

Fertile Ground, Healthy Harvest

A Decade of the Prairie Women's Health Centre of Excellence

Alex Merrill



centres of excellence
for WOMEN'S HEALTH

centres d'excellence
pour LA SANTÉ DES FEMMES

PRAIRIE WOMEN'S HEALTH

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Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Contribution Program of Health Canada. PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. The views expressed herein do not necessarily represent the official policy of the PWHCE or Health Canada.

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Acknowledgements

Throughout *Fertile Ground, Healthy Harvest* are selected photos and words by women from Winnipeg and Saskatoon. These are works from two PhotoVoice projects funded by PWHCE.

PhotoVoice is a participatory action research method pioneered by Carolyn Wang.¹

PhotoVoice is a process that enables community members to produce photographs to document their experience. The photographs become the basis for group discussion of community issues and concerns. The photographs and words become tools for social change, by providing resources to raise consciousness and influence policymakers.

We thank the women who have so graciously shared their work.

1. Photovoice is a process by which people can identify, represent, and enhance their community through a specific photographic technique. It entrusts cameras to the hands of people to enable them to act as recorders, and potential catalysts for social action and change, in their own communities. It uses the immediacy of the visual image and accompanying stories to furnish evidence and to promote an effective, participatory means of sharing expertise to create healthful public policy. The photovoice concept was developed by Caroline C. Wang and Mary Ann Burris <http://www.photovoice.com>

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Message from Chair and Executive Director

It is with great pleasure that we introduce this 10-year retrospective from Prairie Women's Health Centre of Excellence.

PWHCE began as the dream of a core group of dedicated women in Saskatchewan and Manitoba. The women wished to respond to a federal call for proposals for a Centre whose work would improve the health of women and girls, with a submission that would uniquely represent the needs and circumstances in these two Prairie Provinces: women who often seem to be skipped over in other federal and national representations.

The initial collaboration across the two provinces, and our continued fulfillment of that vision, are a point of pride at PWHCE. In the past 10 years we have consistently been supported by our six founding agencies: three in Saskatchewan and three in Manitoba. The Board of Directors has 18 members: half from Saskatchewan, half from Manitoba; half are academics and half are non-academics (with two *ex officio*, one from each provincial government). We have staff in offices in both provinces, and we are hosted by universities in both as well.

PWHCE has also consistently upheld our commitment to be responsive to the larger community of women who live here, even as we ensure appropriate accountability to our federal program of funding. This commitment has allowed for the evolution of an *extra-ordinary* program of research, policy and communications that is deeply-rooted in the every day circumstances of ordinary women. The networks that include PWHCE and our associates and colleagues help ground us in what women truly need to improve their health: through new research, through policy advice and development, and through the communication and exchange of information.

Our five-year retrospective, *Seeds of Change*, recorded the growth from establishing a brand new Centre of Excellence and working through early ways of operating, to the Board's Strategic Planning Session in the Spring of 2002 which established our current format and focus. Five years later, *Fertile Ground, Healthy Harvest* is a record of the fruition of the Plan, celebrating our success and accomplishments, and our plans for planting new seeds in the seasons ahead.

We see, for instance, how our focus in four main areas allows us to truly develop expertise, continue to cultivate our relationships and alliances, and remain true to the women who live here. PWHCE has grown. The seeds took root and flourished. Through rigorous and credible work, PWHCE is seen as a leading expert in health issues for Aboriginal women, women living in poverty, rural, remote and northern women, and gender-based analysis across Canada, as well as internationally.

We thank you for helping us celebrate 10 successful years at PWHCE. Our special thanks go to the many past Board members and staff who have helped to shape PWHCE over the years, and to the Women's Health Contribution Program which provides our core funds. We hope you will all join PWHCE in the 10 years to come.

Lilliane Sabiston, Board Chair

Margaret Haworth-Brockman, Executive Director

Prairie Women's Health Centre of Excellence in numbers

Projects supported - over 150

Seed grants - 17

Reports - 71

Pamphlets and posters - 42

Policy briefs - 45

Face sheets - 33

Students - over 15

Grant applications - 22

Key meetings with government and civil servants - 60



The stronger the better, you get the first pick...Here the big birds fly high, have more strength because they did not have to fight for food. You should not have to be stronger or better to get something to eat or fly high.

L.M. Champagne 2005

CHAPTER 1 ONE

Planting Seeds of Change

An exciting new era for women in Canada began in 1995, when the federal government announced Prairie Women's Health Centre of Excellence and other Centres of Excellence for Women's Health, now collectively called the Women's Health Contribution Program, as part of a national strategy to address women's health.

Prairie Women's Health Centre of Excellence came together over the next two years, after a consortium of women's health advocacy groups in Manitoba and Saskatchewan coordinated the planning and vision that shaped the prairie submission. The proposal for PWHCE received approval in 1996, and operations began in the spring of 1997.

From the beginning, PWHCE has emphasized innovative approaches to research, including:

- promoting partnerships between representatives and researchers in the community and in universities and other institutions,
- developing close links to policymakers, and
- promoting community-based research methods.

During our first nine years, PWHCE had three program offices, hosted by and housed at the University of Saskatchewan in Saskatoon, the University of Regina, and the University of Winnipeg, our administrative centre. In 2006, we expanded by opening a fourth site at the University of Regina campus in Prince Albert.

Our mission

The mission of the Prairie Women's Health Centre of Excellence is to improve women's and girls' health through high quality women-centred, action-oriented research and policy analysis. The Centre supports and fosters research designed to increase knowledge of the factors that influence women's and girls' health and well-being. Building on this research and analysis, the Centre develops gender-sensitive policy and program recommendations that promote women's and girls' health.

PWHCE's Partners in the Women's Health Contribution Program

- Aboriginal Women's Health and Healing Research Group
- Atlantic Centre of Excellence for Women's Health
- BC Centre of Excellence for Women's Health
- Canadian Women's Health Network
- National Network on Environments & Women's Health
- Women and Health Care Reform Group
- Women and Health Protection Group

Founding Members of PWHCE

PWHCE is based on a formal partnership among six founding members:

- Fédération provinciale des francsaskoises,
- Prairie Region Health Promotion Research Centre, University of Saskatchewan
- University of Regina
- University of Manitoba
- University of Winnipeg
- Women's Health Clinic (Winnipeg)

How we are governed

PWHCE has enjoyed considerable stability in Board membership over our ten years. With this continuity and the dedication of our members, we have been able to pursue our mandate consistently.

PWHCE is governed by a policy board with input from a number of advisory committees. Membership on these governing structures represents the Centre's six signatory partner organizations, as well as women reflecting a wide range of interests of Saskatchewan and Manitoba women - including the academic, community, and policy sectors. A number of Board positions are designated to be filled by rural, Aboriginal, northern, senior, and immigrant women. One-third of our current board members are Aboriginal women.

Our committee structure has evolved to reflect the Centre's directions and challenges.

- The *Executive Committee* provides ongoing leadership.
- The *Research Advisory Committee* makes recommendations on ongoing and new research.
- The *Policy Strategy Committee* makes recommendations for ongoing and new policies for government as well as service providers.
- The *Sustainability Committee* pursues alternate funding sources and research models for the Centre beyond the funding commitments of Board members and the Bureau of Women's Health & Gender Analysis.

We thank all the dedicated women who have served on PWHCE's board over the years, giving of their considerable time, wisdom and talents to further Prairie women's health research and policy.

Our program

Our approach to supporting research capacity and knowledge generation has evolved since 1997, as we have responded to changing needs. In the early days, we hosted four capacity-building workshops to discuss community-academic partnerships and to orient new researchers to PWHCE research requirements and processes. Teams formed from these workshops and submitted research proposals, several of which PWHCE funded.

We also funded background work to formulate research questions using developmental or seed grants. Calls for proposals went out in our first three years, reflecting research themes established by PWHCE's Theme Advisory Groups of the time.

More recently, commissioned work has been, and remains, our preferred research funding mechanism, because it provides more opportunities to focus our agenda and to build a cohesive body of research.

Strategic planning in 2002 helped to reshape the program and solidified the commitment of the board for PWHCE to invest more in policy advice and communications roles. This means that where policy opportunities arise, from grassroots to provincial and federal levels, PWHCE brings together existing relevant evidence to inform decisions that can improve women's and girl's health.

Administration

PWHCE's dedicated staff have been integral to the Centre's success. With four program offices and seven staff, we have been able to ensure an ongoing presence at all program sites and to capitalize on existing expertise in both Manitoba and Saskatchewan.

Our staffing is complemented by colleagues, associates and contract workers, as required for work on specific projects.

We extend our deep appreciation to all of those who have worked with us over the years carrying out the Centre's mission and making a difference in women's lives.

"I first got involved in PWHCE early in its development. I sat on the Board in 1998, and joined the staff shortly after, leaving in 2000. I came back on the Board in 2005. What I have valued most about my time with PWHCE is the coming together of feminists who are working to change the world in so many arenas.

"As part of PWHCE I had the chance to work with women who have broken down barriers in the academic community, women who are working hard to deliver front-line services in the community, and women who struggle every day to keep themselves and their families healthy. Bringing all these perspectives together to do research and change policy has been one of PWHCE's true achievements. Congratulations on 10 years!"

Jennifer Howard
MLA, Manitoba (Fort Rouge)

PWHCE has supported over 150 projects dealing with:

- Rural and remote women's health
- Aboriginal women's health
- Women with low income
- Women, gender and health
- Health reform
- Health of immigrant women
- Health of informal caregivers
- Lesbian health
- Older women's health
- Women's mental health
- Women, violence and abuse
- Women-centred health programs and services



I hope that we would all, as women, do something positive so that the children will rise up to be strong eagles. Right now, she's a bald eagle, but she will have feathers. Yep, she's a little bald eagle, but one day she will be an eagle and she will fly and carry on the work that I've started.

Suzanne McLeod-Chartrand 2005

CHAPTER 2 TWO

Working In and With Communities

Women’s health has always been a community matter. Women work together to heal and protect the health of ourselves and those around us. We teach and learn from each other what works and what does not. We pass on this growing body of knowledge so that it may be used to nourish our communities.

From the outset, PWHCE has embraced this same community-based approach in all aspects of our work. We have fostered strong partnerships with communities to identify research needs, to carry out our research and to ensure that the knowledge generated reaches those communities. This approach has had implications that have extended well beyond supporting single research projects, to working with communities who are organizing to address local health issues, as well as advocating for policy that responds to women’s needs.

Investing in relationships

Fruitful academic/community partnerships take time and attention to grow and flourish. PWHCE has invested and continues to invest the resources necessary to foster these relationships so that research and policy can emerge from community needs.

Over the years, PWHCE has hosted numerous community workshops in Manitoba and Saskatchewan to bring researchers, community groups and policy-makers together. In this way, we have supported work that has led to policy change on a wide array of issues, including mid-wifery, poverty and women’s health, mental health, and gender in health planning. Our collaborative approach has ensured that women’s health research continues to arise out of grassroots needs and reaches and remains on policy-makers’ agendas.

“PWHCE has worked hard to build positive and productive relationships with Aboriginal women and their representative organizations, through its Aboriginal women specific research, policy initiatives and networking. Ka Ni Kanichihk values its relationship with PWHCE. As a member of the Family Court Diversion Project Steering Committee, PWHCE has generously shared its insight, experience and knowledge in participatory, community-based research models and practice.

“Ka Ni Kanichihk toasts the many accomplishments of PWHCE and looks forward to working with it to continue the critical work of improving women’s health.”

Leslie Spillett,
Executive Director
Ka Ni Kanichihk, Winnipeg

Collaborating across Canada and around the world

Over the past decade, PWHCE has developed a solid reputation for working collaboratively. PWHCE program staff are part of other community group committees. PWHCE also enjoys good working relationships with local and provincial governments, and ministerial and federal/provincial/territorial advisory groups. PWHCE is frequently invited to participate in local, regional and provincial advisory committees to lend expertise to a wide variety of research projects and processes on women's health. Our participation in national forums brings issues for prairie women to national attention.

Collaboration with other Centres of Excellence in Women's Health and related partners is fundamental to PWHCE's work. PWHCE teamed with the National Networks on Environments and Women's Health (NNEWH) on the study, *Rural Remote and Northern Women's Health: Research and Policy Directions* (Sutherns, McPhedran, Haworth-Brockman) and other related work, which led to an invitation to PWHCE to participate in a current project, the first multi-site economic and psycho-social explorations of the effects of the bovine spongiform encephalitis (mad cow disease) crisis on farm families in Canada.

PWHCE and the British Columbia Centre of Women's Health (BCCEWH) have worked together on maternity and primary care issues. PWHCE has been sharing its work in women's health indicators with the BCCEWH in their related work on gender data directories. The Atlantic Centre of Excellence in Women's Health and PWHCE have partnered to bring a gender-based analysis (GBA) to HIV research, policy and programming. That work led to our collaboration with the University of Winnipeg Global College – 2007 Summer Institute in Infectious Diseases II.

“Our work at ACEWH has been informed and improved as a result of working closely with PWHCE on a number of projects. Whether conducting research with lone mothers, developing training materials on gender and HIV/AIDS, or working together to adapt a Gender and Health Planning Guide for use in Atlantic Canada, our Centre has benefited enormously from the perspectives and the products that PWHCE brings to the work of understanding and improving women's health in Canada.”

Barbara Clow
Executive Director, Atlantic Centre of Excellence for Women's Health

PWHCE has always been a member of the national Women and Health Care Reform Group, participating in work on women and home care, health care reform, and producing evidence-based policy direction as well as plain language materials on issues fundamentally important for women and health policy.

Dissemination of our research results is of key importance to PWHCE's mission. To this end, we collaborate with the Canadian Women's Health Network to produce the Centres' of Excellence in Women's Health *Research Bulletin*. We also work with CWHN to produce other materials and to organize workshops and other means of ensuring that the growing body of research produced by the Prairie and all Centres of Excellence reaches policy-makers, women's health organizations and individuals with an interest in women's health.

PWHCE's influence has grown significantly since 1997, and now extends well beyond Canada to the international sphere, including ties with colleagues in the Scottish Executive, Women's Health Victoria in Australia, Human Sciences Research Council (South Africa) and the WHO Kobe Centre (Japan).

For example, in 2005, we embarked on a two-year project to profile the health of the women in Manitoba. The Manitoba Women's Health Profile is a collaboration, with funding provided by Health Canada, Manitoba Health and the Bureau of Women's Health and Gender Analysis. Our work on this health indicator project garnered the attention of the World Health Organization, which funded PWHCE to test a set of international health indicators (*Manitoba Field Testing of Gender-Sensitive Core Set of Leading Health Indicators*).

We look forward to many more fruitful collaborations as we contribute to the world's growing understanding of women's and girls' health.

PWHCE and the Aboriginal Women's Health and Healing Research Group (AWHHRG)

PWHCE has been involved with AWHHRG since the group first met in 2001. AWHHRG is a national network of First Nations, Métis and Inuit women interested in community-based research focused on the health of Aboriginal women, their families and communities.

PWHCE acted as an interim host organization when AWHHRG formed, and continues to provide administrative, logistical and financial support to the network. AWHHRG plays an important role in Canada for securing public influence and improving services for Aboriginal women in Canada.



It's Like You're Handicapped

This is a picture of my daughter's prosthetic limb. It helps her overcome her limitations. When you're living in poverty it is like you are handicapped because there are so many restrictions, so many limitations. Someone can go in the store and buy a magazine or a shirt that they need for their kid. They can go ahead and buy it, but you can't, because you have to think about other things. You have to think, 'Well, if I buy that, then I can't pay my phone bill. If I buy that, then I can't get this for my kid.' You're always shortchanging. Sometimes my daughter needs something at school—a book fair or school function. She can't go or participate because I had to buy Pampers or wipes for the baby instead.

Elaine Gamble, 2006

CHAPTER 3 THREE

Gathering Knowledge and Using it Well

Prairie Women's Health Centre of Excellence has had significant and far-reaching impacts over the past decade on the field of women's health research and on health policy. We have investigated a wide range of topics that affect prairie women and girls, while earning regional, national and international respect for our work.

What follow are but a few highlights of PWHCE's work since 1997 in these four program areas:

- Aboriginal women's health
- Women, poverty and health
- Health of women living in rural, remote & northern communities
- Gender and health planning

Aboriginal women's health

When we at PWHCE set out on our journey in 1997, the area of Aboriginal women's health research was relatively new. Over this decade, we have not only supported the exploration of many new questions, but we have also helped to develop and promote the use of Indigenous research methods, protocols and ethics which continue to be valuable tools for Aboriginal research.

Our approach has been to facilitate and support community and partners working to understand the health and health issues of Aboriginal women. This process has helped to provide space and time for Aboriginal women to identify research ideas that could contribute to Aboriginal women's physical, emotional, mental and spiritual well-being.

Some of PWHCE's partners in Aboriginal women's health research

- Aboriginal Governance Program, University of Winnipeg
- Assembly of Manitoba Chiefs
- Buffalo Narrows Women's Committee
- First Nations Inuit Health Branch
- Indigenous Peoples Health Research Centre
- Joe Duquette High School
- Ka Ni Kanichihk
- Mother of Red Nations
- Manitoba Keewatinook Ininew Okimowin
- Native Women's Transition Centre
- North Point Douglas Women's Resource Centre
- Saskatoon Aboriginal Women's Health Research Committee

“PWHCE has made some significant contributions to the Aboriginal community by addressing issues impacting Aboriginal women. PWHCE have become culturally astute and respectful in the way they have chosen to engage Aboriginal people and Aboriginal communities in the participatory research process. They have also demonstrated their respect for the value of Indigenous knowledge and life experiences that have impacted and shaped our lives. Their research has documented some of our stories and given life to some of our voices. Megwetch, Ekosi.”

Cynthia Bird
Consultant

Developing Indigenous research methods

By supporting the development and use of Indigenous research methods, protocols and ethics, PWHCE has helped to change how Aboriginal women’s health research is carried out.

For example, PWHCE worked with the Saskatoon Aboriginal Women's Health Research Committee to develop ethical guidelines as a critical part of the research process to carry out the project, *Naspici Miyomahcihowin: Continuous Good Health*. These guidelines were also adopted for the project, *Living Well: Aboriginal Women, Cultural Identity and Wellness* (Wilson) and are now used for all research projects PWHCE engages in with Aboriginal communities.

Over the past five years, we have supported and co-hosted three community-based research workshops in Manitoba and Saskatchewan to explore Aboriginal women’s health topics. This method of involving community members in the design, direction, research, analysis and conclusions was important for the women involved and for furthering knowledge of indigenized community-based research.

Asking new questions

Much of the research PWHCE has supported on Aboriginal women’s health has dealt with new questions and has given us valuable new understandings. Our work in this area has also had considerable impact on public policy as it affects Aboriginal women’s health.

For example, for *Living Well: Aboriginal Women, Cultural Identity and Wellness* (Wilson), community researchers asked “How do Aboriginal women in Manitoba retain and draw upon cultural identity, values, teachings and knowledge to heal themselves, their families and their communities?” This study found that traditional understandings of health and wellness in Manitoba’s Aboriginal communities are distinctly different from understandings that have conventionally prevailed in most of the province’s health care institutions. *Living Well* resulted in a conceptual model of wellness for Aboriginal women to be used to guide other research in Aboriginal communities:

“The Aboriginal women who participated in this research project take care of their health and wellness by attending to and maintaining balance between all aspects - physical, mental, emotional and spiritual - of their being. The women's identities are inseparable from their family, history, community, place and spirituality, and understood in the context of their whole lives” (Alex Wilson, 2004).

Following-up on the *Living Well* report, PWHCE produced policy briefs, plain language brochures and a widely distributed full-colour poster. Most importantly, the study led to government action, as Manitoba Health has adopted the findings in the provincial Aboriginal Health Strategy.

In other work, we have questioned how our health system could better serve Aboriginal women. For *Naspici Miyomahcihowin - Continuous Good Health*, researchers invited Aboriginal women in the Saskatoon community to focus groups and individual interviews to explore their health needs and their visions for the kinds of health services that could meet those needs. The final report was recognized by the Chiefs of the Urban Reserve in Saskatoon and the Saskatoon Regional Health Authority. The Saskatoon Aboriginal Women's Health Research Committee continues to work toward realizing a key recommendation of the report to establish an Aboriginal Women's Health Centre in Saskatoon.

Establishing good governance in Aboriginal women's health research

Over the past decade, PWHCE has played a key role in supporting Aboriginal women who are carrying out health research in their communities.

PWHCE was a member of the Research Synthesis Group of the Centres of Excellence for Women's Health. In 2000, the Group identified Aboriginal women's health research as a priority and commissioned a paper to "capture the cumulative knowledge and experience generated through Centre activities in the area of Aboriginal women's health, as a basis upon which to establish directions for future work in this area."

The resulting paper, *Aboriginal Women's Health Research Synthesis Project* (Dion Stout et al.), led to the establishment in 2003 of the Aboriginal Women's Health and Healing Research Group (AWHHRG). For over four years, PWHCE has offered administrative, logistic and financial support to the development of the AWHHRG. We look forward to continued collaboration with the AWHHRG in the years ahead.

"The support that I have received from PWHCE is phenomenal. My academic career has advanced considerably by my association with PWHCE.

"I am thankful for PWHCE's commitment to the advancement of research pertaining to Aboriginal women's health and wellness and to their commitment to encouraging Aboriginal research methodologies."

Kathy M. Bent
Researcher, PhD Candidate

Helping researchers understand the issues

A major issue for researchers in this field has been understanding health care entitlements for Aboriginal women. There are substantial differences in access to health care services based on treaty and historical entitlements and related government jurisdictions. PWHCE has explored this issue in *Entitlements and Health Services for First Nations and Métis Women in Manitoba and Saskatchewan*. By clarifying these entitlements, PWHCE has created another tool for carrying out effective research in Aboriginal communities.

Some of PWHCE's community partners working on women's health and poverty

- Canadian Centre for Policy Alternatives
- Equal Justice for All
- Family Resource Centres
- Gender Budget Coalition in Manitoba
- Just Income Coalition
- North End Women's Centre
- Provincial Council of Women (MB)
- Regina Antipoverty Ministry
- Saskatoon Antipoverty Coalition
- Social Planning Council of Winnipeg
- United Nations Provincial Action Committee (UNPAC)
- University of Winnipeg
- West Central Women's Resource Centre
- Women's Health Clinic
- Women's Resource Centres

Women, poverty and health

PWHCE has supported and conducted 10 years of research documenting women's experience of poverty and poverty as an essential indicator of the health of women and girls. We partner with many community-based organizations who share our goal of improving women's health by reducing women's poverty.

Working with these agencies and grassroots organizations as well as various universities, we have supported several projects designed to increase knowledge of the links between public policies, women's experiences of poverty and women's health. Our work with and in the community has been instrumental in bringing the voices and experiences of low-income women to the attention of policy-makers and other community members. Through our partnerships, we hope to raise public awareness and broaden the base of support for progressive policy alternatives.

Critiquing social assistance policy in Saskatchewan and Manitoba

In 2004, we published two reports examining income assistance policies in Saskatchewan and Manitoba and their effects on women's health: *Don't We Count As People: Saskatchewan Social Welfare Policy and Women's Health* (Kerr, Frost, et al.), and *Surviving on Hope is Not Enough: Women's Health, Poverty, Justice and Income Support in Manitoba* (Wiebe, Keirstead). These two studies brought forward the voices and perspectives of those most directly affected by income assistance policies. The women's descriptions of their experiences revealed the inadequacy of income assistance benefits and the harmful effects on their physical and emotional health.

The researchers involved with *Don't We Count as People* went on to form a group which continues to raise awareness of the effects of income assistance on women's health, and to advocate for policy change.

By providing a powerful critique of income assistance policies from the perspectives of women living on welfare, this research helped bridge the enormous gap between those who make policy and those who must live with the consequences.

Using innovative tools for understanding poverty and health

In fall 2005, PWHCE began work on two innovative projects with low-income women in Winnipeg and Saskatoon. PWHCE partnered with Winnipeg's North End Women's Centre and with the Saskatoon Anti-poverty Coalition to produce *PhotoVoice: Low Income Women Speak Out*. These photo displays, released in 2006, provided an opportunity for women living in poverty to express their concerns and make recommendations for change in their own words and photographs. *PhotoVoice* has also provided an effective tool for raising public awareness and influencing policy-makers.

The response from other communities to *PhotoVoice* has been strong. Community groups in Prince Albert and Regina have recently approached PWHCE for support and advice on carrying out similar projects in those cities.

Continuing to seek ways to improve low-income women's health

PWHCE continues to seek opportunities to effect policy change on poverty and women's health issues. Recently we co-sponsored the conference, "Economic Security for All in Saskatchewan", supported presenters from the Saskatoon PhotoVoice project and convened a panel on rural women's poverty. As well, we are investigating how to collaborate with the Atlantic Centre of Excellence in Women's Health in their work on social and economic inclusion. Together, PWHCE and ACEWH can speak of women's poverty in six provinces.

"The Prairie Women's Health Centre of Excellence has contributed significantly to the Poverty is Hazardous to Women's Health Project of the Women's Health Clinic. Their extensive research and analysis continues to reveal important areas of gender differences in health services and policy determination.

"Because PWHCE operates from a community basis, the relevance of their work is enhanced and is meaningful to women's lives."

Gail Watson
Coordinator, Poverty is Hazardous to Women's Health Project
Women's Health Clinic
(Winnipeg)

"The partnership developed with Prairie Women's Health Centre of Excellence has contributed to research excellence in the area of policy and program directions for low income women with children. This empowering experience has benefited research participants, graduate students and investigators. Gratitude is expressed to Margaret Haworth-Brockman, Executive Director, Prairie Women's Health Centre of Excellence."

Lynn Scruby RN PhD
Faculty of Nursing, University of Manitoba

Some of PWHCE's
partners in rural and remote
women's health research

- Burntwood RHA
- Central RHA
- Fort Qu'appelle RHA
- Manitoba Women's Advisory Council
- New Rural Economy
- Rural Maternity Care Research Team (BC)
- RWICS (Rural Women's Issues Committee of Saskatchewan)
- South Eastman RHA
- South Westman RHA
- SWAN (Saskatchewan Women's Agricultural Network)
- Universities of Ottawa, Calgary, McMaster, Guelph and Memorial
- Well-Connected (Rural Health Authority Central)

Health of women living in rural, remote and northern communities

Living in a rural, remote or northern Canada area has many influences on women's health – yet, until recently, little research has been done on this topic. Over the past several years, PWHCE has partnered with women in rural and remote communities on a number of research projects. Our strong links with the Manitoba and Saskatchewan governments have helped to translate this research into better health planning for women in these areas. Our work on this topic has also extended beyond the Prairies to Pan-Canadian collaborations to deal with issues such as the health of farm women and mental health in rural and remote communities.

Participating in Pan-Canadian investigations

In 2004, the Centres of Excellence for Women's Health released the results of an unprecedented two-year national research study on the health of women living in rural, remote and northern Canada. PWHCE adapted *Rural, Remote and Northern Women's Health: Policy and Research Directions* (Sutherns, et al.) in a Community Kit that has received accolades as an example of health literacy. The report has also been cited across the country as it provides a comprehensive examination of rural women's health issues, and portions are included in the 2007 volume of *Research in the Sociology of Health Care*.

Following our work on *Rural, Remote and Northern Women's Health*, PWHCE was invited to participate in *A Cohort Study of the Impact of Prion Disease on Farm Family Community Health*. This project, to conclude in 2008, is the first multi-site economic and psychosocial explorations of the effects of the bovine spongiform encephalitis (mad cow Disease) crisis on farm families in Canada.

As an initial stage of this study, PWHCE conducted *Bovine Spongiform Encephalitis (BSE): An Annotated Review of International Literature*. The findings of *the cohort study* will be incorporated in federal risk management strategies.

Improving health planning by and for rural women

PWHCE followed up on the Rural, Remote and Northern Women's Health report with two Rural Women's Health Workshops in Young, Saskatchewan. Women at the workshops reviewed the national study recommendations and determined what issues were particularly relevant for them in their communities. They envisioned what their communities would look like if the issues were resolved and identified actions to start achieving those visions.

Participants at the two workshops formed the Rural Women's Issues Committee of Saskatchewan to organize further opportunities for women to meet and discuss the well-being of themselves and their communities.

RWICS has, to date, conducted seven additional meetings or workshops in Saskatchewan, to followup on action steps from the initial report and first workshops, and to network with individuals and organizations concerned with rural women. A provincial forum was held in November 2006 to further the recommendations of the workshop participants to policy-makers.

PWHCE has also worked extensively in rural Manitoba to give voice to rural women's concerns. For the project, *Women and Health: Experiences in a Rural Regional Health Authority* (Roberts, Falk), researchers worked with community groups to find and interview 173 women in the South Eastman region. Researchers found a strong need for gender-analysis in all aspects of health planning for the local rural health authority, a finding that can be applied to other rural health authorities in the province.

"PWHCE has made a significant difference in the lives of rural women. Often rural women feel left out in any discussion of policies affecting their health, but it is clear that PWHCE wants their voices to be heard. The recommendations resulting from a study on *Women and Health: Experiences in a Rural Health Authority* led women in the Eastman RHA to find ways to respond to the concerns expressed by women in their region. This research project is a model for other rural RHAs to follow."

Barb Toews
Kane, Manitoba

Improving mental health services for rural women

PWHCE-sponsored research into rural women and mental health issues has led to significant changes in and focussed public attention on mental health services in the Prairies and throughout Canada. For example:

Domestic Violence and the experiences of Rural Women of East Central Saskatchewan (Martz, Saraurer) explored rural women's experiences of family violence and their need for services and support, as rural women in East Central Saskatchewan experience family violence in significant numbers. This report was adopted by the Saskatchewan health authorities for immediate changes in mental health services intake in rural Saskatchewan.

Rural and Remote Women's Health and the Kirby-Keon Report on Mental Health. A Preliminary Gender-Place Analysis (Whyte, Havelock) detailed several steps to guide the process of improving health services and the living situation of women with mental illness living in rural and remote areas in Canada. This report has generated considerable interest in the media and among mental health agencies.

Some of PWHCE's partners in Gender and Health Planning

- Atlantic Centre of Excellence in Women's Health
- British Columbia Centre of Excellence for Women's Health
- Bureau of Women's Health and Gender Analysis
- College of Midwives of Manitoba
- First Nations Inuit Health Branch
- Health Canada Prairie Regional Office
- Midwifery Discussion Group (Saskatchewan)
- Manitoba Regional Health Authorities
- Manitoba Health
- Manitoba Healthy Living
- National Networks on Environments and Women's Health
- Saskatchewan Health
- Women and Health Care Reform Group
- World Health Organization

Gender and health planning

Considering gender in health planning, programming and policy means that precious resources of time, money and skills can be applied more effectively in health systems. Over the past decade, PWHCE, with other Centres of Excellence in Women's Health, has provided leadership in Canada and around the world, in gender-based analysis (GBA) of women's health and including gender in health planning.

Informing health practice in Saskatchewan and Manitoba

From the outset, PWHCE has tirelessly promoted GBA as part of health policy-making and planning to improve health care systems. Our GBA work has powerfully influenced women's health planning in Manitoba and Saskatchewan.

For example:

- The *Action Plan for Women's Health in Manitoba and Saskatchewan* led to meetings with provincial governments and to follow-up-funding for research. This plan is often quoted, and led to the acknowledgement by the Manitoba Minister of Health that gender is a determinant of health, which is now embedded in departmental documents. Recommendations from this Action Plan helped PWHCE set our course and direction for our work since 2001.
- Saskatchewan's implementation of midwifery care in 2007 is a direct result of the work PWHCE did to develop and present policy recommendations to Saskatchewan Health, and its work with Midwifery Discussion Group (Saskatchewan) to communicate and disseminate the most recent data and information on the state of midwifery in Canada.
- *I Couldn't Say Anything So My Body Tried To Speak For Me: The Cost of Providing Health Care Services to Women Survivors of Childhood Sexual Abuse* (Burgess, Watkinson, et al.) recommended that the Government of Saskatchewan ensure that education on childhood sexual abuse be incorporated into the curriculum and training of health care and human service professionals. Following the release of the report, Tamara's House in Saskatoon, which provides services to survivors of sexual abuse, secured the funds needed to develop the rehabilitation program they had designed.
- PWHCE has produced and distributed over 3000 copies of *Including Gender in Health Planning: A Guide for Regional Health Authorities* (Donner) to health authorities in Manitoba, across Canada and internationally.

- The plain language brochures and guides *Women Survivors of Sexual Abuse* and *Getting Through Medical Examinations* (Tudiver, McClure, et al.) have been widely distributed and used extensively by health care providers and clients who are survivors of sexual abuse.
- *Voices from the Front Lines: Models of Women-Centred Care* (Barnett, White, Horne) was promoted to health planning and health care deliverers in a series of workshops and distributed in brochures. PWHCE also used the findings of this report when we tested the World Health Organization indicator on the availability of gender-sensitive care.
- *Post-Traumatic Stress Disorder: The Lived Experience of Immigrant, Refugee and Visible Minority Women of Saskatchewan* (White, Tutt, et al.) led to a second report, *Women and Post-Traumatic Stress – Policy Recommendations*, which pointed out the gender-specific issues for women in Canada from other countries.



The Empty Shopping Cart

To me the empty shopping cart is symbolic. A shopping cart should be full of groceries and have a little kid bouncing up and down in the seat. But for many, every time they look at a grocery cart they feel guilty because they don't have enough money to fill it up with groceries. And the other thing I think when I look at a grocery cart is, 'Thank God I'm not the one who's got all my worldly possessions in it.' Or I could be wandering up and down back alleys picking up pop bottles. So the shopping cart has a lot of meanings.

Butterfly Russell*, 2006

“The National Network on Environments and Women’s Health’s recent research on understanding the processes that mediate between urban environments and health outcomes for racialized and immigrant women and women with disabilities has been greatly enhanced by the work of the Prairie Women’s Health Centre of Excellence.

“In 2003, PWHCE and NNEWH co-led the largest Canadian study ever conducted on rural women’s health. This drew national attention to the need for understanding the health issues and priorities of women in rural, remote and Northern regions.”

Kimberly Walker
Executive Director, National
Network on Environments
and Women’s Health

Building capacity in gender analysis and HIV/AIDS

PWHCE, in partnership with the Atlantic Centre of Excellence in Women's Health, has carried out groundbreaking work in GBA and HIV/AIDS. The Centres together have hosted GBA workshops for civil society, government, and researchers in south and west African as well as at international conferences, including the AIDS 2004 conference in Bangkok and - in partnership with Health Canada's Bureau of Women's Health and Gender Analysis – the AIDS 2006 conference in Toronto.

Most recently, PWHCE and ACEWH have worked together with educators at the University of Winnipeg and the University of Manitoba to develop a summer institute for June 2007 on HIV/AIDS with a strong gender component (University of Winnipeg Global College - Summer Institute in Infectious Diseases II: Issues and Strategies for Intervention on HIV/AIDS).

Developing gender analysis in Canada and internationally

PWHCE has recently attracted international attention with our work on gender-analysis and health indicators.

In 2005, PWHCE established partnerships with Manitoba Health and Healthy Living, Health Canada's Prairie Regional office and the Bureau of Women's Health and Gender Analysis to develop the unprecedented two-year project, *A Profile of Women's Health in Manitoba*. That same year, the World Health Organization put out a call for test sites for health indicators, and PWHCE proposed Manitoba as a site, citing our *Profile of Women's Health* (Donner) project. PWHCE won the contract to conduct one of the three international pilot field tests in Manitoba. The results of this study are published in *Gender Sensitive Core Set of Leading Health Indicators* (2006, International Journal of Public Health).

"The Prairie Women's Health Centre of Excellence has been critical both to the development of gender-based analysis (GBA) in health in Manitoba, and to the analyses of indicators of women's health.

"PWHCE took advantage of a great opportunity in 2005, becoming one of three pilot sites to test the World Health Organization's Gender-Sensitive Core Set of Leading Health Indicators. In 2007, building on this, we will complete the Profile of the Health of Manitoba Women. The Profile will include data from many different sources, and go beyond the numbers, placing these in the context of the real world in which women live."

Lissa Donner
Researcher, Winnipeg

CHAPTER 4 FOUR

Improving Women's Lives: PWHCE and Health Policy

In keeping with our mission “to improve women’s and girls’ health through high quality women-centred, action-oriented research and policy analysis”, we can point to many instances over the past decade where PWHCE’s work has led to policy changes that improve women’s health. For example:

- Manitoba Health adopted the findings of a PWHCE study on Aboriginal women’s health in the provincial Aboriginal Health Strategy.
- The Saskatchewan government implemented midwifery care from policy recommendations that PWHCE helped to develop.
- Manitoba Health adopted gender as a determinant of health from PWHCE’s recommendations in an action plan for women’s health.
- Municipal services in Winnipeg, such as library hours and pool costs changed in response to recommendations from PWHCE’s studies on low-income women’s health.
- Studies on parenting in poverty led to meetings with Manitoba and Saskatchewan government officials, meetings on Canadian public health policy and to follow-up funding to explore the relationships between poor housing and the health of women living on low-income.
- Manitoba government funded more housing co-op initiatives in response to the PWHCE studies on effects of poor housing on women’s health. These housing studies were also used by the Provincial Council of Women in Manitoba as valuable and recent evidence on the need for women’s housing in a meeting with the NDP caucus in 2006. This report also has been cited across the country.
- Mental health services in Saskatchewan have changed as a result of PWHCE-sponsored studies of domestic violence among rural women and studies of childhood sexual abuse.

- Saskatoon Regional Health Authority and Chiefs of the Muskeg Lake Cree First Nation Urban Reserve in Saskatoon have recognized recommendations from PWHCE-supported study on how to make health systems responsive to Aboriginal women's health needs.
- The Federal government will incorporate recommendations from a study on the effects of BSE on farm families that PWHCE is participating in, into risk management strategies for protecting rural women's health.

"The PWHCE has been an integral part of the process of midwifery implementation in our province of Saskatchewan. Joanne Havelock's expertise and guidance, especially to the midwifery community and families desiring midwifery, has been priceless. It is my opinion that this process would not have unfolded as well had it not been for Joanne and the PWHCE."

Linda Muzio, RN
Regina

Exposed Broken Old Tree

I know money isn't the most important thing, but I know it is the root cause for a lot of dis-ease, dis-harmony, and social problems.

I'm not a mathematician, but come on! Don't wait until we are sick, and scared and alone.

Lisa Aymont-Hunter 2005



CHAPTER 5 FIVE

Honing our Methods

PWHCE has incorporated many valuable teachings from our earlier years into how we operate now. We have learned much about building effective partnerships and research teams and about focussing our research and policy agendas.

Building effective community/academic partnerships

With community/academic partnerships as the foundation of our work, we have learned from the challenges involved in forming and working in effective research teams.

Over time, we have changed how we bring academics and community groups together. We have also invested ourselves in the partnerships, helping to build the relationships and taking on much of the day-to-day work other partners are not able to manage – this means that all the necessary tasks in research projects can be accomplished in a timely manner.

We have learned too, that time and funding for face-to-face meetings are essential to shape a project, develop a sense of team, and ensure that all skills are used successfully, especially for geographically dispersed research teams. When we plan new work, we budget time and money for the meetings needed to bring a team together consistently.

We know that we play valuable roles in clarifying research team member roles and in disseminating research findings. We've invested a great deal in communications and have expanded far beyond producing initial research reports. We routinely disseminate the information and recommendations from reports in brochures, plain language materials, public workshops and forums as well as meetings with public policy-makers.

"PWHCE's commitment to partner with community organizations and the people most affected have allowed women in poverty, women recovering from childhood abuse, women with disabilities, and women who need our health systems to have direct and meaningful input into the research and recommendations. This commitment to the "grassroots" is one of the strengths of PWHCE."

Jayne Melville Whyte
Researcher, "Rural and Remote Women and the Kirby-Keon Report on Mental Health"
Regina

We have also recognized that it is crucial to provide ongoing communication and feedback to participants during the course of a project, and that we needed to create opportunities for networking between researchers/teams. Now, we regularly participate in “Lunch and Learns”, conferences, poster presentations, workshops and other gatherings where information is shared.

Streamlining our funding processes

When we issued grants, we learned that, too often, the process of applying for grants ate up research teams’ valuable time and resources. We provided developmental grants in our first years of operation because they gave groups a chance to refine their research questions and build their teams, but too often, there was nowhere to take the proposals. For this reason, we moved away from “grants” entirely. Instead, now we work with a team and either commission the project and provide the project money ourselves or help find the funds elsewhere.

Focussing our agenda

In the early stages of PWHCE, our research agenda was understandably more advanced than communication or policy advice, two where we now focus far more energy. During strategic planning sessions during 2001-2002 the Centre refined the focus of the program further, and, for the past five years, we have been able to continue increase our emphasis on dissemination and policy uptake.

Now, we take our growing wisdom forward into our second decade, employing our best practices in the pursuit of understanding and improving women’s and girl’s health.

“My experience with PWHCE has been one of effective collaboration with women’s health researchers all across the country.

PWHCE resources can be counted on to provide solid gender-based analysis of issues relevant to Canadian women, which I have found helpful in my research. I have appreciated PWHCE’s commitment to keeping the spotlight on issues facing women living in rural and remote parts of Canada. The Centre’s investment in this area has ensured that pilot research gets sustained, expanded and communicated. It has also provided venues to allow both academic voices and community-based voices to be heard.”

Rebecca Sutherns, PhD
Sage Solutions, Erin, Ontario

Planting Seeds for the Future

PWHCE has greatly enriched and continues to enrich the field of women's health, not only by supporting the creation of new knowledge and relationships amongst communities and researchers, but also by influencing health policy.

After our first decade of successes and learnings, it is clear there is still so much more work ahead. We look forward to continuing the important work we began in 1997.

PWHCE will continue to focus our energies on our four program areas. In some cases, there is still a need for new knowledge and research, and in other realms we will provide partnerships and leadership in policy advice and development. We look forward to collaborating on national and federal priorities from our community base. Communicating new information continues to be a prime role for PWHCE in Manitoba, Saskatchewan, and beyond.

We will also remain flexible enough to incorporate new topics from emerging themes through consultation and recommendations from completed research and the women's and policy communities.

Emphasizing policy and communicating our findings

Given the large amount of research PWHCE has done in the past decade, in coming years, the Centre will place a priority on providing policy advice arising from the completed research and on communicating our findings. PWHCE will continue to work with grassroots community-based groups, facilitating and supporting them as they take on policy advocacy to improve women's health.

"So the Prairie Women's Centre of Excellence is 10 years old – thank you for the community work PWHCE – your work supporting women's health, midwifery, gender-based analysis, mental health has made a significant difference. The research is important, and used, but the networking and bringing together groups to take action is very crucial to all of us. Keep up the good work, and thank you for your leadership, and participation with the Provincial Council of Women of Manitoba."

Mary Scott, President
Provincial Council of Women
(Manitoba)

“PWHCE has been a vibrant force in women's health in the Prairies. It has consistently and effectively improved the reporting of women's health, and brought light to the many unique health issues of rural and farm women. It has nurtured a national interest in Aboriginal women's health and assisted in creating a self-determined infrastructure for taking forward the health issues of Aboriginal women in Canada.”

Lorraine Greaves, PhD
Executive Director, British
Columbia Centre of
Excellence for Women's
Health

Communicating the findings of our research will also continue to be a high priority for PWHCE. PWHCE will synthesize and communicate research findings in plain language to community groups and policy-makers to ensure that research reaches both those who can make a difference and those to whom it makes a difference. We will also keep on promoting dialogue and fostering partnerships among academic and community groups and policy-makers, as well as developing regional and national networks of individuals and organizations working to understand and address women's health needs.

Using our experience to improve women's health

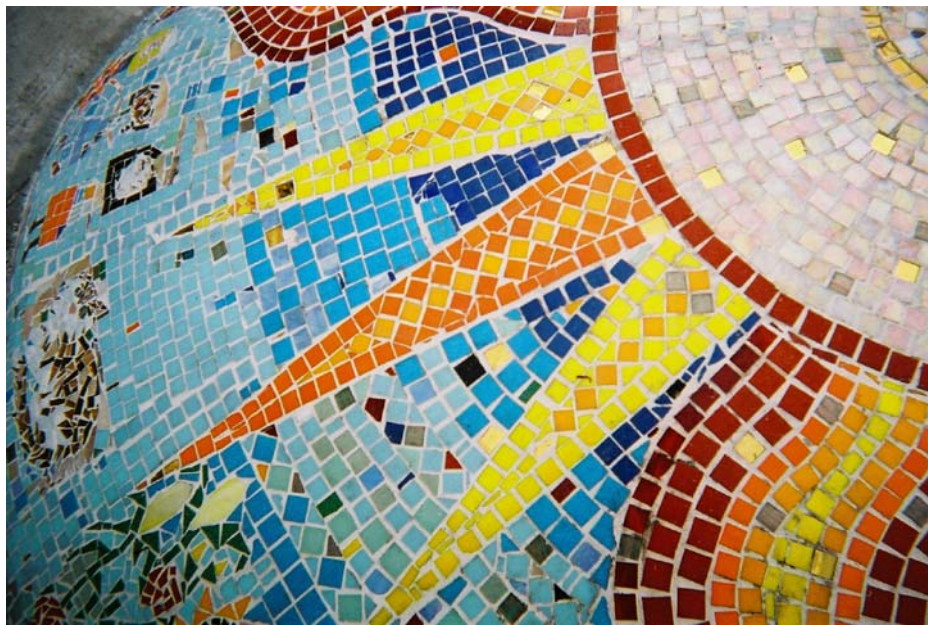
With experienced staff, board and committee members and colleagues, PWHCE has great capability to respond in-house to immediate research questions and to commission work with a quick turn-around on issues which emerge locally, provincially or nationally. Experience has also demonstrated our ability to synthesize and disseminate valuable new findings about how the determinants of health affect women's health in particular, and how health policy and programming can best meet the needs of women. The Centre's position within the Women's Health Contribution Program, our visible presence in four sites on the prairies, and our continued commitment to improving the health of women bodes well for PWHCE's role as a conduit of information between national-level programs and the local platforms in the Prairie Provinces.

PWHCE has achieved and nurtured good working relationships with Manitoba Health and the Saskatchewan government, as well as local women's agencies. We have established credibility on both federal and provincial levels. Over the last years, we have generated a stronger network among Aboriginal women and researchers interested in Aboriginal women's health issues, both regionally and nationally.

Working together with all of our partners and collaborators, we are confident we will continue to move the agenda of women's health forward in the years ahead.

“The Prairie Women’s Health Centre of Excellence has helped to keep women’s health issues on the public agenda, and that’s good for us all. PWHCE has provided me with wonderful opportunities to collaborate in research that has been used to support calls for health sector reform. Congratulations to PWHCE on 10 years of service to the women of Canada.”

Dr. Wilfreda Thurston
University of Calgary



This is the world, full of beauty and diversity—plants, animals and people. The sun is shining down reminding us that things will be ok. We can make changes, but we have to work together.

Shosana Funk 2005



There are no brownie points for being poor. We must change the fact that 60% of Aboriginal women are living in poverty. It has to. The monster of poverty has knocked at my door and I say "Bring it on," because I am educated and my friends are with me.

Suzanne McLeod-Chartrand 2005

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