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**COUNTRY EXPERIENCES WITH MONITORING HEALTH POLICIES
WITH A GENDER PERSPECTIVE**

Experience in Canada

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Monitoring Gender Inequalities in Health Policies: Canada's Approach

1. Countries around the world are grappling with how best to improve quality of life in an increasingly globalized society, while at the same time ensuring that no member of their society is left behind. In Canada, the pursuit of this goal includes promoting health and improving the strength and safety of communities through a distinctive approach. Canada's approach is marked by an accommodation of cultures; a recognition of diversity; a partnership between citizens and the State; and a positioning of government as an instrument of collective action.
2. Canada is a federation in which the Constitutional structure provides unique roles and responsibilities for federal, provincial, and territorial jurisdictions. As such, all orders of government share in the responsibilities for health.
3. This paper highlights Canada's approach and progress in addressing gender inequalities in health policies, including the framework set by its international commitments, Canadian legislation, and machinery. These activities reflect the values held by the people of Canada.

Canadian Values

4. Like the people in some other democracies, the people of Canada are more demanding of governments and want a stronger voice in decision-making. There are also increasingly complex interactions of people shaping issues and public opinion. Different levels of government, nongovernmental organizations, and the voluntary and private sectors all play a role in policy decisions. As a result, the Government of Canada realizes that it must be transparent and accountable, undertaking its efforts in collaboration with partners. The people of Canada value mutual aid and responsibilities to each other, individual dignity and responsibility, equity, respect for diversity, and fairness¹.
5. Canadian values, particularly those related to equality and diversity are codified in *The Canadian Charter of Rights and Freedoms* (1984), which applies to the (federal) Government of Canada in respect of all matters within the authority of Parliament, including those relating to the Yukon and Northwest Territories, and to the legislature and government of each province in respect of the matters within the authority of their legislatures. Sections within the Charter that support equality for women and for their diversity are to be interpreted in a manner consistent with the preservation and enhancement of the multicultural heritage of Canadians. The applicability of these provisions to health is clear as health is a matter within the authority of the federal, provincial, and the territorial governments.

6. Canada's commitment to gender equality is rooted in the belief that equal rights for women are an integral part of human rights and essential to democratic development. In addition, the federal and all provincial governments, as well as two territories, have adopted human rights legislation that prohibits discrimination based on such characteristics as race, nationality and ethnic background, color, sex, and disability. The government of the new territory of Nunavut recently introduced human rights legislation expected to come into force in 2003.

7. Federal leadership on the advancement of gender equality is also promoted through instruments, such as the *Federal Plan for Gender Equality* (1995), the *Gender Based Analysis Policy* (1996) and the *Agenda for Gender Equality* (2000). With regards to health, the Canadian health movement and those working for equality laid the groundwork for government initiatives such as the establishment of the Women's Health Bureau (1993), which developed the *Women's Health Strategy* (1999), articulating the policy framework for greater equality in policies and services.

8. Canada's enshrinement of gender equality domestically has been simultaneously reflected in its international commitments including its status as signatory to the United Nations *Convention on the Elimination of All Forms of Discrimination against Women*, the resolutions of the 1994 *International Conference on Population and Development*, and the 1995 *Beijing Platform for Action*.

9. In addition to this legislative framework, First Ministers², at their February 1999 meeting, restated the goal of "ensur(ing) effective mechanisms for Canadians to participate in developing social priorities (including health) and reviewing outcomes"³. As a result, extensive public consultations have taken place regarding the reform of Canada's health care system⁴ and the introduction of legislation related to assisted human reproduction, two issues of particular importance to women. In September 2002, governments across Canada, for the first time, reported to citizens about health status, health outcomes, and quality of service using a set of common indicators—a concrete step toward increased accountability to Canadians.⁵

10. With respect to transparency of federal government activities, federal organizations report on their strategic outcomes in two sets of documents tabled annually in Parliament. In their *Reports on Plans and Priorities (RPP)*, departments and agencies provide information on objectives, initiatives, and planned results—including budget requirements. In their *Departmental Performance Reports*, departments and agencies describe accomplishments achieved against the performance expectations of the RPP. *Canada's Performance*, a report presented annually, informs on the quality of life of Canadians that reflect a balance of social, economic and environmental interests. One of the four main themes of the document is the health of Canadians, reflecting the contribution of the many federal organizations working to improve health. In their effort

to do so, these organizations plan, monitor, and report on their programs, policies, and initiatives in accordance with broad “strategic outcomes.”⁶ Plans and progress with respect to the advancement of equality are reflected primarily in the plans and priorities of the departments responsible for justice, human resource development, and the status of women and health.

Advancing Equality in Federal Activities

11. The *Federal Plan for Gender Equality*, mentioned above, requires that all future legislation and policies include, where appropriate, an analysis of the potential for different impacts on men and women. The first of the Federal Plan's eight objectives is a commitment to governmentwide implementation of gender-based analysis in the development of policies, programs, and legislation. Status of Women Canada⁷ is the Federal Department responsible for promoting gender equality and the full participation of women in the economic, social, cultural, and political life of the country. It focuses its work in the areas of improving women's economic autonomy and well-being, eliminating systemic violence against women and children, and advancing women's human rights.

12. The *Agenda for Gender Equality* (2000) is lead by Status of Women Canada, in partnership with three other federal departments, namely, Justice Canada, Human Resources Development Canada, and Health Canada. The *Agenda for Gender Equality* works to address critical gaps in a deliberate manner, expand opportunities for Canadian women, and reflect the diverse realities of men and women in government responses through comprehensive gender-based analysis. Some of the current gaps or critical situations requiring further attention in Canada include poverty among women and families, the burden of unpaid caregivers, violence, chronic diseases, and multiple forms of discrimination against women.

13. The *Agenda for Gender Equality* builds on past government successes and includes funding over five years to undertake various activities. The work of Status of Women Canada and the framework of the *Agenda for Gender Equality* highlight the importance of working horizontally across federal departments and in collaboration with various partners from both the public and private sectors to address gender issues and current gaps in public policy and programming.

Health Policy and Gender Equality

14. Progress on the *Agenda for Gender Equality* in health is coordinated within Health Canada by the Women's Health Bureau. Its mandate is to serve as a focal point for addressing and advancing action with regards to women's health and to provide leadership in the application and integration of gender-based analysis to legislation, policies, programs, and practices in Health Canada. As part of the Health Policy and Communications Branch, the Women's Health Bureau leads a coherent policy, research, and capacity-building agenda, resulting in more equitable health outcomes for women and men in Canada.

15. The agenda for carrying out this work within Health Canada is embodied in the *Women's Health Strategy* (1999), an integrated framework for addressing major women's health issues. The overarching goal of the *Strategy* is to improve the health of women in Canada by making the health system more responsive to women and women's health. The *Women's Health Strategy* has four key objectives in support of this goal. Included are ensuring that Health Canada's policies and programs are responsive to sex and gender differences and to women's health needs; increasing knowledge and understanding of women's health and women's health needs; supporting the provision of effective health services to women; and promoting good health through preventive measures and the reduction of risk factors that most imperil the health of women. These objectives are, in turn, supported by 64 commitments and set within the context of Health Canada's identified 12 determinants of health⁸.

16. Progress on the objectives of the *Women's Health Strategy* takes place within the ongoing activities of Health Canada whose mandate it is to help the people of Canada to maintain and improve their health. In partnership with other government departments and provincial and territorial governments, Health Canada provides leadership to develop health policy, enforce health regulations, promote disease prevention, and enhance healthy living for all Canadians. It also works closely with other federal departments, agencies, and health stakeholders to reduce health and safety risks to Canadians. Through its administration of the *Canada Health Act*⁹, Health Canada maintains the country's health insurance system. Each province and territory administers its own health care plan, respectful of the principles of the *Canada Health Act*, and is responsible for the delivery of Canada's health care services¹⁰. Given the mandate of Health Canada and the commitment by the provinces and territories to address equality issues in health, engage the public, and promote transparency in governance, the *Women's Health Strategy* promotes the fulfilment of these commitments by all orders of government.

Policy in Action: Examples of a Collaborative Model

17. One mechanism through which the Women's Health Bureau is meeting the objectives outlined in the *Strategy* is through the creation and funding of the Centers of Excellence for Women's Health Program. The Program was established to bring the voices of women to the policy process and required researchers bidding for participation in the program to demonstrate community partnerships. The Program provides funding support for Centers of Excellence for Women's Health across Canada. They address the need for research that reflects a social model of women's health—that the social, political, cultural, and economic contexts of women's lives, not only biology, determine their health and well-being, a concept embraced by the *Women's Health Strategy*. The Canadian Women's Health Network¹¹ is also a component of the Program whose role it is to undertake national coordination of the networking component of the Program and to build and maintain a national information storage, dissemination, and communications function.

18. The Centers' researchers, using a collaborative research methodology, conduct policy and population health research to provide additional evidence of the clear link between health status and wellness, on the one hand, and poverty, marginalization, and discrimination, however inadvertent, on the other. The Centers use a university-community research model that includes the women affected by research, policy, and programs. The research of the Centers is policy relevant; responsive to the needs and concerns of women locally, regionally and nationally; and consistent with the objectives of the *Women's Health Strategy*. The activities undertaken by the Canadian Women's Health Network promote wide dissemination of the research findings in a method and format usable by women's groups and individuals.

19. With the purpose of fulfilling the objectives of the *Women's Health Strategy* and consistent with the government's priorities with respect to health reform and legislative renewal, the Women's Health Bureau, through the Centers of Excellence for Women's Health Program, has also established two working groups, affiliated with the Centers. The National Coordinating Group on Health Care Reform and Women was established in 1998 with the mandate to coordinate research on health care reform and women across the Centers of Excellence for Women's Health. The Group's role is to identify gaps in the research, develop strategies to fill those gaps, and link research to policy through various means. This group has synthesized research related to the impact of health reform on women, with particular focus on the impact of unpaid caregiving and the shift to community-based service delivery. It has incorporated findings into submissions and presentations for the health reform consultation process. Their activities provide materials and important capacity-building skills that support the knowledgeable participation of women's groups and individuals in citizen engagement activities related to health reform.

20. The Working Group on Women and Health Protection is a network of individuals and organizations formed to influence Health Canada's process of legislative renewal. It is a national working group that applies a gender analysis, with a particular focus on women's health, to health protection issues. The Working Group is a unique model for substantive consumer input to gender-based analysis and policy development of health protection issues. The mix of individuals and organizations, including researchers, health providers, educators, and consumers, contributes a range of expertise to many of the issues addressed. Issues of analysis and research by the Group include drugs, natural products, disease prevention, the environmental impact of drug contamination, and the international harmonization of drug standards. This Group provides a source of information independent of the pharmaceutical or health care industry and encourages public accountability and transparency of government in the areas of health protection. Like the National Coordinating Group on Health Care Reform and Women, this Group, too, strengthens the voices of women's groups in citizen engagement activities and educates women about their personal health options.

21. Although one of the Centers undertakes initiatives of national scope, the remaining Centers predominantly undertake research initiatives that are of primary significance to the issues and policies within the region of Canada in which they are situated. This enables them to conduct community-partnership research on health services in the setting in which the planning for and implementation of those services occurs—at the provincial/territorial or subprovincial/territorial level. In addition to undertaking research in collaboration with the women who are most affected by health policy, the Centers also engage in networking with government policy developers¹² at the provincial/territorial and regional level, the level at which the most impact on health care policy and services can be made. In some areas, the provincial/territorial and regional authorities have found the Centers' research findings to be of value in policy development processes and in monitoring of policies for gender impacts.

22. The policy cycle takes place within an ever-changing context inclusive of crises and opportunities, economic cycles, political ideologies, and the needs and values of the public. Some of the key components of the policy cycle itself, with respect to health, include issue identification, data collection and analysis, development of policy options, policy decision, policy implementation, and policy impact evaluation. In Canada, this cycle occurs at the federal, provincial/territorial, or subprovincial/territorial level.

23. In Canada, we have in place the legislative supports and governmental machinery upon which to build a systematic approach to monitoring health policy from a gender perspective. Also in place is an evolving data collection system which holds the potential for collection of the more detailed and the more gendered information essential to developing appropriate indicators upon which to base a gender-sensitive monitoring

approach that is both systematic and comprehensive. These are the components that Canada has in place to support the move forward in attaining equality in health.

24. Data collection, research, and indicator development are components of an iterative process. Historically, indicators have been developed using existing data. In turn, the process of indicator development has identified data gaps. Research enters the process by identifying additional issues for which indicators should be developed and data collected.

25. The collaborative research undertaken by the Centers reveals previously unrecognized "gendered" issues. For example, previous research on the impact of shortened hospital stays had examined only the cost savings realized by this change. It required the collaborative, qualitative research, such as that undertaken by the Centers, to reveal the impact of this change on women—those whose unpaid caregiving burden has been increased by this change. This kind of finding identifies the need for indicators with which to measure the impact of such changes on women as well as the need to collect the data with which to build the indicators.

26. Work undertaken is gradually addressing some of these gaps in data. Attempts are also being made to increase the gender-sensitivity of data collection and analysis. At the federal level, Statistics Canada and the Canadian Institute for Health Information have major responsibility for data collection. Statistics Canada, a centralized statistical agency responsible for collecting statistics for the country and its regions, is required to collect, compile, analyse, abstract, and publish statistical information on virtually every aspect of the nation's society and economy. It is engaging in activities to increase new data collection activities in support of gender through consultation with stakeholders and membership on the federal Interdepartmental Committee on Gender-based Analysis, led by Status of Women Canada and comprised of gender experts from a variety of federal government departments, including the Women's Health Bureau.

27. Statistics Canada also seeks advice from professional subject-matter advisory committees pertinent to research tools, monitors client feedback, consults with stakeholders in the development of survey content, and participates in professional associations. Recently, Statistics Canada has published publications that provide valuable information on women in Canada¹³.

28. The Canadian Institute for Health Information (CIHI) was established jointly by federal and provincial/territorial ministers of health to coordinate the development and maintenance of a comprehensive and integrated approach to health information for Canada and to provide and coordinate the provision of accurate and timely data and information required for establishing sound health policy, effectively managing the Canadian health system and generating public awareness about factors affecting good

health. CIHI played a key role in developing the indicators for *Healthy Canadians—A Federal Report on Comparable Health Indicators*, the First Ministers' report to Canadians mentioned earlier. Work is currently being undertaken that has the potential to lead to indicators that are more gendered in nature. CIHI is currently piloting mechanisms to collect consistent data on the services delivered in the community, a health services area in which data has not historically been collected in a consistent manner across the country. The intention is to collect information on the recipients of care that is not only sex disaggregated but will give some detail on the intensity of need. In addition, the hope is to collect information on the sex, age, and burden of the primary caregiver.¹⁴ Community-based care is of vital importance to women, as emphasized through much of the Centers' research, since women constitute not only the majority of recipients of community-based care and paid providers, but also the majority of unpaid caregivers.

29. The data collected both by Statistics Canada and by the Canadian Institute for Health Information has applicability for monitoring health, health behaviors, health care, and health outcomes not only at the federal but also at the provincial/territorial and, in some cases, the subprovincial/territorial level. Provinces/territories and regions also have their own data collection mechanisms in place, and some of them are moving forward with respect to analysis and reporting on women's health¹⁵.

30. Not only the availability of gender-sensitive data and indicators but also the use of such information in the issue identification, policy option, and policy decision stages of the policy cycle is worthy of attention. Centers which undertook an analysis of the needs assessments and health planning documents used by a number of regional health planning bodies within provinces found that gender was rarely considered as a variable in assessing local health needs and that the health needs of women rarely were considered separately from those of men¹⁶. Canada recognizes the value of a gender-sensitive monitoring approach in the development and evaluation of health policies.

31. The "Family Violence Initiative" offers an example in which the combination of the legislative framework within Canada and the monitoring accountabilities from a program perspective and from the perspective of the *Agenda for Gender Equality*, has served to bring the gender perspective to the monitoring of the implementation of a health-related policy as a "strategic outcome".

32. The Family Violence Initiative is an interdepartmental federal response to family violence in Canada. It is consistent with one of the activities outlined in support of the *Strategy's* objective to increase knowledge and understanding of women's health and women's health needs and its commitment to continue to support research related to the health consequences of violence against women. The initiative addresses violence in the family, primarily but not exclusively as it relates to women and their children.

Coordinated by Health Canada, this initiative brings together federal departments and central agencies that integrate family violence prevention into their ongoing programming and address family violence on the basis of their own mandates and resources. In addition, the initiative receives a permanent annual allocation to operate the National Clearinghouse on Family Violence on behalf of all participating departments, conduct research, collect data and address gaps, develop informational resources and manage the family violence issue horizontally and coordinate federal activities. In addition to coordinating the Family Violence Initiative, Health Canada operates the National Clearinghouse on Family Violence. The Clearinghouse makes information on family violence accessible to all Canadians through a toll-free line and by means of a website. It promotes public awareness of the risk factors of family violence and the need for public involvement in responding to the problem. It also strengthens the ability of the criminal justice and housing system to respond to the issue.

33. The plan for monitoring the impact of the Family Violence Initiative was included in the original proposal for its establishment. A number of indicators were identified at that time that would be used in the report to Parliament on the outcomes of the Initiative. The data for monitoring the impact comes from a number of sources. In 1993, Canada conducted its first Violence against Women Survey (VAWS), which found that half of the adult women had experienced at least one incident of assault or sexual assault in their lifetime. In support of the data collection goals of the Initiative, in 1999 a General Social Survey on Victimization, conducted by Statistics Canada, included questions about spousal abuse. The questions were asked of both men and women and provided, for the first time, comparable figures on spousal abuse by sex. Although data revealed that 8% of women and 7% of men had experienced spousal abuse during the preceding five-year period, the contextualization of the questions revealed that the nature and consequences of violence were found to be more severe for women. Although the information was disaggregated by sex, both with respect to victim and the perpetrator of the violence, the indicators used to evaluate the Initiative were not specifically gendered.

34. Complementing this monitoring exercise is a project led by the Status of Women Canada. In December 2002, Status of Women Canada, as part of its activities to promote equality in health, released its report, *Assessing Violence against Women: A Statistical Profile*. The report was based on a wealth of data and research enhanced by the data generated as part of the Family Violence Initiative, including information from consultations with women and women's groups. Included in the summary of the Initiative are further recommendations for strengthening data collection and indicator development that would lead to a more gendered approach to monitoring.

35. Both formally, through its legislation and government machinery and informally, through support for research on women's health, Canada holds potential for the development of a comprehensive, systematic approach to monitoring health policy from a gender perspective at all levels of government. Canada recognizes the need to capitalize on this potential in order to further equality in health for women.

36. Health Canada is leading Canada's action in the development of a comprehensive framework to monitor and address gender inequalities in Health Policies. Canada is undertaking women's health surveillance and women's health indicators initiatives. The Women's Health Surveillance Report—a collaborative project with university-based researchers, the Canadian Institutes for Health Research, and the Canadian Institute of Health Information—focuses on some of the key women's health issues identified by a committee through extensive national expert and stakeholder consultations. Gaps in women's health surveillance information, particularly with respect to health status and chronic conditions, were identified. Drawing from secondary sources, including population health surveys, the report examines a wide range of health determinants including socioeconomic factors, stress, social support, and health care utilization, as well as health conditions unique to women. The report will provide surveillance information on the health of Canadian women in general, and address some of these data gaps, where feasible, to support the development of gender-sensitive monitoring systems, policies, and programs aimed at improving the health of women in Canada. The report's main audience are researchers, policy-makers, public health officials, and practitioners in the area of women's health.

37. In addition, Health Canada is leading a federal cross-department project on women's health indicators, the Women's Health Indicator Project, aimed at addressing health determinants, health status, and outcomes measures and at filling gaps in women's health through the development of a core set of relevant indicators that will take gender and diversity into account. This work will support the September 2000 First Ministers Meeting commitment to report regularly to Canadians on health status, health outcomes, and health services performance. This project will also support Canada's *Gender Based Analysis Policy* that requires integration of gender-based analysis into all Health Canada policies and programs. The goal will be to provide baseline information to policy decision-makers to adequately monitor women's health in Canada, facilitate an appropriate and consistent collection of data necessary for gender-based indicators in all provinces and territories, and facilitate the transfer of knowledge to policy-makers as well as potential users and the public. Such information is integral to adequate surveillance and policy responses to women's diverse health needs. It is well recognized that although many health determinants affect both women and men, they affect them differently and indicators are the tools with which we measure these determinants and health status. Health indicators historically have been developed without full attention to the impact of gender. Although current indicators desegregate data by sex, they do not

adequately inform on gender differences that should reflect women's specific complex health experiences, concerns, and needs, beyond reproductive health, nor their central place in the health system as the majority of recipients and providers of care. Furthermore, health indicators have traditionally been based on a disease-focused biomedical model that does not attend to the social determinants of health, and therefore overlooks the role of the social distribution of power as a explanation for health status. Not only does this model leave women's experiences of health and illness on the sidelines, it does nothing to remedy the inaccurate perception that women's health is determined/dominated by the physiology and pathology of their reproductive systems.

38. In 1999, the Advisory Committee on Women's Health Surveillance, formed by Health Canada, found that gender-sensitive research and policy-making tools are necessary to challenge entrenched, inaccurate approaches to women's health to redress gender inequities in health. Health Canada is addressing this through the work of the Women's Health Bureau and its partners: the Women's Health Bureau will provide a policy framework for women's health surveillance, incorporating gender as an essential component of health surveillance more broadly. The Women's Health Indicator Project will identify adequate and appropriate women's health indicators especially relevant to women, that also acknowledge hierarchies and inequities among women.

Conclusions

39. Success in these projects, in addition to the legislative support and government machinery in place, will provide the basis for monitoring health policy from the gender perspective in a systematic way. That is the challenge before us.

40. In addition to the more historical and less formalized, processes in which nongovernmental organizations, researchers, community groups, and individuals submit solicited and unsolicited recommendations to government, Canada has established more formalized mechanisms in which citizen input is sought systematically. Citizen engagement, including the participation of women, is a distinct and important part of the policy development process. With particular reference to the federal responsibilities for health, Canada has an established policy for public involvement in support of Health Canada's mission and mandate. The vision for this policy is that Canadians are informed on health issues and engaged on key federal decisions that affect health.

41. Governments are attempting to manage in a more modern way. Canada's federal government's modern agenda is clear, as delineated in *Results for Canadians: A Management Framework for the Government of Canada*. Its four fundamental commitments are: to begin with a citizen focus in designing, delivering, and reporting on government activities; to guide public service management by a clear set of values, including openness and transparency; to focus on the achievements of results; and to

ensure responsible spending. Guided by these four commitments, Canada moves forward in improving the quality of life for all Canadians, supported by its growing capacity to monitor and report from a gendered perspective in a variety of policy areas, including health. With that capacity, Canada is moving towards its stated objectives of building trust and encouraging citizen engagement, ensuring transparency and accountability of parliamentarians, and encouraging a modern management regime focused on results. Canadians want results—including results in equality in health for women.

End Notes:

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1. *A Framework to Improve the Social Union for Canadians*, An agreement between the Government of Canada and the Governments of the Provinces and Territories, February 4, 1999.
 2. In Canada, “First Ministers” refers to the Prime Minister of Canada plus the Premiers of the provinces and territories.
 3. *A Framework to Improve the Social Union for Canadians, 1999*.
 4. In April 2001, the Hon. Roy Romanow was directed to lead the “Commission on the Future of Health Care in Canada”. This involved an 18-month process of information gathering and public consultation on the issues of importance to Canadians with respect to changes to the health care system. Included was extensive exploration and comprehensive reporting on the values upon which Canadians base their decisions regarding the health care system. Recommendations. Consultations regarding health reform have also been undertaken in a number of provinces including Quebec, Ontario, Manitoba, and Saskatchewan contained in the report were addressed to all orders of government.
 5. *Healthy Canadians—A Federal Report on Comparable Health Indicators*.
 6. One such strategic outcome, the prevention of family violence, will be outlined below.
 7. Status of Women Canada works to provide Canadians with strengthened and more equitable public policy by conducting gender-based analysis and promoting its application throughout the federal government. It supports research that brings the gender dimensions of policy issues to the public arena. It also plays a vital role in supporting the work of women’s and other equality-seeking organizations and promotes women’s equality in collaboration with organizations from the nongovernmental, voluntary, and private sectors.
 8. The 12 health determinants that Health Canada has identified are income and social status, employment, education, social environments, physical environments, healthy child development, personal health practices and coping skills, health services, social support networks, biology and genetic endowment, gender, and culture.
 9. The *Canada Health Act* establishes the conditions which provincial health insurance plans must meet to receive full cash contributions under the Canada Health and Social Transfer. Five criteria—

public administration, comprehensiveness, universality, portability, and accessibility—govern this *Act*.

10. Health Canada provides health services to such groups as veterans, military personnel, inmates of federal penitentiaries, and members of the Royal Canadian Mounted Police. It also provides health services to First Nations populations on reserves, communities in the territories, and the Inuit through community-based nursing stations, health centers, and facilities in isolated and remote areas.
11. The Canadian Women's Health Network (CWHN) represents over 70 organizations from every province and territory. It is guided by a Board of Directors of women of all ages from across Canada who bring their own perspectives as aboriginal women, immigrants and refugees, women of color, lesbians, Francophones, and women with disabilities. The CWHN is committed to building regional and national links among organizations and individuals who care about women's health. Activities of the CWHN include the provision of easier access to health information, resources, and research; user-friendly materials and resources; work to change inequitable health policies and practices; the encouragement of community-based participatory research models; and the promotion of women's involvement in health research. The CWHN has data based on gender and health (www.cwhn.ca) and is the women's health affiliate of the Canadian Health Network (CHN), a nationally funded Internet-based service designed to improve access to trustworthy health information.
12. There is also some provincial government representation on the Center's governing structures and two provinces have adopted center-generated Women's Health Strategies and performance indicators.
13. Included is *Women in Canada 2000: A Gender-based Statistical Report*, Statistics Canada, 2000.
14. *Development of National Indicators and Reports for Home Care, Phase 2: Proposed Home Care Indicators*, CIHI, internal document.
15. For example, the Ontario Women's Health Council, supported by the Ontario Ministry of Health, commissioned the preparation of the *Ontario Women's Health Status Report*, which was released in February 2002.
16. *Invisible Women: Gender and Health Planning in Manitoba and Saskatchewan and Models for Progress (1999)*. Prairie Women's Health Center of Excellence.