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Gender, Health, and Sustainable Development

**Proceedings of a
Workshop held in
Nairobi, Kenya,
5-8 October 1993**

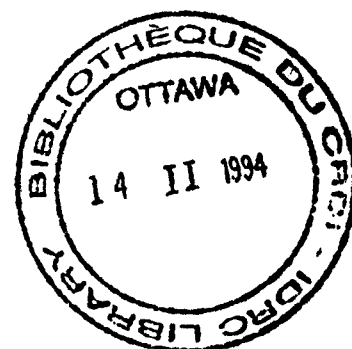
Edited by
Pandu Wijeyaratne,
Lori Jones Arsenault,
Janet Hatcher Roberts, and
Jennifer Kitts

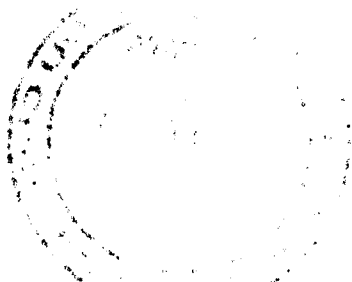
The International Development Research Centre
Le Centre de recherches pour le développement international
El Centro Internacional de Investigaciones para el Desarrollo

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Health and the Status of Women in Canada

Janet Hatcher Roberts¹

There has been increasing attention paid to women's health issues in Canada. Canadian women are realizing the importance of learning about their health, medical policies are slowly changing to consider the needs of women, and policy-makers at the federal, provincial, and other government jurisdictional levels are considering the importance of incorporating women's health issues into overall health policies.

Canada is made up of 10 provinces and 3 territories. Our constitution states that health is a provincial matter, and over the years the federal government has worked out a variety of funding arrangements to assist the provinces in paying for health care. Canadians are covered by a universal health care plan, which includes hospital-based care as well as ambulatory care. As resources have become increasingly tight, the amount of money contributed by the federal government to the provinces has decreased, which has increasingly lessened any influence the federal government might have had on the provinces in terms of health policies and health service delivery mandates. However, it has allowed more innovation and flexibility over time for the provinces.

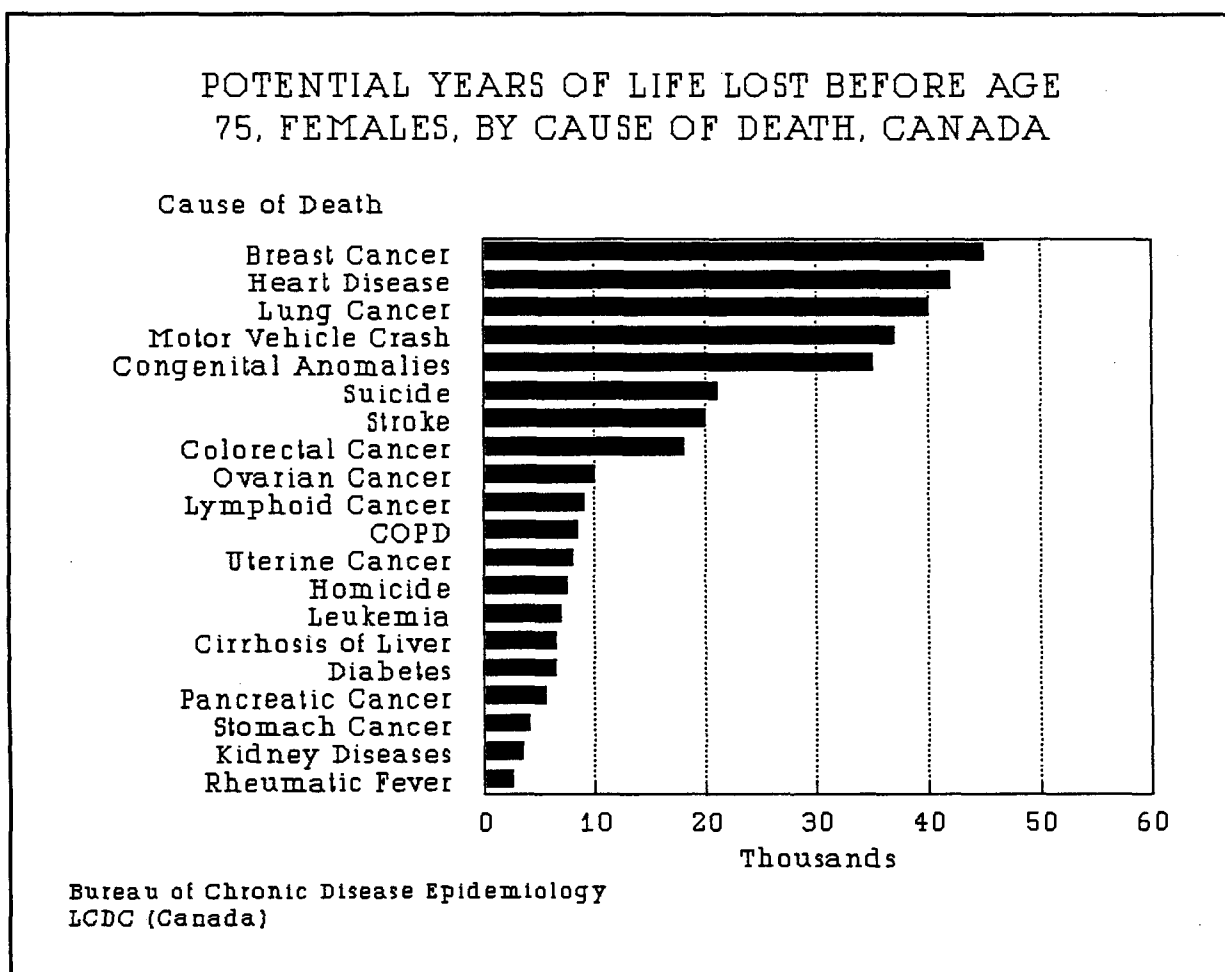
In 1988, the first National Symposium on Changing Patterns of Health and Disease in Canadian Women was held in Ottawa, Canada. Following this conference, the Conference of Deputy Ministers of Health (Federal/Provincial/Territorial) established a Federal/Provincial/Territorial Working Group on Women's Health to advise them on women's health matters. To this end, a framework document was produced which identified the key issues and outlined priorities for action for women's health at the federal, provincial, and territorial levels. The response to these issues and challenges facing Canadian women was the development of a series of principles, strategies and guiding principles for improving women's health.

More recently, a special office for Women's Health was established as part of the newly reorganized Health Canada. This new office will serve as a coordinating body for women's health, and will likely take a lead role in terms of approving policy plans and program advice to the Minister of Health.

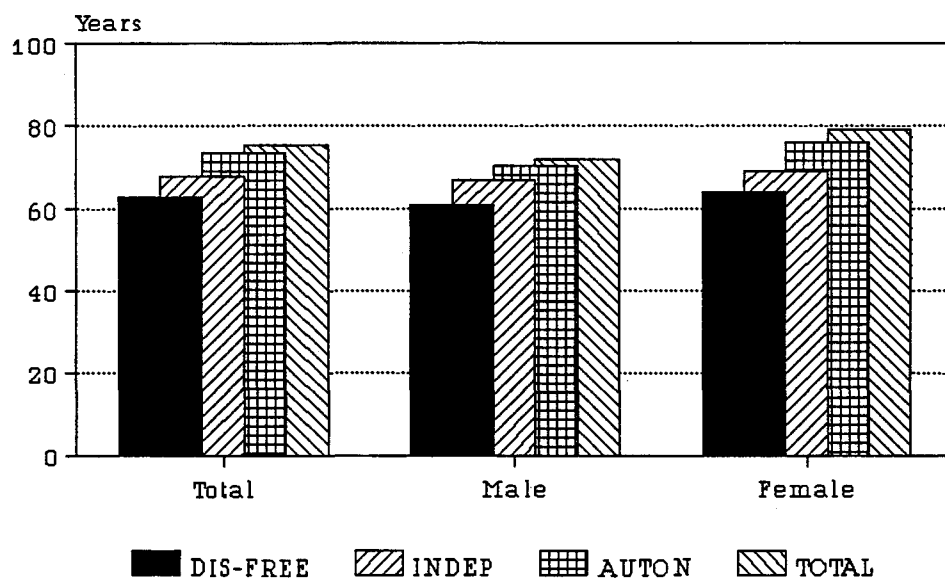
¹ Health Sciences Division, International Development Research Centre, Ottawa, Canada

What is the status of women and their health in Canada?

- women live longer than men and practice better health habits,
- and yet, over time, they suffer more ill health and are more frequent users of the health care system
- clearly women's health needs to be studied in the context of the social realities of women's lives

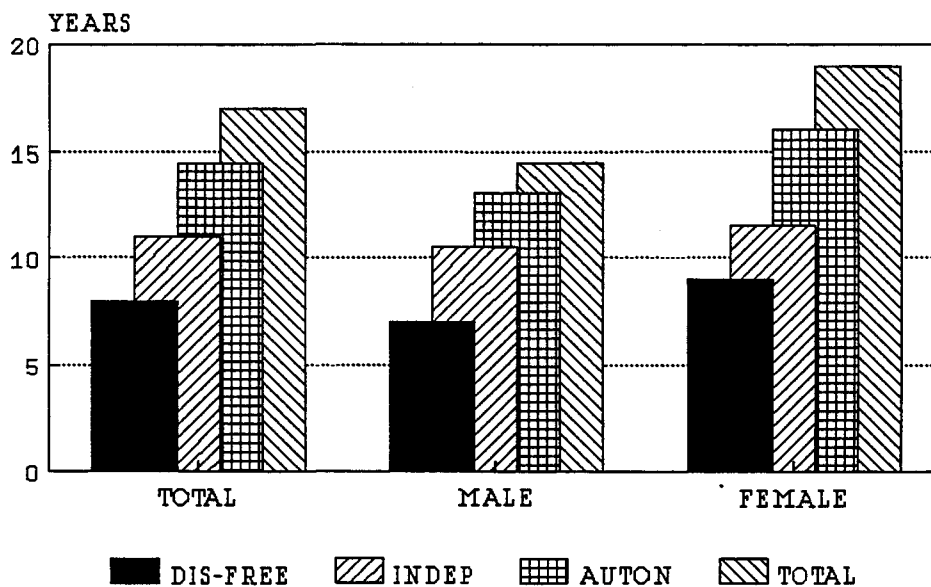


HEALTH AND INDEPENDENCE EXPECTANCY AT BIRTH, BY SEX, CANADA, 1986



Source: Statistics Canada/Health and Welfare Canada (Wilkins and Adams)

HEALTH AND INDEPENDENCE EXPECTANCY AT AGE 65, BY SEX, CANADA, 1986



Source: Statistics Canada/Health and Welfare Canada (Wilkins and Adams)

Highlights
Canadian Federal/Provincial/Territorial Initiatives^b

Themes	Federal/National	Provincial/Territorial
Elderly	<ul style="list-style-type: none"> • Old Age Security (OAS) basic level of income for Canadians over 65 years • Guaranteed Income Supplement (GIS) • Spousal Allowance (SPA) <p>New Horizons Program: provides opportunities for seniors to plan and operate activities for themselves.</p>	<p>British Columbia:</p> <ul style="list-style-type: none"> • "Advocates for Care Reform": family members and friends of nursing home residents dedicated to improving their quality of care • "Take Time to Talk" Project of the Disabled Women's Network organized regional workshops for women with disabilities <p>Manitoba:</p> <ul style="list-style-type: none"> • A Drug Line for the Elderly: drug-related events contribute to 23% of admissions to hospital for the elderly
Environment	<p>Health and Welfare Canada Great Lakes Health Effects Program:</p> <ul style="list-style-type: none"> • Exposure to Contaminants and Reproductive Health; • Reproductive Endpoints. 	<ul style="list-style-type: none"> • Canada Ontario Agreement allows for joint plans and strategies with regard to environmental action in the Great Lakes • Action Plans in Areas of Concern: developed as needing immediate cleaning up due to environmental contamination
Occupational Health	<p>Federal Government:</p> <ul style="list-style-type: none"> • Employment Equity Initiatives • Public Service Health • Canadian Centre for Occupational Health and Safety: <ul style="list-style-type: none"> - specific support for hazards to women in the workplace, • Ontario Farm Family Study 	<p>Ontario Women's Directorate — change Agent Program Goal:</p> <ul style="list-style-type: none"> • Improving economic status and representation of women in the labour force; • Flexible working arrangements; • "Change Agent Partners" share results with other organizations
General	<p>Royal Commission on the Status of Women, 1970:</p> <p>Now in place:</p> <ul style="list-style-type: none"> • Minister Responsible for Status of Women; • Status of Women Canada; • Canadian Advisory Council on the Status of Women. <p>Policies on Status of Women:</p> <ul style="list-style-type: none"> • Integration at domestic and international levels; • Interdepartmental committee on the Status of Women; • Cooperation between and regular meetings of federal, provincial and territorial status of women, Ministers and officials; • Plans of action to advance status of women 	<ul style="list-style-type: none"> • Provincial Status of Women offices; • Advisory Council on the Status of Women.

Highlights
Canadian Federal/Provincial/Territorial Initiatives

Themes	Federal/National	Provincial/Territorial
Poverty	<p>Health and Welfare Canada, 1993:</p> <ul style="list-style-type: none"> Integrated client service delivery network for Old Age Security, Pensions and Family Allowance program 	<p>Provincial Government of Alberta Family and Social Services — "Supports for Independence Program":</p> <ul style="list-style-type: none"> Reducing welfare rolls; Helping women to find jobs and become more self-sufficient; Improving child care benefits available to recipients
Violence	<p>Health and Welfare Canada, 1986:</p> <ul style="list-style-type: none"> Established a Family Violence Prevention Division <ul style="list-style-type: none"> Child Sexual Abuse Family Violence Initiative <p>2 major initiatives are supported by the Division's mandate:</p> <ul style="list-style-type: none"> 1991: \$36M, 4-year initiative on Prevention of Family Violence HWC \$55.6M: particular focus on: <ol style="list-style-type: none"> the prevention of family violence, improvement of community responses particularly in the health and social service field 	<p>Provincial Government of Newfoundland and Labrador, 1993:</p> <ul style="list-style-type: none"> Provincial Strategy Against Violence, with funding from Health and Welfare Canada <p>Goals:</p> <ul style="list-style-type: none"> involve community groups in recommending priorities and developing plans to address violence against women, children, elderly and dependent adults; consult with community groups about the proposed plans to address violence in the areas of legislation, policy and direct service delivery; to develop a strategic plan to address violence. <p>Manitoba, June 1992:</p> <ul style="list-style-type: none"> A National Listing of Violence Prevention Materials in the Schools
Child Health	<p>"Brighter Futures" — Canada's Action Plan for Children:</p> <ul style="list-style-type: none"> IMR down from 27/1000 to 7/1000; last 20 years Widespread immunization plans; Improved access to prenatal care. <p>Domestic Goals</p> <ul style="list-style-type: none"> Support parents as our children's primary caregivers; Reduce the number of children living in low income situations; Reduce conditions of risk to children; <p>International</p> <ol style="list-style-type: none"> \$50M for immunization programs \$1M for major causes of diseases \$5M for nutritional programs 	<ul style="list-style-type: none"> \$50M with provinces and territories and with NGOs to obtain better information on causes of childhood illnesses

Highlights
Canadian Federal/Provincial/Territorial Initiatives

Themes	Federal/National	Provincial/Territorial
Reproductive Health AIDS/STDs	<ul style="list-style-type: none"> • AIDS/HIV: 5583 adult cases of AIDS in Canada; 289 (5%) are women as of January 1992 • Federal Centre on AIDS • National AIDS Surveillance Program • Strategies for identifying biological and clinical factors causing PID (a cause of infertility) • National Health Insurance pays for antenatal care • \$500,000/year for 3 years, 1989-1992, on reproductive health/family planning research 	Ontario Ministry of Health: 1994 will begin licensing 3 "out-of-hospital" birthing centres; this is one of the initiatives that the provincial government has taken to integrate midwifery into the formal health care system
Research/ Networking Support	<ul style="list-style-type: none"> • Canadian Research Institute for the Advancement of Women: National, bilingual organization which promotes, disseminates and coordinates research on women • Canadian Women's Health Network (Health and Welfare Canada): Goals <ul style="list-style-type: none"> - focus on effective ways for groups to exchange resources and information. - strategize for advocacy and action on women's health, - build and fund a network. • Medical Research Council of Canada: Advisory Committee on Women's Health • National Health Research and Development Program • National Health Information Council: Coordinating body with provinces and territories • Centre for International Statistics: Mandate to provide statistical research services to community organizations, social agencies, policy analysts doing research on children and families 	Women's Health Interaction Manitoba, Winnipeg (Manitoba) Women's Health Clinic

a. This presentation was originally proposed for an informal lunch-time discussion. A number of resource materials from Federal/Provincial/Territorial offices for Women's Health, Status of Women and AIDS, were utilized and circulated to the participants. The opportunity for these researchers to link with some of their Canadian counterparts was encouraged.

b. This chart was compiled from resources which were requested by the author of Federal/Provincial/Territorial offices of the Status of Women, Women's Health Bureaus and Offices on AIDS. It is not meant to represent a comprehensive compilation of activities related to women's health in Canada, but only brief highlights of activities as they pertain particularly to the main themes of the workshop.