REPORT ON THE WOMEN'S HEALTH STRATEGY FOR BRITISH COLUMBIA 2004-2008

further Advancing the Health of Girls and Women

BC WOMEN'S HOSPITAL & HEALTH CENTRE AND BRITISH COLUMBIA CENTRE OF EXCELLENCE FOR WOMEN'S HEALTH

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BC Women's Hospital & Health Centre, an agency of the Provincial Health Services Authority (PHSA), is the only facility in B.C. devoted primarily to the health of women, newborns, and families.

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further
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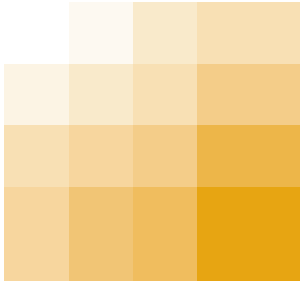

Acknowledgments

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Preface

A Message from Dr. Elizabeth Whynot, President BC Women's Hospital & Health Centre

BC Women's Hospital & Health Centre has a unique role as both a major provider of clinical services for women in British Columbia and as a leader, on behalf of the Provincial Health Services Authority and in partnership with regional health authorities and the provincial government, in developing and supporting provincial initiatives to improve the health of girls and women. Since the opening of the BC Women's Health Centre in 1994, BC Women's has developed its mandate and its services in response to consultations with and evidence about the population of women across British Columbia.

The development of *Advancing the Health of Girls and Women* was an important step towards a shared vision of optimal health for women in British Columbia. The *Strategy* provided a reference point for many important initiatives, including the completion and implementation of the Maternity Care Enhancement Project, the ActNowBC Healthy Choices in Pregnancy initiative and the development of tools to enable gender-based services planning and gender- and sex-based health surveillance regionally, provincially and nationally. These activities are just a few of the many positive, concrete manifestations of the priorities identified in the *Strategy*.

***Advancing the Health of Girls and Women* was an important step towards a shared vision of optimal health for women in British Columbia.**

In 2004, BC Women's established the Provincial Women's Health Network, a body with representation from all health authorities, the provincial government, the British Columbia Centre of Excellence for Women's Health and a variety of content experts. The network, which is supported by the BC Women's Provincial Health Team, is an important vehicle for the exchange of information, tools and strategies to strengthen our system's capacity to respond to women's health needs. It provides a link to health authorities and communities, and has facilitated community-based conferences and local discussions about the diverse challenges facing women across this large province. The network represents an important opportunity to enhance coordination among all health authorities in advancing the health of and health service for the girls and women of British Columbia.

This review of the *Strategy*'s impact summarizes an enormous amount of positive achievement in just a very few years. The *Strategy* and the efforts since have built on the work of many people over many years in British Columbia. I look forward to a continued renewal of these successes.

further advancing the health

A Message from Dr. Lorraine Greaves, Executive Director British Columbia Centre of Excellence for Women's Health

The British Columbia Centre of Excellence for Women's Health has been central to research, evaluation, and health policy and planning for women's health since 1996, when it was first established with funding from Health Canada and in-kind support from BC Women's Hospital. The release of *Advancing the Health of Girls and Women* in 2004 marked important progress and set a benchmark for women's health in British Columbia. Since 2004, the *Strategy* has guided much of our work, focusing our resources and interests on enhancing maternity care and addictions services, building capacity in women-centred care and gender-based analysis, and accelerating the development of a health surveillance system that takes women and gender into account. The *Strategy* has proven to be an outstanding tool in organizing the Provincial Women's Health Network, setting mutual goals, priorities, and templates for improving women's health in British Columbia. In this report, you will read about the many accomplishments linked to the *Strategy*'s release, and will easily see the value of setting down common goals and priorities, and furnishing a framework for pulling the myriad resources together across the province in pursuit of better health for women and girls. At the same time, the immense challenge of providing equitable opportunities for the health for all women and girls in British Columbia is still before us, and will require more concerted, well-planned efforts, supplemented by good evidence and a focusing strategy.

The Strategy has proven to be an outstanding tool for improving women's health in British Columbia.

I look forward in the ensuing years to more growth in the infrastructure devoted to women's health in British Columbia, including the development of a comprehensive set of indicators to enhance surveillance of women's and girls' health. Along with our continued strong partnership with BC Women's Hospital, I hope that the networks forged throughout the Provincial Women's Health Network, government, and regional health authorities endure. These actions will ensure that the focus on women's health is maintained and that measurable results will be achieved in all of our agencies and services.

Executive Summary

In 2004, BC Women's Hospital & Health Centre, British Columbia Centre of Excellence for Women's Health, and the BC Ministry of Health released a provincial women's health strategy. *Advancing the Health of Girls and Women: A Women's Health Strategy for British Columbia* (which we refer to as the *Strategy*) provided a coordinated blueprint for future change and helped define a province-wide perspective on women's health. This report continues that legacy by analyzing the *Strategy*'s contribution to activities aimed at advancing the health of girls and women in British Columbia in the past four years.

The Strategy provided a coordinated blueprint for change.

Our review of the three priority areas outlined by the *Strategy* found broad progress with respect to our stated goals, but also the need for significant additional work. The *Strategy* identified improving women's health monitoring, surveillance, and reporting; sustaining access to maternity care; and supporting women-centred approaches to mental health, problematic substance use and addictions as the three priorities for attention. Since then, new tools have enhanced the surveillance, monitoring, and reporting on women's health as has the integration of women's health into the BC Ministry of Health's *A Framework for Core Functions in Public Health,* which guides the services of the health authorities. In relation to the second priority, the Maternity Care Enhancement Project, along with other efforts, has had a measurable effect on access to maternity care across the province. In the field of mental health and addictions the coordination of provincial and local programs, such as ActNow: Healthy Choices in Pregnancy, has led to a greater integration of women-centred health services.

While we celebrate these accomplishments, such advances have been uneven across the province and across the population. Women's health has not been properly formalized in health care structures and remains over-medicalized, lacking an integration of important social determinants. Some groups of women continue to experience poor health compared to others, notably Aboriginal women.

The *Strategy* has been effective in many ways over the past four years, as a guide for policy, a networking tool, and an evidence base for women-centred care. It is hoped that *Further Advancing the Health of Girls and Women: Report on the Women's Health Strategy for British Columbia 2004-2008* will serve an equally broad purpose. Four years on, it is an opportune time to step back and analyze the momentum that has been created by the *Strategy* and the growing legacy of women's health in British Columbia. This report's account of recent advances will help us identify and remedy the gaps that remain so we can work toward further advancing girls' and women's health in British Columbia.

Introduction

Collaborating Partners

This report has been prepared by BC Women's Hospital & Health Centre and the British Columbia Centre of Excellence for Women's Health. As partners we share a common purpose of improving health and health care for girls and women in British Columbia – between us we provide care, conduct research, and advice on policy development to improve women's health in British Columbia.

BC Women's Hospital & Health Centre, part of the Provincial Health Services Authority (PHSA) of British Columbia, is the lead agency devoted to the health of women, newborns, and families in British Columbia. BC Women's provides a range of specialized health services and is one of the busiest maternity hospitals in Canada. It coordinates and evaluates specialized health services, provides disease prevention and health promotion activities, and works with the other health authorities in British Columbia to support equitable and cost-effective health care for girls and women.

We share a common purpose of improving health and health care for girls and women.

The British Columbia Centre of Excellence for Women's Health (BCCEWH) is one of four Centres of Excellence for Women's Health in a national program funded by Health Canada's Bureau of Women's Health and Gender Analysis. The BCCEWH conducts or facilitates research on a variety of women's health issues in collaboration with providers, policy-makers, and women in British Columbia and across Canada. The BCCEWH's particular mandate is to develop new knowledge to provide policy-relevant evidence for improving women's health. The BCCEWH has been hosted by BC Women's since its inception in 1996 and has conducted nearly three hundred projects to date.

BC Women's and BCCEWH partner with the BC Ministry of Health Services, BC Ministry of Healthy Living and Sport, health authorities, communities, providers, researchers, and policy-makers throughout British Columbia to improve the health of all girls and women in British Columbia through promoting equitable access to services and gender-sensitive policy, research, and planning. This document, *Further Advancing the Health of Girls and Women: Report on the Women's Health Strategy for British Columbia 2004-2008,* reports on the progress achieved since the 2004 release of *Advancing the Health of Girls and Women*. It has been developed in consultation with numerous province-wide partners and with the financial support of the BC Ministry of Healthy Living and Sport.

The Provincial Women's Health Strategy

In 2004 BC Women's Hospital and the British Columbia Centre of Excellence for Women's Health released *Advancing the Health of Girls and Women: A Women's Health Strategy for British Columbia*. The *Strategy* presented a 10-year vision for improving the health of all girls and women in the province through developing better information on their health status, fostering gender-sensitive health care, and ensuring attention to health promotion and disease prevention in addition to medical treatment for illness. The *Strategy*'s approach embraced all determinants of health, recognizing that health arises in the context of girls' and women's lives, and is best addressed not simply through the provision of health care, but by enhancing social and economic opportunities for all girls and women.

The Strategy's approach embraced all determinants of health, recognizing that health arises in the context of girls' and women's lives.

The *Strategy* was developed through a partnership between BC Women's and the BCCEWH, with funding and input from the BC Ministry of Health and it has guided the work of all three organizations since its release.* The *Strategy* highlighted opportunities for collaboration to improve health monitoring, health services, and healthy living. It provided background on women's and girls' health to help guide future planning, program development, policy, and research, and it provided a rationale for developing gender-sensitive indicators to monitor women's health. Since its release, BC Women's, BCCEWH, and the BC Ministry of Health have supported the priorities identified in the *Strategy* through both new and existing initiatives, as well as by fostering dialogue among numerous partners to encourage greater activity on women's health issues.

Values

In its ten-year vision, *Advancing the Health of Girls and Women: A Women's Health Strategy for British Columbia*, outlined the need for: a comprehensive approach to the determinants of health, an evidence base to inform decisions and monitor progress, women-centred services, and a shared commitment to improving the health – and the lives – of girls and women across the province. The *Strategy* articulated three main values.

1. **Place women at the centre.** All elements of the *Strategy* were conceptualized as women-centred – they consider women's experiences and everyday lives in the conduct of research, planning, policy development, and care.
2. **Recognize diversity.** Important differences exist among British Columbian girls and women including variations in age, sexual orientation, language, ability, geo-

* On 23 June 2008, a number of changes to Cabinet were announced by Premier Campbell. The BC Ministry of Health was renamed the BC Ministry of Health Services and will continue to be led by Minister George Abbott. Minister Mary Polak was appointed to lead a new BC Ministry of Healthy Living and Sport.

graphic location, education, and income. These differences affect women's capacity to participate fully in society and experience optimal health.

3. **Promote equity.** Developing, enhancing, or sustaining equity among girls and women in British Columbia is key to improving health for all women.

Goals

The *Strategy*'s goals continue to provide long-term direction for advancements in women's health. They also represent the rationale behind the *Strategy*'s evolving priorities. The three overarching goals that animated the *Strategy* were:

1. **To improve the evidence base on girls' and women's health.**
2. **To improve the health of all girls and women.**
3. **To provide appropriate gender-sensitive care for all girls and women.**

Three strategic priorities

Place women at the centre.
Recognize diversity.
Promote equity.

Three initial priorities were identified in 2004 as timely and relevant to health services planning across all health sectors in British Columbia. These priorities have shaped many of the efforts of BC Women's and the BCCEWH, and influenced the BC Ministry of Health and health authorities in developing initiatives and conducting health planning.

1. **Improving women's health monitoring, surveillance, and reporting.**
2. **Sustaining access to maternity care.**
3. **Supporting women-centred approaches to mental health, problematic substance use, and addictions.**

Further Advancing the Health of Girls and Women

A range of agencies and groups across the province have used the *Strategy* since its release as a tool to empower provincial, local, and regional efforts by connecting them to provincial goals and priorities; as a basis for connecting overlapping initiatives across the province; and as a reference document for measuring progress in women's health in British Columbia. The Provincial Women's Health Network (PWHN), created in 2004 in part to support the Strategy, has engaged representatives from the Provincial Health Services Authority (PHSA), regional health authorities, BC Ministry of Healthy Living and Sport, and the BC Ministry of Health Services in regular discussions on women's and girls' health in the province. The network has also helped support the emergence of both regional and province-wide women's health initiatives in maternity care and mental health and addictions.

The landscape of women's health research, planning, and services has changed in

the last four years with the establishment of new organizations and initiatives. These include: the development of a PHSA-based women's health knowledge synthesis group that examines epidemiological trends in women's health in British Columbia, the Women's Health Research Institute at BC Women's, and the Women's Health Research Network supported by the Michael Smith Foundation for Health Research. Taken together, these developments – and many others – provide important infrastructure for improving the knowledge base on girls' and women's health in British Columbia as well as health-care services tailored to meet their needs.

This report, F*urther Advancing the Health of Girls and Women: Report on the Women's Health Strategy for British Columbia 2004-2008,* documents developments since 2004 directly supported by the *Strategy* as well as those occurring concurrently in British Columbia. To provide a summary of the *Strategy*'s progress as we near the mid-point of its ten-year vision, we interviewed nearly fifty key informants, including individuals from each of the health authorities, the BC Ministry of Healthy Living and Sport, BC Women's Hospital & Health Centre, the British Columbia Centre of Excellence for Women's Health, and local universities. Many Provincial Women's Health Network members also participated. Taken together, these interviews confirm that while many positive steps have been taken toward improving the health of girls and women in British Columbia, important challenges remain. We continue to face important gaps in women's health surveillance, the provision of women-centred health care, and increasing the responsiveness of the health care system to women's health issues and needs.

This report documents developments since 2004 directly supported by the Strategy as well as those occurring concurrently in British Columbia.

This report outlines the original key components of the *Strategy* to remind us of the initial vision that inspired many of the developments that have improved women's health. We review the three initial priorities of the *Strategy* – improving access to maternity care, fostering women-centred care for women with mental health and addictions problems, and improving the monitoring and surveillance of girls' and women's health in British Columbia – and describe some developments related to each of them. The discussion of each priority area is divided into three parts:

- *Advances Supported by the Strategy,* detailing progress directly linked to the *Strategy*,
- *Concurrent Developments,* documenting examples of programs, initiatives, and structures that have emerged since 2004 and have drawn indirect support from the *Strategy*, and
- *Gaps and Challenges* that women's and girls' health continues to face in British Columbia.

Finally, the report challenges us to question where we need to move next as we work together to further advance the health of girls and women in British Columbia.

Monitoring Women's Health

To obtain a fuller understanding of girls' and women's health, monitoring and surveillance mechanisms need to be improved to account for sex and gender. These tools are critical in assessing success, identifying emerging issues and anchoring knowledge translation. This will entail the refinement of existing health indicators, the development of more sensitive and appropriate health indicators and systematic reporting at all levels. As yet, a comprehensive approach has not been achieved in the monitoring and surveillance systems for women's health, but the special projects, organizational developments and review processes described below describe important progress toward this goal. They set a British Columbian basis for action, providing the building blocks for the future.

Advances Supported by the *Strategy*

The Strategy's first priority was the improvement of women's health monitoring, surveillance, and reporting.

BC Women's has made organizational changes to enhance monitoring and surveillance mechanisms for women's health. After restructuring, BC Women's created a provincial team in 2006, responsible for an enhanced provincial women's health program, and a senior advisor position responsible for health policy and surveillance. BC Women's also houses the enhanced BC Perinatal Health Program (formerly the BC Reproductive Care Program), responsible for surveillance of perinatal data in British Columbia. BC Women's is directly involved in several activities and structures at the PHSA that have assisted in improving health data and surveillance systems provincially by taking gender and women's health into account. Collectively, these changes have played a key role in integrating a women's health perspective into BC Ministry of Health Services, BC Ministry of Healthy Living and Sport, and PHSA planning.

The BCCEWH has also played a strong role in the advancement of women's health surveillance and monitoring structures and functions. BCCEWH has been involved in provincial and national discussions on an appropriate set of gender-sensitive health indicators. This process, once completed, will broaden the scope of measuring women's health by including social determinants of health along with women's health status and data about how they utilize health care. More immediately, the BCCEWH and BC Women's have created on-line tools for accessing women's health data, grey literature,* gender-based analyses, and syntheses relevant to women's health, utilizing funding from the Women's Health Research Network (WHRN). These advances have not only increased the visibility of BCCEWH's research, policy,

* "Grey literature" refers to publications that cannot be found through traditional scholarly means, such as indexes and publishers. Grey literature includes government reports, technical summaries, popular press publications, and other print and electronic materials that have not been peer reviewed.

and knowledge translation in the province of British Columbia but have also attracted national interest and attention.

The combined efforts of BC Women's and BCCEWH through programming, research, and policy development will further help to guide the next Provincial Health Officer's report, scheduled to be released in 2009 with a focus on women's health. Numerous organizations will contribute to the development of this report, including the regional health authorities, the BC Ministry of Health Services, and the BC Ministry of Healthy Living and Sport. This report will provide important updates on women's health status in the province of British Columbia.

These tools assist in knowledge translation, research, and policy development.

Development of Monitoring and Surveillance Tools

Creation of the SSS On-line Tool

The BCCEWH, in partnership with BC Women's, created the Source/Survey/Synthesis (SSS) Tool for accessing women's health data and resources (with funding and support from the Women's Health Research Network of British Columbia, Health Canada, and the BC Ministry of Health). The SSS Tool consists of three bilingual on-line elements that provide access to women's health research, data sources, surveillance, and monitoring in British Columbia, Manitoba, and Canada. These tools assist in knowledge translation, research, and policy development, and demonstrate gender- and diversity-related gaps in health data.

The Source/La Source is a bilingual women's health data directory that assists researchers, policy-makers, health planners, and community groups in identifying and accessing British Columbian and national sources of health data for women and girls. The directory includes an introductory gender- and diversity-based analysis for each topic.

The Survey/Le Sondage is a bilingual web-based repository that links women's health practitioners, policy-makers, health authorities, and women's groups to a range of resources on women's health, including international, national, and provincial reports and documents.

The Synthesis/La Synthèse provides access to knowledge syntheses, review papers, and policy briefs on women's health issues to support research, policy development, health planning, and practice.

Collectively called the SSS Tool, these three resources can be accessed at **www.womenshealthdata.ca.**

Engaging with the BC Ministry of Health on Core Functions in Public Health

In 2005, the BC Ministry of Health's Population Health and Wellness group released *A Framework for Core Functions in Public Health*, which outlined a key set of public health functions and services the health authorities are required to provide.[1] BC Women's Hospital and the BCCEWH worked closely with the BC Ministry of Health to integrate gender, equity, and women's health perspectives into this central planning document. Because gender is recognized as one of the determinants of health, as well as being linked to different burdens for some chronic diseases, the *Framework* states that:

> While some core programs should be universal (e.g., immunization, inspection of water and food, etc.), others should be preferentially or exclusively provided to selected populations that are at higher risk or are more vulnerable due to biological, social, ecological, economic, cultural, or other factors.[1]

Women, where they are at special risk, or in relation to female-specific conditions, are identified as one of the populations for which core programs should be tailored. This mandate should dramatically increase the province's capacity for women's health surveillance, monitoring, and programming.

All of the health authorities have taken steps to create or enhance their population and public health surveillance and monitoring infrastructure.

Women's Health Surveillance in the Regional Health Authorities

Guided by *A Framework for Core Functions in Public Health,* all of the health authorities have taken steps to create or enhance their population and public health surveillance and monitoring infrastructure. Because women's health is addressed in the framework, this development has tremendous potential for expanding women-specific surveillance and monitoring.

In the Vancouver Island Health Authority (VIHA), a Women's Health and Wellness Planning Group, including members of the PWHN, put together a profile of women's health to highlight gaps in the region's provision of gender-related health care and identify possible improvements. The group used surveillance data from the Public and Population Health Observatory to support a series of documents reflecting women-specific reporting, including *The Health of Girls and Women on Vancouver Island: Compendium of Health Indicators,*[2] *The Health of Girls and Women on Vancouver Island: Review and Discussion of Selected Indicators,*[3] and an inventory of women's health services. This reporting has already had an effect – statistics on high maternal smoking rates in the VIHA inspired an initiative involving the BCCEWH to address this problem.[4] Similarly, Vancouver Coastal Health (VCH) developed its first regional women's health profile, setting a benchmark for its future planning.[5]

Building an Evidence Base for Action on Chronic Disease

In 2005 the provincial government set a goal for British Columbia to be the healthiest jurisdiction ever to host the Olympic and Paralympic Winter Games.[6] In preparation to meet this goal, the PHSA's Population and Public Health Program (PPHP) reviewed life expectancy trends in British Columbia from 1989 to 2003 and found that men's life expectancy in British Columbia will likely remain the highest in the world by the 2010 Games, but women's life expectancy will probably drop to seventh place in the world by 2010. The PPHP determined that in comparison to women from the healthiest countries in the world, women in British Columbia have higher rates for cancer (particularly lung cancer), ischemic heart disease, and respiratory system diseases. British Columbian women also face a more quickly rising rate of obesity and diabetes compared to British Columbian men.[7]

BC Women's and PHSA have reviewed the evidence on these diseases to serve as a base for future action, research, policy, and programming. For example, the provincial Steering Committee on Women's Heart Health, a multi-stakeholder group coordinated by BC Women's, has addressed women's heart health. This committee polled the public's knowledge about women's heart health and reviewed the current evidence on prevention, treatment, and policy initiatives aimed at improving women's heart health. Their work has supported the development of a heart health program at BC Women's as well as a research agenda to improve the heart health of all British Columbian women. The BCCEWH reviewed evidence on women's respiratory health, including lung cancer. The Women's Health Research Institute carried out the evidence review on diabetes and women's health. The evidence from these initiatives has been published and a policy discussion paper is under development aimed at arresting the decline of women's life expectancy in British Columbia. These research projects and policy papers represent the powerful link between health surveillance and women's health and should be strongly endorsed.

Men's life expectancy in British Columbia will likely remain the highest in the world by the 2010 Games, but women's life expectancy will probably drop to seventh place.

Concurrent Developments in Monitoring Womens Health

BC Women's and BCCEWH have taken part in provincial and national discussions on developing appropriate, gender-sensitive indicators.

Confronting a High Provincial Rate of Caesarean Sections

Health Canada's *Canadian Perinatal Health Report 2003* identified an increase in the rate of caesarean sections across Canada. The rate in British Columbia was among the highest in the country.[8] A Caesarean Section Taskforce – a multidisciplinary team led by the BC Perinatal Health Program (BCPHP) – was requested by the BC Ministry of Health and convened to investigate this trend.

In their *Caesarean Birth Task Force Report 2008*, the investigative team noted that by 2005, British Columbia's caesarean section rate had risen to 30.4 percent, the highest provincial rate in Canada.[9] The reasons for this are multi-factorial and complex, including both demographic and service delivery issues. The task force provided recommendations for best practices for caesarean section usage, a quality improvement framework, and proposed a plan for future action. To build on the findings of the Caesarean Birth Task Force, a Consensus Conference was convened in January 2008 to engage in further dialogue and to produce a consensus statement addressing the trends, risks, benefits, and future strategies regarding caesarean birth in British Columbia. The consensus statement identified continuing education and ongoing training of all maternity care providers as a key issue.[10]

Developing Women's Health Indicators

Both BC Women's and BCCEWH have taken part in provincial and national discussions on developing appropriate, gender-sensitive indicators that reflect the social determinants of health in Canada. In March 2005, the National Coordinating Group on Health Care Reform and Women (a working group supported by the Women's Health Contribution Program of Health Canada) and the BCCEWH hosted a workshop at which 25 women's health researchers and policy advisors analyzed *Healthy Canadians: A Federal Report on Comparable Health Indicators 2004*. The workshop report, *Bringing Women and Gender into "Healthy Canadians: A Federal Report on Comparable Health Indicators 2004,"* identified seven concerns about the nature, quality, and usefulness of the national comparable health indicators from the perspective of women's health.[11]

Incorporating Sex and Gender into Research

Case Study: Research into COPD and Gender

Interdisciplinary Capacity Enhancement: Bridging Excellence in Respiratory Disease and Gender Studies (ICEBERGS) is a research team at BCCEWH and UBC studying gender and chronic obstructive pulmonary disease (COPD), a respiratory disease affecting both the airways and air sacs of the lungs. Although COPD was once regarded as a men's disease, in the last two decades, its incidence and prevalence has been increasing more rapidly in women compared to men.[12]

ICEBERGS researchers have drawn on a number of previously conducted studies and standardized the data for over 5000 participants. Although these data were not originally analyzed along gender lines, ICEBERGS has used them to examine the relationship between gender and COPD. The ICEBERGS approach has produced insights into gender-specific aspects of cigarette smoke metabolism, susceptibility to COPD, as well as education and public policy.[13] The success of ICEBERGS is a model for the inclusion of gender-based analysis in currently existing health surveillance and research.

Formalizing a Provincial Centre for Women's Health

The PHSA Population and Public Health Program established a community of practice in 2005 to engage all PHSA agencies in developing population and public health initiatives across the PHSA. In 2005, it developed several working groups to follow up on the review of Core Public Health programs, analyze current functions in comparison to the model core programs and developed potential processes and structures to improve outcomes.

PHSA is now formalizing the infrastructure by establishing specific virtual Centres of Population and Public Health. One of these, the Centre for Women's Health, will be responsible for advancing women's health. This Centre will also support the application of gender, diversity and equity lenses across all the Centres. In addition, the Centre will bring together thinking on issues such as health inequities, built environments and indicator development. This formal structure will solidify relationships with health authorities and women's health groups, coordinate better practices, facilitate knowledge exchange, and raise the visibility and status of girl's and women's health within population and public health.

This Centre will support the application of gender, diversity, and equity lenses across all the centres.

Profiling Women's Health

Many of the regional health authorities have taken the critical step of developing women's health profiles. For example, in the Fraser Health Authority and Vancouver Coastal Health, BC Ministry of Health funding supported reports to assess the health and wellness of girls and women in each geographical area. Provincial Women's Health Network members in both regions were involved in securing the funding to create these profiles. The profiles report on women's chronic diseases and conditions, income levels, hospitalizations, physical activity, obesity, violence, abuse, smoking, and employment in their respective regions.[5] The profiles thus provide an evidence base for addressing gender-specific inequities, emerging or persistent trends in women's health, and regional needs. Supporting the regions in their work to further their respective women's health profiles will fall under the portfolio of the newly created BC Ministry of Healthy Living and Sport.

The profiles provide an evidence base for addressing gender-specific inequities, emerging or persistent trends in women's health, and regional needs.

Enhancing Perinatal Registration

With support from members of the Provincial Women's Health Network, a number of health authorities have created innovative perinatal registration programs to track aspects of a woman's pregnancy that can lead to complications. For example, over the last eight years, Surrey Memorial Hospital in the Fraser Health Authority has developed a program to screen newly-pregnant women for a range of health needs, from housing to addictions to education, and to facilitate the provision of services for them. Fraser Health Authority has recently committed to rolling out that program across its entire region, a process that began in Chilliwack in 2008.[14] This program has been adapted in Northern Health Authority at Prince George Regional Hospital, where it is coordinated by a newly-created Public Health Nurse position. The data from such screenings will contribute to a valuable perinatal database that focuses on psychosocial determinants of health.[15] By addressing potential perinatal complications earlier in pregnancy, these early registration programs help ensure access to much-needed maternity care services.

Gaps and Challenges in Monitoring Women's Health

Since 2004 there has been a steady increase in activity in women's health surveillance, monitoring, and reporting across British Columbia. While this momentum has helped raise the profile of women's health, there is no comprehensive shared infrastructure that can coordinate these activities province-wide, so there is a risk of duplication, inefficiency, and omission in women's health monitoring and surveillance. In a regionalized health system, it is important to balance local information needs with the need for comprehensive provincial-level data and reporting.

# of girls and women

To establish a consensus about the direction and standards for women's health monitoring and surveillance in the province, a critical step will be to bring representatives from all sectors together – from program delivery to data maintenance. This would guide the improvement of existing structures to address a variety of issues, including the need for real-time data and reporting, meaningful data on subpopulations such as Aboriginal and immigrant women, and much wider measures, including the social determinants of women's health. If we are to develop a comprehensive picture of women's and girls' health in British Columbia, we will need qualitative and quantitative data, systematic reviews, periodic health surveys, clinical data, and data collected in community consultations.

To facilitate the coordination of women's health surveillance, monitoring and reporting, a standard set of women's health indicators needs to be developed for use in British Columbia. These health indicators need to capture not only health status and health system utilization but also information on the social determinants of health.

As key provincial players in women's health, BC Women's, BCCEWH, BC Ministry of Health Services, BC Ministry of Healthy Living and Sport, the regional health authorities, and PHSA will need to guide this process. Some specific goals include:

- Generating consensus on standards for women's health reporting.
- Coordinating surveillance across the health authorities.
- Developing a common set of women's health indicators.
- Integrating social determinants of health.

To facilitate the coordination of women's health surveillance, monitoring and reporting, a standard set of women's health indicators needs to be developed.

Maintaining Access to Maternity Care

With over 40,000 births per year in British Columbia, ensuring appropriate access to maternity services is an ongoing challenge.[64] The crude birth rate, which fell in British Columbia every year since 1990, rose 1.2 percent in 2006 and the number of births in the province has risen annually since 2002.[63] The number of births per year will likely continue to rise as the population of British Columbia continues to increase.[17] Meeting the needs of a continuing and potentially growing demand for maternity care services is a challenge, particularly in rural and remote areas. A further challenge is the persistent shortage of physicians, midwives, and nurses to provide maternity care. Compounding this shortage are geographic inequities in the distribution of physicians across British Columbia and a continuing reduction in the number of family physicians providing perinatal care.

Advances Supported by the *Strategy*

Meeting the needs of a continuing and potentially growing demand for maternity care services is a challenge.

BC Women's plays a pivotal role in providing maternity care and improving research and practice. As the leading high-risk maternity facility and one of the highest volume maternity hospitals in British Columbia, BC Women's and the PHSA play a key role in maintaining maternity care services throughout the province.[18] Since 2004, both the Maternity Care Enhancement Project and the Aboriginal Maternity Care Access Strategy continue to have a positive effect on provincial policy and access to appropriate maternity care through generating best practices guidelines and strategic plans.

BCCEWH has focused considerable attention on maternity and mothering issues affecting women's health, as well as specific programs of research and policy development on mothering, substance use, and Fetal Alcohol Spectrum Disorder (FASD) prevention. For example, a BCCEWH study, funded by the BC Ministry of Children and Family Development and the BC Women's Hospital Auxiliary, is examining the twelve-month outcomes of mothers discharged from Fir Square Combined Care Unit at BC Women's, the specialized stabilization and maternity care unit for substance-using women and their infants. This study will identify key health, housing, child welfare, and other issues mothers face when they leave the hospital.[19]

Enhancing Maternity Care

In 2002, the BC Ministry of Health's General Practice Services Committee, established to support and sustain full-service family practice, released a report identifying maternity care as a priority area. In response, the BC Ministry of Health provided funds for the 2004 Maternity Care Enhancement Project (MCEP), which was the

first major endeavour undertaken by BC Women's and BCCEWH in support of the *Strategy*. Chaired by Dr. Elizabeth Whynot, President of BC Women's, it engaged the MCEP Ad Hoc Committee made up of stakeholders from key organizations across British Columbia. A research team at BCCEWH coordinated and supported the project. Due to the influence of the MCEP, a number of maternity-related incentive payment programs have been initiated in British Columbia.

The final report of the MCEP project, *Supporting Local Collaborative Models for Sustainable Maternity Care in British Columbia*, brought together perspectives from all aspects of the field – policy, research, practice, and wellness and prevention programs – and presented a balanced, comprehensive plan. It highlighted education, retention of maternity care health professionals, family and general practitioners in maternity-care planning, and the need for a women-centred care pathway* as immediate concerns. The plan identified practical techniques to encourage general practitioners to remain in maternity care, to improve Aboriginal maternity care coverage, and to integrate women-centred approaches into maternity services.[64]

The recommendations in the report directly influenced maternity care policy and practice in British Columbia and remain the basis for woman-centred maternity care models. For example, the BC Ministry of Health's 2007 document, *Primary Health Care Charter: A Collaborative Approach*, discusses the difficulties in access to maternity care and highlights the MCEP directly:

The recommendations in the report directly influenced maternity care policy and practice in British Columbia.

> Under the 2004 agreement, the Maternity Care Enhancement Project gathered evidence, consulted stakeholders, and produced the report: *Supporting Local Collaborative Care Models for Sustainable Maternity Care in British Columbia*. The recommendations included supporting the development of a woman-centered care pathway, collaborative care models, practitioner sustainability, quality monitoring and provider education. The Charter builds on this continuing work, as well as other documents such as the First Nations Health Plan.[16]

The *Primary Health Care Charter* reinforces the position of the MCEP that maternity care is a core primary health care service. Funding attached to the Primary Health Care Charter supports a number of new initiatives, including a Maternity Care Network Payment to encourage family physicians to move into group maternity practice, development of a strategy to increase the number of perinatal care providers (including midwives and perinatal nurses), increased training and support for primary health-care maternity providers and family physicians wishing to return to obstetrical care, and support for further development of the patient-centred mater-

* A care pathway refers to all the processes of diagnosis, treatment, and care that a patient goes through, on a step-by-step basis from first contact with a health care provider.

nity care pathway. Efforts have also been made to foster and enhance collaboration between midwives, family physicians, and nurse practitioners specifically through initiatives such as the South Community Birthing Program and the Aboriginal Doula Training Program.

The Aboriginal Perinatal Health Committee is working to ensure that those in small towns and rural British Columbia receive the care and support required for healthy pregnancy and birth.

Focusing on Access to Maternity Care for Aboriginal Women

Due to a lack of maternity care in their home communities, a number of Aboriginal women in rural and remote areas of British Columbia travel to urban centres up to two months in advance of their delivery dates. The MCEP focused direct attention on this lack of access to care for Aboriginal women, and recommended a concurrent effort to improve access to maternity care for them. In 2005 First Nations leaders and the provincial and federal governments ratified the *Transformative Change Accord: First Nations Health Plan* to support the health and wellness of First Nations members in British Columbia. Action item 21 of the plan states that "a Maternity Access Project will be implemented to improve maternal health service for Aboriginal women and bring birth closer to home and back into the hands of women," a responsibility to be shared by the BC Ministry of Health Services, BC Ministry of Healthy Living and Sport, health authorities, federal partners, and First Nations leadership.[20]

Based on evidence generated by the MCEP, the BC Ministry of Health initiated the Aboriginal Maternal Health Project, which later evolved into the Aboriginal Perinatal Health Committee, and asked BC Women's (and the PHSA) through the BC Perinatal Health Program (BCPHP), to assume responsibility for its coordination and leadership. The Aboriginal Perinatal Health Committee acts as an advisory body for the BCPHP to develop strategies and their implementation.

The Aboriginal Perinatal Health Committee membership includes: BC Ministry of Healthy Living and Sport, PHSA, BCPHP, regional health authorities, First Nations Health Council, Public Health Agency of Canada, and First Nations Inuit Health. The Aboriginal Perinatal Health Committee aims to facilitate improvements in the health care system to better meet the needs of Aboriginal women in the perinatal period and to improve maternity care access and outcomes for Aboriginal women in British Columbia. The committee supports coordination of provincial strategies to prevent duplication and overlap.

They are working to ensure that those in small towns and rural British Columbia receive the care and support required for healthy pregnancy and birth. A strategic plan has been developed using data gathered from Aboriginal women, complemented by the *Provincial Health Officer's Report: The Health and Well Being of Aboriginal People in British Columbia* (2001) and the *Interim Report* (2007).[21,22] BC Women's

created a new position, the Aboriginal Perinatal Nurse Consultant, to coordinate this strategy's implementation. The context of support includes diversity training for care providers; training of birth companions and Aboriginal midwives; development of community guides and toolkits including the Aboriginal Maternal Health Toolbox;[23] development and monitoring of information systems regarding the health status of Aboriginal mother and infants; and collaboration with Aboriginal Healthy Choices in Pregnancy initiatives.

Concurrent Developments in Access to Maternity Care

Midwives Expand the Maternity Care Workforce

The number of maternity care providers continues to be inadequate to supply the needs of childbearing women in Canada. In response, midwives are being trained in Ontario, Quebec, and British Columbia and are expanding the pool of health-care professionals providing maternity services. BC Women's has been a long-time advocate of integrating midwives into maternity care. The Department of Midwifery has operated since 1998 and the number of births attended by BC Women's midwives has doubled since 2004. The pool of midwives at BC Women's has also expanded by nearly 100 percent in the past four years.[24] The midwifery model of care has been shown to reduce caesarean births, lower interventions during childbirth, increase maternal autonomy, and increase overall maternal satisfaction.[25] What follows are some highlights from programs that contribute to British Columbia's maternity care workforce by advancing the role of midwives in perinatal care.

The midwifery model of care has been shown to reduce caesarean births.

Training New Midwives at the University of British Columbia

The UBC Division of Midwifery has graduated 10 midwives per year since 2005, creating a valuable addition to the maternity care workforce. The curriculum, an adaptation of the program used in the Ontario Midwifery Education Program, integrates additional techniques beyond those in Ontario's program, including an online problem-based laboratory, a birthing simulator, and workshops with doctors and nurses on interdisciplinary care. A number of the graduates have come from rural regions of British Columbia to study at UBC and have returned to their communities to practice. This is especially important considering the inequity in distribution of maternity care practitioners in rural areas of British Columbia.

Every year, the Division of Midwifery receives over 100 applications for the 10 open spots but due to funding limits the Division has not been able to expand to enroll more students. In light of the overall benefits to maternity care in British Columbia offered by graduates of the UBC program, future efforts to expand the Division of Midwifery should be fully supported.

Piloting Innovative Interdisciplinary Care Models

Programs such as the South Community Birth Program (SCBP) in Vancouver are working to reduce interprofessional barriers in maternity care. The SCBP was established in October 2003 to pilot a unique maternity program with funding from the BC Ministry of Health's Primary Health Care Transition Fund. The goal of the SCBP is to improve the health outcomes of low-risk pregnant women by providing collaborative, multidisciplinary care from family physicians, midwives, community health nurses, and doulas. The program runs on a woman-centred care model, including culturally- and language-specific doulas and the Centering Pregnancy approach to prenatal care, which supplements exam room visits with support groups made up of women with similar due dates. By May 2006, 192 babies had been born within the program and in 2008 the program expects to care for over 300 women, exceeding its target. Initial examinations of birth outcomes show significantly lower rates of low-birth-weight babies, caesarean section births, and lengths of hospital stays compared to traditional approaches.[26]

Many rural mothers must travel long distances in order to give birth.

The SCBP has developed a series of educational materials to help others adopt their model of birthing practice. They modified the Centering Pregnancy approach to include local and Canadian content, reflected in the revised *Mother's Handbook,* produced by SCBP for use in other facilities. The SCBP also released a 40-minute educational DVD on the program and Centering Pregnancy, which includes interviews with mothers who have participated as well as health-care professionals who have worked in or with the program. Several new maternity wards around the province are considering adopting the SCBP approach, including the new Chilliwack facility in the Fraser Health Authority.[14]

Maternity Care Access Challenges in Rural and Remote Regions

Since 2000 at least 14 rural maternity services have closed across British Columbia for a variety of reasons including health authority consolidation, inability to retain health-care staff, and low local birth rates.[27] As a result, many rural mothers must travel long distances in order to give birth, often remaining away from their home and support networks for extended periods of time. The infrastructure and financial aid to support this travel varies across the province but regardless of locality, this process takes a financial and emotional toll on the women involved.[28]

In 2004, the Rural Maternity Care Research team, housed at the Centre for Rural Health Research, received funding from the Canadian Institutes of Health Research (CIHR) to develop an evidence base concerning the needs of rural parturient women. Research supported through this and other funding investigated the role of General

Practitioner Surgeons in sustaining rural maternity care and the impact of closures of rural services to level-two maternity care facilities that provide some specialized maternity care services for moderate to high-risk or complex births. There have also been studies on interdisciplinary collaboration in rural environments, maternal newborn outcomes by service delivery level, validation of a scale for measuring rural women's perception of stress and pregnancy, economic costs of rural maternity services, and a multi-criteria evaluation of service allocation.

The evidence emerging from this research supports a clearer understanding of both women's and care providers' needs, along with health authority and provincial government initiatives that may strengthen and sustain rural maternity care. One outcome of the multiple studies has been the development of a systematic way to determine appropriate levels of maternity care services for rural communities based on population needs and isolation. The tool, which is called the Rural Birth Index, has been piloted in several British Columbia health authorities with great success and is currently being validated in Ontario and Alberta.[29]

Gaps and Challenges in Access to Maternity Care

Striving to ensure access to maternity services requires an adequate supply of appropriately trained and supported health-care providers as well as physical infrastructure for labour and delivery in a safe and supportive environment. The closure of a number of rural birthing facilities in recent years has forced some women to travel long distances to give birth, in some cases staying away from their homes and support networks for months at a time. Women traveling to give birth can experience high levels of stress.[28] Further research and planning efforts must address this inequity of care, especially as this problem disproportionately affects Aboriginal women.

Increasing the supply of midwives, nurses, and physicians remains an important goal for British Columbia.

Limited access to care for rural and remote regions reflects the shortage of obstetricians, gynecologists, midwives, and family practitioners who are available to provide maternity care services. Although efforts are being made to increase the numbers of health-care providers available, it takes years to train new personnel. Increasing the supply of midwives, nurses, and physicians, coupled with a focus on advancing interdisciplinary care models, remains an important goal for British Columbia.

Coordination with national initiatives such as the Society of Obstetricians and Gynecologists of Canada's National Birthing Initiative is vital, as are local innovations such as creating support packages for mothers who need to travel to give birth. Our goals include:

- Further investigating the barriers to care for rural and remote communities.
- Increasing the size of the maternity care workforce.
- Advancing interdisciplinary care models, including midwives.

Supporting Women-centred Approaches to Mental Health and Addictions

Mental health, problematic substance use, and addictions are often interrelated problems for women and girls, and are frequently associated with a history of trauma and abuse. Multidisciplinary research on the sources and experiences underlying issues of women's mental health and addictions is needed, as well as analysis on the effectiveness of intervention strategies. When the *Strategy* was released in 2004, women-centred approaches to these issues had begun to be integrated into large-scale health planning – such as those adopted under the terms of the Four Pillars Strategy of the City of Vancouver or articulated in the BC Ministry of Health's planning framework, *Every Door is the Right Door* – and since then, more progress has been made.[30]

Advances Supported by the *Strategy*

Mental health and addictions are often interrelated problems for women and girls, and are frequently associated with a history of trauma and abuse.

BC Women's has implemented women-centred approaches to fetal alcohol spectrum disorder (FASD) prevention, treatment of substance use during pregnancy, reproductive mental health, and other women's mental health issues. BC Women's has also been participating in the planning of the provincial government's proposed 10-Year Mental Health and Addictions Plan for British Columbia, which, if ratified, will become the central planning document for mental health and addictions in the province. Women-centred care approaches are gaining recognition on a national level as well – the National Treatment Strategy for Canada was written with help from the BC Women's substance-use consultant.

The BCCEWH continues to support a strong research program in women's addictions, substance use, mental health, and tobacco use. By partnering with the Vancouver Area Network of Drug Users, Fir Square Combined Care Unit, the YWCA, VIHA, and Aurora, the BCCEWH is increasing understanding of how to improve health and social services for women with mental health and substance-use problems; how to foster dialogue among women who use illicit drugs, health-care providers, and policy-makers; and how to identify opportunities to enhance continuity of care between primary health care, harm-reduction services, and related health and social services.

Increasing Awareness of the Risk of Alcohol Use During Pregnancy

In 2005, the BC Ministry of Health announced the Healthy Choices in Pregnancy (HCIP) program, a component of the government-wide health promotion initiative, ActNow BC, which is designed to promote health and prevent illness among British

Columbians. The HCIP has two goals, a 50 percent increase in British Columbian women counseled on alcohol and tobacco use during pregnancy, and the development of FASD prevention plans in each health authority.[31] BC Women's, BCCEWH, and BCPHP are collaboratively working to implement the provincial education and resource development component of HCIP, which represents a provincial opportunity to support women-centred approaches to addictions, mental health, and problematic substance use.

To date, the HCIP provincial training and resource development team has provided training to over 3000 health-care professionals, focused directly on implementing women-centred approaches to alcohol, problematic substance use, and related health and social concerns. The training informs health-care professionals in a harm-reduction model of care in which they use motivational interviewing with women to stop or reduce alcohol and tobacco use during pregnancy and improve their health in other ways known to reduce risk.

Moving forward the HCIP initiative will shift towards developing a long-term, sustainable approach to education about and prevention of Fetal Alcohol Spectrum Disorder. The HCIP Provincial Education and Resource Development website, **www.hcip-bc.org/**, will be a critical component, housing audio-visual resources, pamphlets, and other tools and ensuring access for health-care professionals who work with women in their childbearing years.[32]

The HCIP provincial training and resource development team has provided training to over 3,000 health care professionals.

Regional Health Authority Engagement

HCIP funding has fuelled action within the regional health authorities through the development of strategic FASD prevention plans, providing long-term coordinated enhancements to both health authority and community-based perinatal programs. Such enhancements have included increased staff for perinatal programs serving pregnant women from immigrant, refugee, and Aboriginal communities. These programs have also increased community nutritionist services and food vouchers funding to support vulnerable pregnant women.[33]

Addressing Perinatal Depression

The release of the *Strategy* in 2004 coincided with a consolidated provincial focus on addressing the issue of perinatal depression, spearheaded by the Provincial Reproductive Mental Health Program at BC Women's and St. Paul's Hospital. The program had previously released a number of publications, including *Reproductive Mental Health Best Practices Guidelines*.[34] These publications are further supported by *Baby's Best Chance*,[35] the BC Ministry of Health publication that is provided to all expectant parents in British Columbia. The program has maintained its momentum over the past four years.

Health authorities have made specific gains in addressing the perinatal depression framework, facilitated by the creation of a perinatal lead position in each health authority.

The document, *Addressing Perinatal Depression: A Framework for BC's Health Authorities,* was distributed to the health authorities by the BC Ministry of Health in the fall of 2006.[36] Developed by the BC Reproductive Mental Health Program at BC Women's in partnership with the BC Ministry of Health, it outlines an action plan to improve the recognition, diagnosis, treatment, and follow-up care for women affected by perinatal depression in British Columbia. The framework was based on extensive consultations that included health authorities, mental health organizations, service providers, and other British Columbia government ministries. Health authorities were asked to prepare regional plans, consistent with the framework document, which will strengthen perinatal depression services. Each one of them has responded by developing a variety of innovative strategic plans and programming.[37]

Since 2006, the Reproductive Mental Health Program at BC Women's has offered a new Cognitive Behavioural Therapy (CBT) initiative that provides education for preventing and treating perinatal depression. One hundred health care professionals involved with providing perinatal services have gone through the first year of mentorship and workshops focused on depression. This training will continue for another three years, focusing subsequently on general anxiety, panic disorders, and obsessive compulsive disorders. The health care professionals trained in this program will greatly enhance the provincial health care system's capacity to address perinatal depression.

Regional Health Authority Involvement

Health authorities have made specific gains in addressing the perinatal depression framework, facilitated by the creation of a perinatal lead position in each health authority. For example,

- Fraser Health has piloted, evaluated, and is expanding a CBT- treatment-based perinatal depression prevention group in Maple Ridge and Langley this fall. The program is a collaborative effort between Fraser Health's Mental Health and Addictions Services Team and community service groups/partners.
- Vancouver Island Health Authority has co-facilitated perinatal depression workshops with community groups and is working on integrating mental health as a standard component of perinatal care.
- Vancouver Coastal Health has conducted educational workshops for service providers, community partners, and public health nurses. The workshops are based on the perinatal depression framework.

Incorporating Mental Health Services into Fir Square Combined Care Unit

Fir Square Combined Care Unit (FSCCU), housed at BC Women's, was established in 2003 to stabilize and support women with problematic substance use issues in the perinatal period. The program has capacity to provide care to 12 women at a time and to date has provided services to 434 women, totaling 9,231 inpatient days.[38] The program provides services based on a harm-reduction model, working compassionately with women and community partners to attain the best outcomes. Fir Square's success with the harm-reduction model should serve as a reference and guide to other organizations in the development of the most effective care.

Fir Square Combined Care Unit provides services based on a harm-reduction model, working compassionately with women and community partners.

Over the last few years, FSCCU has been working to improve its ability to handle mental health issues that arise with substance-using pregnant and postpartum women. In 2005, two staff nurses obtained registered psychiatric nurse registration and in 2006, twenty staff nurses attended a three-day mental health workshop to comply with the psychiatric designation for BC Women's. There is also a designated bed on the unit for women experiencing severe mental health issues.[39] Additionally, Fir Square is in the process of becoming a nicotine-free facility.

Introducing Nicotine Dependence Treatment into the Aurora Centre

The Aurora Centre at BC Women's is the largest and longest running residential addiction treatment facility offering women-only treatment services in British Columbia. The Aurora Centre has 29 residential treatment beds and 10 women in day treatment and stabilization programs. Although the Aurora Centre has been operating for 35 years, some significant changes have taken place since the release of the *Strategy* in 2004.

Aurora clients identify nicotine as one of their top three problem drugs.

For example, because Aurora clients identify nicotine as one of their top three problem drugs, and because of promising results from the Tobacco Dependence Program run by the School of Public Health at the University of Medicine and Dentistry of New Jersey, nicotine-dependence treatment has been integrated into the program. The process was completed by May 2006, and includes nicotine replacement therapy and specialized tobacco addiction programming. This approach has led to requests from other treatment programs within British Columbia and elsewhere for the Aurora Centre to assist in developing concurrent tobacco dependence treatment.[40]

Concurrent Developments in Mental Health and Addictions

Founding of the Maxxine Wright Community Health Centre

In September 2005, the Maxxine Wright Community Health Centre opened in the Fraser Health Authority to serve women in the community whose lives are affected by substance abuse, mental illness, violence, or abuse, and who are having difficulty accessing health and support services. The drop-in clinic offers women comprehensive health and social services with its interdisciplinary team, which includes a physician, a nurse practitioner, public health nurses, a social worker, an addictions counsellor, a program coordinator, an office assistant, a dental hygienist, a nutritionist, a cook, and a coordinator to manage and enhance the patient's existing supports and services. A reproductive psychiatrist and an Aboriginal outreach worker provide additional services. A Provincial Women's Health Network member participated in the planning committee before becoming the project lead and eventually the program coordinator for the health centre. During the planning stages, the committee used the *Strategy* as a tool to explain women-centred care.[14]

Establishment of Trauma-Informed Mental Health Services

In Vancouver Island Health Authority, three communities are now offering programs based on a model of services called Seeking Safety,[41] which addresses experiences with trauma as a central tenet of care. Community groups offer the program and VIHA mental health and addictions counsellors co-facilitate the sessions, which they have also adapted to offer services for adolescents. VIHA will be training additional counsellors in the Seeking Safety model and hopes to expand the number of sites offering the program. The Seeking Safety program has been partially funded by the BC Ministry of Health as support directed at improving women's health.

Provincial Housing Strategy Addresses Women Escaping Violence

One of the fundamental aspects of caring for individuals with mental health and addictions problems is the provision of secure, safe housing before any recovery and healing process can begin. If she has been a victim of gender-based abuse (like many women reporting mental health and addiction problems are), she also needs a safe, all-female environment available, in order to prevent retraumatization.

In 2006, the provincial government released *Housing Matters BC: A Housing Strategy for British Columbia*, a provincial strategy aimed at addressing the needs of at-risk populations and those with special needs.[42] It designates women escaping violence

as one of the groups of vulnerable citizens with special housing needs. The provincial focus has opened up the opportunity for integrating women-specific care models and women-specific housing. The Interior Health Authority, Vancouver Coastal Health, Vancouver Island Health Authority, and Fraser Health have all been working with the provincial government and community partners to take advantage of this opportunity.

The provincial focus has opened up the opportunity for integrating women-specific care models and women-specific housing.

Housing Initiatives Across the Province

RainCity Housing and Support Society, a community non-profit group, offers housing programs specifically for homeless people living with mental health and addictions. The group also provides specific housing for women with mental illness, addiction, and other challenges. RainCity's Vivian House allows patients who have left their care to return even if they have left in order to use illicit drugs – a policy referred to as low barrier – and operates using a community development model in which residents are active in community-standard and rule setting. Through Housing Matters BC funding, RainCity has acquired an additional building and is proposing to develop it into a new women's shelter in downtown Vancouver that would have 24 to 30 new beds for the next two or three years before the building is demolished and rebuilt with 120 new units, some oriented towards women. RainCity has also acquired a separate building in the Downtown Eastside area with a total of 90 units that will include units specifically for women.

Atira Women's Resource Society is a non-profit organization committed to the work of ending violence against women and providing housing for vulnerable women. Atira provides housing for women, including Serena's house, a 58-unit, single-room-occupancy hotel that operates with a low-barrier philosophy. Atira also currently runs Bridge Housing, which includes a women's shelter with 12 beds and 30 housing units.

Housing Matters BC has provided funds for Atira to acquire three new housing developments that will fill several crucial gaps for low-income and homeless women. The new housing developments will add units for women over 55 years of age, women in post-treatment stabilization programs, women with children, female students, and women in low-wage jobs. The construction on all RainCity and Atira housing units will be underway by 2010-2011.

Homelessness has been an issue in the Interior Health Authority, particularly in the Okanagan region. Health-care professionals there have identified a lack of women-specific services as the reason previous efforts to treat homeless women with mental health and addictions have failed. To address this, the provincial housing initiative has provided funds to build and operate a new 40-bed, women-spe-

cific unit in Kelowna. This unit will allow women to bring their children with them into the housing program, reducing another powerful barrier to accessing care. The Interior Health Authority will provide some of the health, mental health, and addictions services for women in the shelter, which will be operated by the non-profit group called New Opportunities for Women Canada Society.[43,44]

In May 2005 in the Vancouver Island Health Authority, the mayor of Victoria formed the Task Force on Breaking the Cycle of Homelessness, Addictions, and Mental Health to evaluate the issue of homelessness, consult with local and regional authorities, and come up with a strategic plan. The group's 2007 Executive Summary Report notes that gender-specific best practices can produce better outcomes than gender-neutral approaches. In their strategic plan, the task force identifies women-centred care as one of the best practices.[45]

The City of Courtney set up a similar task force for the Comox Valley in November 2007, which was co-chaired by a PWHN member. This group's report includes an entire section focused on gender and highlights the intersection of violence, mental health, and addictions as a specific concern for future action and research.[46]

Both the Comox Valley and Victoria Task Force Reports are concrete examples of policy and practice changes emerging from an expanding evidence base supporting women-centred care in mental health and addictions.

Supporting FASD Prevention in Aboriginal communities

In the Vancouver Island Health Authority, funding and resources have been dedicated over the last three years to support a mentoring program for Aboriginal women at risk for FASD. The program is called SOAR, named for the mentors who provide Supportive, Optimistic Advocacy with the goal of assisting women to Restore their lives to a place that is meaningful to them and their families. The program is run by the Inter Tribal Health Authority and adapted from an evidence-based model originally developed in Seattle. It employs a women-centred approach in which specially trained and supported mentors focus on issues each woman identifies as her main stressors, such as housing, food, and safety. The program has been reported to be effective and with the facilitation of PWHN members, VIHA has provided funding for an additional mentor to expand the SOAR program.[47]

Looking Forward – British Columbia's Ten-Year Mental Health and Addictions Plan

In the 2008 Speech from the Throne the provincial government acknowledged the challenges of poverty, mental illness, and addictions and committed to the development of an updated 10-year mental health plan. With the input of BC Women's and BCCEWH, important steps towards including a gender-based perspective and women-centred approach have been included in the initial work on the Plan. When the Plan is finalized and implementation begins, women's health organizations will need to work with the Ministry of Healthy Living and Sport and the Ministry of Health Services to maximize the results of the related policies on the ground.

Gaps and Challenges in Mental Health and Addictions

Persistent gaps remain in applying women-centred approaches to mental health, problematic substance use, and addiction services in British Columbia. These gaps are systemic, infrastructural, and program-based and will require a coalition of stakeholders from research, policy, and practice to address them.

These gaps are systematic, infrastructural, and program-based and will require a coalition of stakeholders from research, policy, and practice to address them.

In British Columbia we are critically concerned about the lack of women-specific housing, transitional shelters, and detoxification facilities. The need for such facilities arises partly as a result of gender-based violence that often affects women's mental health, substance use patterns, and addictions. Research demonstrates the value of health services that incorporate greater awareness of the links between violence, trauma, addictions, and mental health.[48]

From a policy standpoint, we need greater provincial coordination to develop guidelines, disseminate best practices, and foster accountability to guide front-line programs and health-care professionals. It is critical that these are not only women-specific but also that they address the varied issues for women from different cultures, ages, and backgrounds. Some goals are to:

- Form a coalition of key stakeholders to coordinate a variety of sectors.
- Develop women-only housing and detoxification facilities.
- Translate research on the intersection of violence, mental health, and addictions into practice and policy.

Building Capacity to Support Women's Health

In 2004 the *Strategy* noted the need to build more capacity among communities, researchers, policy-makers, health authorities, and health services providers with respect to girls' and women's health issues, gender-based analysis within the health field, and integrating sex- and gender-sensitive evidence in health policy creation. Since 2004, these areas have been strengthened by BC Women's and BCCEWH, as well as numerous members of community groups, networks, universities, health authorities, and the BC Ministry of Health.

Advances Supported by the Strategy

In 2006 BC Women's restructured its internal organization to better focus on both service provision and provincial population health initiatives aimed at improving women's health in British Columbia. They developed a Provincial Women's Health Team to support a sharper focus on province-wide activities.

The Provincial Women's Health Network coordinates and communicates about women's health initiatives across the province and plays a key role advising government and BC Women's.

BCCEWH has increased its capacity to train health planners, policy-makers, and researchers in gender-based analysis and how to integrate sex and gender into health research. Since 2004, BCCEWH has created new communications and knowledge translation techniques and provided training experiences to hundreds of individuals and organizations.[49,50]

Provincial Women's Health Network Fosters Provincial Dialogue

BC Women's established the Provincial Women's Health Network in conjunction with launching the *Strategy* in 2004. BC Women's coordinates the network which includes over thirty members representing health authorities, government, knowledge translators, and service providers. The network coordinates and communicates about women's health initiatives across the province and plays a key role advising government and BC Women's on women's health.

Formation of the Women's Health Research Institute

In 2005, the Women's Health Research Institute (WHRI) was established by BC Women's to enhance the impact of women's health research conducted at BC Women's and throughout British Columbia. The WHRI's affiliated researchers are involved in four main areas: biomedical, clinical, health services and systems, and

social, cultural, environmental, and population health. In addition to supporting research, the WHRI determined gaps in women's health research towards which the Institute can direct its efforts. Based on those results, the Institute has initiated a number of studies on maternal care and services, including perinatal anxiety, the South Community Birthing Project, and doula support for Fir Square Combined Care Unit. The Institute has also worked with the BC Perinatal Health Program to maximize opportunities to use their perinatal database registry for research purposes.

Connecting Through the Women's Health Research Network

BCCEWH and BC Women's are co-leaders of the Women's Health Research Network (WHRN) along with leaders from the University of British Columbia, Simon Fraser University, and the University of Victoria. The WHRN was created in 2005 as one of eight Health of Population Networks funded by the Michael Smith Foundation for Health Research. It links over 500 members who conduct both academic and community-based research, as well as policy-makers and service providers in the area of women's health and gender and health. The WHRN supports researchers through conferences, workshops, research- and travel-funding programs, and virtual technologies. WHRN engages in outreach and knowledge translation and exchange through publications like *Better Science with Sex and Gender: A Primer for Health Research*[51] (and forthcoming primers on intersectional analysis, women's health determinants, and community-based research) and web resources like the Source-Survey-Synthesis Tool.

Coalescing on Women and Substance Use

BCCEWH's Coalescing Project received funding from Health Canada in the fall of 2005 to promote virtual discussions on key topics related to women's substance use in Canada, connecting those working in research, practice, and policy across Canada, and working to build consensus on how best to improve services for women. For each of the topic areas, people working in small virtual communities of inquiry collectively develop an analysis of the issue, prepare detailed information sheets and other supporting documentation, and then widely share the fruits of their inquiry through web casting and website links for additional research. Besides offering an information-sharing medium through its website, the Coalescing Project also provides on-line discussion boards and an on-line meeting place on the issues of women and substance use and addiction.

Building Bridges Training on Violence Against Women

In 2006, the Provincial Woman Abuse Response Program at BC Women's launched a new initiative called Building Bridges: Linking Woman Abuse, Substance Use and

Mental Ill Health. Its goal is to encourage and foster dialogue within and across the mental health, addictions, and anti-violence sectors, and to develop a provincial framework to guide the future direction of services, policy, and research in British Columbia. The initiative has made strides in identifying systematic barriers that prevent women from accessing needed services and has laid the groundwork for a provincial focus on the intersection of violence, mental health, and addictions.[52]

The Building Bridges team involved over 900 professionals in consultation, education forums, and workshops. It aided the Interior Violence and Women's Health Network in developing local-level action plans for 14 communities in Interior Health aiming to improve services for women affected by abuse, substance use, and mental ill health. They have also developed an "Action Toolkit" to assist communities and regions to improve services for women experiencing these issues. In 2008-09, the Woman Abuse Response Program is hosting regional cross-sectoral consultations and developing the *Building Bridges Provincial Framework: Linking Woman Abuse, Substance Use, and Mental Ill Health*.

Mentoring Researchers In Gender, Women, and Addiction

BCCEWH, in partnership with UBC and BC Women's, established the Integrated Mentor Program in Addictions Research Training (IMPART) in 2003. Funded by the Canadian Institutes for Health Research (CIHR), the program trains researchers from across disciplines and clinical areas on gender, women, and addiction. IMPART utilizes technology extensively, integrating a module-based on-line course and video-conferencing to extend the program to trainees outside Vancouver. As of the summer of 2008, IMPART had supported 37 trainees and produced 111 new articles and books enhancing the women and addictions field.[53]

Women-Centred Care Curriculum Training

BC Women's has been training health-care professionals using the *Women-centred Care Curriculum* to bridge the gap between developing and implementing evidence-based best practices. For example, Vancouver Coastal Health hired a project manager to train staff, review youth clinics and develop on-line learning to increase knowledge and implement women-centred care approaches. Staff from BC Women's were asked to provide the Women-centred Care training to youth clinic health care providers and community partners from Vancouver Coastal Health. Nearly 60 health-care workers participated in the training in 2008. BC Women's staff has similarly provided training to the staff at the Maxxine Wright Community Health Centre, the Women's Health Network in Fraser Health, nurses providing reproductive health clinics in rural and remote communities across British Columbia, and at BC Women's.

New Women's Health Networks Across the Province

Other women's health networks have emerged since the *Strategy* was released. For example, a temporary group in Northern Health put together the Northern Women's Health Forum in October 2007, and a more permanent Women's Health Network in Fraser Health has emerged. The Interior Health Authority Network on Women Abuse, Substance Use, and Mental Ill Health has also formed to pool collective knowledge to establish better practices.

University Structures for Research on Gender and Health

Over the past four years, a number of universities in British Columbia have created structures to study the relationships between gender and health. These academic programs point to growing interest in this research area, which is a direct result of the enormous effort that has gone into developing the initial evidence base for gender and women's health. At Simon Fraser University, for example, the newly-established Institute for Critical Studies in Gender and Health focuses on one specific topic each academic year, hosting readings, lectures, and a conference on the subject. This focus brings together researchers, practitioners, and policy-makers in targeted knowledge translation and ad hoc network formation. At UBC, the Culture, Gender, and Health Research Unit was formed in the UBC School of Nursing in 2004 with a focus on bridging the health concerns of population groups and researching common concerns. The unit's focus on culture and minority population groups fills an important gap in women's health research and will go far in advancing our understanding of the differing needs of women from specific cultural backgrounds.

Upcoming Challenges and Opportunities

This document, *Further Advancing the Health of Girls and Women: Report on the Women's Health Strategy in British Columbia 2004-2008*, accounts for an increased awareness and a number of important initiatives in women's health since the release of the *Strategy* in 2004. However, we also identify the gaps and challenges still facing British Columbia. Since we have already highlighted many of the gaps relevant to the initial three priority areas, this final section builds on those observations and summarizes some emerging challenges and opportunities that cut across the three priority areas.

Formalize Women's Health Structures in the Health Authorities

Advancing women's and girls' health in British Columbia will depend on securing dedicated positions for women's health planning and population health.

Because there is currently a range of women's health structures across the health authorities–from permanent infrastructure to ad hoc groups, networks, and initiatives–the resulting patchwork creates inequity across the province. Advancing women's and girls' health in British Columbia will depend on securing dedicated positions for women's health planning and population health that will formalize the links between regional health authority structures, the PHSA, the BC Ministry of Health Services, and BC Ministry of Healthy Living and Sport in pursuing women's health goals.

Identify Potential Collaborations and Partnerships

Dramatic infrastructural changes in the past few years, particularly the restructuring of the health authorities, have changed the face of health-care delivery in British Columbia. In this environment, it is crucial to identify concurrent needs, functions, and mandates to identify potential collaboration. The creation of the BC Perinatal Health Program (BCPHP) in 2007 is a valuable case study in partnering in concurrent service delivery areas. Given the regionalization of health authorities, the existence of both the BC Reproductive Care Program and Provincial Specialized Perinatal Services created a service delivery overlap in some areas. To address this, the advisory boards of both organizations merged followed by a merger of the organizations themselves under the umbrella of the BCPHP. This reorganization has facilitated more effective working groups in focused areas such as Aboriginal perinatal services and education that will continue to advance perinatal care in the province.

Interface with British Columbia's Updated Ten-Year Mental Health and Addictions Plan

If the British Columbia government's Ten-Year Mental Health and Addictions Plan, is approved, it could alter the face of mental health and addictions services in the province. BC Women's and BCCEWH are participating in the development of the 10 Year Mental Health and Addictions Plan to ensure that gender-based and women-centred approaches are included. In order to best take advantage of this provincial focus, women's health researchers, advocates, and program providers must examine how gendered measures of mental health promotion and prevention and addiction can be integrated into current programs.

Women's health researchers, advocates and program providers must examine gendered measures of mental health promotion and prevention and addiction.

Explore the Role of Nurse Practitioners

Nurse practitioners (NP) were recognized as a new category of registered nurse in August 2005 and represent new potential for the health workforce. A nurse practitioner in British Columbia has a Master's degree in Advanced Nursing Practice and has undergone extensive training and testing. NPs can manage some common acute and chronic illnesses that are typically treated by physicians. Although there are currently only about 90 nurse practitioners in British Columbia, they have already had an impact on the field of women's health.

For example, at BC Women's, a nurse practitioner operates a clinic serving women with multiple barriers to care, many of whom have disabilities. In the regional health authorities, nurse practitioners have begun to fill a variety of gaps in women's health. In the Sunshine Coast region of Vancouver Coastal Health, for example, a Family Nurse Practitioner has opened a women's health clinic in Pender Harbour. Although it operates for only one day every other week, it has a full roster of patients who, in most cases, have not visited a health-care professional in many years. In the Vancouver Island Health Authority, a Family Nurse Practitioner has been hired whose responsibilities include offering services to a number of Aboriginal communities on a monthly or bi-monthly basis. A high percentage of the clinic's clients are women who visit the NP to discuss issues that range from menopause to birth control to asthma.

Integrate Social Determinants of Women's Health

Various factors outside of the formal health care system shape women's health status. While health planners and policy-makers often have no direct influence on many of the social determinants of health, these factors play a crucial role in affecting women's health status.

For example, low income and poverty are more prevalent among some groups of women, and affect their opportunity for and access to health. Violence, trauma, and

sexual abuse and their sequelae have particular dimensions for women that are rooted in social attitudes and gendered roles, and often result in injury and poor health. We also know that early child development is a precursor of later health status, and requires attention and support to prevent future health issues. Women's labour and care-giving roles, both paid and unpaid, continue to affect their health and create stress and mental health challenges. Girls and women on the margins as a result of physical or mental disability, sexual orientation, geographic isolation, immigration status, substance use, or poverty continue to bear the consequences of social exclusion, marginalization, and stereotyping. The safety and quality of homes, workplaces, streets, public spaces, parks, automobiles, and even air and water all contribute to girls' and women's health, both directly and indirectly.

The health of girls and women in British Columbia will depend upon a comprehensive approach to the determinants of health.

Health care providers and administrators within the health care system can recognize the complex determinants of health by assuring that access to care is not constrained by income, transportation, ability, or language. Health authorities, planners, and providers can promote health by providing health information, participating in health coalitions, fulfilling their public health functions, advocating for healthy public policies, and measuring progress toward health goals.

Advancing the health of girls and women in British Columbia will depend upon a comprehensive approach to the determinants of health, an evidence base to inform decisions and monitor progress, women-centred services, and a shared commitment to improving the health – and the lives – of girls and women across the province.

Summary

The *Strategy* provided an important blueprint for addressing women's and girls' health in British Columbia. We have used it to support a range of actions across British Columbia advancing women's health. Collectively these actions have helped to improve the state of women's and girls' health in the province.

There have been significant actions taken in each of the three initial priority areas. We have enhanced the evidence base for measuring and monitoring women's health; the provincial government has dedicated attention and funding to improving access to maternity services and the development of a women-centred care pathway;[54] and a number of service agencies have introduced sex- and gender-specific evidence to planning programs in problematic substance use, mental health, and addictions.[50] Aboriginal women's health has also received some much-needed attention from health authorities, BC Women's and the provincial government.[55]

In addition to providing guidance for policy and practice advancements at BC Women's, BCCEWH, and the BC Ministry of Health, the *Strategy* has also guided the Provincial Women's Health Network and the larger provincial context of women's health. BC Women's, BCCEWH, the BC Ministry of Health, and the members of the Provincial Women's Health Network have carried the goals and priorities of the *Strategy* with them into various teams, collaborations, and networks in which they interact.

Looking forward, there still remains much work to be done. In the coming months and years, we will identify additional priorities, develop new partnerships, and build a better evidence base to enhance the state of girls' and women's health in British Columbia. Together, we commit ourselves to continuing our efforts to formalize a robust, sustainable infrastructure to support knowledge generation, program planning, and policy development to further advance the health of girls and women in the province of British Columbia.

We will identify additional priorities, develop new partnerships, and build a better evidence base to enhance the state of girls' and women's health in British Columbia.

Appendix A: Key Concepts

Advancing the Health of Girls and Women: A Women's Health Strategy for British Columbia introduced the key concepts of women's health, sex, and gender. These distinctions are important for developing a full understanding of the factors affecting girls' and women's health as well as planning interventions, services, and conducting or interpreting research.

Women's Health

The United Nations Platform for Action arising from the Fourth World Conference on Women held in Beijing, China in September 1995 recognized that:

> Health is a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity. Women's health involves their emotional, social and physical well-being and is determined by the social, political and economic context of their lives, as well as by biology.

This broad definition of women's health "recognizes the validity of women's life experiences and women's own beliefs about and experiences of health. Every woman should be provided with the opportunity to achieve, sustain and maintain health, as defined by the woman herself, to her full potential."[56]

A range of conditions, experiences, and sex-linked and gender-based factors affect women's health such as how they use health services, how they experience illness, and what their health-related activities are (such as caring for others). Women's health is grounded in biology, the context of women's lives, the roles women play, the expectations that girls encounter, and the opportunities available to girls and women.

Sex-Related Factors

Sex-related factors are the biological characteristics such as anatomy (for example, body size and shape) and physiology (for example, metabolic or hormonal activity) that distinguish and affect females and males. Some of these differences arise from the reproductive system. To improve health status, we need to better understand how sex-related factors such as hormones and metabolic processes link to biological or genetic differences in susceptibility to disease or responsiveness to treatment. Such factors are increasingly being studied.

Gender Influences

Gender influences are the socially constructed roles and responsibilities, personality traits, attitudes, behaviours, values, and power that society differentially ascribes to the two sexes. Gender is a relational concept. It is often experienced as fluid and not restricted to two distinct categories of masculine and feminine. Even so, all societies are organized along the "fault lines" of sex and gender such that women and men are defined as two different types of people, each with their own roles, responsibilities, and opportunities.[57,58] Gender is reflected in the common assumption that women are naturally suited to caring functions while men are more commonly suited to instrumental activities. Such assumptions are in turn reflected in the division of labour in the household as well as in the labour force.

Sex- And Gender-Sensitive Health Research and Policy

Sex differences and gender influences interact to produce health conditions or diseases that are unique to, more prevalent among, or far more serious in one sex, or for which there are different risk factors or interventions for women or for men.[59,60] Because health policies and programs have traditionally focused on biological aspects of diagnosis, treatment, and prevention of disease with respect to women's health, there has been a tendency in women's health to focus on sex-specific issues of reproductive health. However, evidence continues to mount that gender influences girls' and women's health as much as, if not more, than biological sex-related factors.

Gender-based analysis identifies potential inequalities that are ascribed to one sex or the other, or that arise from experiences in relations between the sexes. These inequalities can create, maintain or exacerbate exposure to risk factors that endanger health."[61] They can also affect access to resources, such as education, income, and decision-making power, which themselves promote health. Gender-based analysis considers the influence that social and cultural factors, and power relations have on health for both men and women.

Women-Centred Care

Women-centred care is an approach to delivering health care that addresses barriers to access and respects women's diversity, providing for their health needs in the social and cultural contexts of their experience. As "women seek health care within the context and circumstances of their lives,"[62] women-centred care determines when and how girls and women seek services or whether they have full access to services.

Appendix B: Glossary of Acronyms in this Document

BCCEWH	British Columbia Centre of Excellence for Women's Health
BCPHP	British Columbia Perinatal Health Program
CIHR	Canadian Institutes of Health Research
FASD	Fetal Alcohol Spectrum Disorder
FHA	Fraser Health Authority
FSCCU	Fir Square Combined Care Unit
HCIP	Healthy Choices in Pregnancy
IHA	Interior Health Authority
MCEP	Maternity Care Enhancement Project
NHA	Northern Health Authority
PHSA	Provincial Health Services Authority
PPHP	Population and Public Health Program
PWHN	Provincial Women's Health Network
SCBP	South Community Birth Program
SOAR	Supportive, Optimistic Advocacy with the goal of assisting women to Restore their lives to a place that is meaningful to them and their families
VCH	Vancouver Coastal Health
VIHA	Vancouver Island Health Authority
WHRI	Women's Health Research Institute
WHRN	Women's Health Research Network

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