

DRAFT

Conversation on Women's Health May 28, 2007

**Submitted to the Conversation on Health
July 31, 2007
by**

The Members of the Women's Health Community Advisory Committee:
BC Coalition of People with Disabilities
Pacific Association of First Nations Women
Pacific Immigrant Resources Society
Vancouver Women's Health Collective
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As the author of this report, the Vancouver Women’s Health Collective would like to thank all of the women who participated in the Conversation on Women’s Health.

July 2007, Vancouver, BC, Canada.

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Conversation on Women’s Health Executive Summary

Over 200 women engaged in a Conversation on Women’s Health at Heritage Hall in Vancouver, on May 28, 2007. Women around the world mark the International Day of Action for Women’s Health each year on May 28. This is Vancouver’s fifth year celebrating the International Day of Action and Canada’s only event.

Our Conversation on Women’s Health is in response to Premier Gordon Campbell’s September 2006 launch of BC’s Conversation on Health. The Premier urged “British Columbians to ask tough questions” in order to “improve public health services today and to protect public health services for future generations.” We decided to respond to the premier’s challenge by providing women with an opportunity to come together and share their concerns about their health and our health care system.

Women were invited to the International Day of Action for Women’s Health event to participate in one, two or all three Conversations on Women’s Health. The three women’s health conversations were focused on the following themes:

- Quality Housing and a Living Income
- What Health Services do you Need?
- The Social Determinants of Health: The Issues and Solutions

All women’s comments were recorded and transcribed forming the basis of this report and the 28 recommendations relating to four broad categories including housing, income and other financial support, women-centred services, and health care services. Women also had an opportunity to share their thoughts about their health and BC’s health care system through a questionnaire. The top 3 health priorities for the 93 women who completed the questionnaire are housing; a living income; and violence against women.

A significant conclusion of the Conversation on Women’s Health is that, for women, health care is not just about hospitals, doctors, and sickness. The 28 recommendations resulting from our Conversation on Women’s Health are wide-ranging and encompass the determinants of health. Women spoke about the impact of inadequate housing, poverty, and violence on their health. As well, women raised concerns about the lack of access to necessary health care services and the importance of their children’s health.

We urge the provincial government, through its Conversation on Health, to take action across government ministries to improve the health and wellbeing of British Columbians. It will be a missed opportunity if the provincial government focuses solely on recommendations under the jurisdiction of the Ministry of Health. Our 28 recommendations, if the provincial government chooses to act

upon them, will lead to improved outcomes for women’s health and wellbeing in British Columbia.

NOTE RE layout: The following Quotes – please put these quotes in a prominent place in this section, perhaps in column format

“I don’t know how we can start talking about our health if we don’t have safe, affordable, adequate housing and we don’t have enough money to buy food, to buy clothes for our children, to have a decent life here”. Participant, Conversation on Women’s Health.

The provincial government should “look closely at the crossover jurisdictions of different ministries and find ways that these ministries would be able to share responsibilities for women’s health”. Questionnaire Respondent, Conversation on Women’s Health.

Conversation on Women’s Health Public Policy Recommendations:

These 28 recommendations for provincial government action are a result of the comments made by the women who participated in the Conversation on Women’s Health. The 28 recommendations fall into four broad categories and illustrate women’s belief that their health is about their own, their family’s and their community’s total health and wellbeing.

We call on the provincial government to act on these 28 recommendations in order to improve the quality of women’s health in British Columbia:

Invest in Housing for Women

Recommendation #1: The provincial government needs to build more supportive housing and affordable housing for women.

Recommendation #2: The provincial government should provide supportive housing for women living in the Downtown Eastside, as well as for women with specific needs such as mental illness, disability, and addictions.

Recommendation #3: The provincial government should designate some of the hotels it recently purchased as women-only housing.

Recommendation #4: The provincial government should provide community housing and interpretation services for women including elderly women in Chinatown.

Recommendation #5: The provincial government needs to ensure that there is a women-only emergency shelter in the Downtown Eastside.

Invest in more Income and Other Financial Support for Women

Recommendation #6: The provincial government should increase the minimum wage.

Recommendation #7: The provincial government needs to increase Income Assistance rates.

Recommendation #8: The provincial government needs to restructure Pharmacare and expand coverage so that all women can get the medications they need without cost.

Recommendation #9: The provincial government needs to restructure Disability Benefits in order to better meet women’s needs.

Recommendation #10: The provincial government should restore services cut under the Medical Services Plan including physiotherapy, chiropractic care, podiatry, eye care, massage therapy, and naturopathic and homeopathic care.

Recommendation #11: The provincial government should extend MSP to cover dental care.

Invest in Women-Centred Services

Recommendation #12: The provincial government should fund women-only alcohol and drug addiction treatment services.

Recommendation #13: The provincial government should increase funding for mental health services for women.

Recommendation #14: The provincial government should increase funding for women’s counselling services including counselling for drug and alcohol addictions and post-partum depression.

Recommendation #15: The provincial government should provide increased funding for programs that support immigrant women.

Recommendation #16: The provincial government should support a universal and publicly funded childcare system.

Recommendation #17: The provincial government should increase supports for all mothers including single mothers.

Recommendation #18: The provincial government should provide businesses with incentives so that businesses will promote family friendly policies that support women.

Recommendation #19: The provincial government needs to restore funding to women’s centres.

Recommendation #20: The provincial government needs to reestablish the Ministry of Women’s Equality.

Invest in Health Care for Women

Recommendation #21: The provincial government needs to provide funding and incentives to ensure more women practicing family medicine graduate from medical school and that these doctors provide the full range of care for women patients.

Recommendation #22: The provincial government needs to provide funding and incentives to ensure that nurse practitioners are fully integrated into front line primary care in BC; women need greater access to nurse practitioners as primary care givers.

Recommendation #23: The provincial government needs to provide incentives to ensure that health care practitioners work in collaborative teams and that these health practitioner teams are informed about women’s health care.

Recommendation #24: The provincial government needs to establish more community clinics.

Recommendation #25: The provincial government needs to increase funding for home care and support to enable women with disabilities and seniors to live in their homes.

Recommendation #26: The provincial government should ensure that hospitals provide staff training in universal precautions to stop the spread of infectious diseases.

Recommendation #27: The provincial government should increase funding for health care research that is centred around women’s health.

Recommendation #28: The provincial government should find solutions for the health care challenges that we face within the public health care system.

NOTE RE layout: The following Quotes – please put these quotes in a prominent place in this section, perhaps in column format

“...don’t take for granted that the system has to be the way it is. It doesn’t have to be that way...”, Participant, Conversation on Women’s Health.

“So, we need to find alternative solutions that remain positive and within the public system that is universal and equitable”, Participant, Conversation on Women’s Health.

“We all care about healthcare. We can strengthen the Canada Health Act. We can improve things and protect them for the future. But to succeed, we will have to be *open to one another’s ideas*. We will have to *learn from one another*. We will have to *listen to one another*. We will have to *encourage different voices and new thoughts and different ideas*. It is time for a constructive conversation where all British Columbians talk with one another, listen to one another, and learn from one another.” Premier Gordon Campbell, Speech to launch the Conversation on Health, September 28, 2006.

Conversation on Women’s Health Background Information

Over 200 women engaged in a Conversation on Women’s Health at Heritage Hall in Vancouver, on May 28, 2007. Women around the world mark the International Day of Action for Women’s Health each year on May 28. This is Vancouver’s fifth year in celebrating the International Day of Action and Canada’s only event.

In his September 2006 speech to launch the Conversation on Health, Premier Gordon Campbell urged British Columbians to “ask tough questions”. We responded to the premier’s challenge by providing women with an opportunity to come together and share their concerns about their health and our health care system at a Conversation on Women’s Health.

The Vancouver Women’s Health Collective founded the Women’s Health Community Advisory Committee in 2006, inviting four community groups to join in organizing the Conversation on Women’s Health. The WHCAC includes:

- BC Coalition of People with Disabilities
- Pacific Association of First Nations Women
- Pacific Immigrant Resources Society
- Vancouver Women’s Health Collective
- Women Against Violence Against Women

Women were invited to Heritage Hall in Vancouver on May 28 to participate in one, two or all three Conversations on Women’s Health. Over 200 women attended the event and almost half of them raised their concerns or made suggestions about how to improve women’s health care in BC. In addition, 30 organizations hosted information tables at the Conversation on Women’s Health. (See page 18 for the complete list.)

The three Conversations on Women’s Health were entitled:

#1- Quality Housing and a Living Income

- 29 of the 69 participants shared their thoughts on this topic.

#2 - What Health Services do you Need?

- 20 of the 65 participants spoke about their needs.

#3 - The Social Determinants of Health: The Issues and Solutions

- 38 of the 55 participants shared their thoughts with us.

A representative of the Pacific Association of First Nations Women facilitated the first conversation, Women Against Violence Against Women the second, and the Vancouver Women’s Health Collective provided a facilitator for the afternoon conversation. Facilitators briefly introduced the themes of the conversation then opened the floor for participants to share their views. All of the women’s comments were recorded and then later transcribed.

As well, 93 women completed questionnaires asking them to rank their health priorities. The top 3 priorities for women are housing, living income, and violence against women. (Please see page 12 for questionnaire results.)

Women also had an opportunity to express their views about women's health by sharing their thoughts on flip charts situated around the room. One woman shared the following: "Being born and raised in a relatively privileged (not sheltered) family, I realize how lucky I have been in my life. My parents have always had to work incredibly hard to support our family and they still do. As I enter the workforce, I recognize more the challenges they faced everyday and the challenges the women present today have had to face to keep themselves and their families healthy. I am so grateful and proud to be in the same room as these women and to be associated with today's event. In the face of seemingly overwhelming odds stacked against us, it is our courage and determination to fight for what is right that will one day create a better future for our families."

The Highlights of Conversation #1 Quality Housing & A Living Income

Themes that were raised by participants...

- Women want to work one job at a fair wage
- Wage cuts hurt women and their families
- Housing is a fundamental human right
- The provincial government needs to build more supportive housing and affordable housing, as well as housing for women with specific needs i.e. mental illness, disabilities, etc.
- Re-opening Riverview Hospital is not the answer to the housing needs of most homeless women with a mental illness
- Waitlists for BC housing are too long
- Shelter beds are not the answer to the housing shortage facing women
- The provincial government needs to change direction
- Privatization of health care hurts women
- Government cuts to services hurt women and their children
- Women need greater access to medication and medical services
- Women feel isolated

The Highlights of Conversation #2 What Health Services do you Need?

Themes that were raised by participants...

- Women want to see a female doctor and need greater access to female doctors

- We need medical procedures i.e. pap tests and mammograms that are less intrusive
- Emergency room wait times are too long
- Care at our hospitals needs to be more compassionate
- Women need access to community-based alcohol and drug addiction treatment services including treatment for crystal meth
- We need greater awareness around post-partum depression and more access to services to assist women
- Homeopathy needs to be covered under the Medical Services Plan
- Prescription drugs need to be free
- Women need access to unbiased information about pharmaceutical drugs
- We need a women-only emergency shelter in the Downtown Eastside
- Income Assistance rates need to be increased
- Drug use is a health issue
- The government needs to fulfill its Olympic promise to build housing
- Service providers need to hire more first nations women
- Walk-in clinics do not provide good care/continuity of care
- Disability Benefits need to better meet women's needs
- Doctors need to be better educated at medical schools regarding violence against women and its impact on women's health, the importance of filling out forms for government benefits (disability), and to be more compassionate and caring health providers

The Highlights of Conversation #3

The Social Determinants of Health: The Issues and Solutions

Themes that were raised by participants...

- Women's experiences with racism, oppression, poverty and lack of government support impedes women's equality and negatively impacts women's health
- Women recognize the importance of women working together and the importance of the women's movement
- Women's voices are important
- Funding for women's centres must be restored
- The Ministry of Women's equality needs to be reestablished
- Young women's needs and their vulnerability to exploitation are often overlooked
- Society needs a better understanding of healthy body image for women

Conversation on Women’s Health Questionnaires

- 93 questionnaires were completed by women
- The age range of questionnaire respondents was from 19 to 83 years of age
- The largest grouping of respondents were in their 40s (22 women) while women in their 30s came a close second with 20 women completing the questionnaire
- Women identified Spanish, Vietnamese, Mandarin, Cantonese, French, Italian and English as languages they spoke
- Women identified themselves as First Nations, Asian, and Caucasian

Health Priorities	Most Important	Medium Important	Total Number	%
Housing	85	5	90	97
Living income (welfare rates, pensions, minimum wage)	80	8	88	95
Violence against women	81	6	87	94
Food and diet	68	16	84	90
Children’s health care	76	6	82	88
Drug and alcohol addiction	67	14	81	87
Medical Services Plan (MSP) premiums	61	20	81	87
Finding a family doctor	70	10	80	86
Emergency room care	68	10	78	84
Counselling	60	18	78	84
Reproductive health service	58	20	78	84
Cost of prescription drugs	53	25	78	84
Dental care	67	10	77	83
Prevention and health promotion	63	13	76	82
Access to medical equipment	55	18	73	78
Complementary therapies (i.e. naturopath, chiropractor, massage)	46	26	72	77
Transportation	46	25	71	76
Health information in your first language	59	11	70	75
Interpretation services	50	20	70	75
Traditional or spiritual health	44	26	70	75
Waiting lists	58	10	68	73

In response to the following question: What should the provincial government do to improve women's health care in BC? Women wrote the following:

“Recognize the need for women-specific health care in safe environments.”

“Open a women's only clinic with an all female staff.”

“Address women's disproportionate lower income, pension, wages.”

“We need a government that is more balanced between economic growth and social programs and that empowers the health and wellbeing of all people.”

“Provide funding and support allowing women's services and advocacy groups to remain robust.”

“Listen to them and their needs instead of assuming they know what is best for women.”

“Create more avenues for participation in health governance by women, elders, youth, the poor.”

“Poverty is the biggest predictor of poor health.”

The Determinants of Health

The 28 recommendations arising from the Conversation on Women’s Health fall into four broad categories including housing, income and other financial support, women-centred services, and health care services. These 28 recommendations illustrate women’s understanding of health – it is about their own, their family’s and their community’s total health and wellbeing. As the World Health Organization declared in 1948, health is “a state of complete physical, mental and social well being and not merely the absence of disease or infirmity.”

Further to this, according to the federal government’s Public Health Agency of Canada’s web site: “At every stage in life, health is determined by complex interactions between social and economic factors, the physical environment and individual behaviour. These factors are referred to as “determinants of health.” They do not exist in isolation from each other. It is the combined influence of the determinants of health that determines health status.”

In 1998, Health Canada developed a list of the factors that lead to healthy people and communities. Now the Public Health Agency of Canada identifies the following as the key determinants of health:

1. Income and social status
2. Social support networks
3. Education and literacy
4. Employment/working conditions
5. Social environments
6. Physical environments
7. Personal health practices and coping skills
8. Healthy child development
9. Biology and genetic endowment
10. Health services
11. Gender
12. Culture

We urge the provincial government, through its Conversation on Health, to take action across government ministries to improve the health and wellbeing of British Columbians. It will be a missed opportunity if the provincial government focuses solely on recommendations under the jurisdiction of the Ministry of Health.

A Few Statistics and what they Reveal about Women’s Wellbeing in Canada

- 1.9 million women lived in a low-income situation in 2003
- 38% of lone-parent mothers, 19% of all senior women, and 25% of visible minority senior women lived in a low-income situation in 2003
- 36% of all Aboriginal females were living in a low-income situation in 2000
- 35% of women who had recently immigrated to Canada (between 1991-2000) were living in a low-income household in 2000
- 81.3% of the 1.3 million lone-parent families in Canada in 2001 were headed by women
- Almost 2 million women, 13% of the total 2001 female population, had a disability
- 54% of disabled Canadians are women and their average annual income is \$17,200, almost \$10,000 less than a man with a disability who on average makes \$26,900
- Women earn 71 cents for every dollar a man earns
- In 2003, men had an average annual pre-tax income of \$39,300 while women’s average annual income was \$24,000 – a \$15,000 difference
- In 2000, the median income of an Aboriginal woman was \$12,300
- A senior woman’s average annual income is \$20,000, \$10,000 less than a senior man’s income
- 70% of people who work part-time are women and 26% of them want full-time work
- Women account for 55% of all multiple job holders in 2004, up from 42% in 1987
- In 2004, 653,000 women aged 15 and over experienced spousal violence in the past five years
- Relatives or acquaintances made up 70% of the assailants in violent incidents against women, in 2004

Source: Statistics Canada, *Women in Canada, A gender-based statistical report*, 2005

A Snapshot of Program and Service Cuts & Fee Increases in BC

Housing

- In March 2002, the provincial government cancelled the Homes BC program which had successfully built thousands of social housing units.
- The provincial government shifted its housing efforts in 2002 to building independent living for frail seniors in order to take some of the pressure off the health budget.
- The provincial government announced in October 2001, under then Housing Minister George Abbott, that the private and non-profit sectors had to solve the affordable housing crisis in BC.

Income and Other Financial Support

- The minimum wage, at \$8 per hour, has not been adjusted since 2001.
- In 2002, the provincial government introduced a \$6 “training wage” for new workers.
- In 2002, the provincial government cut Income Assistance rates by between \$47 and \$98 per month depending on the Income Assistance category an individual fell into. The Family Maintenance Exemption was eliminated for single parents and the Earnings Exemption was eliminated. The shelter allowance for families of 3 or more was reduced by \$50-75 per month.
- In recognition of the hardship caused by past cuts to Income Assistance rates, the provincial government increased Income Assistance by \$50 per month and increased the shelter portion of Income Assistance by \$50 per month, effective April 1, 2007.
- Eligibility for Income Assistance also changed in 2002 including the introduction of a 3-week waiting period.
- Effective 2002, single parents (typically mothers) were considered employable after their child reached 3 years of age, previously it was when a child was 7.
- People on Income Assistance have had access to physiotherapy, chiropractic care, massage therapy, eye care, podiatry, and visits to a naturopath severely reduced to a total of 10 visits a year - with a possible additional 12 visits for acute flare ups, rather than for chronic conditions - for all of these health services combined.
- Prior to 2002, individuals on Income Assistance could access 12 visits for each health service, per year.
- In 2002, the provincial government also made changes to Disability Benefits including eliminating the category of Disability I and designating these individuals as “persons with persistent multiple barriers to employment” under Income Assistance. These individuals, if they qualified for Income Assistance, no longer had extra costs associated with their disability recognized. Individuals who were categorized as Disability II had to re-apply

and were forced to complete a 23-page report to qualify under the new Disability Assistance program.

- The provincial government cut funding for legal aid by almost 39% in 2002 and eliminated poverty law and family law assistance.
- Over 10,000 unionized health care workers, the majority women, have lost their jobs since 2002.

Women-Centred Services

- In 2001, the provincial government abolished the population health advisory committees which provided the health boards with community-based input into the health of women, Aboriginal people, lesbians, and seniors.
- The provincial government cut 100% of funding for BC's 37 women's centres on April 1, 2004.
- The provincial government dismantled the Ministry of Women's Equality when it formed government in 2001.

Health Care Services

- Medical Service Plan (MSP) premiums increased 50% on May 1, 2002.
- In 2002 the Medical Services Plan ended coverage for eye examinations, physiotherapy, chiropractic care, massage therapy, podiatry, and visits to a naturopath.
- A family with an income of \$37,000 or more pays \$1,296 a year for MSP premiums, a single woman making \$28,000 or more a year, pays \$648 for MSP.
- In 2003, the provincial government introduced changes to Pharmacare that resulted in a \$90 million cut in the Pharmacare budget offloading these costs on to individual British Columbians.
- The 2003 changes to Pharmacare eliminated a separate plan for seniors and eliminated lower deductibles for seniors.
- Between 2000/01 and 2004/05, the number of people receiving home support in BC dropped by 24%, at same time the number of seniors in BC increased.

Information Tables

In addition to participating at the May 28th Conversation on Women’s Health, the following community organizations hosted an information table at the event:

1. Abortion Rights Coalition of Canada
2. Blood Pressure Testing
3. BC Health Coalition
4. BC Coalition of People with Disabilities
5. BC Epilepsy Society
6. BC Women’s Hospital
7. Centre for Menstrual Cycle and Ovulation Research (CeMCOR)
8. Domestic Violence Outpatient Clinic
9. Elizabeth Bagshaw Women’s Clinic
10. Everywoman’s Health Centre
11. Grassroots Women
12. Healing Our Spirit
13. Helping Spirit
14. Homeopaths of BC
15. Hospital Employees’ Union
16. Midwives Association of BC
17. National Congress of Black Women
18. OXFAM Canada
19. Pacific Association of First Nations Women
20. Pacific Immigrant Resources Society
21. Pacific Post Partum Support Society
22. Pap Smears and Mammograms
23. Pro-Choice Action Network
24. Sexual Assault Services
25. UBC researcher (chemicals and pregnancy)
26. Vancouver Rape Relief and Women’s Shelter
27. Vancouver Women’s Health Collective
28. Women Against Violence Against Women
29. Women Elders in Action (WE*ACT)
30. WISH (Women’s Information Safe House)

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