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Message from the Outgoing Board Chair and the Executive Director

Welcome to our first Annual General Meeting, and to our first Annual Report in our new status as a not-for-profit corporation. We are pleased to share with you a number of developments and changes Prairie Women’s Health Centre of Excellence (PWHCE) has been through in the past year.

Incorporation is just one of the steps the Board of Directors has taken to ensure some greater stability and sustainability for PWHCE in the months and years to come. In a series of strategic meetings, the Board both reaffirmed our grounding in the communities of women in Manitoba and Saskatchewan, while also showing leadership and vision for new opportunities ahead.

For example, in response to concerns and ideas generated by women we know in the two provinces, and with the support and interest of the provincial governments, we are embarking on new research on the experiences of women who work in non-traditional fields, particularly in mining and other resource extraction. New attention at a number of levels in food security has provided PWHCE with a chance to investigate women’s experiences of food insecurity and how well local and regional programs are including women in their planning, linking it to our existing work with low-income women.

A year ago, the federal Auditor General included remarks and recommendations in her annual report to improve the ability of government to integrate gender in policy and government operations. At the same time, PWHCE was working with colleagues at the Atlantic and British Columbia Centres of Excellence to finish a new text on incorporating sex and gender in health research, policy and planning, Rising to the Challenge. These two developments have given greater profile to PWHCE and our experience in Gender Based Analysis (GBA) training and application. We have new relationships developing with health regions in Saskatchewan and Manitoba to further this training, as well as continued interest to work together with colleagues at the Pan-American Health Organization.

Our collaborations with our sister Centres of Excellence bring a broader perspective to our work, including in new areas such as older women’s use of pharmaceuticals, the use of statistical measures to predict health outcomes, and women and water, to name a few.

PWHCE is fortunate to have a dynamic team working together in research, training, policy advice and communications. Every year we bring in new students to work with us, and we hope to contribute to new generations of interest in women’s health.
We would like to thank the dedicated Board of Directors who have put in many extra hours in the past year, as well as Community and Youth Solutions who worked with us all to reach the new vision. We also wish to recognize the continued contribution from Health Canada which allows our work to continue, and our on-going relationship with Manitoba Health. The Winnipeg Foundation provided a grant to PWHCE to help us through this year of transition.

Lilliane Sabiston
Out-going Chair of the Board, PWHCE

Margaret Haworth-Brockman
Executive Director, PWHCE

Every year we bring in new students to work with us, and we hope to contribute to new generations of interest in women’s health.

Source: PhotoVoice Saskatoon, Looking Out/Looking In: Women, Poverty and Public Policy
Board Members

Manitoba
Darlene Beck
Joan Dawkins
Judith Huebner
Freda Lepine
Paula Migliardi
Dawn Ridd (Ex Officio)

Saskatchewan
Judy Hughes
Noreen Johns
Jocelyne Lavergne
Liliane Sabiston (out-going Chair)

On behalf of PWHCE, thank you to our outgoing Board members for their dedicated service:
Lesley Biggs
Donna Chow
Maya Fontaine
Bonnie Jeffery

Incoming Directors
Fjola Hart-Wasekeesikaw
Jennifer Poudrier

Staff
Pamela Chalmers - Administration and Multimedia
Yvonne Hanson - Researcher and Diversity Education Consultant
Margaret Haworth-Brockman - Executive Director
Harpa Isfeld - Senior Researcher
Diane Nicholson - Administrative Coordinator
Carla Simon - Director of Communications
Roberta Stout - Researcher

Research Associates & Assistants in 2009-2010
Kathy Bent  Marlene Larocque
Bernice Downey  Diane Martz
Tamara Dionne Stout  Julia Peristerakis
Elaine Enarson  Sheryl Peters
Caitlin Forsey  Rachel Rapaport Beck
Jessica Grant  Maureen Seguin
Rick Harp  Rebecca Sutherns
Ann Kielo  Kay Willson
Our vision
Our vision is healthy women and girls, and their communities and families.

Our mission and mandate
Our mission is to improve the health of women and girls through high quality, women-centered, action oriented research and policy analysis.

PWHCE is a leader in community-focused research, evaluation, and gender-based analysis and offers the best available evidence to inform decision-makers at the community and government level.

Established in 1996, PWHCE has established a reputation as an ethical organization known for its success at purposefully working with and for prairie women, respectful of the diversity of partners not only across Manitoba and Saskatchewan, but in the wider Canadian community and internationally.

We provide:
• Outstanding research
• Pragmatic program evaluations
• Capacity building: consultation and training with support
• Knowledge transfer/exchange
• Writing, facilitating

We are rooted in a long history of Prairie Women’s commitment to women’s health:
• We bring a depth of experience and skill to research by, with, and for communities
• We help organizations and decision makers translate data and analysis into strategies and action
• We offer our advanced knowledge and skills to others through training and mentoring

Reprinted with permission of the Pan-American Health Organization
Research and Program Highlights

Harpa Isfeld
Senior Researcher

PWHCE supports the development of the analytical skills and evidence necessary to build equitable and appropriate health policies that meet the needs of women.

In 2009/10, PWHCE expanded GBA training activities by delivering three workshops for the Alliance for the Prevention of Chronic Disease and contributing (along with the BC Centre) to the Atlantic Centre’s training and Rising to the Challenge, a guidebook for federal policy makers and planners. As well, I took initial steps to shift from an instructive to a consultative role with the Manitoba RHAs. We shared lessons from this work at the Australian Women’s Health Conference in May.

Prairie Women also fosters capacity for GBA internationally. In the past year, we developed three case studies for the Pan-American Health Organization’s website and I also conducted a GBA of HIV/AIDS for the Belize Ministry of Health, prompting interest in similar work for the Caribbean region.

We are continuing to promote greater use of women’s health indicators. This year, I posted data files on our website, populated the BC Centre’s ‘The Source’ website (check it out at http://www.womenshealthdata.ca) with grey literature on women’s health from Saskatchewan and Alberta, and joined our sister centres in starting a new project to test a deprivation index for its sensitivity to the influences of sex and gender.

Presently, I am starting a new project exploring older women’s health issues and information needs regarding pharmaceutical and natural health product usage and prescribing practices. To this end, I presented a poster at the Manitoba Centre for Health Policy conference and wrote and submitted a journal article highlighting the need for a GBA of older women’s health and literacy as a cross-cutting issue.

Gender-Based Analysis (GBA) is a diversity analysis and considers, wherever possible, how income, age, culture, ethnicity, sexual orientation, ability, geographic location and other factors interact with sex and with gender roles, within different groups of people.
PWHCE conducted two community-based research projects related to Aboriginal women this past year.

*Kiskâyitamawin Miyo-Mamitonecikan – Urban Aboriginal Women and Mental Health*, involved 46 Aboriginal women from Winnipeg and Saskatoon. While the majority of the women had lived mental health experiences, we also sought to understand the perspectives of front-line workers, Elders and the research community working on mental health. The final report drew upon the diverse narratives of the Aboriginal women and included a cultural and gender-based analysis of the factors which have contributed to mental illness and mental well-being. I also recommended policy changes towards meeting the mental health needs of Aboriginal women. This project has generated a very positive response in the community since it was released.

My second project investigated *Aboriginal Women’s Employment within Non-Traditional Industries in Northern Manitoba*. With the understanding that northern development is ongoing and increasing, this exploratory project gathered information on the experiences and perceptions of nine First Nations and Métis women, in and around Thompson, who participated as employees or trainees. While many of the women spoke positively about their training and work experiences, they also voiced specific gender-based, socio-economic and health issues which challenge their ability to fully participate and benefit from these northern economic opportunities.

PWHCE was also approached this year by Health Canada to update the 1996 document, “Aboriginal Canada: Women and Health; A Canadian Perspective”. As a result of this contract, I supervised the production of an annotated bibliography and report entitled “*The Health of First Nations, Inuit and Métis Women: It’s Time for Action and Systemic Change.*”

**Our findings suggest that if Aboriginal women are to participate and benefit [in northern development], there are a number of gaps that need to be addressed.**
Yvonne Hanson  
Researcher and Diversity Education Consultant

In September 2009, I started in a new position in PWHCE’s newly configured office in Saskatoon, beginning to consolidate the work centred on GBA. Since then I helped to coordinate, develop resources, deliver and evaluate GBA training workshops for Regina-Qu’Appelle Heath Region, Saskatoon Health Region, Manitoba’s Alliance for the Prevention of Chronic Disease, as well as national workshops in Ottawa organized by our sister Centres of Excellence for Women’s Health. Each training session involves unique collaborative and participatory approaches between PWHCE staff and the programmers and policy makers who can use the GBA training (for example, health region authorities and community organizations).

Building on the success of GBA training given in Manitoba regional health authorities, similar work is evolving in Saskatchewan. Although the H1N1 epidemic limited some developments in Saskatchewan this year, we are establishing new relationships and expanding existing ones. New workshops are already scheduled in Saskatchewan for the upcoming year. As well, I delivered presentations on GBA to university classes and the Public Health Agency of Canada, with informal discussions on gender policy and initiatives potential in Saskatchewan staged with the provincial secretariat of Status of Women and community organizations such as Immigrant Women of Saskatchewan.

In addition to this work, I directed a summary review of literature on midwifery care for women with obesity for the College of Midwives of Manitoba. The research concluded with numerous recommendations for midwifery care guidelines. Ann Kielo, an intern, assisted me while working on her M.Ed. in Sociology at Aalborg University in Denmark.

New work on women’s experience with food insecurity is just getting underway and I look forward to reporting on that more in the months to come.

PWHCE has provided GBA training in all regional health authorities in Manitoba and similar work is evolving in Saskatchewan.
Carla Simon  
Director of Communications

As the newest member of PWHCE’s staff, I am proud of our team’s remarkable accomplishments. For example, this year we helped to launch two new books, introduced an Intranet and made our website more interactive. Media training for staff and the Board revitalized our key messages, ensuring our strategic communications are up to date, relevant and effectively address the needs of our diverse audiences. Our collaborative events highlighted the role of gender in emergency preparedness, and of Entitlements and Health Services for First Nations and Métis Women. We developed plain language materials to accompany reports. We met with Ministers and participated in national and international conferences.

As mentioned, PWHCE has trained many people (over 450) in Gender Based Analysis, from Saskatoon to Churchill to Belize. Here’s what I heard from people we worked with:

- “Sometimes we just need someone like you to come in and ask the questions. We have all the information”.
- “Knowing how to use data is such a powerful way to direct planning”.
- “It highlights important issues in health care that are neglected”.

PWHCE has now produced over 200 research projects and products. Our staff has advised both the Pan-American Health Organization and the World Health Organization. The evidence we generated has influenced a wide range of Canadians, from midwifery practice to a vision of mental health inspired by Aboriginal women. Together we are turning research into positive changes in our Prairie communities and beyond.
Financial Summary

Auditors' Report

To the Directors of
Prairie Women's Health Centre of Excellence Inc.

We have audited the statement of financial position of Prairie Women’s Health Centre of Excellence Inc. as at March 31, 2010 and the statements of operations and changes in net assets for the year then ended in accordance with Canadian generally accepted auditing standards and expressed a qualified opinion in our report dated August 3, 2010 because of the inability to perform audit procedures on the opening balances as we were appointed as auditors during the year.

In our opinion, the information contained in the attached condensed financial statements is consistent with the above-mentioned financial statements from which it was derived.

To obtain a better understanding of the organization's financial position and the results of its operations for the year in question, the condensed financial statements should be read in conjunction with the relevant audited annual financial statements.

Winnipeg, Canada
August 3, 2010

Chartered Accountants
Statements of Operations and Changes in Net Assets
Year ended March 31, 2010

Revenues
Health Canada $ 455,400
Regional Health Authority Central 46,590
FNIHB 20,832
Public Health Agency of Canada 20,810
Manitoba Health 19,284
Winnipeg Foundation 13,000
Pan American Health Organization 9,860
Women and Health Care Reform 8,908
Miscellaneous income 8,732
Alliance 6,470

609,886

Expenditures
Contracted services 6,051
Health Canada (Page 4) 455,400
Manitoba Health projects 19,284
Meetings 23,393
Office 1,165
Printing and reproduction 2,377
Professional fees 20,715
Repairs and maintenance 1,351
Research 88,931
Travel 6,779

625,446

Deficiency of revenues over expenditures $ (15,560)

Net assets, beginning of year $ 132,359
Deficiency of revenues over expenditures (15,560)
Net assets, end of year $ 116,799

Condensed Statement of Financial Position
March 31, 2010

Assets
Current
Receivables $ 252,125
Prepaid expenses 6,672

$ 258,797

Liabilities
Current
Payables and accruals $ 39,739
Deferred contributions 16,501
Due to University of Winnipeg 85,758

141,998

Net assets 116,799

$ 258,797

Schedule of Health Canada Expenditures
Year ended March 31, 2010

Salaries and benefits $ 276,067
Contractual personnel 26,764
Travel and accomodations 24,474
Meetings and training 9,943
Materials 9,042
Audit 8,500
Evaluation 38,385
Communication and dissemination 30,034
Rent and utilities 13,800
Equipment 2,625
Other 15,766

$ 455,400
Thanks

Women’s Health Contribution Program
Atlantic Centre of Excellence for Women’s Health
BC Centre of Excellence for Women’s Health
National Network on Environments & Women’s Health
Canadian Women’s Health Network (CWHN)
Women and Health Care Reform
Health Canada

Thank you to the following organizations for the ongoing support which makes our community based research possible:

Alliance for the Prevention of Chronic Disease
Assiniboine Regional Health Authority
Belize Ministry of Health
Brandon Regional Health Authority
Burntwood Regional Health Authority
Central Urban Métis Federation Inc.
Churchill Regional Health Authority Inc.
College of Midwives of Manitoba
Department of Community Health and Epidemiology, University of Saskatchewan
Health Quality Council
Interlake Regional Health Authority
Manitoba Health and Healthy Living
Native Women’s Transition Centre
NOR-MAN Regional Health Authority
North Eastman Health Association Inc. (RHA)
Northern Aboriginal Iskewak
Pan-American Health Organization, Belize Office
Pan-American Health Organization, Gender, Diversity and Human Rights Office
PAHO HIV Caribbean Office
Parkland Regional Health Authority
Partners for Careers at the Murdo Scribe Centre
Regina-Qu’Appelle Health Region
Regional Health Authority - Central Manitoba Inc.
Saskatoon Health Region
South Eastman Health Inc.
Saskatchewan Population Health and Evaluation Unit
University of Winnipeg
White Buffalo Youth Lodge
EXCITING NEW TRENDS

PWHCE offers
- tailored GBA training
- evaluation
- and rescue writing
Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.