitoba
Women's
Directorate



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Ross Shaped Women's Health Care

Any review of women's health in Manitoba is incomplete without a profile of the late Anne Ross, social reformer and driver of the Mount Carmel

Clinic in Winnipeg. The clinic, which celebrates its 75th anniversary October 3, pioneered community and women's health services with Ross leading the way.

Ross's daughter, Dee Dee Rizzo, remembers her mother as driven, dedicated and single-minded. "From early on she developed a very strong sense of social justice. And that followed her throughout her life."

Born in Ukraine in 1911, Ross came to Manitoba with her family when she was 10 years old. After obtaining her nursing credentials at Winnipeg General Hospital, she did some post-graduate work in New York and Montreal. In 1948, the Mount Carmel Clinic's board of directors hired Ross as its first full-time employee. Over the next 35 years, Ross would make the clinic a model of community and women's health services.

When the clinic opened in 1926, it was run by part-time staff and volunteers, and mainly served the Jewish community, many of whom



The late Anne Ross, healthcare pioneer.

were new immigrants and couldn't afford medical care. By the time Ross came on board, the clinic's clientele had dwindled to a handful of patients a week. She gradually realized that the people truly in need of the services Mount Carmel could provide were area residents, who faced poverty and other hardships as a result of their environment. The clinic gradually shifted to a community-based facility and became a welcome resource for families in the area.

Ross found doctors, pediatricians, specialists and technicians, got the laboratory and pharmacy upgraded, and eventually had the clinic soliciting new patients. Her staff moved into the community to connect with patients, and clinic numbers steadily increased. Staff began to work with families to help them cope with and improve their environments.

Rizzo explains her mother's philosophy, which was a cornerstone of the clinic: "Mom very much believed that when talking about a person's health, you can't talk about medical symptoms in isolation. You can't just look at the broken leg, or the bruises or the diabetes. You have to treat the whole person – the physical, economic, social and psychological."

In fact, many attitudes in health care today were things Ross talked about 40, 50 years ago. According to Rizzo, "she was one of the fore-runners of today's health programs."

Rizzo adds that the health and welfare of children was highest on her mother's list of priorities. Ross soon recognized that many mothers in the area were unable to care for their sick children properly due to their less than ideal circumstances. As a result, she set up a children's day hospital at the clinic.

"A van would pick the kids up in the morning and bring them to the clinic," explains Rizzo. "They'd be bathed, their clothes would be washed and they'd be treated for any medical problems. Then the van would return them to their homes at night. Mom's bottom line was: Keep the family together. Maintain the integrity of the family."

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Minister's Message

As minister responsible for the Status of Women, I am pleased to address you regarding Women's History Month. This fall edition of *About Women* will focus on issues concerning women's health, and on the accomplishments of women who have dedicated themselves to women's health services as practitioners, researchers and activists. A number of these women have served as role models in Manitoba's history of medicine.

While historically women were barred from becoming physicians, they have long been leaders in areas like public health care reform, women's health care clinics and the specific health care needs of women. Women began the movement to recognize those interrelated aspects of a woman's life which undermine or enhance her health. These historical women set the example which we are following in developing our *Women's Health Strategy*. The purpose of this strategy is to ensure that the health status of women is addressed in a co-ordinated, sustainable, equitable and gender-sensitive manner.

One of the first steps in implementing the women's health strategy is the organized health consultations held over the past few months. The Women's Directorate and the RHAs have organized these meetings. As

a result of the consultations, I have met with women in Winnipeg, Thompson and Brandon but these women have come from diverse communities to make their presentations. These public discussions have provided me with valuable insight into the health concerns of urban, rural and northern women and will be used to guide government and RHA policy development. Additional consultations are planned for the coming year.

We still have challenges to meet if we are to provide all Manitoba women with the health services they require. The women featured in this issue of *About Women* are representative of the dedicated women who are addressing the diverse needs of Manitoba women. They will, I believe, continue to "make history" as they work to establish effective ways to deliver health care to their communities.

To recognize Women's History Month, the Women's Directorate has partnered with Manitoba Culture, Heritage and Tourism and staff members from the Neil John Maclean Health Sciences Library at the University of Manitoba to present *Women Working for Healthy Communities*. A historical overview of the contributions by Manitoba women in women's health or in the delivery of health care services, for the period 1840 – 1975, will be complemented by a display in the



Pool of the Black Star. The display will be opened during the Government's celebration of Women's History Month, at the Legislative Building on October 9 from 4:00 p.m. to 6:00 p.m. Space is limited, so please call the Directorate if you plan to attend.

I look forward to meeting you at our Women's History Month event and I invite you to call or write the Women's Directorate to voice your opinions and share your concerns with me. ■

Diane McGifford

Honourable Diane McGifford
Minister responsible for
the Status of Women

RHA Addresses Women's Health Needs in South Westman

As Chief Executive Officer (CEO) of the South Westman Regional Health Authority (RHA), Penny Sorensen is firmly committed to addressing the health needs and concerns of all Manitobans. One of only three women CEOs in Manitoba's RHA structure, Sorensen originally worked as an RN, moving to health administration after acquiring her master's degree in science and administration. She believes that Manitoba is seeing a shift in hiring practices and that more women are being recognized for the qualifications and skills they can bring to administrative and decision-making positions within the Regional Health Authorities.

Sorensen believes that in any industry gender balance is critical to decision making. "By virtue of life experience, women often have views and insights that are different from men's. As well, including women in the decision-making process offers an important perspective when you're dealing with specific health issues."

She adds that this perspective is particularly significant when looking at decisions affecting health care employees, since such a large percentage of health care workers are women.

The soft-spoken CEO strongly supports the new Manitoba Women's Health Strategy, a collaboration between the Women's Directorate and Manitoba Health that focuses on the need for provincial health care to reflect the needs of women. One of its main goals is to promote gender-inclusive policies that

reflect the differences between women and men.

"I'm hoping the added provincial support will help us do more to address women's health issues, says Sorensen. "Their endorsement will have a positive impact on the kinds of things we can do."

She is pleased to have a number of strong, active women, like Betty Christie, on the South Westman RHA board. Christie, too, is an advocate of gender balance and believes the time is ripe to address the health issues of young women and young men. "They need different things, as adolescents and as men and women."

"...women often have views and insights that are different from men's."

Christie credits Sorensen with many of the positive developments in health care in the South Westman region. One that is receiving a lot of attention is the women's health pilot program that Sorensen helped create to address the health issues of area women. Sorensen contends that the success of this two-year program, which has both an educational and clinical component, is largely due to the efforts of two dedicated local women – Dr. Mairi Burnett and Jacquie Phillip-Loucks.

Dr. Burnett, who has a part-time family services practice, runs the women's health clinic and leads monthly health information lunches for women in the region. Phillip-Loucks, a public health nurse, is responsible for co-ordinating the program and assists Dr. Burnett in the clinic.



Penny Sorensen, CEO

The clinic, open to patients Thursday mornings in Boissevain and Melita, is drawing women from surrounding communities, says Dr. Burnett. "Women can just come and talk about women's health issues. They don't actually have to be sick, or need something to be done."

The health information lunches cover such topics as osteoporosis, menopause, hormone replacement therapy, breast cancer and depression. Having reviewed questionnaires filled out by the women attending the sessions, Dr. Burnett asserts: "We seem to be hitting the spot."

Sorensen is very enthusiastic about the program. "Whether it is changing health outcomes, I can't say that at this point in time, but certainly women are very impressed that there is a health program here to address their specific needs." ■

Advisory Council Welcomes Nine New Members

Diane McGifford, minister responsible for the Status of Women, has appointed nine new members to the Manitoba Women's Advisory Council, maintaining the membership at 15.

"I know these new members are committed to continuing the important work of the Women's Advisory Council," said McGifford. "We are pleased to have them provide advice to the government on women's issues in Manitoba."

New members include:

Brandon:

- Rae Smith, staff nurse at the Brandon Regional Health Centre

Flin Flon:

- Susan Anderson, actively involved in the Manitoba Federation of Labour and the Labour Council

Winnipeg:

- Pauline Charrière Ndiaye, instructor at College universitaire de St. Boniface; past president of French and Immersion Teachers of Manitoba
- Nahanni Fontaine, University of Manitoba graduate student; president of Red Nations Women's Council of Manitoba
- Elaine Huberdeau, mental health specialist with the Centre de Santé Boniface Inc.
- Margaret Platte, long time inner-city community worker

- Gisèle Saurette Roch, French language community program coordinator with Winnipeg Child and Family Services
- Catherine Hakim, health educator at the Sexuality Education Resource Centre; researcher at the Prairie Women's Health Centre of Excellence
- Margaret Mackinnon, employee of the Ma Mawi Wi Chi Itata Centre

For more information, please contact:

Manitoba Women's Advisory Council
107 - 175 Carlton Street
Winnipeg, Manitoba
R3C 3H9
Phone: 945-6281 in Winnipeg, or
toll free: 1-800-282-8069. ■

New Job is Apple of Gwen's Eye

After working in the fast food industry as a server and a manager for seven years, Gwen Appel was looking for a career change. When she heard about *Power Up!*, the introductory computer course offered by the Manitoba Women's Directorate, she jumped at the chance to take it. She knew how important computers are in the work force.

Although Appel had used a computer to track inventory and payroll, she wanted to learn other applications. *Power Up!* turned out to be exactly what she needed. The

15-hour course introduced her to word processing, the Internet and e-mail.

"If I can learn this course, I want to go on," she said when she started.

At 31, Appel felt it was "kind of scary going back as an older student," but knew if she could complete this course, she could change careers. After *Power Up!*, Appel enrolled in the year-long Office Technology course at St. Boniface Art and Technology Centre. It covered office programs in depth, everything she needed to know to become an administrative assistant.

Appel parlayed her six-week work experience at Great-West Life Assurance Co. in Winnipeg into a term job that offers additional opportunities. Now in the company's training program, Appel is learning what it takes to be an enrolment processor, entering information for group policies.

"The job is great," she says, "and the company is good to work for." She hopes her experience this year might open the door for more work. "I expect to be able to keep on learning." ■

Women Encouraged to Apply to RHA Boards

The Manitoba Women's Directorate encourages women to apply for positions on Regional Health Authority (RHA) boards.

Although participation by women has increased from 16 per cent to about 40 per cent since 1997, applications from men still significantly outnumber those from women. To ensure women's voices are heard and their priorities noted, more women must participate on RHA boards.

Under the Regional Health Authorities Act, the minister of health appoints directors to each RHA, seeking representation from a broad cross-section of interests, experience and expertise. Directors are selected from nominations elicited from a wide range of individuals and organizations interested in and involved with health services.

The nomination process is open to anyone 18 years of age or older

who does not provide financial, legal or other professional advice for remuneration to the RHA.

Those providing health care services in the region are eligible to apply. This is a change from the early days of regionalization when health care providers were deemed to be in conflict of interest. Since health care workers are predominantly women, this severely limited their opportunities to serve.

Any resident of a health region may nominate an individual, including herself. Nomination forms for appointments are available at local RHA offices and community health facilities. Nomination forms may be submitted directly to the local RHA office or to the minister of health.

Time commitments vary slightly by region but, in general, board membership requires the equivalent of one full day a month. Members also participate in various board committees. Many boards now hold

their monthly meetings in the evening. Board members receive an annual stipend of \$4000 plus \$150 for each meeting they attend and mileage costs.

RHAs assess the needs and priorities for local health care. They also develop and manage an integrated approach to local health care systems. Participation by women is critical because women and men experience life differently in many important aspects. Also, women's roles in families make them aware of all family members' needs. Board participation allows women to bring a perspective to issues that might otherwise not be considered.

Applications to fill vacancies must be received by January 31 each year. Appointments are made the following spring.

For additional information, or to arrange an information session for your community group or organization, contact the Women's Directorate. ■

Programs Update

The Women's Directorate's *Trade Up to Your Future* pre-trades training program for women starts phase three September 28, 2001 at Winnipeg Technical College. The Apprenticeship Branch and the Employment and Training Services Branch of Education and Training worked on the initial pilot, launched in '99, to

encourage women to consider non-traditional careers in the trades industry. There are 25 graduates now employed in well-paying, trades-related industries. An information session on the new phase was held August 29 for interested candidates.

The *Power Up!* computer training program, initiated in April '99, has been a true success. Originally

planned as a two-year program, it was extended a year to accommodate the extensive waiting list. Over 4,100 women have taken advantage of the *Power Up!* courses offered in more than 85 locations throughout Manitoba. The program is winding down now and will not accept any more applications. ■

Congratulations to Women's Health Clinic on Two Decades of Service

Winnipeg Women's Health Clinic (WHC) is celebrating 20 years of leadership in women's health care this year. It is a milestone that clinic founders hardly dreamed possible in 1981, and one of which they can be proud.

"The goal 20 years ago," says clinic executive director (CEO) Barbara Wiktorowicz, "was to try and influence health care providers to recognize the importance of women's health issues."

"We're an advocacy group more than primary care providers," she adds. "We see ourselves as a model influencing other primary health care systems to be more responsive to women."

Since 1981, the clinic has counselled women on issues such as pregnancy, menopause, breast implants and body image. As the

clinic developed, support groups were created to serve endometriosis sufferers, new mothers, pregnant teens and others. Doctors provide individual medical care to some women, mainly teens. Teenage girls, Wiktorowicz says, don't have enough services in the city.

The clinic also dispenses information on such diverse topics as diet, smoking cessation and hormone replacement therapy. As well, it spearheaded the move to license midwives in the province.

In the early days, says Wiktorowicz, the clinic employed two or three staff and counted mainly on volunteers to provide limited medical and counselling services. Today, with a staff of 40 — two doctors, one nurse, various counsellors, researchers and other health professionals — the clinic supports 20 areas of programming and saw 12,000 clients last year alone.

Wiktorowicz says it has been very active in working on factors that determine women's health beyond the medical model — poverty, culture, social supports and education all affect women's health status. While the clinic is justifiably proud of its accomplishments over the past 20 years, there is still much to do, says its CEO.

"We've definitely had an impact on mainstream health care. For instance, Manitoba's health minister has asked all RHA boards to look at women's health issues, and the provincial government has formed a women's health unit now."

These are all steps in the right direction, Wiktorowicz believes, and they bode well for the future of women's health. ■

Repetitive Strain: Give It a Rest

The Workers Compensation Board of Manitoba estimates 48 per cent of the time-loss claims filed in 2000 were for sprain, strain, tears, tendinitis and other soft tissue disorders, that may include repetitive strain injury (RSI). This type of injury takes a toll on the workforce, creates pain for individuals and reduces productivity. Women are often affected, as many work in jobs where RSIs are prevalent.

Current studies show that employees typically affected by RSI

include hairstylists, nurse's aides, retail sales clerks, office workers, cleaners, labourers and meat cutters. RSIs can also result from sport and leisure activities, such as tennis, crocheting, using hand tools or playing musical instruments.

The Canadian Physiotherapy Association, Manitoba Branch, reports RSI often occurs in the hand or arm and applies to several conditions, from carpal tunnel syndrome to tendinitis to specific muscle pain. It is most likely to occur if repetitive movements are combined with awkward postures and exces-

sive force. Other factors include combinations of cold temperatures, vibration, static body positions and sharp or hard objects pressing on a specific body part causing pinching or increased friction.

Preventing, rather than treating these injuries, is seen as a priority. Making physical changes to workstation designs and working conditions — heights, reaches, tool design, variety of tasks — may help. Other preventive measures include frequent posture changes

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In addition to the day nursery, Ross created a free dental clinic, parenting programs, teen programs, nutrition and milk programs, plus group therapy sessions. Social workers were added to the clinic staff. She eventually became executive director of Mount Carmel Clinic.

In the 1960s, Ross started a family planning program that created a 20-year controversy. Abortion and even providing birth control information were illegal then. Ross believed that people who couldn't access needed information or treat-



Anne Ross at the 1982 sod turning of the new Mount Carmel Clinic.

ment paid a high price. The clinic and Ross were victims of several violent attacks in the early 1970s.

Ross's response to the criticism is documented in a book she wrote – *Clinic With a Heart*.

“I was uncomfortable with the role assigned to me of being pro-abortion or pro-choice...My actions were a natural outgrowth of my general philosophy of helping people in need...My view was that the decision to terminate a pregnancy be accompanied by compassionate counselling...I was keenly aware that it was a lonely, heartbreaking decision that inevitably affects a woman forever.”¹

The opening of the clinic was “the greatest moment in my professional life.”

During the 70s, as the clinic continued to grow and expand, it became clear that a larger facility was needed to accommodate the new programs and ensure further development of services. A decade of struggling to acquire funding ensued. Then, in 1981 the provincial government announced the allocation of \$2.25 million for the construction of a new clinic. Ross calls the official opening in September of 1982, “the greatest moment in my professional life.”²

Ross never stopped fighting for the rights of the disadvantaged and the downtrodden. When she retired in 1985, Ross discovered there was a need for a program that would provide support to low-income seniors, allowing them to live longer independently. She lobbied the government for several years to get funding for a three-year demonstration program. This program became AGR Health Services and was later renamed the Anne Ross Health Resource Centre.

“My mother was 82 when the government agreed to fund her project,” says Rizzo. “She was absolutely tenacious. She never gave up.”

Ross has been lauded by many as the vanguard for social and legislative change in health care. Her death in 1998 at the age of 87 signified a great loss for the health care community and advocates for social justice.

In the end, recalls Rizzo, her mother was saddened by the fact that she had not completed everything she'd set out to do.

“There will always be unfinished things,” Rizzo said. “Anne Ross could never finish everything she wanted to do.” ■

¹Anne G. Ross, *Clinic With a Heart*, (Winnipeg, Manitoba: Rinella Printers Ltd., 1998), 2. Ibid.

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while working; taking regular, quick breaks to stretch; and doing upper body strength exercises. Health care professionals or workplace ergonomic specialists can advise on other options to prevent or cure RSI symptoms.

The Canadian Physiotherapists Association says early diagnosis and treatment of RSI is critical to recovery. People must begin to pay attention to signs of RSI, which may include weak grip, burning,

cramping, stiffness, fatigue and/or numbness. Discomfort and pain in arms, hands, wrists or shoulders are also signs. If you have symptoms, seek the advice of a physician, physiotherapist or occupational therapist. In the workplace, talk with your employer or members of your health and safety committee.

The Manitoba Federation of Labour is planning a conference on Women's Occupational Health Issues in May, 2002, and will include at least one session with a specialist on RSI. Dr. Karen

Messing, specialist in women's occupational health issues, will be guest speaker. For more information, call: (204) 949-0811; 1-888-843-1229; e-mail mflohc@mflohc.mb.ca

Manitoba Labour and Immigration publishes a *Worksafe Bulletin* on RSI and offers a free full-day course on office ergonomics and developing a program in the workplace. For details, call: (204) 945-3446; Web site www.gov.mb.ca/labour/safety/index.html ■

Celebrate Women's History Month in October



As part of Women's History Month 2001, the Women's Directorate is presenting a public display — **Women Working for Healthy Communities** — October

2 to 28. It is a tribute to the Manitoba women who have made substantial contributions to women's health or have pioneered the development and delivery of provincial health care services between 1840 and 1975.

The Directorate is working on this project with staff from the Neil John Maclean Health Sciences

Library, University of Manitoba, Ada Ducas, library head and assistant professor, and Janice Linton, Aboriginal health librarian.

You are invited to the display's official launch October 9, 4:00 p.m. to 6:00 p.m., in room 254 at the Legislative Building. For those unable to attend, information will be posted on the Neil John Maclean Health Sciences Library Web site: www.umanitoba.ca/libraries/health

For more information, call the Women's Directorate. ■

ABOUT **Women**

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