

# **STRATEGIES FOR SASKATCHEWAN WOMEN**

## **Prairie Women's Health Centre of Excellence**

February 2003

A Response to the Saskatchewan Status of Women Office on the  
*Summary of Input to the Action Plan for Saskatchewan Women*

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## **INTRODUCTION**

This document provides a response from the Prairie Women's Health Centre of Excellence (PWHCE) to the "Summary of Input to the Action Plan for Saskatchewan Women" distributed by the Saskatchewan Status of Women Office (SSWO) in January 2003.

The PWHCE response first provides some feedback about the description of the SSWO's information-gathering process and the Forum held in November 4, 2002. PWHCE's general agreement with the Action Plan for Saskatchewan Women (APSW) Vision and Principles is then noted. Following that is a compilation of PWHCE's suggestions for issues that should be addressed by the APSW to be added to those previously identified in the SSWO's "Summary of Input". Finally there are some suggestions for the Glossary of Terms.

Appendix A contains the following for each of the four APSW Goals: the suggestions for issues to be addressed; relevant Priorities and Strategies from the PWHCE *Action Plan for Women's Health in Manitoba and Saskatchewan*; and, a list of relevant PWHCE publications. A complete list of the Priorities and Strategies from the PWHCE Action Plan is included in Appendix B. Appendix C contains a recent list of PWHCE projects and reports, and contact information.

## **COMMENTS ON THE BACKGROUND INFORMATION**

The Status of Women Office "Summary of Input to the Action Plan for Saskatchewan Women" contained a description of the process used to gather input. The following are some suggestions from PWHCE for additions to the description.

### **Process**

- The background information presented in the document should mention that a number of women's groups expressed concern that they were not invited to the Forum.

### **Provincial Government Mechanisms Regarding Women's Issues**

- PWHCE basically agrees with the summary of discussion as stated.

"Groups stated that the Status of Women Office must be able to work centrally across government to address status of women issues; that the Interdepartmental Committee of

Women's Policy Advisors must be adequately resourced and supported in order for them to work effectively; that gender-based analysis (GBA) training would assist in integrating women's issues into government decision-making processes; that effective links with the women's community must be maintained; that support is needed for a range of services, programs, and advocacy functions; and that inclusion of all women is essential to success."

- However, the Forum did not allow for larger group discussion of some critical issues, especially the demise of the Women's Secretariat, and the new mechanisms for dealing with status of women issues that have been put into place by the Saskatchewan government.

### **Events at the Forum**

- The summary does not mention that a request was made for a caucus of groups to meet at lunch, and the concerns brought forward by this caucus:
  - Lack of funding for women's organizations. This lack of funding, or restriction to only project-based funding, prevents women's organizations from carrying out their basic programs. Inadequate funding means that groups are not able to meet together and to travel to meetings, which are essential if the groups are to be able to contribute to consultative and democratic processes. This is especially a problem for women from rural and remote communities.
  - Full inclusion of racialized women and valuing of their viewpoints.
  - Consideration of issues faced by women concerning sexual orientation.
  - Concerns about the demise of the Women's Secretariat.
- While the Forum did allow for discussion and interaction among women's groups, there was not enough time to discuss issues in depth. On-going long-term dialogue is needed so that the issues can be dealt with more adequately.
- Several of the participants noted that most of the issues have been raised previously. What is needed is discussion about the actions needed to move forward on these issues. These actions should include political and financial commitment from the government to address the policy issues, with some new initiatives, but also providing adequate funding for services that are already proven to address women's needs. Previously the government has made commitments to act on status of women issues that have not necessarily been followed through. What is needed is action, and accountability and recognition for carrying out these actions.
- Suggestions were made that future Forums be planned well in advance, and that the provincial government provide adequate funding to the Status of Women Office to allow for the participation of a wider range of participants.

## **COMMENTS ON THE VISION AND PRINCIPLES**

### **APSW Vision and Principles**

The original Vision and Principles for the Action Plan for Saskatchewan Women (APSW) were presented to the November Forum as a draft. They were then revised by the Status of Women Office based on the input they had received.

#### *Vision* (original)

*Empowered women who participate fully in the social, political and economic life of Saskatchewan*

#### *Vision* (revised)

*Empowered women who have the opportunities and resources to participate in, and benefit equally and fully from, and are able to influence changes in the social, cultural, political and economic life of Saskatchewan*

#### *Guiding Principles* (original)

##### **Empowerment; Inclusiveness**

*The guiding principles in relation to the Action Plan for Saskatchewan Women are empowerment and inclusion. By this we mean that all women, regardless of their individual background and circumstances, have the right to set their own goals and control their own lives. We need to address the many factors that present barriers to women gaining control over all aspects of their lives.*

#### *Guiding Principles* (revised)

- *Accessibility*
- *Empowerment*
- *Equity*
- *Full participation*
- *Inclusiveness*
- *Partnership*
- *Respect*
- *Self-determination/Choice*

### **PWHCE Comments**

PWHCE agrees with the intent of the APSW Vision and Principles.

## **COMMENTS ON THE APSW GOALS**

### **Based on PWHCE Action Plan**

PWHCE comments on the Action Plan for Saskatchewan Women Goals are largely based on the PWHCE *Action Plan for Women's Health in Manitoba and Saskatchewan (2001)*. The PWHCE Action Plan was the outcome of consultations in both Manitoba and Saskatchewan. This included input from the "Our Health In Our Hands Conference", held in Winnipeg in October 2000, which had over 250 participants. The PWHCE Action Plan highlights 12 priorities to promote women's health and the policy changes needed. The recommendations have implications for decision-makers, for policy and program development, and for service delivery in government and in the community.

Following its release in 2001 the PWHCE Action Plan was endorsed by 15 Manitoba and Saskatchewan organizations. The PWHCE Action Plan has been incorporated into the *Manitoba Women's Health Strategy*. Manitoba's Minister of Health has encouraged Regional Health Authorities in Manitoba to use the PWHCE Action Plan to help identify local health priorities. A presentation about the PWHCE Action Plan was made at the "Lived Environments of Girls and Women: An Interdisciplinary Conference", held at the University of Saskatchewan.

PWHCE has sponsored a significant number of research projects. The results of many of these projects influenced the formation of the PWHCE Action Plan. There have also been a number of new reports published since the PWHCE Action Plan was developed in the fall of 2000. All of these reports can be an excellent resource to be used in developing the Action Plan for Saskatchewan Women.

### **Looking at the APSW Goals**

The detailed examination of the APSW Goals initially prepared by PWHCE is in Appendix A. In its analysis, PWHCE compared the issues identified by participants in the SSWO's information gathering process, as listed in the "Summary of Input into the Action Plan for Saskatchewan Women", to the issues identified by the PWHCE Action Plan. PWHCE then identified issues that could be added to the APSW list – they are noted under "PWHCE Comments" under each Goal.

Under each Goal there is also a list of the PWHCE Action Plan Priorities and Strategies that relate to the APSW Goal, and a list of PWHCE reports that relate to the APSW Goal.

To provide a brief overview of the PWHCE input on the APSW Goals, pages 5 to 9 contain a compilation of the PWHCE Comments and Additions for each of the APSW Goals, taken directly from Appendix A.

## **Goal#1: Decision-making**

In its research and policy work, PWHCE is endeavoring to increase understanding of the ways in which women can best affect health policy.

The PWHCE Action Plan emphasizes the importance of women's involvement in decision-making. The PWHCE Action Plan Priority "Recognize the Importance of Women as Decision-Makers" contains specific steps to involve women in leadership roles, including Aboriginal women and women from rural and remote locations.

PWHCE suggests adding the issues listed below to those previously identified for consideration under the APSW.

- "Funding for women's organizations." Provincial opportunities for women to come together that are organized and funded by the government of Saskatchewan would be welcomed. Funding is needed for women's groups to operate their organizations, to organize their own meetings for discussion about input into the Action Plan. Participation in women's organizations and having their voices heard is part of empowerment for women.
- "Use of organizational models and decision-making that reflect cultural diversity and facilitate women's participation".
- "Involve youth in decision-making processes."
- "Information and public education about status of women issues to women, women's organizations, the general public and to decision-makers."
- "Information and public education about effective ways to involve women in decision-making to women, women's organizations, the general public and to decision-makers."
- "Governments and organizations use communication methods that effectively reach women, are culturally appropriate, meet the needs of person with differing abilities (e.g. person with visual or hearing impairment), take into consideration differing literacy levels, and are in different languages."

## **Goal#2: Economic Security and Equality**

PWHCE suggests adding the issues listed below to those previously identified for consideration under the APSW.

- "Funding for women's organizations." Women have lower incomes on average, especially Aboriginal women, women with disabilities, and immigrant and refugee women. Farm women also must deal with unstable agricultural incomes. Women's financial responsibilities for children and childcare leave less money for other expenditures. Plus there are additional travel costs for women living in rural and remote areas. As a result, women have less income



available for participating in organizations that support the democratic process in Canada, making “funding for women’s organizations” an economic issue.

- “Consult and involve women in poverty in designing programs and policies to meet their needs.”
- “Address women’s poverty and its root causes.”
- “Recognize poverty as a health issue.”
- “Increase earned income exemptions for social assistance recipients.”
- “Social assistance policies and practices that equitably benefit women.”
- “Women on social assistance can effectively appeal decisions re their income assistance.”
- “Ensure adequate funding for vision care, dental care and prescription drugs for low income people.”
- “Provide low-cost community-based recreational opportunities to enhance participation by people with low income, including seniors.”
- “Effective employment equity programs to increase the workforce participation of women from groups that have not been fully participating.”
- “Mandate employment equity for provincial funding and procurement contracts.”
- “Recognize the credentials, skills, abilities/ competencies, knowledge and experiences of immigrant and refugee women acquired prior to immigrating to Canada.”
- “Care-giving, both paid and unpaid, be recognized and valued, socially and economically.”
- “Safe, affordable, and well-maintained housing, with supportive programs and special consideration for the needs of Aboriginal women, single parent women, women with disabilities, senior women and women living in rural and remote areas.”
- “Accessible, affordable transportation for educational, work, medical, recreational and social purposes, with special consideration for women with disabilities, senior women, and women in rural and remote areas.”
- “Accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate local travel.”

### **Goal#3: Safety**

PWHCE suggests adding the issues listed below to those previously identified for consideration under the APSW.

- “Address need for accessible services and higher rate of violence experienced by women with disabilities.”
- “Provide training and resources to enable service delivery organizations to provide culturally appropriate services, with special consideration for Aboriginal women, and immigrant and refugee women.”
- “Provide training for staff, resources to hire interpreters and resources to train interpreters in order to meet the communication needs of women with disabilities (especially women with hearing impairments), Aboriginal women, and immigrant and refugee women accessing services.”
- “Provide training to prosecutors and judges, and to health professionals on the identified issues related to training.”
- “Continual global funding to agencies providing services.”
- “Community-based services to young women experiencing violence.”
- “Curricula for educators and students on the impact of childhood sexual abuse, sexual assault and violence on women’s health.”
- “Departments of education and organizations serving young women should develop programs to promote self-esteem and empowerment among young women.”
- “Training for care-givers (of both genders), and necessary support, including respite care.”
- “Accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate travel.”
- “Accessible, affordable transportation for educational, work, medical, recreational and social purposes, and for safety reasons, with special consideration for women with disabilities, senior women, and women in rural and remote areas.”

## **Goal#4: Health and Well-being**

From the point of view of an organization that works with the population health model, PWHCE notes that it is interesting to have a separate goal about health and well-being, since the main intent of the APSW is to improve the over-all status of women. Using a population health model, all of the APSW goals would be included under determinants of health.

An alternative wording for goal #4 could be “Health care and health status - To ensure health care meets the needs of girls and women and all girls and women have good health”. This would require us to create a definition of “good health” but that would be a useful exercise in helping set goals for the health care system.

However, PWHCE uses the broader definition of health and well-being, and would like to see the more encompassing definition used in the APSW. Aboriginal women define health and well-being in holistic terms, include spiritual well-being.

If the more holistic definition of health and well-being is used, there are a large number of recommendations that could be suggested for addition to the list provided by participants. This could essentially be the entire list of recommendations from the *Action Plan for Women's Health in Manitoba and Saskatchewan*, in Appendix B, and other recommendations from PWHCE-sponsored projects and reports.

If the narrower definition of health care is used, PWHCE suggests adding the health care related issues listed below to those previously identified for consideration under the APSW.

- “Develop a women’s health strategy and implementation plan.”
- “Implement women-centred health care services.”
- “Provide health services at home and in community based facilities supported by women living in poverty.”
- “Recognize their expertise and consult women on health care to ensure it meets their needs, especially women living in poverty, Aboriginal women, women living in rural and remote areas, women with disabilities, and immigrant and refugee women.”
- “Communities involved in designing programs and programs accountable to the community, e.g. Aboriginal communities.”
- “Care-giving, both paid and unpaid, be recognized and valued, socially and economically.”
- “Access to services in rural and remote areas.”
- “Women-centred, culturally-based health services for Aboriginal women in prison.”
- “Develop a strategy for improving women’s mental health.”

- “Provide low-cost community-based recreational opportunities to enhance participation by people with low income, including seniors.”
- “Accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate local travel.”
- “Appropriate services and training for health care providers that recognizes the specific health issues of women concerning sexual orientation.”
- “Cultural awareness training for health care providers, regarding Aboriginal women and immigrant and refugee women’s culture.”
- “Training for health care providers on specific health issues for immigrant and refugee women, (e.g. genital mutilation, Post Traumatic Stress Disorder).”
- “Recognize the credentials, skills, abilities/ competencies and experiences of immigrants and refugees acquired prior to immigrating to Canada.”

### **COMMENTS ON THE GLOSSARY OF TERMS**

PWHCE notes that the definitions in the Glossary of Terms were not developed at the Forum.

PWHCE suggests adding “immigrant and refugee women”, to the definition of All Women since there are situations immigrant and refugee women face that are particular to being a newcomer to Canada.

**“All Women** – including, but not limited to:

- women who face discrimination because of race, age, language, class, ethnicity, religion, disability, sexual orientation;
- women living in rural areas, isolated communities and Northern Saskatchewan;
- new mothers and women with children, women at home, pregnant women;
- young girls and teens, young women, students;
- elderly women/seniors;
- women living in poverty;
- women living with violence;
- women in the sex trade and marginalized women
- **immigrant and refugee women.**”

PWHCE suggests that the definition of Political Life be extended to include involvement in decision-making in community-based organizations.

**“Political Life** – Issues, decisions and activities pertaining to government and civil administration and community participation that directly impact a woman’s life.”

PWHCE suggests adding a definition for gender-based analysis.

## **APPENDIX A: DETAILED COMMENTS ON GOALS**

### **Introduction**

Appendix A contains the following for each of the four Goals of the Action Plan for Saskatchewan Women (APSW):

- PWHCE comments and suggestions for issues to be added to those previously identified for inclusion in the APSW;
- relevant Priorities and Strategies from the PWHCE *Action Plan for Women's Health in Manitoba and Saskatchewan*; and,
- a list of relevant PWHCE publications.

A complete list of the Priorities and Strategies from the PWHCE Action Plan is included in Appendix B. Appendix C contains a recent list of PWHCE projects and reports, and contact information.

Readers will note some repetition of material under the four Goals. Since the factors affecting a woman's life are inter-related, the issues identified under one Goal frequently also affect another Goal. To facilitate the analysis of each individual Goal, the pertinent issues and publications are repeated under each Goal.

### **Goal #1 - Decision-Making**

#### **Issues Identified in SSWO Summary of Input**

##### ***Decision-making***

***To increase the participation of women in decision-making roles in all sectors of society and the economy.***

##### **Issues Raised by Participants**

- Training/support programs/skill development in: computer training; advocacy and leadership training; communication; management; language training (ESL); assertiveness training
- Student financial assistance: scholarships; honoraria; bursaries
- Day care/elder care resources and subsidies
- Support for pre-school programs
- Mentoring/role model opportunities
- Job sharing opportunities
- Working conditions flexible to women's multiple roles
- Employment Equity programs to increase number of women in management and non-traditional roles

**Goal #1 – Decision-making**

- Employment strategies that acknowledge people with disabilities
- Provincial opportunities for women to come together (town hall meetings, local level)
- Gender-based analysis & diversity training
- Funding or resources available for women to run for political office
- Women in senior policy positions, deputy ministers, ministers, health authorities
- Political education training for women
- Public awareness and education on how government works so women can provide better input

**PUHCE Comments and Additions: APSW Goal #1**

In its research and policy work, PUHCE is endeavoring to increase understanding of the ways in which women can best affect health policy.

The PUHCE Action Plan emphasizes the importance of women's involvement in decision-making. The PUHCE Action Plan Priority "Recognize the Importance of Women as Decision-Makers" contains specific steps to involve women in leadership roles, including Aboriginal women and women from rural and remote locations.

PUHCE suggests adding the issues listed below to those previously identified for consideration under the APSW.

- "Funding for women's organizations." Provincial opportunities for women to come together that are organized and funded by the government of Saskatchewan would be welcomed. Funding is needed for women's groups to operate their organizations, to organize their own meetings for discussion about input into the Action Plan. Participation in women's organizations and having their voices heard is part of empowerment for women.
- "Use of organizational models and decision-making that reflect cultural diversity and facilitate women's participation".
- "Involve youth in decision-making processes."
- "Information and public education about status of women issues to women, women's organizations, the general public and to decision-makers."
- "Information and public education about effective ways to involve women in decision-making to women, women's organizations, the general public and to decision-makers."
- "Governments and organizations use communication methods that effectively reach women, are culturally appropriate, meet the needs of person with differing abilities (e.g. person with visual or hearing impairment), take into consideration differing literacy levels, and are in different languages."

**Goal #1 – Decision-making**

**PWHCE Action Plan Priorities and Strategies Related to APSW Goal #1**

The PWHCE Action Plan contains some proposed strategies for increasing the participation of women in decision-making roles. These are found under the following PWHCE Action Plan Priorities:

- Recognize the Importance of Women as Decision-Makers,
- Address the Specific Health Needs of Aboriginal Women.

**Priority: Recognize the Importance of Women as Decision-Makers**

Strategies within the health system:

- Ensure that women and men are equally appointed as members of regional and district health governing bodies, and in all appointments made by the Minister of Health.
- Ensure that those appointed reflect the diversity of women.
- Ensure that the women serving have the financial, technical and personal supports, including childcare, and the cost of transportation in rural and remote areas, to make their participation effective and meaningful.
- Require that regional and district health bodies develop equity plans that promote the hiring of women in management positions. The plans should give particular attention to the hiring of Aboriginal women, women from rural and remote areas, immigrant and refugee women as well as disabled and lesbian/bisexual women.
- Health bodies should report annually on their progress toward gender equity.

Outside the health system:

- Gender equity in appointments to all government bodies, including external agencies, boards and commissions.
- Ensure that appointments accurately reflect the diversity of the people they serve.
- Include gender equity among rural and remote community appointees to all government bodies, including health boards and commissions.

**Priority: Address the Specific Health Needs of Aboriginal Women**

Strategies within the health system:

- Recognize and use the expertise of Aboriginal women in building healthy public policies and health services.
- Involve the community in designing programs and ensure that programs are accountable to the community.

**Goal #1 – Decision-making**

**PWHCE Projects and Publications Related to APSW Goal #1**

- An Exploration of Health-related Impacts of the Erosion of Agriculturally Focused Support Programs for Farm Women in Saskatchewan, Nikki Gerrard, Gwen Russell, Saskatchewan Women's Agricultural Support Network, PWHCE, 1999.
- Invisible Women: Gender and Health Planning in Manitoba and Saskatchewan and Models for Progress by T. Horne, L. Donner and W.E. Thurston, PWHCE, 1999.
- Living in Balance: Gender, Structural Inequalities, and Health Promoting Behaviours in Manitoba First Nation Communities, Brenda Elias, Audrey Leader, Doreen Sanderson, and John O'Neil, University of Manitoba, 2000.
- Reading Romanow: The Implications of the Final Report of The Commission on the Future of Health Care in Canada for Women, National Coordinating Group on Health Care Reform and Women, (authors include Kay Willson, PWHCE), 2003.
- Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project, Connie Deiter and Linda Otway, PWHCE, 2001.
- Telling It Like It Is: Realities of Parenting in Poverty, Kathryn L. Green, and participants of "We Did It Together", PWHCE, 2001.
- "We Did It Together": Low - Income Mothers Working Toward a Healthier Community, Kathryn Green, PWHCE, 2001.
- Women and Health: Experiences in a Rural Regional Health Authority, by J. Roberts, M. Falk, and the South Eastman Community Health Assessment Unit, 2002.



**Goal #2 – Economic Security and Equality**

**Goal #2 - Economic Security and Equality**

**Issues Identified in SSWO Summary of Input**

*Economic Security and Equality*

*To increase the economic security and economic equality of all Saskatchewan women, paying particular attention to the women who face discrimination based on race, age, Aboriginal status, disability, family status, sexual orientation and other factors.*

**Issues Raised by Participants**

- Social assistance benefits to cover the real cost of living
- Maintenance enforcement as an economic security issue
- Guaranteed Annual Income
- Adjusted and flexible Child Tax Credit
- Redesign Disability Tax Credits
- Educational opportunities and flexible student loans for single mothers
- Work-based training programs
- Access to non-traditional jobs
- Legislation to ensure women have equal opportunity for skills training
- Training that promotes self-esteem and lifeskills training opportunities
- Affordable, accessible childcare in apartment buildings
- Universal maternity benefits
- Unpaid work recognized and valued
- Recognition of foreign credentials of immigrants
- Education about acquiring credit rating in own name
- Emergency benefits for refugee women leaving abusive situations
- Realistic minimum wage
- Expansion of Pay Equity Framework
- Quality job creation
- Enforcement to protect all workers through *The Labour Standards Act*
- Adequate pay for childcare and day care workers
- Availability of affordable housing
- Funding for non-government organizations and women's groups

**PWHCE Comments and Additions: APSW Goal #2**

PWHCE suggests adding the issues listed below to those previously identified for consideration under the APSW.

- “Funding for women’s organizations.” Women have lower incomes on average, especially Aboriginal women, women with disabilities, and immigrant and refugee women. Farm women also must deal with unstable agricultural incomes. Women’s financial responsibilities

**Goal #2 – Economic Security and Equality**

for children and childcare leave less money for other expenditures. Plus there are additional travel costs for women living in rural and remote areas. As a result, women have less income available for participating in organizations that support the democratic process in Canada, making “funding for women’s organizations” an economic issue.

- “Consult and involve women in poverty in designing programs and policies to meet their needs.”
- “Address women’s poverty and its root causes.”
- “Recognize poverty as a health issue.”
- “Increase earned income exemptions for social assistance recipients.”
- “Social assistance policies and practices that equitably benefit women.”
- “Women on social assistance can effectively appeal decisions re their income assistance.”
- “Ensure adequate funding for vision care, dental care and prescription drugs for low income people.”
- “Provide low-cost community-based recreational opportunities to enhance participation by people with low income, including seniors.”
- “Effective employment equity programs to increase the workforce participation of women from groups that have not been fully participating.”
- “Mandate employment equity for provincial funding and procurement contracts.”
- “Recognize the credentials, skills, abilities/ competencies, knowledge and experiences of immigrant and refugee women acquired prior to immigrating to Canada.”
- “Care-giving, both paid and unpaid, be recognized and valued, socially and economically.”
- “Safe, affordable, and well-maintained housing, with supportive programs and special consideration for the needs of Aboriginal women, single parent women, women with disabilities, senior women and women living in rural and remote areas.”
- “Accessible, affordable transportation for educational, work, medical, recreational and social purposes, with special consideration for women with disabilities, senior women, and women in rural and remote areas.”
- “Accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate local travel.”

**PWHCE Action Plan: Priorities and Strategies Related to APSW Goal #2**

**Priority: Reduce Poverty Among Women and Address the Consequences of Poverty on Women's Health**

Strategies within the health system:

- Ask poor women how health care services can be changed to meet their needs.
- Provide health services at home and in community based facilities supported by women in poverty.
- Make funding available for low-income people who require vision care, dental care and prescription drugs.

Outside the health system:

- Increase minimum wages.
- Provide safe affordable housing for all.
- Increase earned income exemptions for social assistance recipients,
- Determine the effects of housing, education, transportation, communication and financial policies on low-income women's health.

**Priority: Address the Specific Health Needs of Aboriginal Women**

Outside the health system:

- Enact employment equity legislation to improve the socio-economic status of Aboriginal women and mandate employment equity as a condition of provincial funding and procurement contracts.
- Provide housing and community supports for elder women, starting at age 55.

**Priority: Address the Health Needs of Older Women**

Strategies within the health system:

- Explore ways to motivate older women to be active: provide low-cost community-based activities.

Outside the health system:

- Ensure that programs and services for older women are appropriate to their needs, low in cost, and easily accessed.
- Provide appropriate low-cost services, including home maintenance and renovation, to assist older women to remain at home.
- Provide supportive housing options, with a range of service and program options.
- Provide accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate local travel.

**Priority: Address the Specific Health Needs of Immigrant and Refugee Women**

Outside the health system:

**Goal #2 – Economic Security and Equality**

- Increase funding to agencies serving immigrants and refugees and promote multi-sectoral, holistic approaches to addressing the needs of immigrant and refugee women.
- Recognize the credentials, skills, abilities/competencies, knowledge and experiences acquired prior to immigrating to Canada.
- Implement equity policies to diversify the workforce.

**Priority: Address the Specific Health Needs of Women with Disabilities**

Outside the health system:

- Revise policies related to housing, education, transportation, communication and finance to better reflect the needs of women with disabilities,
- Enhance employment opportunities for women with disabilities,
- Provide safe, affordable, housing for all women with disabilities.
- Increase income supports for women with disabilities.

**Priority: Improve Conditions for Formal and Informal Caregivers**

Strategies within the health system:

- Recognize care-giving as important employment by providing an adequate salary, benefits, job security and opportunities for training and advancement.
- Provide leave from employment with no loss of seniority or benefits to women providing care.
- Provide caregivers with necessary support, including respite care.
- Home care services and publicly funded attendant care should be available on an equitable basis in rural and northern areas,
- Provide training for caregivers.

Outside the health system:

- Provide live-in caregivers with adequate wages and uphold provincial employment standards legislation.
- Encourage immigrant and refugee women to participate in a broad range of employment activities.

**Priority: Address the Specific Health Needs of Women Living in Rural and Remote Areas**

Outside the health system:

- Address poverty and its causes among rural and remote women.

**PWHCE Projects and Publications Related to APSW Goal #2**

- An Exploration of Health-related Impacts of the Erosion of Agriculturally Focused Support Programs for Farm Women in Saskatchewan, Nikki Gerrard, Gwen Russell, Saskatchewan Women's Agricultural Support Network, PWHCE, 1999.

**Goal #2 – Economic Security and Equality**

- Health of Informal Caregivers: Effects of Gender, Employment and the Use of Home Care Services, Pamela Hawranik and Laurel Strain, University of Manitoba, 2000.
- Left in the Cold: Women, Health and the Demise of Social Housing Policies, Darlene Rude and Kathleen Thompson, PWHCE, 2001.
- Mothers' Health and Access to Recreation Activities for Children in Low Income Families, Shirley Forsyth, PWHCE, 2001.
- Post Traumatic Stress Disorder: The Lived Experience of Immigrant, Refugee and Visible Minority Women, author Immigrant Refugee and Visible Minority Women of Saskatchewan, PWHCE, 2001.
- Sexual Violence and Dislocation as Social Risk Factors Involved in the Acquisition of HIV Among Women in Manitoba, Dr. Iris McKeown, Sharon Reid, Shelley Turner and Pam Orr, PWHCE, 2002.
- Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project, Connie Deiter and Linda Otway, PWHCE, 2001.
- Telling It Like It Is: Realities of Parenting in Poverty, Kathryn L. Green, and participants of "We Did It Together", PWHCE, 2001.
- "We Did It Together": Low - Income Mothers Working Toward a Healthier Community, Kathryn L. Green, PWHCE, 2001.
- Women's Formal (paid) Home Care Work in Transition: The Impact of Reform on Labour Process Change in Saskatoon, Saskatchewan, by Allison Williams, Susan Wagner, Monic Buettner and Allan Coghill, PWHCE, 2000.

**Goal #3 - Safety**

**Goal #3 – Safety**

**Issues Identified in SSWO Summary of Input**

*Safety*

*To improve the safety of all Saskatchewan girls and women in  
Their homes, schools, institutions such as nursing homes, work places and communities.*

**Issues Raised by Participants**

- Domestic Violence Response Systems
- Access to shelters for women with disabilities; for immigrant, refugee and visible minority women; and for Aboriginal/Metis women
- Respite care/support network for caregivers
- Rural safety resources: access to daycare for safety of children; access to shelters/transition housing; transportation; support network
- Parenting education
- Training for shelter staff – cultural sensitivity, disabilities
- Zero tolerance programs for schools, work places and institutions
- School-based education on: bullying; self-image; conflict resolution; communication skills; anger management; signs of abuse; dating violence; self defense; self-esteem; respect, self-rights; diversity and cultural sensitivity, discrimination
- Elder abuse education
- Increase awareness of community resources
- Education for schools, workplaces and institutions regarding the issues faced by women with disabilities
- Police Training on violence against women & children, Cultural awareness and sensitivity, domestic violence, victim sensitivity
- Number of female police officers
- Number of women on Police Board
- Advocacy and Legal Clinic for women
- Stronger and enforced stalking laws
- Review of Immigrant Sponsorship Program
- Affordable Workers' Compensation Board rates on farms
- Finish and implement Framework on Family Violence
- Privacy Legislation to protect woman at risk

**Goal #3 - Safety**

**PWHCE Comments and Additions: APSW Goal #3**

PWHCE suggests adding the issues listed below to those previously identified for consideration under the APSW.

- “Address need for accessible services and higher rate of violence experienced by women with disabilities.”
- “Provide training and resources to enable service delivery organizations to provide culturally appropriate services, with special consideration for Aboriginal women, and immigrant and refugee women.”
- “Provide training for staff, resources to hire interpreters and resources to train interpreters in order to meet the communication needs of women with disabilities (especially women with hearing impairments), Aboriginal women, and immigrant and refugee women accessing services.”
- “Provide training to prosecutors and judges, and to health professionals on the identified issues related to training.”
- “Continual global funding to agencies providing services.”
- “Community-based services to young women experiencing violence.”
- “Curricula for educators and students on the impact of childhood sexual abuse, sexual assault and violence on women’s health.”
- “Departments of education and organizations serving young women should develop programs to promote self-esteem and empowerment among young women.”
- “Training for care-givers (of both genders), and necessary support, including respite care.”
- “Accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate travel.”
- “Accessible, affordable transportation for educational, work, medical, recreational and social purposes, and for safety reasons, with special consideration for women with disabilities, senior women, and women in rural and remote areas.”

**Goal #3 - Safety**

**PWHCE Action Plan: Priorities and Strategies Related to APSW Goal #3**

**Priority: Address Violence Against Women**

Strategies within the health system:

- Develop and implement gender-sensitive training for health professionals to promote early recognition of violence and better care for victims, particularly those who are immigrant and refugee women.
- Train multicultural health workers to address violence against women, using a community development approach.

Outside the health system:

- Provide continual, global funding to agencies that provide services to women living in violent situations and to community based programs directed to young women experiencing violence.
- Train criminal justice workers, including police, prosecutors, judges and others. Ensure that the training is comprehensive and consistent and that it recognizes gender as a factor that influences violence.
- Provide anti-violence curriculum, conflict resolution and mediation skills in schools that is anti-racism/sexism/homophobia.

**Priority: Act to Improve Women's Mental Health**

Outside the health system:

- Develop curricula for educators and students on the impact of childhood sexual abuse, sexual assault and violence on women's health.
- Integrate this curriculum into educational programs in health fields.
- Fund community based organizations focusing on women's mental health.
- Work with departments of education and organizations that serve young women to develop programs that promote self-esteem and empowerment among young women.

**Priority: Improve Conditions for Formal and Informal Caregivers**

Strategies within the health system:

- Provide caregivers with necessary support, including respite care.
- Provide training for caregivers.

**Priority: Address the Specific Health Needs of Aboriginal Women**

Strategies within the health system:

- Provide services which are culturally appropriate, which focus on healing rather than treatment, which recognize the links between individual and community wellness, and which care for the whole person,
- Support Aboriginal women in addressing their health issues at all levels with respect for cultural diversity among Aboriginal nations (Indian, Métis, Inuit).



**Goal #3 - Safety**

**Priority: Address the Health Needs of Older Women**

Outside the health system:

- Provide accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate local travel.

**Priority: Address the Specific Health Needs of Immigrant and Refugee Women**

Strategies within the health system:

- Respond to the diverse issues of immigrant and refugee women through cultural awareness training and other professional development training of service providers.
- Use interpreters and provide language training to remove access barriers to the health care system.

**Priority: Address the Specific Health Needs of Women Living in Rural and Remote Areas**

Strategies within the health system:

- Support safe houses and shelter for women living in rural, remote and northern communities who are victims of violence.

Outside the health system:

- Advocate for stable social programs including mental/emotional health services for women in rural and remote communities, child care and services for senior women in rural and remote communities.

**Goal #3 - Safety**

**PWHCE Projects and Publications Related to APSW Goal #3**

- Domestic Violence and the Experiences of Rural Women in East Central Saskatchewan, D.J.F. Martz and D. Bryson Saraurer, PWHCE, 1999
- 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, Sandra Burgess, Ailsa Watkinson, Anne Elliott, Wendy MacDermott and Michael Epstein, PWHCE, 2003.
- Left in the Cold: Women, Health and the Demise of Social Housing Policies, Darlene Rude and Kathleen Thompson, PWHCE, 2001.
- L'Impact du Support Social Sur La Santé Des Femmes: Une Revue Littéraire, Chantal Alarie, PWHCE, 1998.
- Post Traumatic Stress Disorder: The Lived Experience of Immigrant, Refugee and Visible Minority Women, Immigrant, Refugee and Visible Minority Women of Saskatchewan, PWHCE, 2001.
- Prairie Women, Violence and Self-harm, Cathy Fillmore, Colleen Anne Dell and the Elizabeth Fry Society of Manitoba, PWHCE, 2000.
- Resilience and Health, Salvadorean Refugee Women in Manitoba, Sarah J. Bowen, PhD Thesis, Department of Community Health Services, University of Manitoba, 1999. (PWHCE funded).
- Sexual Violence and Dislocation as Social Risk Factors Involved in the Acquisition of HIV Among Women in Manitoba, Dr. Iris McKeown, Sharon Reid, Shelley Turner and Pam Orr, PWHCE, 2002.
- Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project, Connie Deiter and Linda Otway, PWHCE, 2001.
- "We Did It Together": Low - Income Mothers Working Toward a Healthier Community, Kathryn L.Green, PWHCE, 2001.
- Women Survivors of Child Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs, S. Tudiver, T. Heinonen, L. McClure, C. Scurfield and C. Krekewetz, PWHCE, 2000.

**Goal #4 - Health and Well-being**

**Goal #4 – Health and Well-being**

**Issues Identified in SSWO Summary of Input**

*Health and Well-being*

*To improve the health and well-being of all Saskatchewan women.*

**Ideas relating to improving the health and well-being of all Saskatchewan women fall into categories such as women’s reproductive health; mental health services; medical research and analysis; determinants of health; dental health; health promotion and health care delivery models.**

**Issues Raised by Participants**

- Access to birth control information and low cost birth control
- Access to, and public funding for midwifery services
- No tax on feminine hygiene products
- Equal access to pregnancy termination, including rural and northern women
- More women’s health centers
- Ensure that low income adults have access to free basic dental care
- Education that positively promotes the use of mental health services
- Research and studies based on female participants
- Gender-based analysis on health issues
- Education on self-care and funding for prevention
- Feminist orientation to women’s health
- Education and ‘speaking out’ on domestic violence
- Collaboration between health care professionals
- Support for unpaid care-givers and respite care
- Specific health needs of Aboriginal women
- Culturally appropriate care for women
- Alternative and traditional healing practices
- Interpreters and advocates for those who cannot properly access the medical system due to language or other barriers
- Support, awareness and education regarding the benefits of breast feeding

**Goal #4 - Health and Well-being**

**PWHCE Comments and Additions: APSW Goal #4**

From the point of view of an organization that works with the population health model, PWHCE notes that it is interesting to have a separate goal about health and well-being, since the over-all intent of the Saskatchewan Action Plan is to improve the over-all status of women. Under a population health model, all of the Saskatchewan Action Plan goals would be included under determinants of health.

An alternative wording for goal #4 could be “Health care and health status - To ensure health care meets the needs of girls and women and all girls and women have good health”. This would require us to create a definition of “good health” but that would be a useful exercise in helping set goals for the health care system.

However, PWHCE uses the broader definition of health and well-being, and would like to see the more encompassing definition used in the Saskatchewan Action Plan. Aboriginal women define health and well-being in holistic terms, include spiritual well-being.

There are a large number of recommendations that could be suggested for addition to the list provided by participants if the more holistic definition of health and well-being is used. This could essentially be the entire list of recommendations from the *Action Plan for Women’s Health in Manitoba and Saskatchewan*, in Appendix B, and other recommendations from PWHCE-sponsored projects and reports.

The following suggested additions relate specifically to health care.

- “Develop a women’s health strategy and implementation plan.”
- “Implement women-centred health care services.”
- “Provide health services at home and in community based facilities supported by women living in poverty.”
- “Recognize their expertise and consult women on health care to ensure it meets their needs, especially women living in poverty, Aboriginal women, women living in rural and remote areas, women with disabilities, and immigrant and refugee women.”
- “Communities involved in designing programs and programs accountable to the community, e.g. Aboriginal communities.”
- “Care-giving, both paid and unpaid, be recognized and valued, socially and economically.”
- “Access to services in rural and remote areas.”
- “Women-centred, culturally-based health services for Aboriginal women in prison.”
- “Develop a strategy for improving women’s mental health.”

**Goal #4 - Health and Well-being**

- “Provide low-cost community-based recreational opportunities to enhance participation by people with low income, including seniors.”
- “Accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate local travel.”
- “Appropriate services and training for health care providers that recognizes the specific health issues of women concerning sexual orientation.”
- “Cultural awareness training for health care providers, regarding Aboriginal women and immigrant and refugee women’s culture.”
- “Training for health care providers on specific health issues for immigrant and refugee women, (e.g. genital mutilation, Post Traumatic Stress Disorder).”
- “Recognize the credentials, skills, abilities/ competencies and experiences of immigrants and refugees acquired prior to immigrating to Canada.”

**PWHCE Action Plan: Priorities and Strategies Related to APSW Goal #4**

Bearing in mind, that all of the Saskatchewan action plan goals have an influence on health and well-being, all of the PWHCE action plan priorities could have been included here. The recommendations included below assume that goal #4 is referring more to the provision of health care.

**Priority: Develop and Support Best Practices and Knowledge in Women’s Health**

Strategies within the health system:

- Develop Women’s Health strategies in Manitoba and Saskatchewan which:
  - Recognize women’s health as multi-faceted.
  - Advocate for policies and programs based on a population health model that recognizes gender as a determinant of health and also as a factor that bears on the other determinants.
  - Recognize the additional risks of ill-health faced by women marginalized from mainstream society including Aboriginal women, immigrants, refugees, women who live in rural and remote areas, women with disabilities, young women and lesbian/bisexual women.
  - Use the existing knowledge and expertise of organizations working in women’s health.
  - Advocate the need for the active inclusion of a gender perspective at all points in the health care process, from needs assessment, to health planning, to program design, implementation and evaluation.
- Develop implementation plans for the Women’s Health Strategies which include:
  - Women’s Health Units, with the ability to exercise authority and influence policy, within each provincial Department of Health.

**Goal #4 - Health and Well-being**

- Regional and district implementation strategies, screened and approved by the Women's Unit for gender sensitivity and inclusiveness.
- Use Gender Based Analysis (GBA) to ensure that current and proposed health programs and services are sensitive to the needs of women and men, boys and girls and to provide insight into ways the needs of these populations either differ or correspond.
- Use GBA in the design, development, implementation and evaluation of all health services.
- Ensure that GBA tools are used to respect the diversity among women and are sensitive to issues of age, culture, race, Aboriginal status, distance from resources, disability and sexual orientation.
- Recognize and the expertise in women's advocacy organizations to design and apply GBA tools.
- Provide adequate funding for women's health research and ensure that the health research conducted looks beyond traditional concepts of women's health and takes into account [physical, social and economic factors].
- Fund the development and implementation of women centred models of care, such as the Winnipeg women's Health Clinic, the Vancouver/Richmond Health Board's *Framework for Women-Centred Health* and the forthcoming research by PWHCE.
- Make health care services available for diverse groups of women in rural and urban regions.

Outside the health system:

- Advocate for Gender Based Analysis in the design, development, implementation and evaluation of government programs and services to ensure that the services meet the needs of women and men of all ages.

**Priority: Reduce Poverty Among Women and Address the Consequences of Poverty on Women's Health**

Strategies within the health system:

- Ask poor women how health care services can be changed to meet their needs.
- Provide health services at home and in community based facilities supported by women in poverty.
- Make funding available for low-income people who require vision care, dental care and prescription drugs.

Outside the health system:

- Determine the effects of housing, education, transportation, communication and financial policies on low-income women's health.

**Priority: Improve Conditions for Formal and Informal Caregivers**

Strategies within the health system:

- Recognize caregiving as important employment by providing an adequate salary, benefits, job security and opportunities for training and advancement.

**Goal #4 - Health and Well-being**

- Provide leave from employment with no loss of seniority or benefits to women providing care.
- Provide caregivers with necessary support, including respite care.
- Home care services and publicly funded attendant care should be available on an equitable basis in rural and northern areas,
- Provide training for caregivers.

**Priority: Address the Specific Health Needs of Aboriginal Women**

Strategies within the health system:

- Recognize and use the expertise of Aboriginal women in building healthy public policies and health services.
- Involve the community in designing programs and ensure that programs are accountable to the community.
- Provide services which are culturally appropriate, which focus on healing rather than treatment, which recognize the links between individual and community wellness, and which care for the whole person,
- Build capacity to deliver services among Aboriginal peoples.
- Support Aboriginal women in addressing their health issues at all levels with respect for cultural diversity among Aboriginal nations (Indian, Métis, Inuit).
- Provide woman-centred, culturally based health services for Aboriginal women in prison.

**Priority: Address Violence Against Women**

Strategies within the health system:

- Develop and implement gender-sensitive training for health professionals to promote early recognition of violence and better care for victims, particularly those who are immigrant and refugee women.
- Train multicultural health workers to address violence against women, using a community development approach.

**Priority: Recognize the Importance of Women as Decision-Makers**

Strategies within the health system:

- Ensure that women and men are equally appointed as members of regional and district health governing bodies, and in all appointments made by the Minister of Health.
- Ensure that those appointed reflect the diversity of women.
- Ensure that the women serving have the financial, technical and personal supports, including child care, and the cost of transportation in rural and remote areas, to make their participation effective and meaningful.
- Require that regional and district health bodies develop equity plans that promote the hiring of women in management positions. The plans should give particular attention to the hiring of Aboriginal women, women from rural and remote areas, immigrant and refugee women as well as disabled and lesbian/bisexual women.
- Health bodies should report annually on their progress toward gender equity.

**Goal #4 - Health and Well-being**

**Priority: Act to Improve Women's Mental Health**

Strategies within the health system:

- Educate health professionals on mental health issues among women and develop appropriate treatments and services.
- Develop gender and culturally sensitive mental health services based on holistic concepts of women's health
- Include strategies for individuals and societal empowerment in all geographic areas, including women's prisons.
- Ensure that adequate supports are provided for the families of women suffering from mental illness.
- Provide community care with supports to women and families.

Outside the health system:

- Develop curricula for educators and students on the impact of childhood sexual abuse, sexual assault and violence on women's health.
- Integrate this curriculum into educational programs in health fields.
- Fund community based organizations focusing on women's mental health.
- Work with departments of education and organizations that serve young women to develop programs that promote self-esteem and empowerment among young women.

**Priority: Act to Improve Women's Sexual and Reproductive Health**

Strategies within the health system:

- Ensure access to and public funding for a full range of reproductive health services to all women, including medical and surgical abortion services.
- Education and services should be culturally appropriate and available in a variety of languages.
- Health professionals should be aware of genital mutilation and able to care for women who have undergone it.
- Midwives should be employed in all regions and health districts.

Outside the health system:

- Provide environments and workplaces that are free of reproductive hazards.
- Reduce the high teenage pregnancy rate by providing: information on healthy sexual choices, free and low cost birth control supplies, programming that is appropriate for all young women and men.

**Priority: Address the Health Needs of Older Women**

Strategies within the health system:

- Involve older women and their caregivers in all areas of health delivery and mobilize seniors to work in their own interest.
- Encourage gender-based research on older women.



**Goal #4 - Health and Well-being**

- Explore ways to motivate older women to be active: provide low-cost community-based activities.
- Provide greater availability of respite and other support programs for caregivers.

Outside the health system:

- Ensure that programs and services for older women are appropriate to their needs, low in cost, and easily accessed.
- Provide supportive housing options, with a range of service and program options.
- Regulate housing and long-term care facilities to ensure appropriate service options and the availability of trained and knowledgeable staff.
- Provide accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate local travel.

**Priority: Address the Specific Health Needs of Immigrant and Refugee Women**

Strategies within the health system:

- Empower immigrant and refugee women to take control over their health through community development, popular education and by involving immigrant and refugee women in the development of policies that affect their health.
- Design, plan and implement appropriate programs for immigrant and refugee women's health.
- Fund research on the health needs of the women, including coordination of professional interpretation services and subsidies for cost of services.
- Respond to the diverse issues of immigrant and refugee women through cultural awareness training and other professional development training of service providers.
- Work towards the inclusion of multi-cultural awareness in the educational curriculum for the schools of medicine, education, social work and nursing.
- Use interpreters and provide language training to remove access barriers to the health care system.

Outside the health system:

- Recognize the credentials, skills, abilities/competencies, knowledge and experiences acquired prior to immigrating to Canada.

**Priority: Address the Specific Health Needs of Women with Disabilities**

Strategies within the health system:

- Examine and change the barriers to women with disabilities taking prescription medications,
- Expand knowledge and expertise among health professionals on appropriate care for women with disabilities.
- Enhance mental health services to include a focus on women with disabilities.

**Goal #4 - Health and Well-being**

**Priority: Address the Specific Health Needs of Women Living in Rural and Remote Areas**

Strategies within the health system:

- Integrate and incorporate rural women's health needs in gender-sensitive programs.
- Use gender identified health information for a clear picture of the health of rural and remote women.
- Devise a consultation mechanism to involve rural women continued input in health planning.
- Support safe houses and shelter for women living in rural, remote and northern communities who are victims of violence.

Outside the health system:

- Advocate for stable social programs including mental/emotional health services for women in rural and remote communities, child care and services for senior women in rural and remote communities.

**PWHCE Projects and Publications Related to APSW Goal #4**

- A Rural Women's Health Program: The Experience of the South Westman RHA, Lissa Donner, PWHCE, 2001.
- A Study of the Service Needs of Pregnant Addicted Women in Manitoba, Caroline Tait, Manitoba Health, 2000.
- Coping as A Rural Caregiver: The Impact of Health Care Reforms on Rural Women Informal Caregivers, JoAnn Jaffe and Bonnie Blakley, PWHCE, 1999.
- Delivering an Alternative: An Overview of the Regulation of Midwifery in Manitoba, Margaret Haworth-Brockman, PWHCE, 2002.
- Domestic Violence and the Experiences of Rural Women in East Central Saskatchewan, D.J.F. Martz and D. Bryson Saraurer, PWHCE, 1999.
- Exposing Privatization: Women and Health Care Reform in Canada, Pat Armstrong, Carol Amaratunga, Jocelyne Bernier, Karen Grant, Ann Pederson, and Kay Willson, Garamond Press, Aurora, Ontario, 2001. Includes the Chapter "Missing Links: The Effects of Health Care Privatization on Women in Manitoba and Saskatchewan" by Kay Willson and Jennifer Howard of PWHCE.
- Evaluating Programs for Women: A Gender Specific Framework, J. McLaren, PWHCE, 2000 Revised Edition.
- Health of Informal Caregivers: Effects of Gender, Employment and the Use of Home Care Services, Pamela Hawranik and Laurel Strain, University of Manitoba, 2000.

**Goal #4 - Health and Well-being**

- 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, Sandra Burgess, Ailsa Watkinson, Anne Elliott, Wendy MacDermott and Michael Epstein, PWHCE, 2003.
- Invisible Women: Gender and Health Planning in Manitoba and Saskatchewan and Models for Progress, Tammy Horne, Lissa Donner and Wilfreda E. Thurston, PWHCE, 1999.
- Left in the Cold: Women, Health and the Demise of Social Housing Policies, Darlene Rude and Kathleen Thompson, PWHCE, 2001.
- L'Impact du Support Social Sur La Santé Des Femmes: Une Revue Littéraire, Chantal Alarie, PWHCE, 1998.
- Living in Balance: Gender, Structural Inequalities, and Health Promoting Behaviours in Manitoba First Nation Communities, Brenda Elias, Audrey Leader, Doreen Sanderson, and John O'Neil, University of Manitoba, 2000.
- Midwifery Care: What Women Want, M. Moon, L. Brietkreuz, C. Ellis and C. Hanson, PWHCE, 1999.
- Missing Links: The Effects of Health Care Privatization on Women in Manitoba and Saskatchewan, Kay Willson and Jennifer Howard, PWHCE, 2000.
- Post Traumatic Stress Disorder: The Lived Experience of Immigrant, Refugee and Visible Minority Women, Immigrant, Refugee and Visible Minority Women of Saskatchewan, PWHCE, 2001.
- Prairie Women, Violence and Self-harm, Cathy Fillmore, Colleen Anne Dell and the Elizabeth Fry Society of Manitoba, PWHCE, 2000.
- Reading Romanow: The Implications of the Final Report of The Commission on the Future of Health Care in Canada for Women, National Coordinating Group on Health Care Reform and Women, (authors include Kay Willson, PWHCE), 2003.
- Sexual Violence and Dislocation as Social Risk Factors Involved in the Acquisition of HIV Among Women in Manitoba, Dr. Iris McKeown, Sharon Reid, Shelley Turner and Pam Orr, PWHCE, 2002.
- Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project, Connie Deiter and Linda Otway, PWHCE, 2001.
- She Stands Alone: A Review of the Recent Literature on Women and Social Support, Martha L. Weber, PWHCE, 1998.
- Social Support and Women Living with Serious Mental Illness, Wanda M. Chernomas and Diana E. Clarke, PWHCE, 2002.

**Goal #4 - Health and Well-being**

- Staying Well Together, Social Support and Well-Being Among Lesbian Couples in Manitoba, Jan Mitchell and Winnipeg Gay/Lesbian Resource Centre, PWHCE, 1999.
- Telling It Like It Is: Realities of Parenting in Poverty, Kathryn L. Green, and participants of “We Did It Together”, PWHCE, 2001.
- The Differential Impact of Health Care Privatization on Women in Alberta, C.M Scott, T. Horne and W.E. Thurston, PWHCE, 2000.
- The Effect of Social Isolation and Loneliness On the Health of Older Women, Madelyn Hall and Betty Havens, Aging in Manitoba Study, 1999 (PWHCE funded).
- The Ethical and Human Rights Implications of Prenatal Technologies: The Need for Federal Leadership and Regulation, Yvonne Peters and Karen Lawson, PWHCE, 2002.
- Voices from the Front Lines: Models of Women-Centred Care in Manitoba and Saskatchewan, Robin Barnett, Susan White, Tammy Horne, PWHCE 2002.
- “We Did It Together”: Low - Income Mothers Working Toward a Healthier Community, Kathryn Green, PWHCE, 2001.
- Women and Health: Experiences in a Rural Regional Health Authority, Jan Roberts, Marcelle Falk and South Eastman Health District, PWHCE, 2002.
- Women and Health Care Reform, National Coordinating Group on Health Care Reform and Women, (authors include Kay Willson, PWHCE), 2000, revised edition 2002.
- Women and Home Care: Why Does Home Care Matter to Women?, National Coordinating Group on Health Care Reform and Women, (authors include Kay Willson, PWHCE), 2003.
- Women, Gender and Health: A Review of the Recent Literature, B.L. Janzen, PWHCE, 1998.
- Women’s Formal (paid) Home Care Work in Transition: The Impact of Reform on Labour Process Change in Saskatoon, Saskatchewan, by Allison Williams, Susan Wagner, Monic Buettner and Allan Coghill, PWHCE, 2000.
- Women Survivors of Child Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs, S. Tudiver, T. Heinonen, L. McClure, C. Scurfield and C. Krekewetz, PWHCE, 2000.

## **APPENDIX B: PWHCE ACTION PLAN**

### **Recommendations from the**

#### ***Action Plan for Women's Health in Manitoba and Saskatchewan***

The *Action Plan for Women's Health in Manitoba and Saskatchewan* was the result of consultations in Manitoba and Saskatchewan. This included input from the Our Health In Our Hands Conference, held in Winnipeg in October 2000, which had over 250 participants. The Action Plan highlights 12 priorities in women's health and strategies for changes.

### **Reduce Poverty Among Women and Address the Consequences of Poverty on Women's Health**

Strategies within the health system:

- Ask poor women how health care services can be changed to meet their needs.
- Provide health services at home and in community based facilities supported by women in poverty.
- Make funding available for low-income people who require vision care, dental care and prescription drugs.

Outside the health system:

- Increase minimum wages.
- Provide safe affordable housing for all.
- Increase earned income exemptions for social assistance recipients,
- Determine the effects of housing, education, transportation, communication and financial policies on low-income women's health.

### **Improve Conditions for Formal and Informal Caregivers**

Strategies within the health system:

- Recognize caregiving as important employment by providing an adequate salary, benefits, job security and opportunities for training and advancement.
- Provide leave from employment with no loss of seniority or benefits to women providing care.
- Provide caregivers with necessary support, including respite care.
- Home care services and publicly funded attendant care should be available on an equitable basis in rural and northern areas,
- Provide training for caregivers.

Outside the health system:

- Provide live-in caregivers with adequate wages and uphold provincial employment standards legislation.
- Encourage immigrant and refugee women to participate in a broad range of employment activities.

## **Address the Specific Health Needs of Aboriginal Women**

Strategies within the health system:

- Recognize and use the expertise of Aboriginal women in building healthy public policies and health services.
- Involve the community in designing programs and ensure that programs are accountable to the community.
- Provide services which are culturally appropriate, which focus on healing rather than treatment, which recognize the links between individual and community wellness, and which care for the whole person,
- Build capacity to deliver services among Aboriginal peoples.
- Support Aboriginal women in addressing their health issues at all levels with respect for cultural diversity among Aboriginal nations (Indian, Métis, Inuit).
- Provide woman-centred, culturally based health services for Aboriginal women in prison.

Outside the health system:

- Enact employment equity legislation to improve the socio-economic status of Aboriginal women and mandate employment equity as a condition of provincial funding and procurement contracts.
- Provide housing and community supports for elder women, starting at age 55.

## **Address Violence Against Women**

Strategies within the health system:

- Develop and implement gender-sensitive training for health professionals to promote early recognition of violence and better care for victims, particularly those who are immigrant and refugee women.
- Train multicultural health workers to address violence against women, using a community development approach.

Outside the health system:

- Provide continual, global funding to agencies that provide services to women living in violent situations and to community based programs directed to young women experiencing violence.
- Train criminal justice workers, including police, prosecutors, judges and others. Ensure that the training is comprehensive and consistent and that it recognizes gender as a factor that influences violence.

- Provide anti-violence curriculum, conflict resolution and mediation skills in schools that is anti-racism/sexism/homophobia.

## **Develop and Support Best Practices and Knowledge in Women's Health**

Strategies within the health system:

- Develop Women's Health strategies in Manitoba and Saskatchewan which:
  - Recognize women's health as multi-faceted.
  - Advocate for policies and programs based on a population health model that recognizes gender as a determinant of health and also as a factor that bears on the other determinants.
  - Recognize the additional risks of ill-health faced by women marginalized from mainstream society including Aboriginal women, immigrants, refugees, women who live in rural and remote areas, women with disabilities, young women and lesbian/bisexual women.
  - Use the existing knowledge and expertise of organizations working in women's health.
  - Advocate the need for the active inclusion of a gender perspective at all points in the health care process, from needs assessment, to health planning, to program design, implementation and evaluation.
- Develop implementation plans for the Women's Health Strategies which include:
  - Women's Health Units, with the ability to exercise authority and influence policy, within each provincial Department of Health.
  - Regional and district implementation strategies, screened and approved by the Women's Unit for gender sensitivity and inclusiveness.
  - Use Gender Based Analysis (GBA) to ensure that current and proposed health programs and services are sensitive to the needs of women and men, boys and girls and to provide insight into ways the needs of these populations either differ or correspond.
  - Use GBA in the design, development, implementation and evaluation of all health services.
  - Ensure that GBA tools are used to respect the diversity among women and are sensitive to issues of age, culture, race, Aboriginal status, distance from resources, disability and sexual orientation.
  - Recognize and the expertise in women's advocacy organizations to design and apply GBA tools.
  - Provide adequate funding for women's health research and ensure that the health research conducted looks beyond traditional concepts of women's health and takes into account [physical, social and economic factors].
  - Fund the development and implementation of women centred models of care, such as the Winnipeg women's Health Clinic, the Vancouver/Richmond Health Board's *Framework for Women-Centred Health* and the forthcoming research by PWHCE.
  - Make health care services available for diverse groups of women in rural and urban regions.

Outside the health system:

- Advocate for Gender Based Analysis in the design, development, implementation and evaluation of government programs and services to ensure that the services meet the needs of women and men of all ages.

## **Recognize the Importance of Women as Decision-Makers**

Strategies within the health system:

- Ensure that women and men are equally appointed as members of regional and district health governing bodies, and in all appointments made by the Minister of Health.
- Ensure that those appointed reflect the diversity of women.
- Ensure that the women serving have the financial, technical and personal supports, including child care, and the cost of transportation in rural and remote areas, to make their participation effective and meaningful.
- Require that regional and district health bodies develop equity plans that promote the hiring of women in management positions. The plans should give particular attention to the hiring of Aboriginal women, women from rural and remote areas, immigrant and refugee women as well as disabled and lesbian/bisexual women.
- Health bodies should report annually on their progress toward gender equity.

Outside the health system:

- Gender equity in appointments to all government bodies, including external agencies, boards and commissions.
- Ensure that appointments accurately reflect the diversity of the people they serve.
- Include gender equity among rural and remote community appointees to all government bodies, including health boards and commissions.

## **Act to Improve Women's Mental Health**

Strategies within the health system:

- Educate health professionals on mental health issues among women and develop appropriate treatments and services.
- Develop gender and culturally sensitive mental health services based on holistic concepts of women's health
- Include strategies for individuals and societal empowerment in all geographic areas, including women's prisons.
- Ensure that adequate supports are provided for the families of women suffering from mental illness.
- Provide community care with supports to women and families.

Outside the health system:

- Develop curricula for educators and students on the impact of childhood sexual abuse, sexual assault and violence on women's health.



- Integrate this curriculum into educational programs in health fields.
- Fund community based organizations focusing on women's mental health.
- Work with departments of education and organizations that serve young women to develop programs that promote self-esteem and empowerment among young women.

## **Act to Improve Women's Sexual and Reproductive Health**

Strategies within the health system:

- Ensure access to and public funding for a full range of reproductive health services to all women, including medical and surgical abortion services.
- Education and services should be culturally appropriate and available in a variety of languages.
- Health professionals should be aware of genital mutilation and able to care for women who have undergone it.
- Midwives should be employed in all regions and health districts.

Outside the health system:

- Provide environments and workplaces that are free of reproductive hazards.
- Reduce the high teenage pregnancy rate by providing: information on healthy sexual choices, free and low cost birth control supplies, programming that is appropriate for all young women and men.

## **Address the Health Needs of Older Women**

Strategies within the health system:

- Involve older women and their caregivers in all areas of health delivery and mobilize seniors to work in their own interest.
- Encourage gender-based research on older women.
- Explore ways to motivate older women to be active: provide low-cost community-based activities.
- Provide greater availability of respite and other support programs for caregivers.

Outside the health system:

- Ensure that programs and services for older women are appropriate to their needs, low in cost, and easily accessed.
- Provide appropriate low-cost services, including home maintenance and renovation, to assist older women to remain at home.
- Provide supportive housing options, with a range of service and program options.
- Regulate housing and long-term care facilities to ensure appropriate service options and the availability of trained and knowledgeable staff.
- Provide accessible, affordable, door-to-door transportation to ensure the safety of older women and to facilitate local travel.

## **Address the Specific Health Needs of Immigrant and Refugee Women**

Strategies within the health system:

- Empower immigrant and refugee women to take control over their health through community development, popular education and by involving immigrant and refugee women in the development of policies that affect their health.
- Design, plan and implement appropriate programs for immigrant and refugee women's health.
- Fund research on the health needs of the women, including coordination of professional interpretation services and subsidies for cost of services.
- Respond to the diverse issues of immigrant and refugee women through cultural awareness training and other professional development training of service providers.
- Work towards the inclusion of multi-cultural awareness in the educational curriculum for the schools of medicine, education, social work and nursing.
- Use interpreters and provide language training to remove access barriers to the health care system.

Outside the health system:

- Increase funding to agencies serving immigrants and refugees and promote multi-sectoral, holistic approaches to addressing the needs of immigrant and refugee women.
- Recognize the credentials, skills, abilities/competencies, knowledge and experiences acquired prior to immigrating to Canada.
- Implement equity policies to diversify the workforce.

## **Address the Specific Health Needs of Women with Disabilities**

Strategies within the health system:

- Examine and change the barriers to women with disabilities taking prescription medications,
- Expand knowledge and expertise among health professionals on appropriate care for women with disabilities.
- Enhance mental health services to include a focus on women with disabilities.

Outside the health system:

- Revise policies related to housing, education, transportation, communication and finance to better reflect the needs of women with disabilities,
- Enhance employment opportunities for women with disabilities,
- Provide safe, affordable, housing for all women with disabilities.
- Increase income supports for women with disabilities.

## **Address the Specific Health Needs of Women Living in Rural and Remote Areas**

Strategies within the health system:

- Integrate and incorporate rural women's health needs in gender-sensitive programs.
- Use gender identified health information for a clear picture of the health of rural and remote women.
- Devise a consultation mechanism to involve rural women continued input in health planning.
- Support safe houses and shelter for women living in rural, remote and northern communities who are victims of violence.

Outside the health system:

- Address poverty and its causes among rural and remote women.
- Advocate for stable social programs including mental/emotional health services for women in rural and remote communities, child care and services for senior women in rural and remote communities.

## **APPENDIX C: PWHCE REPORTS**

The following reports were written based on research funded by the Prairie Women's Health Centre of Excellence, or were commissioned by the Centre. Contact PWHCE for copies of reports that PWHCE distributes, or information on obtaining the other reports. Some reports and/or Executive Summaries are available on the PWHCE website <http://www.pwhce.ca>.

### **PRAIRIE WOMEN'S HEALTH CENTRE OF EXCELLENCE SPONSORED PROJECTS AND REPORTS February 19, 2003**

- A Rural Women's Health Program: The Experience of the South Westman RHA, Lissa Donner, PWHCE, 2001.
- A Study of the Service Needs of Pregnant Addicted Women in Manitoba, Caroline Tait, Manitoba Health, 2000.
- Action Plan for Women's Health in Manitoba and Saskatchewan, PWHCE, 2001.
- An Exploration of Health-related Impacts of the Erosion of Agriculturally Focused Support Programs for Farm Women in Saskatchewan, Nikki Gerrard, Gwen Russell, Saskatchewan Women's Agricultural Support Network, PWHCE, 1999.
- Coping as A Rural Caregiver: The Impact of Health Care Reforms on Rural Women Informal Caregivers, JoAnn Jaffe and Bonnie Blakley, PWHCE, 1999.
- Delivering an Alternative: An Overview of the Regulation of Midwifery in Manitoba, Margaret Haworth-Brockman, PWHCE, 2002.
- Domestic Violence and the Experiences of Rural Women in East Central Saskatchewan, D.J.F. Martz and D. Bryson Saraurer, PWHCE, 1999.
- Exposing Privatization: Women and Health Care Reform in Canada, Pat Armstrong, Carol Amaratunga, Jocelyne Bernier, Karen Grant, Ann Pederson, and Kay Willson, Garamond Press, Aurora, Ontario, 2001. Includes the Chapter "Missing Links: The Effects of Health Care Privatization on Women in Manitoba and Saskatchewan" by Kay Willson and Jennifer Howard of PWHCE.
- Evaluating Programs for Women: A Gender Specific Framework, J. McLaren, PWHCE, 2000 Revised Edition.
- Health of Informal Caregivers: Effects of Gender, Employment and the Use of Home Care Services, Pamela Hawranik and Laurel Strain, University of Manitoba, 2000. Executive Summary from PWHCE website. (Contact the author for the report or journal articles.)

- 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, Sandra Burgess, Ailsa Watkinson, Anne Elliott, Wendy MacDermott and Michael Epstein, PWHCE, 2003.
- Invisible Women: Gender and Health Planning in Manitoba and Saskatchewan and Models for Progress, Tammy Horne, Lissa Donner and Wilfreda E. Thurston, PWHCE, 1999.
- Left in the Cold: Women, Health and the Demise of Social Housing Policies, Darlene Rude and Kathleen Thompson, PWHCE, 2001.
- L'Impact du Support Social Sur La Santé Des Femmes: Une Revue Littéraire, Chantal Alarie, PWHCE, 1998.
- Living in Balance: Gender, Structural Inequalities, and Health Promoting Behaviours in Manitoba First Nation Communities, Brenda Elias, Audrey Leader, Doreen Sanderson, and John O'Neil, University of Manitoba, 2000. Executive summary on PWHCE website. Contact the authors for a copy of the report.
- Midwifery Care: Women's Hopes, Experiences and Reflections, M. Moon, L. Brietkreuz, C. Ellis and C. Hanson, PWHCE, 1999. Interim report – became Midwifery Care: What Women Want.
- Midwifery Care: What Women Want, M. Moon, L. Brietkreuz, C. Ellis and C. Hanson, PWHCE, 1999.
- Missing Links: The Effects of Health Care Privatization on Women in Manitoba and Saskatchewan, Kay Willson and Jennifer Howard, PWHCE, 2000.
- Mothers' Health and Access to Recreation Activities for Children in Low Income Families, Shirley Forsyth, PWHCE, 2001.
- Post Traumatic Stress Disorder: The Lived Experience of Immigrant, Refugee and Visible Minority Women, author - Immigrant, Refugee and Visible Minority Women of Saskatchewan, PWHCE, 2001.
- Prairie Women, Violence and Self-harm, Cathy Fillmore, Colleen Anne Dell and the Elizabeth Fry Society of Manitoba, PWHCE, 2000.
- Reading Romanow: The Implications of the Final Report of The Commission on the Future of Health Care in Canada for Women, National Coordinating Group on Health Care Reform and Women, (authors include Kay Willson, PWHCE), 2003.
- Resilience and Health, Salvadorean Refugee Women in Manitoba, Sarah J. Bowen, PhD Thesis, Department of Community Health Services, University of Manitoba, 1999. (PWHCE funded). Contact the author for a copy of the thesis.

- Seeds of Change: A Six Year Review, Cecile Gousseau and the Prairie Women's Health Centre of Excellence, 2002. An overview of PWHCE programs and research studies.
- Sexual Violence and Dislocation as Social Risk Factors Involved in the Acquisition of HIV Among Women in Manitoba, Dr. Iris McKeown, Sharon Reid, Shelley Turner, and Pam Orr, PWHCE, 2002.
- Sharing Our Stories on Promoting Health and Community Healing: An Aboriginal Women's Health Project, Connie Deiter and Linda Otway, PWHCE, 2001.
- She Stands Alone: A Review of the Recent Literature on Women and Social Support, Martha L. Weber, PWHCE, 1998.
- Social Support and Women Living with Serious Mental Illness, Wanda M. Chernomas and Diana E. Clarke, PWHCE, 2002.
- Staying Well Together, Social Support and Well-Being Among Lesbian Couples in Manitoba, Jan Mitchell and Winnipeg Gay/Lesbian Resource Centre, PWHCE, 1999. Executive Summary on PWHCE website. Contact the author for a copy of the report.
- The Differential Impact of Health Care Privatization on Women in Alberta, C.M Scott, T. Horne and W.E. Thurston, PWHCE, 2000.
- The Effect of Social Isolation and Loneliness On the Health of Older Women, Madelyn Hall and Betty Havens, Aging in Manitoba Study, 1999 (PWHCE funded). Contact the author for a copy of the report.
- The Ethical and Human Rights Implications of Prenatal Technologies: The Need for Federal Leadership and Regulation, Yvonne Peters and Karen Lawson, PWHCE, 2002.
- Voices from the Front Lines: Models of Women-Centred Care in Manitoba and Saskatchewan, Robin Barnett, Susan White, Tammy Horne, PWHCE 2002.
- "We Did It Together": Low - Income Mothers Working Toward a Healthier Community, Kathryn Green, PWHCE, 2001.
- Women and Health Care Reform, National Coordinating Group on Health Care Reform and Women, (authors include Kay Willson, PWHCE), 2000, revised edition 2002.
- Women and Home Care: Why Does Home Care Matter to Women?, National Coordinating Group on Health Care Reform and Women, (authors include Kay Willson, PWHCE), 2003.
- Women and Health: Experiences in a Rural Regional Health Authority, Jan Roberts, Marcelle Falk and South Eastman Health District, PWHCE, 2002.

- Women, Gender and Health: A Review of the Recent Literature, B.L. Janzen, PWHCE, 1998.
- Women's Formal (paid) Home Care Work in Transition: The Impact of Reform on Labour Process Change in Saskatoon, Saskatchewan, by Allison Williams, Susan Wagner, Monic Buettner and Allan Coghill, PWHCE, 2000. Executive Summary on PWHCE website. Contact the authors for a copy of the report.
- Women Survivors of Child Sexual Abuse: Knowledge and Preparation of Health Care Providers to Meet Client Needs, S. Tudiver, T. Heinonen, L. McClure, C. Scurfield and C. Krekewetz, PWHCE, 2000.

## **Contact Information**

### **Prairie Women's Health Centre of Excellence**

The Prairie Women's Health Centre of Excellence is one of the Centres of Excellence for Women's Health supported by the Women's Health Bureau of Health Canada. The Centres are dedicated to improving the health status of Canadian women by conducting policy-oriented, and community-based research on the social determinants of women's health.

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### **National Coordinating Group on Health Care Reform and Women**

The National Coordinating Group on Health Care Reform and Women came together in 1998 as a collaborative group of the Centres of Excellence for Women's Health (CEWH), the Canadian Women's Health Network and Health Canada's Women's Health Bureau, all funded by the Women's Health Bureau. The group's mandate is to coordinate research on health care reform and to translate this research into policies and practices.

For further information visit the website at <http://www.cewh-cesf.ca/healthreform> or contact Kay Willson, PWHCE.