

The Canadian Women's Health Network

ANNUAL REPORT

2004-2005



Canadian Women's
Health Network

Le Réseau canadien pour
la santé des femmes

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Because:

- Health is a human right that women may be denied because of poverty, government policies, social exclusion and under-funded health and social services.
- Women’s issues and perspectives have been left out of health research, education and policy.
- Gender and sex bias continue to affect women as users of the health system.
- Conditions that uniquely affect the health of women are not always addressed.
- Women represent 80% of the paid and unpaid healthcare workforce.

About Us:

The Canadian Women's Health Network (CWHN) was created in 1993 as a voluntary national organization to improve the health and lives of girls and women in Canada and the world by collecting, producing, distributing and sharing knowledge, ideas, education, information, resources, strategies and inspirations.

We are a far-reaching web of researchers and activists, mothers, daughters, caregivers, and family members, people working in community clinics and on hospital floors, at the university, in provincial and federal health ministries, and in women's organizations, all dedicated to bettering women's health and equality.

We are guided by a woman-centred vision of health and wellness and believe that in order to improve the health status of women we must address social and economic conditions such as education, housing, environment and gender which all impact on health.

We recognize and respect the diverse needs and realities of women's lives, and take an active stance to prevent discrimination based on gender, race, religion, sexual orientation, age, ability, language and geographic region.

CWHN:

- Establishes a visible national presence for women's health in Canada.
- Works to change inequitable health policies and practices.
- Provides easy access to reliable health information, resources and research.
- Produces user-friendly materials and resources.
- Promotes and develops links to information and action networks.
- Acts as a knowledge broker between and among researchers, clinicians, decision-makers, women and the public.
- Contributes women's voices and expertise to health research, planning and policy.
- Acts as a forum for critical debate on women's health research and policy issues.
- Monitors emerging issues and trends affecting women's health.
- Encourages community-based participatory research.
- Serves as a vital information link between women and Canada's health system.

Message From the Co-Chairs and the Executive Director

The Canadian Women's Health Network has had an exciting (in all senses of the term) year. To use the current jargon of the voluntary sector, we took advantage of some exciting "opportunities" to meet our "challenges" to promote and advance women's health regularly during the past 12 months. And all this was possible thanks to the hard work of the board and staff.

Women's Health National Roundtable

One of the highlights among our opportunities was the chance to host an event on Parliament Hill. The challenge we met here was to organize the first ever "Women's Health National Roundtable and Reception," and almost 50 health advocates, key researchers and representatives from various health professional organizations across Canada took part, joined by senators and MPs from every political party. Together we discussed and debated the key women's health issues facing our communities, and considered possible steps forward to improve the health of girls and women in Canada.

A highlight of the event was a round table discussion exploring the women's health issues that are emerging as priorities for the second half of this decade. Co-chaired by the CWHN and the Honourable Senator Maria Chaput (Manitoba), the speakers included the Honourable Carolyn Bennett, Minister of State, Public Health (LIB); the Honourable Senator Lucie Pépin, member of the Social Affairs, Science and Technology Senate Committee (LIB); Bonnie Brown, MP (LIB), Chair of the Standing Committee on Health; Nicole Demers, MP (BQ); Anita Neville, MP (LIB), Chair of the Standing Committee for the Status of Women; Jean Crowder, NDP Health Critic; and Steven Fletcher, Conservative Health Critic. Prepared remarks from the Honourable Liza Frulla, Minister Status of Women (LIB) were also presented.

Speakers recognized the importance of gender, poverty, violence, aging, race and culture as determinants of women's health, and acknowledged the need to focus policies around and on these concerns. The speakers also acknowledged how the work of women's health experts from across the country has helped them "connect the dots" so that issues do not get lost in one department, and so that the health implications of diverse policies are recognized. The round table was followed by a reception and networking session with a display of current research and reports.

Some of the up-and-coming women's health issues that were identified by the speakers included the urgency of creating a regulatory agency for assisted reproductive technologies; ensuring the safety of pharmaceutical products for Canadians; and the need of resources for homecare and mental health, as well as for meeting Aboriginal women's health needs -- in particular, the importance of training a range of Aboriginal health care professionals. Some of the speakers also addressed the importance of implementing gender-based analysis (GBA) for all policies in all departments. Many also agreed that there is an urgent need for "evidence-based" decision making in policy decisions, and also stressed the need for "citizen engagement" to help the government ensure that there is a cooperative approach to the issues.

The CWHN intends to plan a Second National Women's Health Roundtable and Reception in the coming year, so that we may, once again, bring women's voices to the national health agenda.

Emergency Contraception Pill

Another opportunity for us arose this year when Health Canada announced that it would consider a federal proposal to change the scheduling of the

emergency contraceptive pill (ECP) from prescription to non-prescription status. The CWHN, building on work done by the Society of Obstetricians and Gynecologists of Canada and the Canadian Pharmacists Association, established a national interest group to work toward increased accessibility of ECP, and to affirm that affordable, quick and easy access to ECP for all women in Canada is an essential component of a comprehensive women's reproductive health program.

And here too, we had some success. On April 19, 2005, ECP became a "Schedule II" status drug. This means it is now available across Canada "behind-the-counter," without the need for a visit to a doctor or a doctor's prescription. This is good news, but our job is not yet finished, since getting ECP still requires assistance – and "counselling" – and pricing issues remain of concern. So, over the next months, the CWHN will be working to build a broad coalition to urge governments to go a step further and make ECP available without a Scheduled status—that is, without pharmacist assistance or compulsory counselling as a requirement. We will also continue to address and monitor the availability (especially in rural, remote and northern regions of the country), cost and privacy issues surrounding ECP access so that it is easily available to all women in the country.

UN Commission on the Status of Women

Yet another opportunity we had this year was to contribute a review of Canada's activities arising from commitments made during the UN Commission on the Status of Women meetings in Beijing in 1995. Despite a challenging short time to prepare it, a document was completed with the great help of Olena Hankivsky, and submitted as a Health Section for Canada's "NGO" report to the UN Commission on the Status of Women for their meeting in March 2005 (Beijing +10). Our review focuses primarily on the key objectives of Canada's *Women's Health Strategy* (introduced

about six years ago) and examines the progress the Canadian government has made in advancing women's health. We found that some progress has been made, but also that much more work needs to be done to realize the federal government's commitments to Beijing and Beijing+5 agreements, as well as other international obligations.

Our report highlights the increasing feminization of poverty, and the disconnect between the official commitments to, for example, gender analysis of all policies and programs, and what has occurred as a result of health service reform with the offloading of care onto primarily women. In our review, we emphasize how improved accountability mechanisms and program supports are required to ensure that all levels of government and the community work together and follow through on Canada's stated commitments to women's health and equality. We also provide detailed steps that federal, provincial and territorial levels of government should take as they consider future directions and government strategies for responding effectively to the diversity of women's health and health care needs in Canada. You can read our report, "Women's Health in Canada: Beijing and Beyond" on the CWHN website.

The federal government has recently announced that there will be reviews and a renewal process for both the Plan for Gender Equality, to be led by Status of Women Canada, and the Women's Health Strategy, to be led by the Bureau of Women's Health and Gender Analysis. In preparation for these reviews, the CWHN will carry out an informal outreach and consultation project in the coming months. The results of this work will be compiled into a report to be presented to the federal government.

And More ...

In addition to all this important work, we were also active on a number of ongoing women's

health issues, including the safety and approval processes for drugs and devices targeted to women, especially Depo-Provera and silicone breast implants. In relation to this, we are pressing for improved post-marketing surveillance and clinical trials for these products. We've also continued to call attention to the importance of gender-based analysis in health research and policy at a variety of consultations and planning sessions with regional, provincial and federal governments. As well, we continue monitoring and responding to the changes in health service delivery that have an impact on women, including homecare and primary care. As always, this work is on-going and requires us to be prepared, flexible and ready to provide a gendered and feminist response to any number of women's health issues as they arise in different communities across the country.

The CWHN Board at Work

This year the Board was strengthened by the return from leaves of absence of Angélique Bernard and Dongyan Blachford, as well as by the mid-year addition of Yvonne Peters. They bring a variety of strengths and expertise that complement that already provided by continuing members. We will greatly miss Barbara Anello, however, who stepped down from the Board during the year; her energies, insights, and overall commitment to advancing women's health will be hard to replace. We will also miss the contributions of Louise Lambert-Lagacé, who generously provided her time and expertise to the Board for several years.

The Board committees were especially busy in 2004-2005. Many thanks to members of our Finance Committee who enthusiastically reviewed budgets, financial statements and new computer accounting programs. The Fundraising Committee began a number of initiatives, including a "Circle of Five" campaign (requesting

funding from private donors), organized a fundraising workshop for the Board and began the process of consulting other groups and individuals on their fundraising opportunities. It is hoped that some of these initiatives may bear fruit in the coming years.

The Nominating Committee worked to identify what the Board needs with regard to diversity and skills in new members, and on recruiting to ensure smooth succession. Names of possible applicants were sought from a range of CWHN members and colleagues, and follow-ups were made. A quartet of new members, one of whom has already begun her work with us, will be presented for approval at the September 2005 AGM. Thanks to the committee Chairs and all those members and staff who pitched in to make it all run smoothly.

More generally, as a Board we've been working to implement recommendations that emerged during our strategic planning process. These include strengthening our outreach and networking, and preparing for a renewal of Canada's Women's Health Strategy. As well, in January 2005, we had a form of "community consultation" when the members of the Executive met with individuals from the women's health community to learn what issues engaged and concerned them -- issues on which they would like the CWHN to be working.

Join Us

The CWHN has clearly become a "fixture" on the Canadian scene. More and more we are the "first stop" for journalists and others, including politicians, seeking an opinion on some health news of the day. And this means we have a great responsibility to keep up with what is happening, to connect with other women and groups working on health issues, and to ensure that we stay the central player that we are. The staff and Board

have been working hard and imaginatively to make this happen, and we hope others will join us as we move forward.

We would also like to take this opportunity to thank our major funder, the Women's Health Contribution Program from the Bureau of Women's Health and Gender Analysis, for their generous and on-going support of all of our work.

Sincerely,

Abby Lippman, Board Co-Chair
Marsha Forrest, Board Co-Chair
Madeline Boscoe, Executive Director

CWHN Programs

www.cwhn.ca

Our website is one of Canada's most popular bilingual sites for women's health information. It is updated regularly to provide easy access to valuable information and resources on women's health, including breaking news, feature articles, an on-line database and links to other useful sites.

One measure of the site's usefulness and standard of excellence is that this year www.cwhn.ca averaged over 4.4 million hits to the website, an increase of 10% over 2003-2004. The "What's Hot in Women's Health" section, updated weekly, continues to be one of the most popular components of the website. Over 640 new items were added this year to this section alone! We also have a newly improved, faster and more accurate search engine that helps readers find the content they are seeking.

We always want to keep our readers' needs and concerns in mind as we develop our website, so in March 2005 we asked our users to evaluate the content and usefulness of the site. The results were informative and will guide the development of the site over the next few years. Our survey found that 74% of anglophone respondents, and 89% of francophone respondents found the site overall 'Very good' or 'Excellent.' Further, 22% of anglophone respondents, and 37% of francophone respondents visited the site 'Daily' or 'Weekly.'

When it came to how the respondents use the information on the site, 57% of anglophone and 50% of francophone respondents said they use the site for 'Personal care or interest,' with others using the site for 'Research' (34.4% anglophone and 40% francophone), 'Teaching or information sharing' (31.1% anglophone and 70% francophone), and 'Program planning and development' (33.8% anglophone and 15% francophone).

Overall, the users of the site were 'Health care consumers' (anglophone, 46% and francophone, 37%), 'Health care professionals' (42% anglophone and 21% francophone), 'Academics' (16% for both anglophones and francophones), 'Students' (approximately 10% for both anglophones and francophones) and 'Activists/Advocates' (anglophones 31% and 16% francophones).

In addition to www.cwhn.ca, the CWHN also manages the Centres of Excellence for Women's Health website (www.centres.ca), as well as websites for Women and Health Protection (www.whp-apsf.ca/en/index.html) and the National Coordinating Group on Health Care Reform and Women (www.cewh-cesf.ca/healthreform/index.html).

Women's Health Information Centre

Our comprehensive and always-expanding bilingual collection of women's health publications and resources from across Canada and the world is catalogued in our databases and available to the public on our website. This provides readers – free of charge – access to some 10,000 documents, reviews, projects and organizations covering a wide range of information on women's health and women's lives.

This year, we focused on collecting and adding multilingual resources to our databases, as identified through CWHN's national consultation: *Uncovering the Health Information Needs of Women of Colour and Refugee and Immigrant Women*, other reports and library discussion lists. The databases now contain resources in 45 languages, the most popular being Spanish, Chinese, Vietnamese, Portuguese, Punjabi and Somali. We are always seeking suggestions for new materials or groups to include.

The CWHN's extensive bilingual thesaurus of more than 4,400 women's health terms is also available through our website and aids the database searches. This uniquely Canadian resource builds on the work done by the Boston Women's Health Collective, and helps individuals and organizations to more easily and completely access the information they seek.

The CWHN also responds to requests for non-medical, health-related information from individual women, family members, community groups, health care professionals, researchers and students who contact us through our website or through our toll-free information line, 1-888-818-9172. More than 320 health information requests were answered in the past year, with an average response time of less than 48 hours. These services are available in both French and English.

Publications - *Network* magazine

Network, our bilingual magazine, continues to publish high quality articles on women's health issues. It also features debates, national and international health news and selected health resources. This year we published and distributed a special double issue and a single issue of *Network* magazine.

Our Summer-Fall 2004 double issue includes focus on the health concerns of rural, remote and northern women, based on the largest Canadian study undertaken on the topic from the Centres of Excellence for Women's Health. This issue also features an opinion essay on C-sections on demand; an interview with the spokesperson for the Coalition for the Rights of Sex Workers, and articles on identity issues for lesbians with breast cancer, women and health reform, and much more.

Our Winter-Spring 2005 issue of *Network* highlights concerns with new reproductive technologies, offers an investigation of osteoporosis (separating the hype from the facts), examines access issues for emergency contraception in Québec, and provides a critique of the arthritis drug Vioxx and its problematic safety profile, as well as multiple reviews of new women's health resources. And that's just a sample!

Network articles are also regularly reprinted in different national and international publications and used in University course packs. *Network* is available in both print and electronic formats.

Other Publications

As part of the Women's Health National Roundtable and Reception, CWHN coordinated the writing and production of special women's health policy kits which contain nine policy briefs written by the Centres of Excellence for Women's Health and other partner organizations of the Women's Health Contribution Program, including

the CWHN itself. These well-received, attractive kits were provided to all participants and subsequently further circulated to government departments by the Minister of State (Public Health). Most of the policy papers will also be published on the CWHN website.

In partnership with the Centres of Excellence for Women's Health (CEWH), we also completed the production and distribution of one issue of the CEWH *Research Bulletin*, entitled, "Envisioning Healthy Living for Women." The *Research Bulletin* is available in hard copy from CWHN, as well as electronically on the Centres' website, www.centres.ca

We brought our publication skills to our work with Women and Health Protection as well, by helping them produce and distribute a new pamphlet and two publications in their "Facts to Act On" series: "Pharmaceuticals in Our Water: A New Threat to Public Health?" and "Reporting Harm Caused by Medicines." Similarly, we began work with the National Coordinating Group on Health Care Reform and Women on two new publications: one a woman's guide to primary care reform, the other on understanding 'evidence' in health care research.

Brigit's Notes

Our free monthly bilingual email bulletin keeps readers up-to-date on important and timely issues related to women's health. This year we increased our subscriber base to more than 4300 individuals and organizations from across Canada and around the world, including policy makers, academics, international, national and regional media, health educators and consumers. Subscriptions to *Brigit's Notes*, which are collected from a sign up section on our website, conference sign up sheets and from other promotion, continue to grow exponentially each year.

Email Discussion List

In October, we launched our new national email discussion list on women's health, CDN-WOMEN, a daily moderated list that joins together and strengthens links among organizations, individuals and groups across Canada involved in women's health. This listserv already has more than 250 subscribers, who use it as a forum for discussion and debate on current and timely issues affecting women and girls. It is also a place to share information and resources, events, calls for action and research findings (both biomedical and social research). With this enthusiastic start, we know that the subscriber base of CDN-WOMEN will continue to grow in the coming years.

Community Outreach and Networking

As part of our community outreach initiative, we regularly participate in regional and national conferences, consultations, events and workshops, and distribute credible women's health information materials to conference participants. We also help people come together for action on women's health by supporting and building networks, coalitions and joint projects.

One outstanding networking event was the First National Women's Health Roundtable and Reception organized by CWHN "on the Hill" (see the Message from the Co-Chairs and the Executive Director, above, for more details). The CWHN also attended some 40 other events across Canada, distributing women's health information, such as copies of *Network*, policy papers and feminist research publications. Our presence ensures that our trustworthy women's health information gets into the hands of all interested parties.

Presentations on women's health topics by CWHN staff, board and partners were also made at local, national and international conferences, including the National Primary Health Care Conference, the Colloque international sur la santé des femmes et l'environnement, as well as

the 3rd Canadian Cochrane Symposium, to name only a few. We appreciate these opportunities to meet with others who also care about women's and girls' health in Canada.

The CWHN also regularly participates in a number of important policy and research working groups, consultations and institute planning committees, working hard to make sure that women's issues are part of the national health agenda. This year, for example, we made a presentation to the federal Standing Committee on Women; acted as a signatory on the Ottawa Statement on Principles of Trial Registration; and participated in the CBRN Research and Technology Institute research project, *Enhancing Competency Based Performance: A Gender Model for Assessing and Strengthening Health Care Workers' Knowledge, Skills and Resiliency as First Responders*, among other initiatives.

Media Relations

Our comprehensive bilingual communications, media and public relations program has resulted in the CWHN being an important choice for journalists seeking information on women's health issues in Canada. The CWHN continues to field hundreds of media calls a year from media personnel who regard us as a knowledgeable resource for information on women's health topics and organizations.

We regularly respond to media queries as well as direct the media to those individuals or groups in Canada who have expertise on specific women's health issues and who will offer a balanced women's health perspective. We also regularly send press releases and story tips of our own, and those of other, like-minded organizations, to generate interest on particular women's health concerns.

This year, the CWHN was contacted by a wide range of media, from regional papers such as the

Ontario Farmer, to national broadsheets such as the *Globe and Mail* and the *National Post*, to popular television shows such as Canada AM, and international media, such as the *Independent* newspaper (UK) and *Cosmo* magazine (South Africa) – and this is just a small sample.

As result, the CWHN was quoted widely in the press, in more than 70 news articles, shows and interviews, with a presence in every major newspaper across Canada, in both French and English, regular participation on CBC radio, and appearances on CBC TV, Radio Canada, as well as commercial radio and television, not to mention popular magazines and online media.

A recent survey of library databases and indexes also enabled us to track 43 media articles that CWHN has been quoted in from the past, that have not already been in our previous reports. Such high numbers for media citations indicate that we are a regular and strong contributor to women's health news as it appears in the popular media in Canada.

This year we also sent out more than 17 press releases and story tips, on a variety of women's health topics, on behalf of Women and Health Protection, the National Coordinating Group on Health Care Reform and Women, the Centres of Excellence for Women's Health, DES Action Canada, Pharma Watch, L'Union des consommateurs and more. The media responded generously to these releases, reporting these stories in a wide range of newspapers, magazines, TV and radio across the country.

CWHN has compiled and continues to update an extensive media database for soliciting media attention on specific women's health issues. Our database now contains more than 4000 media email addresses organized by media type, language and region, with a particular focus on reaching rural and remote media, ethnic and

community papers, as well as the dominant national media.

We also regularly author original articles for publication in the mainstream media. This year we published an OpEd in the *Toronto Star* on the topic of emergency contraception access, co-authored with the Ontario Women's Health Council and the Women's Health Clinic.

We also created and designed a series of six playful women's health posters, in the spirit of

Adbusters or the Guerilla Girls, and made them available for free to publications and other health organizations online (see them at www.cwhn.ca/resources/posters/posters.html). These posters were widely reprinted online and in hard copy in the alternative media, included as visuals in documentary films, and professionally printed and distributed by a number of health organizations.

Working With Our Partners

Partnership with the Bureau of Women's Health and Gender Analysis, Health Canada:

The Women's Health Contribution Program of the Bureau of Women's Health and Gender Analysis supports the work of the CWHN, the four Centres of Excellence for Women's Health, several Working Groups and other initiatives. The CWHN plays a key role in the Program, communicating the research findings and policy recommendations of the Centres and Working Groups in timely and innovative ways. The CWHN also has a special relationship with Women and Health Protection, providing financial and other administration for this active national working group.

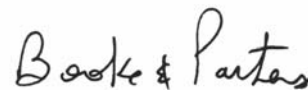
Auditors' Report

To the Directors of Canadian Women's Health Network Inc.

We have audited the financial statements of Canadian Women's Health Network Inc. as at March 31, 2005 in accordance with Canadian generally accepted standards and expressed an opinion without reservation in our report dated June 8, 2005.

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

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



Chartered Accountants

Winnipeg, Canada
June 8, 2005

Statement of Financial Position March 31, 2005

Assets	
Current	
Cash and short-term investments	\$ 77,093
Receivables	243,774
Prepays	<u>8,773</u>
	329,640
Property & equipment	<u>3,798</u>
	<u>\$ 333,438</u>
Liabilities	
Current	
Payables and accruals	\$ 124,236
Deferred revenue	3,030
Deferred contributions	
Operating fund	36,273
Related to property & equipment	<u>3,798</u>
	<u>167,337</u>
Fund Balances	
Operating Fund	30,034
Reserve Fund	95,601
Futures Fund	<u>40,466</u>
	<u>166,101</u>
	<u>\$ 333,438</u>

Statement of Financial Activities Year Ended March 31, 2005

Revenues	
Health Canada – Women's Health Contribution Program	\$ 417,000
Province of Manitoba	950
Interest	1,360
Memberships	1,410
Miscellaneous	2,240
Donations	1,122
Subscriptions	1,827
Contracts	7,500
Health Canada-Canadian Health Network	25,000
Special Project-Women and Health Protection	178,000
Special Projects	<u>43,072</u>
	<u>679,481</u>
Expenses	
Advertising and promotion	-
Amortization	1,533
Contract fees	196,136
Employee benefits	28,452
Insurance	2,944
Interest and bank charges	1,797
Maintenance and utilities	22,149
Postage	8,202
Printing, stationery and office supplies	76,768
Professional fees	9,529
Rent	15,481
Salaries	238,655
Staff and committee costs	8,030
Staff recruitment	1,158
Telephone	15,838
Travel	<u>34,595</u>
	<u>661,267</u>
Excess of revenues over expenses	<u>\$ 18,214</u>

Statement of Changes in Fund Balances Year Ended March 31, 2005

	Operating Fund	Reserve Fund	Futures Fund	Total
Fund balance, beginning of year	\$ 26,991	\$ 85,601	\$ 35,295	\$ 147,887
Excess of revenues over expenses	18,214	-	-	18,214
Interfund transfer	<u>(15,171)</u>	<u>10,000</u>	<u>5,171</u>	<u>-</u>
Fund balance, end of year	<u>\$ 30,034</u>	<u>\$ 95,601</u>	<u>\$ 40,466</u>	<u>\$ 166,101</u>

booke
& partners
CHARTERED ACCOUNTANTS

CWHN Board of Directors 2004-2005

Barbara Anello is a first-generation Canadian working to facilitate a voice for Women With Disabilities (WWD). As an Internet marketing strategist, Barbara uses the World Wide Web to inform, educate and entertain mixed ability audiences about disability issues, perceptions and attitudes. As a social justice activist, Barbara uses technology as a tool for engaging WWD and allies to debate the beliefs, values, frameworks, policies and programs that will lead to progressive and inclusive social and economic justice changes.

Angélique Bernard is a freelance translator living in Whitehorse, Yukon. From 1996 to 2001, she worked as the Development Officer for Les EssentiElles (Yukon Francophone women's group) and facilitated numerous workshops on violence prevention and sexism in the media, coordinated various programs for women returning to the work force and wrote several articles on women living in rural and isolated communities. She also represented the North on different national boards Réseau national d'action éducation femmes, Fédération nationale des femmes canadiennes-françaises, Nouveau-Départ). Angélique is a committee member of the Yukon French language newspaper and is a host of Rencontres, the weekly French radio show on CBC North. She was President of the Whitehorse Women's Soccer League from 1997 to 1999 and, in her spare time, does community theatre.

Dongyan Blachford is a native of Beijing, China and now has been in Canada for over 20 years. She is an associate professor in the Department of International Languages, Faculty of Arts, University of Regina. Her research areas include policy issues for minority groups, social justice and gender issues. She serves as Vice President of the Board of Immigrant Women of Saskatchewan, Regina Chapter and as a volunteer at the Palliative Care Unit at a local hospital.

Marsha Forrest of the Mohawk Nation (Six Nations Reserve) is a Registered Nurse who practices Acupressure, Energy Work and Reflexology among other bodywork therapies. She has facilitated and participated as speaker/teacher at health conferences and workshops. Her focus is on wellness and First Nations Traditional teachings. Marsha currently enjoys membership and involvement with many organizations, including the Aboriginal Nurses Association of Canada.

Abby Lippman divides her life between academia and activism, teaching and doing research (McGill University), and devoting long hours to extensive community work (provincially and nationally). A long-time feminist critic of genetic and reproductive technologies and of "geneticization," she's been a member of national and international groups that deal with social justice issues related to women's health. Despite a quarter century of living in Montréal, Abby still speaks English and French with a Brooklyn accent.

Dwana Mbamalu is an Employment Officer with HRDC in Dartmouth, Nova Scotia. She has extensive experience working with women who are making important transitions in their lives. She is a union activist who is committed to working on issues dealing with social justice. Her community service work includes advocacy and dealing with access to health service issues faced by marginalized groups. She is currently the Atlantic Regional Representative for the PSAC-TBS Joint Learning Program. Her work in adult education includes co-designing and facilitating workshops on Respecting Differences/Anti-Discrimination and Human Rights training. Dwana has an M.Ed in Adult Education (MSVU).

Chi Nguyen is a recent graduate of McGill University. She has been active in many community initiatives from educating young women about their sexual health to improving their political knowledge and democratic participation. She also created an initiative called *Young Women Vote: The 20,000 Project* that hoped to encourage as many as 20,000 young women to pledge to vote. In 2001, she co-authored St. Stephen's Community House's *The Little Black Book: A Guide to Sexual Health for Grrrls by Grrrls*. In 1999, she received a YWCA Young Woman of Distinction Award for her community work in Toronto with St. Stephen's Community House in Toronto. This past year, she received the Governor General's Award in Commemoration of the Persons Case. She has most recently worked with Carolyn Bennett, Minister of State (Public Health).

Lee Pearson brings over 30 years experience in accounting and financial management. Currently a Manager with PricewaterhouseCoopers in Winnipeg, she specializes in client relations, human resource management and training, review of financial statements and corporate and personal tax returns. Lee has a 3-year Certificate in Management from the University of Manitoba and served for 5 years on the Business Administration Advisory Committee at Red River Community College. She lives in the town of Selkirk, Manitoba.

Yvonne Peters has practised as a lawyer in Winnipeg since 1989, primarily in the area of human rights/equality rights, including policy and legal work involving the rights of women. Since 1993, Yvonne has operated as a sole practitioner offering clients a blend of legal advice and social policy development. She has served as a member on numerous local, provincial, national and international boards and committees, such as the National Association of Women and the Law, the Manitoba Human Rights Commission, the Manitoba Bar Association and the Women's Health Clinic.

Zubeida Ramji is an organizational development consultant with expertise in community based health and social service agencies. She was the founding Director of the Regional Women's Health Centre at Women's College Hospital, Toronto and has international development expertise as part of several institutional review teams for CIDA funded NGOs. She brings a strong community based philosophy, as well as a firm grasp on issues related to access to services for marginalized groups, including women, refugees, new immigrants and ethno-racial communities. She has worked in diverse settings in Canada and in developing countries, where professionals, volunteers and consumers have been involved.

Barby Ann Skaling, of the Gitksan-Wetsu'wet'en Nation (Moricetown, BC), is a Licensed Practical Nurse and has been an Education Program Coordinator with the Healing Our Spirit program for 11 years. She has a long history of participation in community organizations with HIV/AIDS, gay/lesbian issues, and international development, and is committed to providing culturally competent HIV/AIDS information, especially within Aboriginal communities.

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The Canadian Women's Health Network

THIS IS YOUR NETWORK - JOIN US!

Women in Canada are our key sources of information, energy, ideas, direction and inspiration.

I/We would like to join the Canadian Women's Health Network.

I/We share your vision of advancing the health of all girls and women in Canada based on principles of equity, inclusion and social justice.

The CWHN is guided by a Board of Directors made up of women from across the country with varied backgrounds and skills. Our national Expert Review and Advisory Committee ensures that our activities and information are pertinent and precise and that our network is diverse and ever expanding.

Members of the CWHN contribute to the development of the network and may sit on advisory committees or the Board of Directors.

I am applying/subscribing as an:

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Name: _____

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Fees:

- \$10 individuals
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