



HEALTH GOALS

FOR

BRITISH COLUMBIA WOMEN



**BRITISH
COLUMBIA**

**Ministry of Health and
Ministry Responsible for Seniors**

WOMEN'S HEALTH BUREAU

Copies of this document are available from the
Office of the Provincial Health Officer
BC Ministry of Health and Ministry Responsible for Seniors
3rd Floor, 1810 Blanshard Street
Victoria BC V8V 1X4
Telephone: (250) 952-0876
Fax: (250) 952-0877

This document is also available
on the Ministry of Health
website: <http://www.hlth.gov.bc.ca>

Canadian Cataloguing in Publication Data

British Columbia. Ministry of Health and
Ministry Responsible for Seniors.
Health Goals for British Columbia Women

ISBN 0-7726-3434-3

1. Medical policy - British Columbia.
 2. Medical care - British Columbia.
- I. Title

RA412.5.C3B742 2000 362.1' 09711 C97-960352-8

TABLE OF CONTENTS

Background	3
Health Goals for British Columbia Women	4
How Should the Goals be Used?	6
Goal 1	7
Goal 2	15
Goal 3	23
Goal 4	27
Goal 5	31
Goal 6	37

MESSAGE FROM THE MINISTER

This document marks a new phase in the Health Goals process that began in 1994 and culminated with the approval of *Health Goals for British Columbia* in July 1997. *Health Goals for British Columbia Women* is the first work of its kind and builds on the health goals by adapting them to a specific population.

As the Minister of Health, I am committed to ensuring that the health care system is effective and efficient and that the services that are provided are equitable and appropriate. This means recognizing that we must examine the needs of both women and men and that one approach is not necessarily the best for everyone. The *Health Goals for British Columbia Women* is part of a number of initiatives of the Women's Health Bureau of the Ministry of Health and Ministry Responsible for Seniors that are designed to ensure that women's health is addressed by the health care system in a sensitive and meaningful way.

This document highlights what women think is important to their health and what they expect from a health care system. I encourage you to use this document to work towards implementing changes that enhance women's health and are sensitive to women's unique health care needs.

Mike Farnworth
Minister of Health and
Minister Responsible for Seniors

MESSAGE FROM THE PROVINCIAL HEALTH OFFICER

This document marks the continuation of the process to develop and implement health goals for the province. In July 1997, the provincial government approved *Health Goals for British Columbia*. The goals were developed after an extensive public consultation process and were based on the many factors known to influence a person's health. These "determinants of health" include how we live and work, our personal capacities, skills, and choices, our physical environment, and our health services. The importance of healthy child development, Aboriginal health, and disease and injury prevention are also recognized. This document, *Health Goals for British Columbia Women*, is an innovative work that uses the provincial health goals to address the health of women.

For women to achieve and maintain health, it will be important to re-orient the health system so that it is more responsive to the needs of women. But women's health is much more than access to health services. Women's health involves emotional, social, cultural, spiritual, and physical well-being. A gender approach considers such things as women's rights and responsibilities, the control women have over their lives, their exposure to health risks, and their ability to protect themselves from disease and ill health. Improving the health of women is an important goal in and of itself, and is a means to healthier communities, families, and children.

I hope that this document will assist individuals and groups in taking action to improve women's health. I look forward to seeing the results of this work, and I welcome your questions and continued dialogue as to how to advance the health goals as a tool for achieving the best possible health for the people of British Columbia.

Perry Kendall
MBBS, MSc, FRCPC
Provincial Health Officer

HEALTH GOALS FOR BRITISH COLUMBIA WOMEN

In 1997, the Ministry of Health and Ministry Responsible for Seniors (MOH) approved six generic health goals.¹ The Women's Health Bureau of MOH initiated a collaborative planning process to adapt these generic health goals specifically to the issue of women's health. Participants in the planning process were given three tasks:

- 1) adapt the objectives under the six generic health goals to reflect women's health issues;
- 2) identify what needs to be done in British Columbia to meet these new objectives; and,
- 3) give examples of initiatives and programs that are addressing these issues on a local or regional level.

MISSION: To maintain and improve the health of British Columbia women by enhancing the quality of our lives and minimizing inequalities in their health status.

Why Have Health Goals for Women?

A gendered approach to health planning means examining health issues, including their prevention and treatment, separately for women and men; determining whether different services are appropriate; and planning accordingly. Women's health has traditionally been subsumed under generic health care. But a generic approach to health care is inadequate for understanding women's (and men's) health needs, because women experience health, illness and health care in different ways than men. For example, women live longer than men; but this longer life expectancy brings with it an increase in chronic and degenerative conditions. Women also experience some health issues that are unique as a result of complex reproductive issues. Furthermore, some of the conditions experienced by both genders may present themselves differently for women. For example, cardiovascular disease is the leading cause of death for women but both symptoms and treatment are different for women. In addition, the social context of women's lives, including structural inequalities (e.g., socio-economic status) and social role expectations (e.g., caregiving), greatly influence a woman's health and the strategies available to her for seeking wellness. Women's health is not just about disease, but also about the conditions of women's lives that affect health status. This document is intended to assist health planners in taking a gendered approach to health care.

HEALTH GOALS

FOR BRITISH COLUMBIA WOMEN

GOAL 1 Positive and supportive living and working conditions in all our communities.

The most important influences on women's health are the conditions we experience in our day-to-day lives. Having a safe workplace that supports gender equity, income based on the value of our work, opportunities for advancement, safe communities and adequate, affordable housing significantly enhances our health.

“When we first came to this house, we left the front door open and the little kids up the road would run in and out. Now I wouldn't leave my door open and parents don't let their kids out of their sight.”

GOAL 2 Opportunities for all individuals to develop and maintain the capacities and skills needed to thrive and meet life's challenges and to make choices that enhance health.

Our resistance to physical and mental illness are affected by our ability to cope with the circumstances of our lives, our ability to attain and maintain a secure and healthy environment for ourselves (and our children), opportunities for education and training, the lifestyle choices that we make and the ability to control our lives, including our health-care decisions.

“We both have the same chronic illness, but I'm very active in the community and keep pretty well, whereas she doesn't do anything and is sick all the time.”

GOAL 3 A diverse and sustainable physical environment with clean, healthy and safe air, water and land.

Sustaining a healthy environment is essential to women's long-term physical survival and to our sustained social and economic well-being. The effect of environmental hazards is just beginning to be studied. Much more research needs to be done on the different implications for women and men.

“I've given up smoking, but my sinuses are still blocked. I think it is because my husband still smokes at home.”

GOAL 4 An effective and efficient health service system that provides equitable access to appropriate services.

All women need gender- and culture-sensitive health care that is accessible, regardless of where they live. That health care must be available to women who are caregivers of children, elderly parents or spouses. At the same time, women need health care that does not medicalize natural processes, such as childbirth and menopause, and care that does not substitute drug therapy for sensitive care and lifestyle education. Women need a balanced health care system that takes our concerns seriously without over-medicalizing. Women need accessible gender and culturally sensitive health care.

“I know I should have regular check-ups, but the last time I had a pap test the doctor brought in a student, who was also male. He should have asked me if that was OK, but he didn’t”.

GOAL 5 Improved Health for Aboriginal peoples.

Aboriginal women must be involved in the development of health policy through meaningful participation in provincial and local community health planning. We must address their health concerns as Aboriginal women as well as mothers and caregivers. Health-services planning must consider health holistically across a broad spectrum of provincial and federal jurisdictions because health impacts are often felt more profoundly in Aboriginal communities. For example, environmental contamination of food resources affects the nutrition and health status of women and their families, and poor and overcrowded housing increases the incidence of respiratory infection. The potential for genetic as well as gender differences in response to treatments must be integrated into medical research on high-prevalence illnesses such as cancer, diabetes and arthritis.

“There was a spill at the mine. Now the fish are contaminated and we shouldn’t eat them because of the mercury...but the closest food store is two hours away over logging roads. Sometimes I can’t afford to get into town, let alone buy food...I don’t know what I should do...”

GOAL 6 Reduction of preventable illness, injuries, disabilities and premature deaths.

Many of the chronic and acute conditions, as well as injuries that affect women, can be prevented through educational and health promotion. This goal directs us to create safe, accessible physical and social environments by taking preventative measures.

“My last doctor lectured me about drinking. He never asked about my visits to Emergency for broken bones. He just told me if I didn’t stop boozing, someone would take my kids.”

HOW SHOULD THE GOALS BE USED?

The attached table is intended for government health planners, women-serving organizations, and organizations and ministries who are working toward improving our society. It can be used as a menu from which ideas for action around women's health can be selected. For example, women's organizations can use the table to help generate ideas that could be presented to local health authorities. All social-planning organizations can use the table to encourage other organizations to take action within their frames of reference. It is not assumed that all actions needed are under the jurisdiction of health authorities.

FOR FURTHER INFORMATION:

Province of British Columbia Ministry of Health and Ministry Responsible for Seniors, *Health Goals For British Columbia* (Victoria, BC 1997, December).

Province of British Columbia, Ministry of Health and Ministry Responsible for Seniors. *Provincial Profile of Women's Health: A Statistical Overview of Health Indicators For Women In British Columbia* (Victoria, BC 1999).

Province of British Columbia, Ministry of Health and Ministry Responsible for Seniors. *Report on the Health of British Columbians: Provincial Health Officer's Annual Report 1995 — Feature Report: Women's Health* (Victoria, BC 1995).

Hills, Marcia and Jennifer Mullet. *Women-Centred Care: Working Collaboratively to Develop Gender Inclusive Health Policy* (Victoria, 1998).

Province of British Columbia, Ministry of Health and Ministry Responsible for Seniors. *Women's Health in the Context of Restructuring: Summary Report* (Victoria, BC 1998).

Province of British Columbia, Ministry of Health and Ministry Responsible for Seniors. *Women's Health in the Context of Regionalization: A Selection of Issues* (Victoria, BC 1999).

ⁱ See Province of British Columbia, Ministry of Health and Ministry Responsible for Seniors. *Health Goals for British Columbia*. December 1997. Victoria, B.C.: Queen's Printer.

GOAL 1

**Positive and supportive
living and working conditions
in all our communities.**

EMPLOYMENT OBJECTIVE:

Reduce the concentration of women in lower-paying and lower-status jobs.

What Needs to Be Done

1. Provide employees with **financial supports for education** and training and/or information on such programs in order to
 - encourage women to enrol in educational programs that will lead to higher wages and higher-status jobs;
 - encourage women to enter into non-traditional female occupations such as the trades through industrial apprenticeship and training programs.
2. Encourage **mentoring** — facilitate mentoring relationships between high-status career women in the health care system, and younger women and women in lower-status/paying jobs.
3. Encourage equity:
 - create organizational/management structure that values gender and cultural diversity;
 - create gender/diversity-inclusive employment policies;
 - develop strategies to overcome discrimination.
4. Take a leadership role in promoting **pay equity** (e.g., pay community nurses on par with hospital nurses).

Examples (How it could be done)

- ◆ Examples of government initiatives:
 - training for federal Employment Insurance recipients;
 - education and employment training programs for some recipients of BC Benefits;
 - student loan pay-back policy allowing single parents a longer pay-back period.
- ◆ Women in Trades & Technology offers women education in these fields.
- ◆ Industrial Training and Apprenticeship Commission has a mandate to increase the representation of underrepresented groups (e.g., women).
- ◆ Big Sisters: women volunteer time to mentor younger women and girls.
- ◆ Examples of health authority initiatives (South Fraser Health Region):
 - implemented a diversity policy to enable diverse groups to participate fully at all levels of the organization;
 - implemented “Workplace Education Program” to support entry-level employees who wish to advance in the organization; approximately 30% of those accepted into this program are women.

INCOME OBJECTIVES:

a) Reduce poverty for women living in British Columbia.

What Needs to Be Done

1. **Promote “flexibility”** by allowing women (particularly women with caregiving responsibilities and women with a disability) to work at home and/or flexible hours without a reduction in income or benefits.
2. Accommodate and value the **caregiving role**:
 - **financially compensate** women who fill caregiving roles for elderly or disabled family members.
 - encourage academic institutions and employers to implement **subsidized childcare facilities**.
3. Assist **women who have been out of the workforce** for many years by financially supporting retraining or upgrading programs.
4. Reduce access barriers to employment for women with **disabilities**.
5. Involve more women in the **decision-making** processes dealing with women and poverty.
6. Increase **income assistance** to reflect actual cost of living for single women and women with children.
7. Increase **allowable earnings** for women receiving income assistance or disability benefits.
8. Develop a **comprehensive publicly-funded childcare system**.

Examples (How it could be done)

- ♦ Sunshine Coast Women’s Centre attempting to set up “tele-cottage” centres — common sites where women can access work. System offers some of the infrastructure support and supervision not available to the home-based office.
- ♦ South Fraser Health Region: one hospital has implemented an on-site childcare facility.

INCOME OBJECTIVES continued:

b) Reduce the income gap between women and men.

What Needs to Be Done

1. **Develop** evidence-based material to highlight the **benefits to employers of gender diversity**.
2. **Pro-rated benefits packages** — develop benefit packages that are pro-rated based on the number of hours worked per week, not on the basis of full-time status only.
3. **Restructure pay scales** so that they reflect the value of care provided rather than social status (e.g. childcare is of great social value yet as a profession, childcare workers receive low status and low wages).

Examples (How it could be done)

- ♦ Surrey Women’s Centre provides benefits to staff who work a minimum of 17.5 hours per week.
- ♦ Job-sharing: now occurring for school teachers (usually elementary level) and for loans personnel in some banks.

PARTICIPATION AND SOCIAL INTEGRATION OBJECTIVE:

Increase the safety and security of communities for women throughout BC including

- an increased sense of personal safety and shared responsibility for safe communities; and
- reduced crime and violence against women.

What Needs to Be Done

1. Conduct **community safety audits** and implement recommendations.
2. Support **conflict resolution** opportunities for youth.
3. **Zero tolerance toward violence** against women:
 - strengthen social awareness that violence against women is not acceptable;
 - support stronger penalties against offenders;
 - enforce zero-tolerance violence policy in the work place.

Examples (How it could be done)

- ♦ Women and Disasters: B.C. association of specialized victim assistance and counselling programs.
- ♦ Cowichan Women Against Violence Society: audit of community safety for women.
- ♦ Burnaby Parks and Recreation: Violence Is Never Acceptable committee developed pamphlets for women about safety in the park.
- ♦ Ministry of Women's Equality has a variety of provincial initiatives aimed at reducing violence against women.
- ♦ Ministry of Attorney General has Violence Against Women in Relationships policy committees.
- ♦ South Fraser Health Region implemented the following safety strategies for employees: defensive tactics training, escort systems for hospitals, security inspections of physical environment, on-site security guards and video cameras, and cell phones for some staff members.

HOUSING AND COMMUNITY DESIGN OBJECTIVES:

- a) Increase access to affordable housing that meets the needs of women. Affordable housing should offer a reasonable choice in tenure, building type and location, including
- affordability of home ownership for first-time buyers;
 - sufficient supply of moderately priced rental housing; and
 - affordable and accessible housing options for women with low incomes or other special needs.

What Needs to Be Done

1. Increase supply of **affordable housing** for employed and unemployed women, including seniors, women with children and women with a disability.
2. Increase **shelter options** for women that take into account geographic location, public transportation and adequacy.
3. Include women as advisors with respect to the housing needs of women.
4. Inform women of the *Residential Tenancy Act*.
5. Persuade the Canadian Mortgage and Housing Corporation (CMHC) to resume **funding subsidies for co-op housing**.

Examples (How it could be done)

- ♦ Some municipal governments have collaborated with housing developers to create low-income housing.

HOUSING AND COMMUNITY DESIGN OBJECTIVES continued:

- b) Increase the range of secure housing options and housing stock for women who are homeless or at risk of homelessness.

What Needs to Be Done

1. Increase availability of **emergency and temporary housing** for women leaving unsafe living situations.
2. Increase **subsidized housing** for women with physical and/or mental disabilities.
3. Work to increase **community awareness** of issues for people without homes and of the need for housing .
4. **Update data** on the number of women currently homeless and those facing homelessness.
5. Lobby the justice system to change the laws so that **abusers, not victims, leave the home.**

Examples (How it could be done)

- ♦ Greater Vancouver Mental Health Services Society manages a range of financial supports for those in need of housing.
- ♦ The Kettle Friendship Society assists and supports women in accessing affordable housing and living independently with the help of community-living support workers. Primary focus: “family configuration housing” for women with a mental illness and their children. Both women and children benefit from a more stable living environment and a reduction in separations and stress caused by interruptions because of intermittent hospitalizations due to mental illness.
- ♦ Vancouver Mental Patients Association received funding specifically for housing women who have a mental illness.

HOUSING AND COMMUNITY DESIGN OBJECTIVES continued:

c) Improve and maintain the design of communities to ensure quality of life for women, including

- accessible public places for women;
- affordable, accessible transportation for women;
- appropriate transportation infrastructure, including public transportation; and
- neighborhoods with appropriate access to services and amenities required for health, security and stability, and protection from hazards that harm quality of life.

What Needs to Be Done

1. Increase access to health care in **rural areas** of the province.
2. Encourage **inter-ministerial collaboration** on policy and practice.
3. Improve **neighbourhood lighting**.
4. Increase local **policing** supply – community-based policing.
5. Improve **safety of public transportation** by
 - having buses stop between designated stops during late-night and early-morning hours;
 - having public transportation available at later hours;
 - improving internal bus safety through improved lighting, on-board intercoms and higher staff levels on certain routes at certain times.
6. Increase availability of **Handi-Dart** services.

Examples (How it could be done)

- ♦ Government programs to assist the elderly and the disabled with transportation (e.g., reduced bus fares).
- ♦ Community policing has been implemented in Victoria and many other BC cities.

GOAL 2

**Opportunities for all individuals
to develop and maintain the
capacities and skills needed to thrive
and meet life's challenges and to
make choices that enhance health.**

OBJECTIVES

Establish and/or improve supports for women to ensure that all young children receive the best possible start in life, including

- appropriate pre- and post-natal care;
- effective nurturing and parenting; and
- appropriate early-childhood and adolescent socialization and education.

What Needs to Be Done

1. Offer **parenting skills workshops** for women in isolated or disadvantaged communities.
2. Implement **school lunch programs and nutritional support** for low-income families.
3. Initiate **post-partum depression** support systems.
4. Decrease the rate of **fetal alcohol syndrome**/fetal alcohol effects through increased education and support networks.
5. Address abuse:
 - ensure that support systems are in place to assist children in abusive family environments;
 - improve and increase education for community health-care workers about children and abuse.
6. Seek input from women of **various ethnic groups** on issues of access to health care (e.g., focus groups).
7. Ensure access to financially supported childcare and pre-school programs.
8. Increase the homecare services available to mothers who have disabilities, including those who have episodic mental illness and require short-term hospitalization.

Examples (How it could be done)

- ♦ School Programs:
 - breakfasts offered in some economically depressed areas;
 - some schools allow children to remain on-site after school (supervised).
- ♦ Sheway: Downtown Eastside Vancouver program that assists pregnant women who have substance-abuse issues and their children under the age of 18 months; offers multidisciplinary, comprehensive pre- and post-natal care and social support throughout BC.
- ♦ Burnaby, Lower Mainland programs: Healthy Beginnings, Pregnancy Outreach, Healthiest Babies Possible and Nobody is Perfect Program.
- ♦ South Fraser Health Region implemented a tobacco reduction program, pre-natal outreach programs, Parents and Children Together (PACT) and breast-feeding promotion.

OBJECTIVE

Establish and/or improve accessible, affordable subsidized job training for women (re)entering the workforce.

What Needs to Be Done

1. Ensure that **retraining programs** are providing women the skills needed to succeed in the current labour market.
2. Ensure that **employment re-entry programs** are accessible for women who have been absent from the workforce; (e.g., due to childrearing responsibilities).

Examples (How it could be done)

- ♦ Sunshine Coast Women's Centre originated with the focus of helping women seek employment.

OBJECTIVES

Improve and maintain the skills and relationships BC women need to participate fully in the social, cultural and economic life of the province; through learning opportunities and opportunities to develop

- a sense of personal effectiveness, self-reliance and self-esteem;
- skills for acquiring knowledge, thinking critically, solving problems, making informed decisions, communicating effectively, coping with stress and managing life events;
- awareness of individual rights and a capacity to exercise personal responsibilities as members of society; and
- a commitment to life-long learning.

What Needs to be Done

1. Support communities in offering **language classes** for women who speak English as a secondary language in accessible facilities where women will be most at ease.
2. Ensure that **language interpreters** are available for women seeking health care.
3. Develop a system to work with the **male partners of women in marginalized populations**, to break down cultural barriers that currently prevent those women from attending informational meetings and classes.
4. Link informational classes/courses to health services that are **perceived as legitimate by marginalized groups**.
5. Support **women's centres** that provide many services desired by women.

Examples (How it could be done)

- ♦ Vancouver Status of Women offers many programs for women.
- ♦ Women With Disabilities Health Action Group: ongoing research project. Phase I identified health determinants and barriers to health and well-being for women with disabilities.
- ♦ North Shore Women's Centre offers several informal meetings for women who do not speak English as a first language.

OBJECTIVES

Improve and maintain the skills and capacities of BC women to find productive employment in a competitive labour market, including

- appropriate employment competencies for young and young adult women, developed within a flexible, accessible formal education system; and,
- capacity of women in the workforce to adapt and respond to changes in skill requirements and labour market demands, through access to education and training opportunities throughout adult life.

What Needs to Be Done

1. Encourage female employees to take advantage of **education and skill upgrading programs offered by employers**.
2. Promote the entry of women into **trade and technology programs**.
3. Encourage young women to take academic courses in mathematics and sciences.
4. Improve support for women with disabilities in job search activities (e.g., funding, transportation and job searching skills).

Examples (How it could be done)

- ♦ British Columbia Institute of Technology (BCIT) implemented a system where women can experiment with several different trades over a designated period of time.
- ♦ Women in Trades and Technology (WITTNN) is a organization focused on promoting women in trade and technology programs.

OBJECTIVES

Provide supports to improve the capacity of women for making healthy lifestyle choices to enhance personal well-being and reduce health risks by

- increasing the percentage of BC women who do not smoke;
- reducing the percentage of BC women who abuse alcohol and drugs;
- increasing the percentage of sexually active BC women who participate in healthy relationships and use appropriate contraception and safer sex practices;
- increasing the percentage of BC women who regularly participate in healthy physical activity; and,
- increasing the percentage of BC women who maintain a healthy diet.

What Needs to be Done

1. Increase awareness of **tobacco-related illnesses**, specifically targeting young women to decrease the numbers starting to smoke.
2. Address smoking as a **weight-control** mechanism.
3. Increase women-centred residential **substance-abuse** rehabilitation and detoxification beds/facilities.
4. Ensure that treatment facilities accommodate women's role as **caregivers** for children.
5. Ensure that women do not **lose custody of their children** for seeking help with substance-abuse issues.
6. Establish more youth clinics to educate young women about preventing **sexually-transmitted diseases and HIV/AIDS**.
7. Improve access to **recreational** facilities for low-income women.
8. Provide **medical check-ups** for women without homes.

Examples (How it could be done)

- ◆ Fraser Valley Health Board organized a one-day series of seminars on women's health which focused on issues such as women-centred care, laugh therapy, and incontinence.
- ◆ Kootenay Community Health Services Society project identified local needs, developed a newsletter and communication centres for women's health, sponsored an education/resource day, and developed links with other organizations involved with women and health.
- ◆ North Okanagan established a "wise woman network" and developed forums on mid-life health issues.
- ◆ Northern Interior Regional Health Board project to train and support diverse groups of women in designing and implementing health-education activities appropriate for their peer group.
- ◆ Planned Parenthood Association of B.C.: 40 facilities across BC.
- ◆ Burnaby Parks and Recreation operates a Women's Health Program to increase women's knowledge and awareness.

. . . continued on next page

Examples (continued)

- ◆ Simon Fraser Health Region “To Your Good Health Program” offers community health-education services.
- ◆ South Fraser Health Region initiated a funding process for programs that foster personal responsibility. Sponsored programs include South Asian Women’s Breast Health Initiative and a support group for young women currently or formerly involved in abusive “dating” relationships.
- ◆ Vancouver/Richmond Health Board needle exchange program and mobile health van in the Downtown Eastside.

OBJECTIVES

Improve the capacity for independent living among women requiring assistance with daily activities because of disabilities or limitations in their physical, mental, social or emotional functioning, including

- access to necessary supports and services including recognition of, and supports for, family and other informal caregivers; and,
- capacity to take responsibility for, or participate in, planning and managing personal supports and services.

What Needs to Be Done

1. Increase and improve **homecare** services and supports to make them accessible to elderly women and women living with disabilities.
2. Provide more financial assistance, education and support for **women with a disability**.
3. Improve availability of and access to **respite care** for caregivers.
4. **Include housekeeping and meal preparation in home support.**
5. Increase training locations for **nurses**.
6. **Pay equity** ensuring that nurses providing home care in the community are paid the same as nurses in hospitals.

Examples (How it could be done)

- ◆ Individualized Funding: people in need of ongoing care services are given the funds to organize their own care.
- ◆ Disabled Women’s Network: action-research project aimed at identifying the health-information needs of women with disabilities, and the most appropriate methods of communicating health information to them.
- ◆ South Fraser Health Region: grants for an Alzheimer Resource Centre and a network designed to bring caregivers together to reduce their sense of isolation.
- ◆ Vancouver/ Richmond Hospital Board: offers education courses for caregivers and home-support workers, and supports to attend.

GOAL 3

A diverse and sustainable physical environment with clean, healthy and safe air, water and land.

OBJECTIVE

To strengthen the health of BC women by improving and maintaining air quality throughout the province.

What Needs to Be Done

1. Advocate for more control of **industry and vehicle pollutants**.
2. Ensure that **environmental legislation** takes into account the health impact.
3. Increase **finest** against legislation violators.
4. Increase the level of information released to the general public about **air quality analysis**.

Examples (How it could be done)

- ◆ Air Care programs.
- ◆ Industry officials (e.g., those in decision-making positions) can now be held personally liable for environmental abuses.

OBJECTIVE

To strengthen the health of British Columbia women by improving and maintaining the quality and safety of water throughout the province.

What Needs to Be Done

1. Increase monitoring of **public water-supply system** and enforcement of existing regulations.

OBJECTIVE

Increase knowledge and understanding of the impact of environmental toxins on women's overall and reproductive health.

What Needs to Be Done

1. Support evidence-based research on the impact of **environmental pollutants** on women.
2. Increase funding for evidence-based studies looking at **environmental toxins** and the impacts on women's health.
3. Improve availability of beneficial **indoor and outdoor spaces** for mental and physical well-being.
4. Conduct a **gender analysis** of environmental policies and practices.
5. Devise a mechanism for **communicating to health planners and relevant decision makers** information about the effects of environment on women's health.

Examples (How it could be done)

- ♦ National Level: ongoing research on environmental toxins and their impact on the reproductive cycle.
- ♦ Sheway: Downtown Eastside Vancouver program that supplies bottled water to pregnant homeless or near-homeless women.

OBJECTIVE

To strengthen the quality of food products.

What Needs to be Done

1. Support the production of **organically grown foods**.
2. Ensure accurate **labelling on all food products** sold in Canada and penalize companies who abdicate their responsibility.

GOAL 4

**An effective and efficient
health service system that provides
equitable access to appropriate services.**

OBJECTIVE

Make a commitment to a health system that is based on the principles of universality, accessibility, comprehensiveness, portability and public administration.

What Needs to Be Done

1. Improve access to women's health-care **information**.
2. Improve awareness of available breast- and cervical-cancer **screening programs**.
3. Increase **portable health-care services** to geographically isolated women, and assist women with special needs in remote areas in accessing health services.
4. Ensure that **abortion services** are provided in all geographic regions.
5. Assist the medical community in implementing **women-centred care**.
6. Empower women to become stronger **self-advocates** for their own health care needs.
7. Commit public funding to evaluate **alternative health-care services** (women are the primary consumers of these services).
8. Provide training to all health-care providers on the **needs of women with disabilities**.

Examples (How it could be done)

- ◆ Fraser Valley is working on screening mammography, access to midwifery, access to abortion, responses to violence against women, services for sexually abused women, and transportation barriers faced by women of poverty and women with disabilities.
- ◆ Midwifery: as of January 1, 1998, midwives are fully supported by public funding.
- ◆ Minister's Advisory Council on Women's Health/ Health Association of B.C./ Women's Health Bureau: partnered to educate health authorities, health sector employees, and interested organizations about women's health issues.
- ◆ South Fraser Health Board: strategizing to simplify the process for accessing services (e.g., exploring the concept of "single point of entry").
- ◆ North Shore: working on a system that will help women navigate the health-care system.
- ◆ Vancouver/ Richmond Health Board: Population Health Committees focus on health issues specific to women, lesbian, gay, bisexual and transgendered populations.

OBJECTIVE

Ensure that “accessibility” encompasses factors such as cultural, geographical and economical barriers to women’s health needs.

What Needs to Be Done

1. Provide increased **financial assistance** for people with a disability to access the health-care system.
2. Collaborate with other ministries regarding **transportation**.
3. Ensure that consumer-oriented health information is available in **translated and alternative formats**.

Examples (How it could be done)

- ♦ North Shore: establishing community health centres to meet women’s needs.
- ♦ Simon Fraser: currently reviewing the implications of regionalization for access to health care. These changes have affected women with low income and women with disabilities (e.g., mobility is not always possible and most women cannot accommodate the increased travel costs).
- ♦ Vancouver/ Richmond Health Board has a Women’s Health Advisory Committee to assess the needs of women.
- ♦ South Fraser Health Region: looking at ways to address issues of diversity more effectively (e.g., implementing language services).

OBJECTIVE

Improve access to services that enhance the well-being of women and have proved cost-effective but are not uniformly or consistently used; and decrease utilization of services, technologies and medications that are shown by evidence to be inappropriate, ineffective or over-utilized in dealing with women's health issues.

What Needs to Be Done

1. Increase **evidence-based studies on women's health** to strengthen knowledge of which services and supports are most beneficial and which are harmful or ineffective.
2. Reduce the "**over-medicalization**" of certain women's health issues (e.g., the excessive use of drug therapy for women going through menopause, a natural part of the female life cycle).
3. Educate health-care professionals about **cultural influences** that can be barriers to women seeking health care.
4. Disseminate information on **alternatives to drug therapy** (e.g., exercise for osteoporosis).
5. **Decrease unnecessary surgeries** such as caesarean sections, hysterectomies, and breast augmentation and other cosmetic surgeries.

Examples (How it could be done)

- ◆ Health Canada: initiative to train all Health Canada employees in gender-based analysis.
- ◆ Vancouver/Richmond developed a list of considerations for health centres to use in ensuring that women's needs are considered. Also developed outreach services to improve women's knowledge

in areas such as breast health, pregnancy options and sexual assault (e.g., tele-health).

- ◆ Simon Fraser: working on tobacco-reduction strategy, menopause education for regional health employees and community workers and methods for reducing wait lists.
- ◆ North Shore: working on midwifery implementation, menopause information services and responses to violence against women.
- ◆ Mid-life Health Project: six pilot sites are implementing community-based programs that will involve giving women unbiased information on mid-life health issues (e.g., Williams Lake project is developing a support network and a new women's magazine, Interior Women).
- ◆ Surrey Women's Centre offers menopause workshops and holds monthly menopause-awareness meetings.
- ◆ South Fraser Health Region: strengthening the region's ability to respond to diverse community needs. Future direction includes considering alternative models of promoting health, prevention and treatment.
- ◆ Media Watch monitors media for messages that are harmful to women, including those that promote negative body image.

GOAL 5

Improved health for Aboriginal peoples.

OBJECTIVES

Incorporate traditional cultural aspects of Aboriginal women's lives into health care practices.

What Needs to Be Done

1. Define what culturally **sensitive health care** means to Aboriginal women.
2. Incorporate **traditional healing practices** that are considered appropriate by the Aboriginal women in a given community.
3. Include Aboriginal women in the development of appropriate health care services and ensure their **representation** on local, provincial and federal health boards.
4. Develop **flexible programs and services**.
5. Implement **mandatory culture-sensitivity training** for all medical staff.
6. Ensure that Aboriginal **data is broken down by gender**.

Examples (How it could be done)

- ♦ Vancouver/ Richmond Health Board has an Aboriginal Population Advisory Committee on which women are well represented.

OBJECTIVES

Increase representation of Aboriginal women in health care professions.

What Needs to be Done

1. Improve education levels for Aboriginal women so they have more opportunities to **pursue careers in the health sector**.
2. Encourage young women to enter health professions through an **Aboriginal mentoring program**.
3. Encourage young women to **stay in school**.
4. Provide **training on diversity** to all regional human resource staff.
5. Investigate programs used to **enhance representation of Aboriginal peoples in other professions**. Incorporate successful elements into the health-care system.

Examples (How it could be done)

- ♦ Former UBC program to train Aboriginal teachers proved to be successful.

OBJECTIVE

Improve the health status of Aboriginal women.

What Needs to Be Done

1. Address the **social determinants that contribute to lower health status** among Aboriginal women (e.g., issues of poverty, substance abuse, pay inequity, unemployment, low education status, inadequate housing, family violence, poor diet, smoking and lack of power).

Examples (How it could be done)

- ♦ Capital Health Region set up focus groups of Aboriginal women to identify Aboriginal women's health needs so that services to Aboriginal people can be more culture and gender sensitive.
- ♦ Sheway: 65-70% of program clients are Aboriginal women.

OBJECTIVE

Positive and supportive living and working conditions in all Aboriginal communities.

What Needs to Be Done

1. **Consult Aboriginal women directly** about their health issues; don't presume that generic Aboriginal groups are sensitive to the needs of Aboriginal women.
2. Ensure that **housing** is safe and meets standards required by law.
3. Encourage **networking or mentoring between bands**.

Examples (How it could be done)

- ♦ Vancouver Native Health Society.
- ♦ Aboriginal Friendship Centres.

OBJECTIVE

Opportunities for all Aboriginal women to develop and maintain the capacities and skills needed to thrive and meet life's challenges and to make choices that enhance health.

What Needs to Be Done

1. Implement a system for dispersing information to Aboriginal women who are living in **isolated rural communities** (e.g., educational programs and health-care and health-services information).
2. Encourage and financially support access to **distance education**.

OBJECTIVE

A diverse and sustainable physical environment with clean, healthy and safe air, water and land.

What Needs to Be Done

1. Monitor and control **water quality** more stringently.
2. Address **effects of pollution on traditional Aboriginal foods** (e.g., sewage contamination of shellfish) and explain how this affects women's health.

OBJECTIVE

An effective and efficient health-service system that provides equitable access to appropriate services for Aboriginal women.

What Needs to Be Done

1. Ensure **culturally sensitive service delivery** to encourage Aboriginal women to utilize existing medical care.
2. Review quality of care available to Aboriginal women in **remote areas of the province**.
3. Work with local and provincial health-care providers to ensure awareness of issues such as **sexual abuse and violence against Aboriginal women**. Without sensitive and respectful services and support around these issues, Aboriginal women will not be likely to increase their participation in existing health-care programs and services.

Examples (How it could be done)

- ◆ Vancouver Native Health Clinic.

OBJECTIVE

Reduction of preventable illness, injuries, disabilities and premature deaths among Aboriginal women.

What Needs to Be Done

1. Reduce the rate of **cervical cancer** among Aboriginal women by encouraging regular pap tests.
2. Increase the number of Aboriginal women utilizing **pre-natal care**.
3. Reduce the rate of **breast cancer** among Aboriginal women by encouraging Aboriginal women in all communities to take part in available breast-screening programs.
4. Introduce provincial **trauma intervention and counselling services** for Aboriginal women.

GOAL 6

Reduction of preventable illness, injuries, disabilities and premature deaths.

OBJECTIVE

Reduce cardiovascular disease (CVD) among British Columbia women.

What Needs to Be Done

1. Provide consumer-oriented information on **risk factors for CVD**.
2. Ensure that **diagnostic testing is “gendered,”** since women have gender-specific CVD symptoms.
3. Improve medical practitioners’ knowledge of **women’s symptoms and treatment requirements**.

Examples (How it could be done)

- ♦ The First International Conference on Women, Heart Disease and Stroke was held in Victoria (May 2000). This conference provided groundbreaking research on the difference between women and men in relation to heart disease.
- ♦ Sunshine Coast Women’s Centre: as part of their mid-life project successfully lobbied local recreational facility for corporate membership rates. The women attend as a group to help maintain their motivation.
- ♦ Heart and Stroke Foundation: advertising supplement in magazines specifically directed at women.
- ♦ Kentucky (U.S.) fridge-magnet campaign: put symptoms and information on magnet for visibility and easy access.

OBJECTIVE

Reduce breast cancer, cervical cancer, lung cancer and melanoma skin cancer among British Columbia women.

What Needs to Be Done

1. Increase **education and recruitment** levels for participation in provincial breast- and cervical-cancer screening programs.
2. Increase **public awareness of risk factors and lifestyle choices** associated with these illnesses.

Examples (How it could be done)

- ♦ Many women's organizations are linking with the medical community to educate women about cancer-prevention programs.
- ♦ Mobilizing community groups to take ownership of "recruitment" for breast- and cervical-cancer screening programs.
- ♦ BC Women's Hospital Breast Clinic ensures that women undergoing a mammogram can obtain an accurate diagnosis within one week.
- ♦ Screening Mammography Program B.C. developing aggressive strategy to improve recruitment levels of women over 50, among whom two-thirds of breast cancers occur.
- ♦ Capital Health Region created a breast-health planning group to develop a program proposal for a comprehensive, integrated breast-health service; now developing a women-centred diagnostic mammography centre.

OBJECTIVE

Reduce the level of sexually-transmitted diseases among British Columbia women

What Needs to Be Done

1. Implement **sex-education programs** in all public educational facilities.
2. Ensure women of all ages free access to **condoms**. Promote the availability of the female condom.
3. Develop a **consumer-oriented information system** to inform and educate women (e.g., STDs among adolescent and young adult women).
4. Increase number and availability of **information pamphlets**. Use visual illustrations instead of complex medical terminology.
5. Educate and inform sex-trade workers and other women at high risk about **contracting and transmitting STDs/HIV**.

Examples (How it could be done)

- ♦ Sunshine Coast Women's Centre acts as a public drop-in centre for women; using this opportunity to educate women about STDs. Maintains a continuous supply of free condoms in the washrooms.

OBJECTIVE

Reduce the incidence and impact of chronic disabling conditions on women in British Columbia.

What Needs to be Done

1. Encourage gender-inclusive research on the causes of, and potential treatments for, **chronic diseases**.
2. Educate women about **self-care**.
3. Educate health-care workers about **lifestyle issues** (e.g., fatigue and stress).
4. Ensure that the cost of **disability equipment** is covered for women living on low incomes or receiving income assistance.
5. Make access to **disability benefits** easier for women struggling with chronic disabilities (e.g., those suffering from serious mental illnesses).

OBJECTIVE

Reduce injuries and premature deaths of British Columbia women from interpersonal violence and abuse.

What Needs to Be Done

1. Assist women in becoming more **financially and psychologically independent**, so fewer women will enter or remain in violent relationships.
2. Develop a **meaningful, comprehensive, accountable system of response** to violence against women within the health sector.
3. Improve the health care sector's response to violence against women using a model of respect for and empowerment of women.
4. **Widen the scope of response** among health care providers to encompass more than simply physical injuries (e.g., emotional consequences of violence).
5. Develop a framework for evaluating existing programs to **identify "best practices."**
6. Analyze **policies and practices** that affect women's health (e.g., Ministry for Children & Families, Ministry of Attorney General, Ministry of Women's Equality and Ministry of Health) to determine whether policies conflict or interact with one another, placing women's health and safety at risk.
7. Implement an **inter-ministerial** mechanism for coordination of initiatives related to violence against women (e.g., custody and access issues; pursuit of maintenance and support payments from identified male abusers).
8. Initiate **provincial strategy** on violence against women. All information and communication must be in a variety of languages.

Examples (How it could be done)

- ♦ BC Women's Hospital evaluated sexual-assault services.
- ♦ BC Women's Hospital & Surrey Memorial Hospital: Sexual Assault Nurse Examiner Program implemented to train nurses in counselling and conducting forensic exams of women presenting at hospital emergency rooms after assault.
- ♦ BC Women's Hospital authorized to provide training for regional health workers in responding to domestic violence and sexual assault.
- ♦ Minister's Advisory Council on Women's Health developed a policy paper summarizing the response of the health system to violence against women.
- ♦ Capital Health Region implemented a domestic screening project with related training to identify women with mental health problems who are experiencing violence.
- ♦ Vancouver/Richmond Health Board: part-time staff person to study abuse of seniors. Recommendations will be put forward to health agencies for a coordinated response.

OBJECTIVE

Reduce the negative impact of mental illness on British Columbia women.

What Needs to Be Done

1. Address the **social determinants of mental illness** (e.g., poverty, housing, marginalization, isolation) rather than just the individual pathology of the woman.
2. **Eliminate “ghettoization”** of women with a mental illness—that is, clustering these women in core urban areas without providing adequate treatment, housing or support services.
3. Devise a strategy to contend with **issues of privacy** so that fear of social stigma will not deter women from seeking mental-health care.
4. Involve women and women’s agencies in **planning and evaluating** mental-health services.
5. Provide **sensitivity training** to mental-health professionals regarding the diversity of women (e.g., ethno-cultural ancestry, age, sexual orientation).
6. Educate mental-health care professionals on the **impact of trauma/violence** on the course of mental illness.
7. Encourage the development of women-centred services such as housing and therapeutic settings, that address women’s needs **for safety, privacy and social support**.
8. Include **counselling** as an integral part of mental-health services (e.g., enable women to see psychologists). Women will benefit from more counselling and less drug therapy.
9. Improve access to, and supply of, residential mental health programs.

Examples (How it could be done)

- ♦ Mood Disorders Association of B.C.: helps people suffering from mood disorders and their family members. Goals include reducing the stress of those who have a mood disorder; educating patients, families and the general public about mood disorders; promoting research; and, improving the quality of the health-care response.
- ♦ B.C. Resource Centre for the Elimination of Stigma: Open Mind Media Watch Program. This is a public-education initiative to find ways of reducing the stigma associated with mental illness.
- ♦ B.C. Centre Of Excellence For Women’s Health research project: published a report on women’s mental health in B.C. “Hearing Women’s Voices,” Mental Health Care for Women – including policy recommendations.

OBJECTIVE

Reduce the rate of actual and attempted suicide among British Columbia women.

What Needs to Be Done

1. Improve mechanisms to **identify women at risk**.
2. Reduce **wait lists** for assistance.
3. Focus on the **social determinants of suicide** (e.g., women and violence, substance abuse and poverty).
4. Increase **counselling services** available to women in rural and urban areas of the province (e.g., crisis centres and trauma programs).

Examples (How it could be done)

- ♦ SAFER: crisis-oriented service.