

The Canadian Women's Health Network

ANNUAL REPORT

2005-2006



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 Chair and the Executive Director

The Canadian Women's Health Network focused this year on building networks, expanding and consolidating our information management and our communication programs, and consolidation. As a result we are delighted to have seen a **large growth in our programs and services.**

Networking and Communications

Kirby Response

One of our major networking achievements this year was to build a strong and committed cross-country team of women's mental health experts to respond quickly to the release of *Out of the Shadows At Last*, the three-year federal study on mental health, mental illness and addiction in Canada. The study was prepared by the Senate Standing Committee on Science, Technology and Social Affairs chaired by Senator Michael Kirby. Drawing on the expertise of over 30 academics, advocates, policy analysts, and health care users, we initiated and provided leadership for an Ad Hoc Working Group on Women, Mental Health, Substance Use and Addictions.

The group prepared a robust overview of women's mental health, mental illness and substance use in Canada as a first step towards addressing the missing gender analysis in the Senate ('Kirby') Report. It introduced women's mental health issues, covering a range of topics from the social determinants of women's mental health, mental illness and substance use to the critical need for women-centred mental health care. It included an appendix of 12 individually authored information sheets on some key women's mental health concerns, as well as six sets of detailed recommendations to begin to address them.

We plan to continue to move this initiative forward. The overview will be distributed to federal and provincial politicians, as well as to key mental

health organizations and individuals across the country. We will also be developing a shortlist of prioritized policy change recommendations that call for immediate remedies.

Improving Care: Increasing Access to Emergency Contraception

CWHN continued to work collaboratively with the organizations represented in the Emergency Contraception Pill (ECP) networking committee. A key activity, in partnership with Women and Health Protection, was to send out a joint CWHN/WHP letter ("Call to Action on ECP") to over 1200 organizations and individuals across Canada asking for their support in making the pill, 'Plan B', available over the counter.

Over 75 organizations joined the CWHN, WHP, the Society of Obstetricians and Gynaecologists, and the Canadian Federation for Sexual Health in sending a request to NAPRA (National Association of Pharmaceutical Regulatory Authorities) to conduct a drug scheduling review of Plan B. The request included a brief, "Public Interest Brief on Emergency Contraception," which argues that ECP should be made available without women being required to consult a pharmacist. The Call to Action and the brief are available on our web site. We look forward to following up on this work in the coming year.

Second National Women's Health Roundtable and Reception

Following the success of our first National Women's Health Roundtable and Reception in 2005, our wheels are in motion planning the second Roundtable and Reception for early spring 2007. Details of the event will be posted on our website and distributed throughout our network as they become available.

Increasing Access to New Knowledge: Partnering With Researchers

As well as continuing our long term partnership with researchers at the four Centres of Excellence for Women's Health and the national working groups on health reform, health protection and Aboriginal women, CWHN this year made a concerted push to increase our cooperation with other women's health researchers. Our goal is to assist in the dissemination of new findings as well as in the research process itself.

Some projects we've been working on include "Reducing Unmet Health Priorities for Older Women" led by Cara Tannebaum, MD, at the Université de Montréal; "Caring About Healthcare Workers as First Responders", which is working to help healthcare workers in health emergencies such as the SARS outbreak; and "Coalescing on Women and Substance Use: Linking Research Practice and Policy," a project being carried out with the BC Centre of Excellence for Women's Health and the Canadian Centre on Substance Abuse. We hope to continue developing these types of partnerships in the future.

Women's Health Consultations

This past year, the newly established federal Standing Committee on the Status of Women undertook a review of the status of women in Canada. As a result of this review and to follow up from CWHN's preparation of a paper entitled "Women's Health in Canada: Beijing and Beyond" for Canada's 'NGO report' to the United Nations' Commission on the Status of Women's meeting in March 2005, board and staff CWHN undertook a series of informal consultations.

These consultations were held both face-to-face and via a web survey to learn what Canadians think are the most important women's health issues and what the priorities for action should be. Over 700 individuals and groups responded. We are in the process of compiling the results and

the final document will also be posted on the CWHN website.

We Make A Million

Well, not really. But we can't forget to celebrate one clear sign of our outreaching success: having the number of monthly hits on our website soar past the one million mark! In fact, website traffic more than doubled that of the previous year. This is surely evidence that we are seen as relevant and useful, and provides energy to seek to do even more.

The CWHN Board at Work

This year, the Board was thrilled to welcome Susan Chatwood (Yellowknife), Linda Furlini (Montreal) and Susan Woodward (Winnipeg) as new members. Their combined strengths and expertise will complement those of our continuing members in important ways. Conversely, we will greatly miss Marsha Forrest. Marsha was a founding member of the CWHN and, for the past several years, has been Co-Chair of the Board. It is most difficult to imagine the CWHN without her wise counsel, her calming presence, and her extensive understanding of women and women's health. We hope she will continue to play an informal role with us for years to come.

During 2005-2006, all members of the Board worked closely with the Executive to ensure we benefited from everyone's expertise. This also helped us reduce some of the expenses of Board work, given the challenges of fundraising.

Join Us

As the realities of the 21st century take hold, the CWHN's role seems more important than ever. We have already clearly established our position as Canada's foremost organization working on women's health issues and information sharing. The staff and the Board will continue to work hard with each other and with our diverse colleagues around the country to ensure we retain this reputation.

As we continue to build our network and drive the issues ever forward in the public policy agenda, we hope there will be many more new

faces and new voices joining us. Why not invite someone you know to join us?

Abby Lippman, Chair

Madeline Boscoe, Executive Director

CWHN Programs

Website

Our website, www.cwhn.ca, 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 it received almost 9.6 million 'hits', more than double the previous year, and continues to grow.

Another sign of regard for CWHN and its website was our being featured in the "Women's Health Supplement" in the *Globe and Mail*, December 5, 2005. Our website was listed at the top of a list of "Women's health websites to consider."

The "What's Hot in Women's Health" section, updated weekly, continues to be one of the most popular parts of the website. Some 964 new items were added this year to this section alone! We updated our Health Topics section to make it easier to search for multiple subjects in a general topic area. We also updated our Health Information Request section of the site with more information about access to local healthcare services across Canada.

An important feature of the CWHN site is how much material is available in French. New books in French on women's health are featured on the front page of the site regularly with original book

reviews, and almost 30% of "What's Hot" news items are in French.

In addition to its own website, 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) and Women and Health Care Reform (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 resources on the following theme areas: women's mental health and addictions; Aboriginal women's health; gender and HIV/AIDS; northern, rural and remote women's health; and more. Currently, the databases contain resources in 45 languages, including some Aboriginal and Inuit languages, although the vast majority of the catalogued resources are in English and French. 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 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. They contact us through our website or through our toll-free information line, 1-888-818-9172. Some 390 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 notices of new health resources. This year, we published and distributed two double issues of *Network* magazine.

The Fall 2005 issue focused on HIV/AIDS and because of anticipated interest the normal print run of 5000 copies was raised to 7000. In fact, the entire issue was 'sold out' within a month, snapped up by organizations across Canada. Bulk copies were ordered by more than 55 HIV/AIDS organizations across Canada and by other women's and health organizations and individuals. The on-line version was also promoted to 93 international HIV/AIDS organizations who could get it from our website.

The Spring 2006 issue featured articles on topics such as the little understood impact on women of the 'Chaouilli decision' in Quebec on private health insurance, SSRI use and health costs, and the treatment of ancillary (support) health workers. And that's just a sample!

Network articles are also regularly reprinted in different national and international publications

and used in university course packs.

Other Publications

In partnership with the Centres of Excellence for Women's Health (CEWH), we also completed the production of an issue of the CEWH *Research Bulletin* entitled "Mental Health and Addictions in Women." Because of CWHN's effective promotion and distribution to organizations across Canada concerned with mental health, this publication too is 'sold out'. Back issues of the *Research Bulletin* are 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 "Facts to Act On" pamphlet on "SSRI Anti-depressants: Their Place in Women's Lives" and a policy paper entitled "The Inclusion of Women in Clinical Trials: Are We Asking the Right Questions?"

Similarly, with Women and Health Care Reform we completed two new publications in their series on women and health reform: "Primary Health Care Reform and Women" and "Just the facts, ma'am... A Women's Guide for Understanding Evidence about Health and Health Care." All of these publications are available from CWHN.

Brigit's Notes

Our free, monthly, bilingual email bulletin keeps readers up to date on important and timely issues related to women's health. By March 2006, we had increased our subscriber base to 5560 individuals and organizations from across Canada and around the world, including policy makers, academics, international, national and regional media, health educators and consumers. That's a growth of 1242 subscribers, or 29%, in just one year, showing how quickly the word is spreading about the value of *Brigit's Notes*. This year, for the first time, Health Canada linked to several stories in *Brigit's Notes* in their "It's Your Health" e-bulletin – another vote of

confidence. It's easy to subscribe – sign up on the CWHN website.

Email Discussion List

CWHN's still young national email discussion list on women's health, CDN-WOMEN, continues to grow quickly. By March 2006, the list had 318 subscribers, an increase of 40 % in just one year. This daily, moderated list joins together and strengthens links among organizations, individuals and groups across Canada involved in women's health. It's a forum for discussion and debate on current issues affecting women and girls, and also a place to share information and resources, events, calls for action and research findings (both biomedical and social research). The fact that more and more people are becoming contributors as well as readers shows that they see CDN-WOMEN an important means of getting their information out to key audiences.

A new feature on the discussion list this year is a "current awareness" service for which our Information Centre Coordinator compiles a weekly list of new scholarly articles related to women's health. Readers can request electronic versions of the articles (PDFs) – a popular feature.

Community Outreach and Networking

As part of our community outreach initiatives, we regularly participate in regional and national conferences, consultations, events and workshops.

We also distribute our own and our partners' health information materials to conference participants. In 05-06 we attended and distributed at 14 local, national and international conferences and distributed materials at several more.

Presentations on women's health topics by CWHN staff, board and partners were also made at some of these conferences, including a presentation by CWHN at an expert workshop on health promotion in Hannover, Germany. Other presentations were made

at the 4th Canadian Cochrane Symposium and at a forum on "Women and Health Care Reform: Changing the Paradigm" organized, with CWHN's help, by Women and Health Care Reform at the University of Ottawa's Institute of Women's Studies. We appreciate these opportunities to meet with others who also care about women's and girls' health in Canada.

Making Emergency Contraception More Accessible

We also help people come together for action on women's health by supporting and building networks, coalitions and joint projects. The joint work with Women and Health Protection, the Society of Obstetricians and Gynaecologists of Canada and the Canadian Federation for Sexual Health to make the emergency contraception pill (Plan B) more accessible, described in greater detail on pg. 4, is a good example.

One of our concerns about ECP was the protection of women's privacy. Reports began to surface of pharmacists in Ontario (and elsewhere) requesting and storing women's personal information when dispensing Plan B. Due to CWHN and WHP public comments in the *Canadian Medical Association Journal*, the *Toronto Star* and other media on the collection of private information for obtaining ECP (and providing information on ECP regulations and policy to key media), the Ontario Privacy Commissioner requested that the Ontario College of Pharmacists cease these practices. The College agreed and similar changes subsequently took place in BC, Saskatchewan and Manitoba as well.

Putting Women on the National Health Agenda

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. Our work with a group of researchers

from across Canada to bring a gender analysis to the new federal report on mental health and addictions (the “Kirby Report”) is described in more detail on pg. 4. We are supporting efforts to have more research specifically addressing the needs of women in this area. We are also planning a follow-up collaboration with researchers and representatives from mental health and addictions NGOs to ensure women are taken fully into consideration as federal planning progresses.

A final achievement in outreach and networking was the strong response to our national bilingual consultations, electronic and face-to-face, to solicit views on Canadians’ priorities for action on women’s health issues. In addition to the CWHN-organized consultations, a day long consultation was put on by the Ontario Women’s Health Network and Wellesley Central Health Corporation as their contribution to our work.

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 directing 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.

This year, the CWHN was contacted by a wide range of media, from important regional papers such as the *Toronto Star*, *Montreal Gazette*, and *Vancouver Province*, to national publications such as the *Globe and Mail* and *Maclean’s* magazine and popular television and radio shows such as Radio Canada TV and radio, CBC “Commentary”, as well as international media. Publication or

media mentions were also achieved in prestigious academic journals and medical news services such as *British Medical Journal*, *Canadian Medical Association Journal* and *Medical News Today* (UK newswire).

As result, the CWHN was quoted widely in the press, in more than 121 news articles, shows and interviews. 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.

We also regularly send press releases and story tips of our own, and for other like-minded organizations, to generate interest on particular women’s health concerns. This year we sent out more than 17 press releases and story tips, on a variety of women’s health topics, on behalf of CWHN, Women and Health Protection (WHP), Women and Health Care Reform, the Centres of Excellence for Women’s Health, and for community groups such as DES Action and FSD-alert.org.

Media coverage can have important effects. CWHN and WHP media work contributed to Health Canada, in a precedent-setting move, announcing public hearings on silicone breast implants and Madeline Boscoe being appointed to the expert panel. This in turn resulted in major news coverage and follow-up news stories, as well as editorials on the topic and a follow-up release from the Minister of Health (with action items as a result).

CWHN has compiled and continues to update an extensive media database for soliciting media attention on specific women’s health issues. Our database 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 10 were published, including one in the *New York Times Magazine* by CWHN's Board chair, Abby Lippman.

New Posters

This year we also created, with Women and

Health Protection, two versions (each in English and French) of a poster entitled "Don't Swallow Everything You Hear About Women's Health," focusing on women and pharmaceuticals. Hundreds have been ordered by groups all across Canada. They can be ordered for free from the CWHN website.

Working With Our Partners

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 (CEWH), several national Working Groups and other initiatives. 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. We work with the various Centres by assisting in media relations and with some research projects. We also publish and distribute the CEWH *Research Bulletin*. We play a larger role in two of the Working Groups, Women and Health Care Reform and Women and Health Protection, where we sit on their Steering Committees. We help plan research projects that will have maximum relevance to current women's health policy developments and often publish and distribute their publications. The CWHN has a special relationship with Women and Health Protection, for whom we provide financial and other administrative support.

Canadian Institutes for Health Research (CIHR)

CWHN once again received the generous support of the CIHR's Institute of Gender and Health for a women's health Roundtable and Reception for parliamentarians on "the Hill" in Ottawa. The purpose of the reception is to get the word out to senators, MPs, and top federal government staff about the importance of research and action to improve women's health, and to share with them the latest research results. The event is planned for early 2007. The CIHR has also supported our collaborative work with researchers in which CWN brings its skill and experience in knowledge translation (getting information about research out to people in ways that it can be used to make positive change). One example is our partnership with Dr. Cara Tannenbaum of Université de Montréal's Institut universitaire de gériatrie de Montréal on "Reducing Unmet Health Priorities for Older Women," a project being done in collaboration with the Regional Department of Primary Care for the Greater Montreal area.

Auditors' Report

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

We have audited the statement of financial position of Canadian Women's Health Network Inc. as at March 31, 2006 in accordance with Canadian generally accepted auditing standards and expressed an opinion without reservation in our report dated June 8, 2006.

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.

Booke & Partners

Winnipeg, Canada
June 8, 2006

Chartered Accountants

Statement of Financial Position March 31, 2006

Assets	
Current	
Cash and short-term investments	\$ 139,969
Receivables	<u>129,035</u>
	269,004
Property & equipment	<u>2,849</u>
	<u>\$ 271,853</u>
Liabilities	
Current	
Payables and accruals	\$ 54,422
Deferred revenue	3,030
Deferred contributions	
Operating fund	61,674
Related to property & equipment	<u>2,849</u>
	<u>121,975</u>
Fund Balances	
Operating Fund	13,811
Reserve Fund	95,601
Futures Fund	<u>40,466</u>
	<u>149,878</u>
	<u>\$ 271,853</u>

Statement of Financial Activities Year Ended March 31, 2006

Revenues	
Health Canada – Women's Health Contribution Program	\$ 417,000
Province of Manitoba	950
Interest	1,784
Memberships	1,485
Donations	2,121
Miscellaneous	251
Subscriptions	1,539
Grants	2,820
Women and Health Protection project	178,000
Special Projects	<u>71,407</u>
	<u>677,357</u>
Expenses	
Amortization	950
Contract fees	223,382
Employee benefits	35,769
Grants	2,820
Insurance	2,954
Interest and bank charges	2,968
Maintenance and utilities	4,239
Postage	11,682
Printing, stationery and office supplies	106,073
Professional fees	4,538
Rent	16,200
Salaries	200,890
Staff and committee costs	3,043
Staff recruitment	640
Telephone	19,194
Travel	29,506
Website	<u>28,732</u>
	<u>693,580</u>
(Deficiency) excess of revenues over expenses	<u>\$ (16,223)</u>

Statement of Changes in Fund Balances Year Ended March 31, 2006

	Operating Fund	Reserve Fund	Futures Fund	Total
Fund balance, beginning of year	\$ 30,034	\$ 95,601	\$ 40,466	\$ 166,101
(Deficiency) excess of revenues over expenses	<u>(16,223)</u>	-	-	<u>(16,223)</u>
Fund balance, end of year	<u>\$ 13,811</u>	<u>\$ 95,601</u>	<u>\$ 40,466</u>	<u>\$ 149,878</u>



CWHN Board of Directors 2005-06

Dongyan Blachford is a native of Beijing, China. She is currently Associate Dean (External Relations), Faculty of Arts, University of Regina and an associate professor of Chinese. Her areas of research include language and education policy, language teaching, internationalization, social justice and gender issues. She is a member of the board of Immigrant Women of Saskatchewan, Regina Chapter. Dongyan is interested in health, nutrition and exercise issues regarding immigrant women.

Susan Chatwood is an Epidemiologist based in Yellowknife, NT. Her primary research interests lie in the area of maternal and child health. She is involved in initiatives that promote the accessibility of health information to northerners. She is a Co-Rep for the Northern Cochrane Network Site and is chair and a founding member of the Arctic Health Research Network, a NWT based research interest group.

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.

Linda Furlini Returning to her studies later in life, Dr. Linda Furlini is now a researcher and holds a post-doctoral appointment in Epidemiology at McGill University. She is currently involved in the Canadian Longitudinal Study on Aging, where she is examining issues concerning the development of mental incapacity while participating in a long-term study. Close to her heart are women's health and feminist/equity issues. She is a strong proponent for women caregivers of persons with dementia and women with the disease. She worked for many years, both professionally and as a volunteer, in this domain. As a strong advocate for health education for all women, she demands that all information addressed to them be free of conflict of interest.

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' and of 'neo-medicalization,' she's been a member of national and international groups that deal with social justice issues related to women's health. Despite living in Montréal for over 30 years, Abby continues to speak both French and English with her original Brooklyn accent.

Dwana Mbamalu is an Employment Officer with HRSDC 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. 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).

Yvonne Peters has practiced 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 (Morisetown, 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 concerned with HIV/AIDS, gay/lesbian issues, and international development, and is committed to providing culturally competent HIV/AIDS information, especially within Aboriginal communities.

Susan Woodward brings over 30 years experience in accounting and financial management. She is president and founding member of SWEP Management Ltd, where she manages several medical clinics in the city of Winnipeg and operates an electronic medical billing service and hosts electronic medical records for clients. Susan is a Certified Management Accountant, as well as a Fellow of the Society of Management Accountants of Canada. She lives in Winnipeg, Manitoba.

Board Committees 2005-2006

Executive

Abby Lippman – Chair
Marsha Forrest – Past-Chair (ex officio)
Susan Woodward -Treasurer
Yvonne Peters – Secretary; Nominating
Zubeida Ramji – Outreach/Fundraising
Abby Lippman – Policy Advice & Advocacy

Lee Pearson
Susan White – Staff

Finance

Susan Woodward – Chair
Marsha Forrest
Dongyan Ru Blachford
Madeline Boscoe – Staff
Janice Nagazine – Staff

Fundraising

Zubeida Ramji – Chair
Barby Scaling
Angélique Bernard
Mona Dupré-Ollinik – Staff
Madeline Boscoe – Staff

Nominating

Yvonne Peters – Chair
Marsha Forrest
Abby Lippman
Dwana Mbamalu
Mona Dupré-Ollinik – Staff

Magazine Advisory

Abby Lippman
Martha Muzychka
Anne Rochon Ford
Susan White – Staff
Madeline Boscoe – Staff

Policy Advice & Advocacy

Abby Lippman – Chair
Linda Furlini
Olena Havinsky
Marilou McPhedran
Yvonne Peters
Madeline Boscoe – Staff
Mona Dupré-Ollinik – Staff
Kathleen O’Grady, Laila Malik – Staff

Ad Hoc Collective Agreement Reference and Negotiating Team Representatives

Susan Woodward
Yvonne Peters
Marsha Forrest
Lee Pearson
Madeline Boscoe – Staff
Susan White – Staff

Outreach

Zubeida Ramji – Chair
Marsha Forrest
Dwana Mbamalu
Madeline Boscoe – Staff
Mona Dupré-Ollinik – Staff

Joint Employment Equity

Marsha Forrest – Board Member
Susan White – Management
Léonie Lafontaine – CUPE 2348

Joint Union/Management Committee

Madeline Boscoe – Management
Susan White – Management
Ghislaine Alleyne – CUPE 2348
Mona Dupré-Ollinik – CUPE 2348

CWHN Staff

Executive Director: **Madeline Boscoe**
Assistant Executive Director: **Susan White**
Administrative Services Coordinator: **Léonie Lafontaine, Monika Lenczewska** (Interim)
Information Centre Coordinator: **Barbara Bourrier-LaCroix**
Outreach Coordinator: **Mona Dupré-Ollinik**
Outreach Assistant: **Kim Parry**
Website Manager: **Ghislaine Alleyne**
Technical Support: **Toufiq Outbih, Sydney Weidman**
Director of Communications: **Laila Malik, Kathleen O’Grady** (on maternity leave)
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This committee's mandate is to ensure the quality of the resources that the CWHN adds to its collection on the website and in *Network* magazine. The CWHN follows a rigorous quality assurance process for each identified resource. They also advise CWHN on women's health policy issues and directions for future work.

The members of the CWHN's Expert Review and Advisory Committee come from all over Canada. The strength and wealth of knowledge of this committee is attributable to the members' vast breadth of expertise. We appreciate the time and energy they devote to our work.

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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.

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Fees:

- \$10 individuals
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Canadian Women's Health Movement Celebrated

Madeline Boscoe, the Executive Director for the Canadian Women's Health Network, was awarded an Honorary Doctorate from the University of Ottawa on June 5, 2005. She was recognized for her substantial contributions promoting the health of women and girls in Canada. Here are excerpts of what she said to graduates in her commencement address.

"I see this award being given to me as really an award for our collective work."

Like most social movements, the women's health movement has given voice to those who are often marginalized by society and given limited, if any, decision making power in setting health policies and priorities.

It rose out of, and with, the broader women's movement -- with shared critiques and dissatisfactions. It was a growing rejection of the narrow and unequal social roles forced on women, roles that undermined our social as well as health status. We were very concerned about a health care system that did not -- and still, often, does not -- take women into account. We were frustrated as recipients of care and as those who worked providing care.

We -- and we used the word "we" intentionally to ensure we maintained a commitment to equity, and to resist thinking that some of us were more "expert" than others -- we came together to share experiences and knowledge. ... We shared stories about our interactions with the medical system. And we started asking questions.

We came to understand that knowledge is power -- and sought to get our experiences counted as knowledge. We realized that those who formulated the research questions controlled the answers. And so, we initiated our own research, about the problems that concerned us most.

Through discussion and debate, we developed new approaches to health care services, approaches that would not over-medicalize our health and well-being.

For example, we looked at the high use of tranquilizers and mood elevators and realized that we were not "mad," but we were angry; angry that the impact of poverty, violence and racism on our health was ignored. Angry because much of the focus on our

health was because we were seen as "containers" for developing fetuses or because we were seen as the (unpaid) agents to provide health information and care within our families and communities. We understood that access to reproductive health care was critical to the equality and human rights of women. We were frustrated that normal events in our lives, like birth and menopause, were reduced to abnormalities requiring interventions.

In short, we understood that women's health is a political, social and economic matter and, to quote Sharon Batt, a long-time breast cancer activist, we would be "Patient No More."

...I believe there is, now, a critical leadership role for all of us to promote the understanding that health is, in many ways, a product of, or one could say, a "side effect" of, public policy, and not just of personal behaviour.

Health care providers have always understood intuitively that poverty is hazardous to health -- not only for those living in poverty but to the health of everyone. We urgently need to help the rest of society understand this relationship -- that social exclusion and inequities in income affect the health of all.

And so, I urge you to get involved, get involved in minimum wage reviews, demands for supportive housing programs, reviews of the tax structure and other public policy debates that affect health. If we fail to reduce poverty and social inequality in our society, we will never fully be able to protect or improve the health of women -- or men.... All of us can learn, and learn richly and deeply, from the critical voices working on the margins of society. Remember: "First do no harm," and that compassion and empathy are critical skills for the work that awaits you. Seek joy. And, have the courage to challenge assumptions and to make a real difference.

Full text of remarks available at: www.cwhn.ca

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to the

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