ECHO: IMPROVING WOMEN’S HEALTH IN ONTARIO

Sharing the Legacy - Supporting Future Action

2009 - 2012
Echo: Improving Women’s Health in Ontario

Sharing the Legacy-Supporting Future Action

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EXECUTIVE SUMMARY

Echo: Improving Women’s Health in Ontario was an agency of the Ministry of Health and Long-Term Care. Established in 2007 and opening its doors in 2009, Echo operated until March 31, 2013. Echo’s mandate was: to be the focal point and catalyst for women’s health at the provincial level, and to promote equity and improved health for women by working in collaborative partnerships with the health system, communities, researchers and policy makers.

Echo: Improving Women’s Health in Ontario, Sharing the Legacy — Supporting Future Action summarizes the strategic framework that Echo’s Board of Directors set, and Echo’s business model and knowledge translation initiatives.

A Focus on Women’s Health

Echo’s mandate to focus on women’s health was in recognition of the evidence that women have less access to health care and poorer health outcomes than men do. Many factors affect women’s access to care and their health outcomes. These include a whole range of intersecting factors such as income, culture, race, geography, newcomer status, disability, Deafness and sexual orientation. Many times, women are the primary or sole caregivers for family members and friends in poor or declining health. When women are supported to be healthy, their families and communities also benefit. Echo used the POWER Study and other research in the identification of where and how to make community based and health system changes that can lead to improved health outcomes and support health system sustainability.

Knowledge Translation Initiatives: Four Priority Areas

Echo’s work focused on four priority areas: mental health and addictions, chronic disease, sexual and reproductive health, and intersecting women’s health issues, which reflected the understanding that equity issues are often a factor underlying women’s health.
Echo’s Business Model for Facilitating Health-System and Community-Based Change

The following graphic (Figure 1) shows Echo’s Business Model.

Figure 1: Echo’s Business Model

This Business Model provided guidance for all of Echo’s work.

Key Achievements: 2009 to 2012

Echo: Improving Women’s Health in Ontario, Sharing the Legacy — Supporting Future Action catalogues the 30 knowledge translation (KT) initiatives that Echo led between 2009 and 2012, according to its Business Model. These are summarized in one-page descriptions in four broad categories of Echo’s knowledge translation activities: equity, sexual and reproductive health, mental health and addictions, and chronic disease. These were evidence-based health-system and community-based change initiatives, designed to increase access to and improve quality of care.

Three cornerstone KT initiatives were the POWER Study, the Ontario Women’s Health Framework and the Ontario Women’s Health Leadership Program.

Echo’s work forms a significant legacy for the future. It will guide others to ensure the best health for Ontario’s women.
ECHO: IMPROVING WOMEN’S HEALTH IN ONTARIO

Sharing the Legacy - Supporting Future Action

2009 - 2012
INTRODUCTION

Echo: Improving Women’s Health in Ontario, Sharing the Legacy — Supporting Future Action presents the work of Echo: Improving Women’s Health in Ontario and the knowledge translation initiatives it undertook with its partners toward improving women’s health in Ontario from 2009 to 2012. Summarizing this information in a single document makes it readily accessible to people working to achieve health and social system changes to address women’s health, now and in the future.

Why A Focus on Women’s Health?

Women have less access to health care and poorer health outcomes compared to men. Socially constructed gender roles often undermine women’s experience of health and health care. Certain groups of women struggle more because of intersecting factors such as income, culture, race, geography, newcomer status, disability, Deafness and sexual orientation. Women also play a major role in supporting their own health and the health of their families and communities. Women, often more than men, are caregivers to sick and frail others in their families and communities.

Women’s health change initiatives not only benefit women but also the entire health care system. Understanding how sex, gender and diversity affect the experience of health and healthcare, and the impact on health status is vital for supporting improvement activities.

Focusing on women’s health change initiatives with knowledge of which groups are doing less well is vital for ensuring equitable access to care and more equal health outcomes, and it is vital for ensuring the best return on investment. Similarly, revealing access issues in the health system creates an opportunity to strengthen care using a combination of universal and targeted approaches. The POWER Study and other key research created the bases for strategic knowledge translation initiatives to enhance our health and community care systems. The result is improved health, better use of health system resources, and support for a more sustainable health system.

BACKGROUND

Ontario has made women’s health a priority since 1988. That was the year the Ontario government established the Ontario Women’s Health Council. This was in response to a need to look at and respond to issues related to women’s health. It also established endowed Chairs of Women’s Health at four Universities in Ontario and an endowed women’s health scholars program. (These were transferred to Echo, on its establishment).

In August 2006, Diana Majury and the Honourable Elinor Caplan developed Effecting Change for Women’s Health in Ontario — An Implementation Strategy for a New Women’s Health Institute for the Minister of Health and Long-Term Care. This report captured the views of over 1,200 stakeholders. It identified priority issues for women in Ontario in three categories: mental health and addictions, chronic disease, and sexual and reproductive health. This consultation led to the Ontario government establishing Echo: Improving Women’s Health in Ontario, a not-for-profit organization, in 2007. Echo’s mandate was to be the focal point and catalyst for women’s health in Ontario. Its mandate was to promote equity and improved health for women by working in collaborative partnerships with the health system, communities, researchers and policy-makers.
Echo added a fourth priority area to those that the Majury Caplan 2006 report identified. This was to reflect an understanding that there are intersecting women’s health issues that relate to equity.

These priorities were reinforced in a 2011 Echo-commissioned study, which engaged over 2,000 women from diverse populations across the province. The priorities for Echo are outlined in Figure 1 below.

Figure 1: Echo’s Priorities
FOUNDATIONS

Principles

The following principles guided Echo’s work:

**Mission:** Greater health for women through leadership, productive partnerships and research-based action

**Vision:** Improved health and well-being and reduced health inequities for Ontario women

**Mandate:** Be the focal point and catalyst for women’s health at the provincial level. Echo promotes equity and improved health for women by working in collaborative partnerships with the health system, communities, researchers and policy-makers.

**Values:**

- Respect and Integrity — We act with integrity and respect, and behave ethically and professionally.
- Collaboration and Capacity Building — We actively support distributed leadership, knowledge exchange and teamwork.
- Accountability and Proactivity — We are accountable to our stakeholders. We act as a catalyst to produce meaningful results and create value by being forward looking.
- Diversity and Inclusiveness — We serve as ambassadors for women by reflecting their voices and by using inclusive processes in our work.

Expert Panels

The **Research Expert Panel** provided guidance to Echo to assist the agency in achieving its organizational goals and project activities. The **Equity and Inclusiveness Expert Panel** provided guidance to Echo to support its efforts in choosing and undertaking projects to address priority equity and inclusion issues in women’s health.
Stakeholders

Figure 2 shows Echo’s official stakeholder groups. The members of Echo’s Board of Directors were appointed to reflect the diversity of Ontario, as recommended in the Majury Caplan 2006 report.

Figure 2: Echo’s Stakeholders

Stakeholders included:

- Echo’s Research Expert Panel, Echo’s Equity and Inclusiveness Expert Panel, the Ontario Women’s Directorate, the Women’s Health Research Chairs/Institutes across the province, the Population Health Research Network, the Institute for Clinical Evaluative Sciences, the Social Planning Network of Ontario

- Researchers linked to the POWER Study, the Ontario Women’s Health Framework partners, and all of Echo’s project partners

- Community women and health and social service providers, several whom were participants in the Ontario Women’s Health Leadership Program (described on the following page).
Strategic Directions

In 2009, Echo's Board of Directors established a strategic plan that guided its work. Figure 3 outlines Echo's four broad strategies, illustrates their alignment with the mandate, and outlines corresponding activities.

Figure 3: Echo's Strategic Directions

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Mandate Alignment</th>
<th>Activities</th>
</tr>
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<tbody>
<tr>
<td>Being the Focal Point</td>
<td>Being the focal point and catalyst for women's health at the provincial level</td>
<td>Creating profile for women’s health needs and voices</td>
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<tr>
<td></td>
<td></td>
<td>Supporting the need for gender-based analysis</td>
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<tr>
<td>Advancing Knowledge</td>
<td>Conduct, fund and partner on policy relevant research initiatives</td>
<td>Conducting research internally</td>
</tr>
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<td></td>
<td></td>
<td>Surveillance of key women’s health indicators</td>
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<tr>
<td></td>
<td></td>
<td>Funding and partnering on policy relevant research including community based research</td>
</tr>
<tr>
<td>Facilitating Stewardship</td>
<td>Provide input to policy in collaboration with stakeholders</td>
<td>Advising on policy for the Ministry of Health and Long-Term Care</td>
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<tr>
<td></td>
<td>Act as a provincial advisor and provide expert advice and recommendations to government and stakeholders</td>
<td>Promoting women centred services within LHINs</td>
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<td></td>
<td></td>
<td>Supporting the uptake of policy enhancements in health service agencies, community organizations, and LHINs</td>
</tr>
<tr>
<td>Strengthening Community</td>
<td>Synthesize and translate women's health knowledge into a variety of information tools and services</td>
<td>Developing evidence-based practice tools</td>
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<td></td>
<td></td>
<td>Providing stakeholder investment services and support</td>
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</tbody>
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MAJOR INITIATIVES

Three major projects supported by Echo facilitated its mission and mandate.

The POWER Study (Project for an Ontario Women’s Health Evidence-Based Report)

The multi-year POWER Study examined gender differences in access to care and the quality of outcomes of care for leading causes of morbidity and mortality in Ontario. It is an evidence-based tool to help policy-makers, providers, educators and consumers improve the health of and reduce inequities among the women of Ontario.

The Ontario Women’s Health Framework

Echo collaborated with a diverse group of individuals and organizations to build the first Ontario Women’s Health Framework. The Framework set out priorities for improving women’s health by addressing the quality and reliability of care, gendered health inequities, and planning and accountability requirements that reflect women’s priorities. Echo released the Framework in June 2011. The Framework provided a vision of improved health and well-being for all Ontario women through targeted approaches and system changes.
The Ontario Women’s Health Leadership Program

In 2010, Echo partnered with the Ontario Women’s Health Network to offer the Ontario Women’s Health Leadership Program. The program supported women in growing their leadership skills and application of sex- and gender-based analysis. The program aimed to ensure participation from every Ontario Local Health Integration Network (LHIN). Eligibility was based on a woman’s previously demonstrated aptitude for leadership and capacity to facilitate health system and/or community-based change activities to improve women’s health.

**APPROACH**

Echo’s partnerships created synergy between and among knowledge users, knowledge translation specialists and researchers. This reflected increasing recognition of the need for facilitation to move knowledge into action².

**ECHO’S BUSINESS MODEL**

Echo commissioned a project³ to develop a theory of change. The project examined the change management literature, Echo’s mandate and the approaches being used in the array of Echo’s projects. The resulting draft theory of change was trialed and modified and eventually became Echo’s Business Model.

The model involved a multi-staged approach to achieving Echo’s mandate. Echo worked together with partners, researchers and other stakeholders to achieve practice and policy changes that were based on evidence and that would ultimately support equity of access to care and more equal health outcomes.

Echo’s work involved activities that were intended to have impact at the community level and the system level. Community level activities were generally proof-of-concept initiatives to test program or policy models. Spread of learning activities were designed to enhance
understanding of intervention implementation and diffusion, and, to enhance planning toward sustaining the innovation for a defined population or defined clinical or community setting. (Adapted from the National Institute for Health website, 2010). Activities that advanced evidence-based health care delivery and projects that supported improving the value equation were a priority. Echo projects respected the diversity of Ontarians. As much as possible, they included women’s voices in developing context-sensitive approaches to care, decision-making and evaluating quality.

Echo Conversations, facilitated discussions on key issues in women’s health, were a tool for: engaging stakeholders, sharing best practices, supporting the contextualization of Echo-supported initiatives across Ontario, and reflecting women’s voices in planning activities and policy recommendations. Echo also developed the ABCD (Asset Based Capacity Development) Approach. ‘Asset’ refers to best practices and community knowledge. ‘Capacity development’ refers a process of supporting stakeholders to reflect on best practices to develop their own appreciation of them, while at the same time being supported to share their knowledge of their health experiences and their local context. With this information, and using ICA Canada’s facilitated workshop method, participants are supported to come to consensus on new program designs and recommendations to be implemented by local providers.

In order to expand the value of Echo’s work on women’s health issues in Ontario, Echo’s Business Model included catalyzing leadership. This work was conducted at the project level and also, more generally, by encouraging new and current leaders across Ontario to act on women’s health issues. Leaders from across Ontario were engaged in relation to priority women’s health issues in order to draw on their knowledge, help them be positioned to facilitate action locally, and to ensure the widest possible benefit from collaboration.

In addition to the methods mentioned above, Echo also strategically selected communication approaches to help raise awareness of and engagement in public discussions of Echo’s projects. Communication approaches included Echo Advances (policy-briefs directed at service providers and decision makers), the Echo newsletter, briefings, social media (e.g., the Echo website, Twitter, Facebook) and traditional news media (e.g., television, radio, print). Echo also maintained a Directory of Women’s Health Researchers (200 researchers from across the province) in partnership with Women’s College Research Institute (WCRI).

Echo’s activities fell within the five areas under Echo’s sphere of direct control as outlined in the Echo Business Model (Figure 4, above). Projects typically began with scoping and then moved to either piloting or targeting/strengthening/synthesizing — and, finally, to the appropriate approach to scaling/spreading in order to produce policy and practice impacts and, ultimately, to create population health impacts. The following outlines how projects were developed and carried out in alignment with the business plan.

1. **Understand current knowledge and prioritize women’s health issues (Scope)**

   Scoping activities varied, depending on the health issue. The aim in this phase was to understand the current research and the extent and nature of the issue. Factors typically explored in this phase considered sex and gender issues, group(s) affected, geographic location, barriers and other equity-related issues, and opportunity to improve return on investment. The POWER Study, other research, health databases and engagement of key stakeholders through Echo Conversations and Expert Panel meetings were key resources in the scoping phase. The scoping phase supported the determination to either target/ strengthen/synthesize or pilot.
2. Advance and synthesize knowledge (Target/Strengthen/Synthesize)

The activities in this phase varied, depending on what was learned in the scoping phase. Activities included focusing the goal, supporting new policy-relevant research on a prescribed research question or supporting the synthesis of existing research in order to facilitate actionable steps (e.g., developing best practice guidelines).

3. Develop and test program and policy models (Pilot)

If the work in the scoping phase identified that there was sufficient knowledge and appropriate context to facilitate the movement of knowledge into practice models, demonstration sites were established. These demonstration sites would adopt new evidence-based practice and seek to learn from implementation activities. Demonstration activities were also evaluated in order to assess effectiveness and learn about the value of the new practice in the new setting.

4. Consolidate learning on what works and for whom; facilitate adaptation/adoption in policy and practice settings (Scale/Spread)

Typically, this phase focused on examining the learnings and evaluation information from demonstration sites in order to facilitate additional sites to adapt and adopt the strong practice model. Other scale/spread activities included raising awareness among providers and supporting policy makers to utilize the learnings to bring benefit to others.

5. Consolidate knowledge of what works and for whom; spread learning and activate enablers in policy and practice settings (Scale/Spread)

This phase typically followed from the target/strengthen/synthesize activities. For example, once practice standards or guidelines were established, adoption of the standards might have been best facilitated by leaders with authority. Efforts were then focused on communicating the new/updated practice guidelines/standards to selected leaders for adoption/integration/institutionalization.

6. Policy and Practice Impacts

Policy and practice impacts were the intended result from the phases outlined above. Policy changes may have been adopted by decision makers, and the broader establishment of new evidence-informed and context-specific programs may have been established. These impacts were affected by environmental factors outside Echo’s sphere of control.

7. Population Health Impacts

Policy and practice impacts (e.g., quality services and improved access) supported the production of population health impacts. Such impacts were affected by multiple environmental factors outside Echo’s sphere of control.
CATALOGUE OF ECHO’S INITIATIVES

In alignment with Echo’s four priority areas, the following catalogue presents sets of initiatives related to equity, sexual and reproductive health, mental health and addictions, and chronic disease.
POWER Study

Motivation and Objectives. There are well-documented differences in the health of women and men, as well as in the kind of health care they receive. There are also documented variations in both health and health care between groups of women, depending on their age, income level, education, ethnicity, and where they live. The purpose of the POWER Study was to create an evidence-based tool for policy makers, providers, and consumers to improve health and reduce health inequities in Ontario. The objectives of this multi-year project were to: 1) report on the overall health of women and men in Ontario, their access to health care services, and how these were related to the social determinants of health; and, 2) examine the leading causes of illness and death, including cancer, cardiovascular disease, depression, diabetes, musculoskeletal disorders and reproductive health.

Approach. Using a rigorous modified Delphi process, a series of technical expert panels identified a comprehensive set of valid and reliable health indicators, or measures, that were amenable to action, comparable, and addressed equity issues. The indicators assessed population health and clinical care. Stakeholders from a range of community organizations, government, and health care settings across the province were instrumental in shaping the indicator selection and in helping to define priority reporting areas. The reported indicators were first stratified by sex and then by important social determinants of health including income level, educational level, ethnicity, and geography.

Results and Products. Research reports were produced and released sequentially in two volumes. Each volume contained chapters devoted to leading causes of women’s disability and mortality, which informed further research and demonstration projects launched by Echo and others. Numerous launch events, presentations, and scientific articles produced over the course of a six-year period advanced knowledge and uptake of the findings in each report to influence policy and practice. POWER Study researchers identified a core set of health equity indicators for monitoring health equity in the province and produced a 10-point Health Equity Road Map for guiding future research, policy, and system reform.

Implications. The POWER Study identified many large and remediable inequities in health and health care that were cause for concern; women experience poorer health quality and outcomes compared to men on most indicators. To improve the health of all Ontarians, it is important to address these health inequities. The POWER Study serves as a sustainable model for measuring and monitoring changes in access, quality, and outcomes of care to assess the effectiveness of health system reform and integration efforts. Ongoing monitoring of these indicators can guide efforts to target areas where care is less than optimal or where inequities exist. The POWER Health Equity Road Map recognizes the centrality of health equity to health system goals, the primacy of the social determinants of health, and the need for sustained primary care reform. The POWER Study approach integrates clinical, public, and population health measures, emphasizing indicators that are modifiable and that can support efforts to link measurement to intervention and improvement.

Partners/Investigators/Echo Staff. Arlene Bierman; Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael’s Hospital; Institute for Clinical Evaluative Sciences (ICES); Echo: Improving Women’s Health in Ontario
**Equity Mapping**

**Motivation and Objectives.** In 2010, the Association of Ontario Health Centres (AOHC), which represented community health centres (CHCs) and Aboriginal Health Access Centres (AHACs) planned to identify population health needs to guide the expansion of access to primary health care services, with a focus on vulnerable populations and population groups with socially and/or medically complex needs. CHCs and AHACs were best positioned to fulfill this vision because they: improve access by understanding and addressing systemic barriers; serve clients who face challenges in finding appropriate care within the mainstream health care system; and, provide care within an anti-oppression framework. Since poverty is strongly linked to poor health outcomes\(^4\)\(^5\), and because in 2006 15.2 per cent of the Ontario population was living in poverty\(^6\), the AOHC selected poverty as the foremost lens for planning and setting priorities. The objectives were to: 1) set targets, based on needs, for access to care provided by CHCs and AHACs across Ontario; 2) estimate the per cent of targeted need met by existing CHCs and AHACs; 3) identify the distribution of unmet need across the province geographically and by primary population groups; and, 4) determine the sex differences in these populations.

**Approach.** The research team conducted a needs analysis of sub-LHIN (Local Health Integration Network) geographic areas including in relation to low-income groups, priority populations (Francophone and Aboriginal), diversity, health-care need and access, urban/rural/northern issues, age, and gender. Data sources include Statistics Canada custom sets, Income Tax Filing Data, Community Social Data Strategy, Intellihealth, ICES/CRICH (Institute for Clinical Evaluative Studies/Centre for Research on Inner City Health), population and diversity population projections, and resources from the Ontario Ministry of Health and Long-Term Care Analytics Branch.

**Results and Products.** A research report was completed and published in 2012\(^7\). Findings indicated that a population needs-based allocation approach was necessary for targeting resources to address equity gaps and related barriers to health care faced by marginalized populations. The report highlighted service gaps for targeted expansion in each of Ontario’s 141 sub-LHINs. Echo produced and distributed an Echo Advance\(^8\) to disseminate report findings and recommendations to policy leaders at provincial and LHIN levels.

**Implications.** Implications include: 1) leveraging the findings of this work to influence the development of more equitable health care in Ontario, through evidence-based knowledge translation strategies; and, 2) using population-needs-based allocation models to inform decision making on health care and social service resource distribution at all levels, including that of the AOHC targeted service expansion.

**Partners/Investigators/Echo Staff.** Association of Ontario Health Centres (AOHC); Steps to Equity; Echo: Improving Women’s Health in Ontario (Vanessa Parlette, Shelley Cleverly, Pat Campbell)
**The Ontario Women’s Health Leadership Program**

**Motivation and Objectives.** Meaningful participation of women in health systems and structures is fundamental to ensuring that services truly respond to the needs of women. A greater voice for and by women will ensure that woman-sensitive services and care are provided and that gender-related inequities in health are addressed. Women’s leadership is vital to ensuring that women’s perspectives and gender-related health needs are addressed in our health systems and structures for greater effectiveness of care and improved health outcomes. Echo joined forces with the Ontario Women’s Health Network in establishing the Ontario Women’s Health Leadership Program. The Program objectives were to: 1) build and strengthen the leadership capacity of participants; and, 2) support participants to learn about and apply sex- and gender-based analysis in their leadership activities.

**Approach.** The Program supported participants to learn about and apply leadership principles and commitments as articulated by Kouzes and Posner. The multi-year program was premised on three-day leadership retreats consisting of two training levels. Evaluation activities were ongoing during the project implementation.

**Results and Products.** Diverse women from all over Ontario participated in Levels One and Two of the Program. By May 2012, there were 178 graduates from Level One and 35 graduates from Level Two. The program model received high marks from participants in relation to its capacity to enhance knowledge about sex-and gender-based analysis as well as participants’ leadership skills. Many participants reported that they were inspired to deepen their commitment to women’s health through the contributions of other Program participants. Participants formed broader networks and in various ways worked to apply the Program content in their communities.

**Implications.** Continue to support capacity-building programs and institutional support for women to develop leadership roles in health and policy decision making. Identify and remove barriers to participating in such programs, as well as leadership positions, faced by women who experience marginalization.

**Partners/Investigators/Echo Staff.** Ontario Women’s Health Network; Echo: Improving Women’s Health in Ontario (Shelley Cleverly, Pat Campbell)
Ontario Women’s Health Framework

Motivation and Objectives. The Ontario Women’s Health Framework (the Framework) built on the POWER Study, which demonstrated that for many health issues, women have more access issues and poorer health outcomes compared to men — and this is often remediable. Taking steps to improve women’s health through earlier, less costly interventions and more streamlined care is essential to supporting sustainability in Ontario’s health care system. Ensuring women stay healthy directly benefits women themselves, and supports broader community health needs. The Framework’s vision was improved health and well-being for Ontario women, particularly those who are disadvantaged, through targeted approaches leading to system change.

Approach. A collaborative approach to developing the Framework involved a Steering Committee comprised of women’s health experts who guided the articulation of the document. Provincial agencies and health sector associations were engaged for feedback on drafts. Echo partnered with local organizations across Ontario to hear diverse community women’s and service providers’ views and to ensure applicability and relevance of the Framework.

Results and Products. The Ontario Women’s Health Framework was a tool for guiding and driving health system, social service, and policy change toward improved health outcomes. The Framework identified three strategic priorities for action: 1) reduce gendered health inequities resulting from women’s social status and social roles; 2) design and implement care delivery systems that strengthen the reliability and quality of care; and, 3) mandate planning and accountability requirements that reflect women’s priorities. Actions taken to address these priorities would result in improved health and system outcomes, and long-term impacts in the form of improved quality of care, population health, reduced inequities, and system sustainability.

Implications. Progress based on the Framework will require monitoring of activities and initiatives and other indicators of change and adoption in addition to monitoring key indicators (identified through the POWER Study). Adopting measurable indicators helps change agents to clearly identify and align efforts to generate impact. The Framework’s recommendations for action are: 1) adopt a policy of considering gender and health in all government policies, at all levels, through a sex- and gender-based analysis (SGBA) and diversity framework; 2) develop and implement practice standards that include specific evidence-based gender and sex considerations; 3) enhance information-sharing across sites of care and implement mechanisms to share information with women directly; 4) design service integration for women with complex needs; 5) mandate continued availability of key women-focused services, adopt quality and accountability measures that include women’s perspectives to support assessment of services; and, 6) routinely measure access and outcomes for men and women, with a particular focus on vulnerable groups.

Partners/Investigators/Echo Staff. Steering Committee Members; Women’s College Hospital; Social Planning Network of Ontario; Ontario Women’s Health Network; Provincial Council of Ontario; Lillian Love Chair at the University of Toronto/University Health Network; Eli Lilly Canada/May Cohen Chair in Women’s Health at McMaster University; The Echo/OWHC Chairs at University of Toronto and York University; The Echo Chair in Rural Women’s Health at University of Western Ontario; Community Development Halton; Social Development Council of Cornwall and Area; NorWest Community Health Centre; PILLAR Nonprofit Network and Social Planning Council of York Region together with the Community Legal Clinic of York Region; Echo: Improving Women’s Health in Ontario
Ontario’s Rural and Northern Health Care Framework

**Motivation and Objectives.** The healthy life expectancy of women in rural and northern areas is lower than average, meaning they can expect fewer disease-free years of life than their counterparts in southern and urban Ontario\(^{10}\). For example, compared to the provincial average, more women in the north have high blood pressure and chronic pain and report higher obesity rates and lower functional status\(^{11}\). Rural and remote residents have more limited health care services and options and they have to travel great distances to receive most of these services\(^{12}\). They have lower household income and greater social isolation, which puts them at higher risk for health problems. In 2010, the Ontario Ministry of Health and Long-Term Care released the Rural and Northern Health Care Framework/Plan: Stage 1 Report\(^{13}\). Echo published a response to the plan with the objective of highlighting ways in which the Framework could better support improved health service delivery to reflect the needs and priorities of rural and remote residents.

**Approach.** Echo developed a response to the Framework using a sex-and gender-based analysis and relying primarily on existing research, including the POWER Study\(^{14}\).

**Results and Products.** Echo produced Ontario’s Rural and Northern Health Care Framework: Reflecting Women’s Needs\(^{15}\). In this document, Echo identified priority areas for improving the provincial framework for rural and northern women’s health, including: 1) consider how lifestyle and social context affect health, including factors such as violence against women, the impact and challenges of women caregivers, and the increased risks from pesticide exposure for rural women; 2) design and implement care-delivery systems that strengthen the reliability and quality of care by establishing and monitoring practice standards for common health issues, by ensuring information is shared across sites and with users, and by integrating services for clients with complex needs; and, 3) mandate planning and accountability requirements that reflect the priorities of rural and northern women, including gender-disaggregated data, user-reported outcome measures, and continued access to women-centred services.

**Implications.** Continued attention to the needs and priorities of rural and northern women in Ontario is necessary. Work with policy makers, Local Health Integration Networks (LHINs), and health care practitioners on the implementation of the recommendations included in Echo’s response to the provincial framework. Include sex and gender-disaggregated analysis in all needs assessment and program planning.

**Partners/Investigators/Echo Staff.** Echo: Improving Women’s Health in Ontario — (Leigh Hayden, Pat Campbell)
Motivation and Objectives. Women in Ontario come from diverse situations and backgrounds. Health care providers need to be aware of and accommodate this diversity, or risk neglecting important factors that contribute to women's health outcomes. Diverse needs should be addressed in individual encounters and in the design of the service-delivery model or program. In 2010-11 Echo commissioned research, including women's voices in health research and knowledge translation. The objectives were to: 1) ask diverse women about their health care experiences and needs; and, 2) ensure that diverse voices were included in the analysis, particularly the voices of women who experience marginalization.

Approach. Over 2,000 women participated in the study either through a survey or in one of 14 focus groups. Following Inclusion Research principles developed by the Ontario Women’s Health Network and partners, the study team actively sought a diverse range of perspectives, including Francophone women; women with disabilities; LGBTQ communities; newcomers to Canada (including a range of cultural backgrounds, ethnicities, and languages); women living in poverty; and, women in rural, northern, and urban locations.

Results and Products. When asked to define “women’s health,” the Ontario women who participated in surveys and focus groups gave answers that fit into two categories: 1) health issues specific to women (e.g., reproductive health); and, 2) a holistic understanding of how all the factors in a woman’s life may influence her health. Women in this study felt that health research and health education needed to be done with a comprehensive understanding of how health conditions and treatments are experienced differently by men and women. On this basis, women identified a number of priorities for health research, service provision, information and education. These priorities were mapped into a diagram and published in the final research report. The diagram and key recommendations were published and submitted to the Ontario Ministry of Health and Long-Term Care as Echo Advances for a) Health Care Providers and b) Educators and Researchers.

Implications. Implications include: 1) creating and supporting user-friendly ways for women to access reliable, trustworthy, Canadian health information; 2) promoting a patient-centred care model; 3) providing up-to-date research information to health providers and communities; 4) designing and supporting community-based health education that captures community-specific needs and the diverse experiences of women; 5) including boys and men in this framework; and, 6) providing supports for women to make informed decisions about their health.

Partners/Investigators/Echo Staff. Ontario Women’s Health Network (Tekla Hendrickson, Barbara Kilbourn); Echo: Improving Women’s Health in Ontario (Leigh Hayden, Chelsea Kirkby, Mavis Jones, Shelley Cleverly, Pat Campbell)
Gender-Based Analysis of Primary Care

**Motivation and Objectives.** Primary care in Ontario is undergoing a series of reforms intended to improve efficiency and access to health care. Gender-based analysis is an important tool for identifying where health inequities exist, and how to create a more efficient system with better outcomes for all. The purpose of this project was to develop and test a method to evaluate primary care and reforms on the basis of gender and health equity. The project objectives were to: 1) study best practices in gender-based analysis of health care; and, 2) develop a gender-based analysis (GBA) tool.

**Approach.** The research team studied best practices in gender-based analysis of health care and developed a gender-based analysis (GBA) tool. This GBA tool included questions about the impact of primary care reforms on: diversity characteristics (e.g., ethnicity, disability, sexual orientation); specific health issues; and, measures of success. The research team tested this tool through a series of interviews with key stakeholders (such as government and policy planners, physician groups, and women’s health organizations), and asked how primary care reforms took women’s health care needs into account.

**Results and Products.** The research was completed and a report was published in 2011. Gender-based and health equity analyses of primary care reform suggest that the most effective, accountable, and standards-driven model to improve health outcomes for Ontario women and their families was the Community Health Centre (CHC). Key recommendations from the project report were highlighted in an Echo Advance.

**Implications.** To ensure excellent care for all, Ontario must support primary care reforms that respond to growing gaps in access and quality of care for populations facing barriers and marginalization. The CHC model demonstrates the smallest gender gap and best performance for women, especially in terms of chronic disease care and health promotion. The CHC model should be expanded to address unmet health needs of marginalized women (and men) in Ontario. Also important is the need to: monitor access to primary care services, quality outcomes, and patient and staff satisfaction with primary care models; build indicators for gender equity; and, where possible, implement existing best practices for gender-based evaluation. Consistently applying gender-based analysis tools to evaluate and monitor the impacts of reforms on health inequities will be vital.

**Partners/Investigators/Echo Staff.** Women’s College Hospital; Echo: Improving Women’s Health in Ontario (Mavis Jones, Leigh Hayden, Shelley Cleverly, Pat Campbell)
Motivation and Objectives. There have been considerable advancements for certain groups of women into roles with leadership and decision-making power in health care. However, there continues to be a lack of meaningful involvement of women, particularly women from diverse communities, in decision-making and planning processes. The purpose of this project was to document insights that could be used as a baseline and to facilitate the involvement of women in health systems and structures in order to strengthen women's voices, gender-based perspectives, and ultimately women's health. Objectives included: 1) assess the extent and nature of women's involvement in health organizations, including their role in supporting gender-based analysis; 2) identify barriers and facilitating conditions affecting women's involvement in health organizations; 3) evaluate the meaningfulness of women's involvement and interest in engaging with the health sector; and, 4) develop recommendations and strategies to mobilize support for and reduce barriers to women's greater and more meaningful involvement in the health sector.

Approach. Echo commissioned a study carried out by the Centre for Community Based Research to examine the nature and extent of women's involvement in Ontario's health system. The researchers adopted a participatory action research approach that included the establishment of an advisory committee and the engagement of multiple stakeholders and community members. There were four project components: 1) a review of recent academic, policy and community literature on the involvement of women in health systems; 2) an online organizational survey designed to assess the nature and extent of organizational commitment and strategies to involve women community members within planning and decision-making processes (160 organizations participated); 3) 42 interviews with women from diverse communities across Ontario about ways that women are involved and what factors support or hinder their meaningful involvement; and, 4) a community forum to present the research findings back to the community and collaboratively explore strategies to support an increase of women's meaningful involvement in Ontario's health sector.

Results and Products. A framework was developed to support greater involvement of women in the health care system, based on the literature review and findings. Survey results found that there were pockets of organizations committed to engaging women in decision-making and planning processes. However, the organizations that indicate having this commitment tended to be women’s health organizations that were guided by mission statements and values that made these commitments explicit. It appeared that there was not a widespread awareness among health organizations, more generally, about how women’s involvement could be a strategy for improving women’s health. Key recommendations from the project report were highlighted in Echo Advances for policy makers, providers and women.

Implications. Policy makers need to take a stance on encouraging and supporting increased involvement of women in Ontario's health system. Encouragement and support can be demonstrated in various ways, such as through increased investment toward organizations supporting women's involvement and leadership in Ontario's health care system.

Partners/Investigators/Echo Staff. Centre for Community Based Research; Echo: Improving Women's Health in Ontario (Sara Crann, Shelley Cleverly, Pat Campbell)
Health Equity and Gender-based Analysis for Health Care Providers

Motivation and Objectives. Many Ontario women face barriers to accessing health and social services as a result of living in marginalized circumstances. Applying an equity lens to health and social service provision, from front-line practice to board-level decision making, can help improve health outcomes for Ontario women and their communities\(^\text{24}\). Echo commissioned researchers to study what health service providers knew about using gender-based analysis and health equity lenses or impact assessment, and what approaches might best support providers to learn about and use these tools. The objectives were to: 1) investigate how existing gender-based analysis (GBA) tools are used by health service providers; and, 2) identify ways to better support uptake and use of these tools in practice.

Approach. The research team engaged with health service providers via an online electronic survey, in focus groups and in key informant interviews. They also completed a literature review. Based on their findings, they developed a set of key themes and recommendations and a set of eight Equity Prompts developed in collaboration with focus groups and key informants.

Results and Products. The research report was released in 2011\(^\text{25}\). The overarching theme arising from this research was that front-line workers wanted to learn concepts and language relevant to them and their work and, therefore, approaches to using an equity lens must be simple, straightforward, and practice-ready. To make an equity lens actionable in practice, health and social service planners and providers must design training that allows front-line workers to adapt tools to their existing work practices. Echo produced and disseminated an Echo Advance for health and social service planners and providers to promote uptake of key recommendations\(^\text{26}\).

Implications. Implications of this work include: adapting existing frameworks and tools rather than creating new frameworks that won’t “stick” in frontline practice; supporting the need for gender and equity planning tools to be embedded in the incentives and expectations that drive service organizations; refining existing knowledge sharing and training strategies to be interactive, respectful, creative, and strengths-based; reframing language and perception to fit the way providers describe their practice, and to reflect the complexity of terms like “gender” and “sex”; and, valuing leadership throughout organizations by recognizing the contributions made by all members of the workforce.

Partners/Investigators/Echo Staff. Ontario Women’s Health Network; the Wellesley Institute; Echo: Improving Women’s Health in Ontario (Mavis Jones, Leigh Hayden, Shelley Cleverly, Pat Campbell)
**Sexual and Reproductive Health Initiatives**

### Smoking Cessation and Maternal Health

**Motivation and Objectives.** In 2007/2008, there were over 100,000 pregnant Ontarian women who smoked tobacco who wanted to quit. Given that smoking is a well-known health risk for women and their fetus/newborn and smoking-related health care costs are significant, the purpose of this project was to support low-income women of childbearing years to quit or reduce smoking during and post pregnancy. The objectives were to: 1) identify populations most at risk; 2) adapt the language of best practices for smoking cessation for pregnant and recently pregnant women to be suitable for community use; 3) partner with organizations that would agree (in advance and within their means) to provide evidence-based, community-designed programming; 4) co-host Echo Conversations with the partner organizations to engage community women; 5) fund partner organizations as demonstration sites; 6) fund demonstration site evaluations; 7) support additional Echo Conversations in new sites using the same approach; and, 8) share the results of the work to inform policy makers to generate capacity to spread this strong practice approach to benefit more communities across Ontario.

**Approach.** Echo Conversations were designed to support community women to know about and form their own views on the suitability of the best practices for their community; and, design a program based on their new knowledge of best practices, their knowledge of their community, and their knowledge of being a young mother who smokes. The approach included a consensus-building facilitation method developed by ICA Canada. The underlying values in the approach and support to facilitate inclusion (e.g., childcare, transportation) helped ensure community women were able to participate in the Echo Conversations and in the demonstration initiative. In parallel to the community-based demonstration initiatives, Echo provided support to refresh the Pregnets website, which provides smoking cessation guidance for pregnant women and practitioners.

**Results and Products.** Two demonstration sites (in North Bay and Peterborough) and two additional sites (in Hastings Prince Edward County and Thunder Bay) were established. All of these sites offered evidence-based smoking cessation programs designed by community women. The Ignite Innovation website was created. An Ignite Innovation video provided background on the status of smoking and pregnancy in Ontario and on the methods used in the initiative. A renewed Pregnets website was launched.

**Implications.** Implications include: conducting more engagement events using the approach outlined above to increase the number of sites offering programs that are context-sensitive and informed by best practices; and, continuing to work with Public Health Ontario, Cancer Care Ontario, the Provincial Council for Maternal and Child Health, BORN Ontario (Better Outcomes Registry & Network), and the Ontario Ministry of Health and Long-Term Care in order to develop sound policies that will increase services to women.

**Partners/Investigators/Echo Staff.** Centre for Community Based Research (CCBR); Peterborough City County Public Health; North Bay Indian Friendship Centre; Centre for Addiction and Mental Health (CAMH); Ontario Tobacco Research Unit (OTRU); the Program Training and Consultation Centre; Hastings & Prince Edward Counties Health Unit; and Thunder Bay Regional Health Sciences Centre; Echo: Improving Women’s Health in Ontario (Nadia Minian, Shelley Cleverly, Pat Campbell)
Access to Abortion Services

Motivation and Objective. While abortion is a safe procedure in Ontario, with less than a one per cent complication rate, there are multiple barriers that prevent safe, timely, and non-judgmental access to high-quality care. The abortion system is fragile: there are decreasing numbers of hospitals and providers offering abortion; and, those who do are often difficult to identify due to safety concerns or community sanctions; the lack of abortion services available outside urban areas poses further access barriers. Finally, medical school curricula in Ontario do not always include abortion (and related ethical training) as a routine component of Family Medicine and Obstetrics/Gynaecology training. Consequently, there is a declining proportion of doctors who are trained to offer abortions and there are no standard guidelines for the quality of care for abortions in Ontario. This project sought to synthesize existing knowledge on the state of abortion in Ontario and generate recommendations to improve access to abortion services. The objectives were to: 1) convene an expert panel and publish their recommendations; 2) engage in knowledge translation activities to foster uptake of the panel’s recommendations; and, 3) engage in targeted work on specific recommendations.

Approach. The Institute for Clinical Evaluative Studies (ICES) commissioned background studies on access to abortion. These studies included a statistical analysis of administrative data (including hospital-level data and OHIP billing data), surveys of hospital administrators and community-based primary health care providers, and interviews with program directors at all Ontario medical schools on the medical curriculum. The Echo-convened expert panel relied on the background studies and their own expertise and experience to generate the recommendations. Echo developed knowledge translation strategies to mobilize dissemination and uptake of selected recommendations.

Results and Products. Echo produced and disseminated Echo Advances, for policy makers, medical schools, health care providers, and women. Echo disseminated the findings and recommendations to organizations (e.g., the Society for Obstetricians and Gynaecologists of Canada, the College of Physicians and Surgeons of Ontario, the Ontario Hospital Association, and Local Health Integration Networks (LHINs)). In the spring of 2012, Echo entered into discussions with Canadians for Choice (CFC) and the Ministry of Health and Long-Term Care funded phone lines, Telehealth, and the AIDS and Sexual Health Hotline to establish and promote a stronger central source of reliable information about abortion services without putting service providers at risk.

Implications. Many Expert Panel recommendations remain unaddressed. Echo recommends prioritizing: 1) working with medical schools and regulatory bodies to establish abortion (and related ethics) training as a core component of the medical curriculum; 2) working with LHINs to address gaps in the accessibility of abortions outside urban centres; 3) working with Health Canada to overcome barriers to regulatory approval for mifepristone (in combination with misoprostol), a medical abortion option available in many countries; and 4) working with regulatory bodies to establish a set of abortion care standards in Ontario, including guidelines for consistent, comprehensive, non-judgmental care and referral.

Partners/Investigators/Echo Staff. Institute for Clinical and Evaluative Sciences; Abortion Expert Panel Members; Canadians for Choice, Ontario Ministry of Health and Long-Term Care; Telehealth; The AIDS and Sexual Health Info-Line; Echo: Improving Women’s Health in Ontario.
Postpartum Health and Service Use (and Maternal Health)

Motivation and Objectives. Canadian health care practitioners’ organizations are concerned about the increasing use of medical interventions during childbirth, as these practices introduce unnecessary risks for women and their infants. Caesarean-section (C-section) rates have increased to 28 per cent of all deliveries in Ontario. Compared to vaginal births, C-section deliveries cost hospitals significantly more in obstetric care for both women and infants and pose long-term health risks to mother and child. Echo commissioned research to estimate the degree to which infants delivered by C-section (and their mothers) used more health care services after hospital discharge, and the degree to which their service use resulted in higher costs to the system, relative to their vaginally-delivered counterparts. The objectives were to: 1) fund research to estimate the post-partum health care use and costs for mothers and their babies delivered by C-section versus those delivered vaginally; 2) synthesize report findings to add to the existing research on the costs and risks of rising C-section rates; and, 3) disseminate findings and recommendations to stakeholders in Ontario to foster discussion on the longer-term costs of C-section deliveries.

Approach. Echo partnered with the Ontario Mother and Infant Study (TOMIS) III Research Team at York and McMaster University to support the cost analysis. TOMIS III used a prospective cohort study design using data from 11 hospitals in all five regions of Ontario and that included 2,560 women who delivered full-term babies. The researchers investigated the number, type, and costs of (in- and out-of-home) health care visits for women and infants in the year following birth. Researchers interviewed the women at six weeks, six months, and one year after hospital discharge. Costs were estimated using resources such as the Ontario Health Professional Fee Schedules.

Results and Products. Research outcomes were published in a report in 2012, along with recommendations for future study. The researchers found that, compared to women who had vaginal births, women and their babies who had been delivered by C-section used significantly more health care services and had significantly higher health care costs in the first six weeks following birth. Differences between the two groups, however, were smaller for the remainder of the child’s first six months, and were insignificant in the following six months.

Implications. Further analysis is needed to know whether factors such as socio-economic status and geographic location influence the difference in health service use and costs associated with different delivery methods. Stakeholders in Ontario will need to work together to reduce C-section rates in the province. Efforts should focus on encouraging health care practitioners to adhere to clinical guidelines on the use of C-sections and other medical interventions, and on encouraging women to attempt a trial of labor and vaginal birth after a previous C-section. Local Health Integration Networks (LHINs) and hospital leaders should consider building on the success of a multi-pronged initiative at Markham Stouffville Hospital that has successfully reduced the rate of C-sections among its maternity patients. The results from a project led by Ivy Lynn Bourgeault and Esther Shoemaker to evaluate the Markham Stouffville model should be disseminated widely to encourage uptake of their practices.

Partners/Investigators/Echo Staff. York University; Christine Kurtz Landy; McMaster University; Wendy Sword; Echo: Improving Women’s Health in Ontario (Liz Sutherland, Vanessa Parlette, Mavis Jones, Pat Campbell, Shelley Cleverly)
Incontinence

Motivation and Objectives. Urinary incontinence is experienced by an estimated 1.5 million Canadians, most of whom are women. Women are more likely to experience incontinence because of bodily changes that can result from pregnancy, childbirth, and menopause. Incontinence is often experienced by mid-life women who may not know how to raise the issue with their health care provider, or who may not be aware that there are options for managing it. Echo partnered with the Registered Nurses' Association of Ontario (RNAO) to investigate the decision-making needs of women experiencing incontinence, and to develop and test a decision aid that would help guide women through the process of considering their incontinence symptoms, weighing treatment options based on possible outcomes, and discussing the problem with their primary health care provider. The purpose of the decision tool was to empower women to consider their options based on what is important to them, rather than to advise women about which option to choose. The project objectives were to: 1) fund research to determine the decision-making support needs of women experiencing incontinence; 2) test program models to develop and disseminate a decision tool that would meet the identified needs of women; 3) synthesize knowledge to generate recommendations on how to support women in their decision-making; and, 4) make recommendations to health care providers on how to raise the issue of incontinence with their patients and how to support these patients in making decisions on incontinence management.

Approach. The study was conducted in two phases. During the first phase, the researchers set out to learn about women's views on their need for information and decision-making supports, and about women's experiences with incontinence and the health care supports that were provided to them. The second phase involved developing a draft decision aid, consulting with women and health care practitioners on how useful the tool would be, and finalizing the decision aid.

Results and Products. The study was completed in spring 2012. The research report confirmed the need among mid-life women for an incontinence decision tool. The researchers developed, pilot-tested, and refined a decision-making tool that women and health care practitioners agreed would be useful and appropriate. RNAO and Echo disseminated the decision aid as a hard-copy brochure, and on the Internet to health care providers, seniors' organizations, and women's networks in Ontario. Echo also developed and disseminated an Echo Advance to share the project outcomes and the existence of the decision tool to health care practitioners and women.

Implications. Echo recommends additional promotion of the urinary incontinence decision tool, including further printing and dissemination of the brochure to the offices of health care practitioners. Policy leaders and educators need to work on further improvements to health care practitioner education and training to promote the use of decision tools and treatment of urinary incontinence. The development of other similar decision aid tools should be considered, for example, in relation to: fecal (bowel) incontinence, benign uterine conditions, and menopause.

Partners/Investigators/Echo Staff. Registered Nurses' Association of Ontario (Dr. Jennifer Skelly and Dr. Tazim Virani); Echo: Improving Women's Health in Ontario (Simone Kaptein, Liz Sutherland, Shelley Cleverly, Pat Campbell)
Menopause Education

Motivations and Objectives. Peri-menopausal women report symptoms such as headache, poor sleep, mood changes, vasomotor symptoms, and joint pain\textsuperscript{52,53} — although many women transition without major problems and may consider menopause to be a positive event in their lives\textsuperscript{54,55}. Menopause is associated with an increased risk for several chronic diseases, including cardiovascular disease\textsuperscript{56,57}, and osteoporosis\textsuperscript{58,59,60}. Mid-life women have indicated a lack of services that address their needs around the menopausal transition. Additionally, women and their health care providers may not feel comfortable initiating discussions on sensitive issues, including vaginal atrophy, incontinence and low libido. A survey of Ontario family physicians in 2009 identified a need for the dissemination of best practices in menopausal health care\textsuperscript{61}. Echo undertook a three-phase initiative with the aim of promoting best practice guidelines for women's menopausal health care in Ontario. The objectives included: 1) assessing the state of knowledge and intervention gaps in peri- to post-menopausal health; 2) promoting knowledge of best practices among family physicians and nurse practitioners; and, 3) supporting women's articulation of preferences for community-based health and social supports (taking into account best practices and local knowledge) and sharing women’s preferred options with service providers.

Approach. The research methodology included: the formation of an Advisory Committee comprised of leaders in women’s health and menopause research; a literature review; key informant interviews; and, a synthesis of research findings. In partnership with the Ontario College of Family Physicians, Echo co-hosted an educational conference to spread best practices among practitioners and established the Women Ontario Medical Mentoring Education Network (WOMMEN). With local partners, Echo Conversations were offered to support Ontario women to articulate evidence-informed and locally relevant recommendations to support women in midlife transition.

Results and Products. A set of recommendations were developed as part of the research synthesis\textsuperscript{62}, and disseminated. The educational conference was well-attended by family physicians and nurse practitioners seeking to learn and adopt best practices\textsuperscript{53}. In the fall of 2011, Echo co-hosted four community-engagement events with mid-life women from Port Colborne\textsuperscript{64}, Timmins\textsuperscript{65}, Welland\textsuperscript{66} and Windsor\textsuperscript{67}, which produced further recommendations for care providers and policy leaders. Echo Advances were released.

Implications. Echo recommends further dissemination of evidence-based, plain-language information (in multiple formats for women of diverse backgrounds) on midlife transition, menopause, and on the range of options available to manage the changes associated with this stage of life. It will also be important to work with health care practitioners and their associations to ensure that a greater proportion of providers are familiar with best practice guidelines for promoting the health of mid-life women. Efforts to engage women in designing locally relevant, evidence-based recommendations to support midlife women are recommended.

Partners/Investigators/Echo Staff. The Ontario College of Family Physicians; Timmins Family Health Team; Centre de santé communautaire Hamilton/Niagara; Bridges Community Health Centre; Echo: Improving Women’s Health in Ontario (Simone Kaptein, Shelley Cleverly, Pat Campbell)
Fetal Fibronectin

Motivation and Objectives. Since 2009, all Ontario maternity hospitals that were not already doing so, began using the fetal fibronectin (fFN) test to assess women with suspected preterm labour. The test result gives providers confidence that they are admitting (or transferring) the right women, and a negative test result allows them to safely and confidently send women home, knowing that their chances of going into labour in the next two weeks are very low. Echo commissioned an evaluation of the fFN test implementation by BORN Ontario (Better Outcomes Registry & Network). The study was conducted to: 1) assess the impact of the universal introduction of fFN testing in Ontario hospitals; 2) estimate the economic costs and benefits of fFN testing; 3) evaluate women’s and health care providers experiences with fFN testing; and, 4) develop and disseminate recommendations for health policy makers and practitioners to refine the fFN test implementation across Ontario.

Approach. The evaluators chose an interrupted time series (ITS) approach, using eight years of obstetric admission records from the Canadian Institute for Health Information’s Discharge Abstract Database (CIHI-DAD). To assess the incremental economic cost of fFN test implementation, a simple cost-minimization analysis was conducted. To evaluate women’s experiences with fFN, structured individual interviews were conducted with women who had received the fFN test at participating hospitals. Interviews and focus groups (held at annual conferences or by teleconference in the case of rural and remote providers) were used to evaluate health care providers’ experiences with fFN testing. All interview and focus group data were analyzed using a descriptive, qualitative approach. The evaluators derived recommendations for program refinement from the study findings.

Results and Products. The evaluation was completed and released in 2012, and reported significant reduction in the rate of preterm labor (PTL) admissions one year after testing began in 55 per cent of hospitals studied, along with a conservative estimate of cost savings ranging from $2.6 million to $5.7 million per year. Echo developed and disseminated recommendations as Echo Advances for health care providers and policy makers. Policy briefings and a webinar were held with policy makers at the provincial, Local Health Integration Network (LHIN), and federal levels to further disseminate recommendations and promote their uptake. The webinar module was saved and made available online as an ongoing resource.

Implications. Further research is needed to ensure universal uptake and sustainability of fFN testing and to determine its impact on clinical management in Ontario maternity hospitals. Work with health care professionals’ organizations to develop education materials in different formats designed for patients who present with symptoms of preterm labor. Raise awareness with LHIN leadership of the need to support training of ER staff to use fFN testing, particularly in smaller hospitals, and to introduce fFN testing in northern nursing stations.

Partners/Investigators/Echo Staff. The Provincial Council on Maternal and Child Health; the Ontario Ministry of Health and Long-Term Care; BORN Ontario (Better Outcomes Registry & Network Ontario); Echo: Improving Women’s Health in Ontario (Liz Sutherland, Pat Campbell)
Benign Uterine Conditions

Motivations and Objectives. Ontario’s Expert Panel on Best Practices in the Use of Hysterectomies found that the hysterectomy rates for the region encompassing Manitoulin Island was twice that of Toronto. Focus group discussions with Aboriginal women in Northern Ontario revealed that women often felt that they were not allowed an adequate role in decision making regarding the treatments available for benign uterine conditions (BUCs)\(^7\). Culturally appropriate patient education materials to help women make informed choices had not been developed. Echo partnered with the Centre for Effective Practice (CEP) to undertake the Aboriginal Translation Material Development and Pilot Project to apply knowledge translation strategies to improve Aboriginal women’s health as it relates to BUCs. The project built on the goals of the BUC Initiative, a joint project of the Ontario College of Family Physicians (OCFP) and the CEP to promote best practices in the management of BUCs (e.g., endometriosis) by primary health care practitioners. The objectives were to: 1) develop culturally appropriate patient education materials; 2) spread learning by sharing these materials with First Nations women; 3) gain insights from pilot initiatives that may be applied to other aspects of community health care for First Nations women and their communities; and, 4) generate and disseminate recommendations for health care providers.

Approach. The project adapted existing patient education material on hysterectomy and pelvic support problems from resources originally created for the BUC Initiative. Tools were developed for use in three formats: a printed pictogram tool featuring illustrations and plain-language information in English; printed handouts in English, Ojibwe and Oji-Cree; and, audio recordings of the patient handouts in English, Ojibwe and Oji-Cree. From July to October 2010, these materials were used by nurse practitioners serving Anishinabek and Aboriginal individuals and families in First Nations and off-reserve communities on Manitoulin Island. Women were asked to report how useful they found the various tools and whether or not these tools helped them to better understand these medical conditions.

Results and Products. The findings and recommendations from the project were written up in a report\(^7\) and the tools made available on the CEP website. Study respondents reported acquiring new information that would help them make decisions about hysterectomy or treatment for pelvic support problems, and that printed patient education materials were more understandable than the audio recordings. Participating nurse practitioners confirmed they would continue to use the patient-education materials with patients who have choices to make about hysterectomy and BUCs. An Echo Advance on the project was developed and the report, the Echo Advance, and the tools were disseminated via the Internet to health care practitioners’ organizations.

Implications. Consider developing and disseminating similar patient-education materials for Aboriginal women and women from other cultural/linguistic backgrounds on issues that affect their health.

Partners/Investigators/Echo Staff. Centre for Effective Practice and Noojmowin Teg Health Access Centre-Project Leads; Echo: Improving Women’s Health in Ontario (Simone Kaptein, Shelley Cleverly, Pat Campbell)
Early Pregnancy Loss

Motivation and Objectives. It is estimated that about one in five pregnancies ends spontaneously\textsuperscript{74}. Despite the prevalence of early pregnancy loss (EPL), however, the significance of this event is often unrecognized by caregivers and services provided to women and their partners. Consultations with community partners indicate that gaps in services for women experiencing EPL may exist throughout Ontario. In 2011–12, Echo contributed support for a pilot study. The study objectives were to: 1) identify beliefs and practices of health professionals in Ontario about providing supports for women and families who have experienced EPL; 2) identify gaps and barriers related to the provision of such support; 3) identify supports, services, and promising practices for women and families who have experienced EPL; and, 4) disseminate research results to inform policy makers and program providers in order to catalyze the introduction and adaptation of services for women in communities across Ontario.

Approach. The project had two phases. As a primary survey, the researchers sent a letter to emergency departments, urgent care centres, physicians, obstetricians/gynecologists, midwives, and nurse practitioners, and then followed up by phone to conduct the survey. The secondary survey involved a telephone survey with respondents who were in programs and services as identified through the primary survey. The researchers analyzed the data using simple descriptive statistics, examining the relationship between attitudes and service provision, identification of common themes and recommendations concerning promising practices and gaps in services and programs.

Results and Products. The researchers shared the study findings and recommendations to all the study participants to improve service provision in the region. Dissemination of the study findings to policy makers and service providers was conducted by the researchers, in partnership with Echo, through the publication of a report\textsuperscript{75}, a plain-language poster, conference presentations, and submission of manuscripts to peer-reviewed journals. The report revealed that barriers existed to providing and accessing appropriate care and supports. This was influenced by a lack of understanding/education regarding the significance of early pregnancy loss, a lack of health provider knowledge about resources that are available, accessibility (geographic, cultural, and financial) of resources, and a lack of appropriate resources (i.e., not specific to needs of women and families experiencing this type of loss).

Implications. Study results suggest a need to assist nurses in emergency rooms to develop the knowledge and confidence that will enable them to more effectively care for women experiencing early pregnancy loss. The researchers plan to build on this study with a larger program of research and publication in journals. Further knowledge translation activities could be conducted to promote interest throughout Ontario in increasing supports, addressing gaps in services, and reducing barriers for women and families.

Partners/Investigators/Echo Staff. Brock University, Drs. Joyce Engel and Lynn Rempel; Echo: Improving Women’s Health in Ontario (Simone Kaptein, Liz Sutherland, Vanessa Parlette, Pat Campbell)
**Maternal Health - Triple Aim Project**

**Motivation and Objectives.** Preterm birth (PTB), defined as delivery prior to 37 weeks’ gestation, is the most important perinatal challenge facing industrialized countries. PTB rates have been rising in Ontario, from 5.7 per cent in 1986 to 8.3 per cent in 2009. Babies born preterm are three times more likely than other infants are to die in the first year of life, and their neonatal hospital costs are five times as high. Women who deliver preterm experience higher rates of depression, anxiety, and emotional distress than women giving birth to full-term infants, and are more likely to suffer economic consequences associated with a late return to work or leaving work to care for their child. The rise in PTB is driven by a complex range of interdependent social and biological factors, including maternal age, ethno-racial background, maternal smoking, socio-economic status, weight, and exposure to domestic violence, as well as medical intervention. This project aimed to scope out a strategy for reducing PTB in Ontario, using the Triple Aim Method of improving population health, by improving health outcomes, enhancing experiences of health care, and reducing health care costs. The objectives were to: 1) include proposals for evidence-based policy and program interventions; 2) outline a staged approach; 3) address (modifiable) pre-conception and pre-natal risk factors; 4) address feasibility of implementation within Ontario’s varied primary health care delivery; 5) include universal interventions as well as those targeted to at-risk women; and, 6) include recommendations for measuring success.

**Approach.** Building on the recommendations for PTB prevention in the final report of the Provincial Council on Maternal and Child Health’s (PCMCH) Late Preterm Birth Work Group, Echo undertook a preliminary literature review to identify risk factors associated with PTB and evidence-based policy and program interventions to prevent PTB. Knowledge translation staff at Echo prepared a slide presentation outlining risk factors and best practices for program interventions and worked with partner organizations to further develop the approach.

**Results and Products.** Echo hosted meetings with partners in 2011-12 to discuss the potential for applying the Triple Aim Method to the high PTB rate in Ontario. Echo conducted scoping work and presented proposed best-practice interventions for reducing PTB among marginalized women to partners. A draft workplan for the strategy’s development was provided to partner organizations for development and implementation.

**Implications.** Creation of a strategy document is needed — complete with literature review, analysis, and costing of best practices, as well as recommendations to guide research, policy development, and program implementation. Key indicators, benchmarking, and monitoring at the site-specific (e.g., hospital, community health centre), regional, and provincial levels must be developed. A multi-phased evaluation study must be included in the implementation plan.

**Partners/Investigators/Echo Staff.** Ontario Ministry of Health and Long-Term Care, Maternal, Child, and Youth Health Strategy; Provincial Council on Maternal and Child Health (PCMCH); BORN Ontario (Better Outcomes Registry and Network); Echo: Improving Women’s Health in Ontario (Vanessa Parlette, Liz Sutherland, Pat Campbell, Shelley Cleverly)
MENTAL HEALTH AND ADDICTIONS INITIATIVES

Caregiver Education and Support Programs

Motivation and Objectives. Unpaid caregivers contribute approximately $25 billion to the Canadian health economy per year. According to the General Social Survey, 13 million Ontarians provided almost 16 million hours of informal care, each week, to a friend or family member. Although just over half (56 per cent) were female, they provided almost 70 per cent of the hours of care. In worst cases, caregiver depression and burnout may result in institutionalization of the care receiver and even the caregiver. The Health Care in Canada survey found that the first choice for a health system improvement initiative — chosen by 78 per cent of respondents — was “developing more home and community care programs.” The purpose of this project was to identify best practices for caregiver education and then support the uptake of best practices in the establishment of community-based programs. The objectives were: 1) establish a research partnership to identify best practices in caregiver education and support programs; 2) conduct scoping to identify communities of need and potential partners for Echo Conversations across the province; 3) use the best practices research to inform a series of Echo Conversations in high-need communities in order to design locally appropriate programming; 4) establish an evaluation mechanism for the program; and, 5) identify other communities of need of support for adapting and adopting the best practices.

Approach. Echo commissioned Saint Elizabeth to conduct best practices research for caregiver education and support programs. The team, which included caregivers as researchers and as research participants, identified 20 promising practices and five indicators. Scoping activities included assessing data from CIHI, Change Foundation, ICES, OHA, and others to identify regions across the province where there were high self-reports of hours of care provided, high numbers of community-dwelling seniors with dementia, and high levels of alternate level of care (ALC) usage. These data were used as proxy indicators to identify areas in highest need of caregiver support programs. In partnership with the Alzheimer Society of Ontario and local Alzheimer Societies, Echo Conversations were planned to support community women to use their new knowledge of the best practices, and their knowledge of their community and of being a caregiver to design a locally appropriate caregiver support programs. The event design supported reflection on best practices followed by a consensus-building workshop that enabled participants to determine the content of a new local program. The workshop method was developed by ICA Canada.

Results and products. A partnership was established with the Alzheimer’s Society in Peterborough in order to co-host the Echo Conversation during which community women designed an evidence-informed and caregiver-created program. The Alzheimer Society has committed to offering the new program. Echo Advances were produced for the event.

Implications. St. Elizabeth has agreed to evaluate the Peterborough program and they will continue to assist communities to adopt the new promising practices including in several First Nations communities across Canada. Targeted efforts to support the uptake of promising practices in Ontario is recommended — ideally using an approach similar to what is described above.

Partners/Investigators/Echo Staff. Saint Elizabeth; Alzheimer Society of Peterborough, Kawartha Lakes, Northumberland and Haldimand; Alzheimer Society of Hamilton and Halton; Echo: Improving Women’s Health in Ontario (Mavis Jones, Leigh Hayden, Shelley Cleverly, Pat Campbell)
Postpartum Depression Standards

Motivation and Objectives. Postpartum depression (PPD) is the most common complication of childbearing. It has been estimated to affect at least 13 per cent of women during the first year after birth and yet remains largely undiagnosed and under-treated\textsuperscript{107}. Maternal depression has been shown to have a profound, long lasting impact on a child’s development and mental health\textsuperscript{108}. Many treatments are available for varying severities: medication, counseling, support groups, and cognitive behavioural therapy. Yet, it is estimated about half of women affected by PPD do not seek help, and may be reluctant to ask as new mothers are expected to be “joyful”\textsuperscript{109}. Despite the severity of consequences and the effectiveness of interventions, Ontario currently lacks a co-ordinated system of care that fully meets the needs of these women and their families in dealing with PPD. The purpose of this project was to develop practice guidelines for postpartum depression with the goal of implementing these province-wide. The objectives were to: 1) establish an expert roundtable to make recommendations on how to move towards standards of practice for postpartum depression in the province; 2) use existing robust guidelines and related practices, from within Canada or abroad, identified by the roundtable as the foundation for developing Ontario guidelines; 3) articulate guidelines and subject them to review across the regions; 4) subject the refined guidelines to a pilot phase (proof-of-principle) in select sites in the province, in order to identify gaps in both guidelines and practices; and, 5) after evaluation and refinement, an authoritative institutional base should support accountability and roll-out.

Approach. In partnership with Centre for Addiction and Mental Health (CAMH), Echo led an expert roundtable, which in 2011 produced recommendations to move towards standards of care for postpartum depression. On this basis, a separate project was initiated by Echo to develop province-wide standards.

Results and Products. On the basis of the roundtable report\textsuperscript{110}, Echo sought the endorsement of the Provincial Council for Maternal and Child Health’s Maternal-Newborn Advisory Committee (M-NAC) to lead the development of clinical practice guidelines. M-NAC granted its support in September 2011. In December 2011, an inter-professional Core Committee was established to develop these guidelines. In 2011-2012, a province-wide Consulting Panel was established, consisting of over 40 practitioners who work with women suffering from or at risk for perinatal mood disorders. This panel was invited to review guidelines once developed. In summer 2012, following the announcement of Echo’s wind-down, the Core Committee took a decision to focus on delivering a comprehensive description of the organization of perinatal mental health services in Ontario, as well as making recommendations for the development of guidelines. The document, The Organization of Perinatal Mental Health Services in Ontario, was produced and reviewed by Consulting Panel volunteers in the fall of 2012.

Implications. Building on the momentum established by the project, the guidelines development process should continue. Subsequent piloting is recommended in three distinct sites selected for their diversity — in terms of geography, rural/urban location, cultural makeup, income levels, etc. — and up to three family practices in the Toronto area serving high-risk populations in 2013/2014. After pilot-informed refinement, guidelines should be rolled out provincially and ongoing evaluation is recommended.

Partners/Investigators/Echo Staff. Provincial Council for Maternal and Child Health; Valerie Taylor; Centre for Addiction and Mental Health (CAMH); Echo: Improving Women’s Health in Ontario (Mavis Jones, Leigh Hayden, Shelley Cleverly, Pat Campbell)
Depression Treatment for Sexual and Gender Minority Women

**Motivation and Objectives.** Depression is the leading cause of disease-related disability among women, according to the World Health Organization\(^1\). It can have debilitating impacts on individuals and, in turn, lead to severe consequences for their families and society\(^2\). There are effective treatments for depression that can improve quality of life and health outcomes among those with the disease. Many people with depression go untreated\(^3,4,5,6,7\) and some who are treated may receive suboptimal care\(^8,9,10\). Gender, race/ethnicity and socioeconomic position have all been associated both with the risk of developing depression and the type of depression care received\(^11,12,13,14\). Lesbian, gay, bisexual, trans and/or queer (LGBTQ) people experience higher rates of depression than heterosexual, non-trans people, as a result of the impact of discrimination associated with sexual orientation and gender identity. LGBTQ people who suffer from depression may also face additional challenges in overcoming discrimination within the mental health system in order to seek adequate care for depression. A better understanding of the experiences of sexual and gender minority women in seeking care for depression can equip the health system to achieve better outcomes for those who both experience social marginalization and suffer from depression. The project’s purpose was to support: 1) mental health system improvements capable of addressing the specific needs of LGBTQ communities; 2) evidence-based capacity for cultural competence among mental health practitioners for addressing the needs of their LGBTQ clients; and, 3) evidence-based capacity for cultural competence among mental health practitioners for addressing the needs of their LGBTQ clients who also experience marginalization associated with their race and/or social class. The project objectives were to: 1) to examine the experiences of Ontario mental health services across people with diverse gender identities and sexual orientations; and, 2) to use study findings to improve Ontario’s depression services.

**Approach.** This project used an online quantitative questionnaire about the experiences of depression and access to mental health services, with the goal of reaching 900 Ontarians. Data would be analyzed at intersections of gender identity, sexual orientation, race/ethnicity and socioeconomic status. Interviews would probe for specific recommendations for improving the Ontario mental health system. Recommendations emerging from the data would form the content for a knowledge translation strategy to inform mental health and addiction system reforms.

**Results and Products.** Recruitment to the online questionnaire began in the spring of 2012 and was completed in July of that year. Qualitative interviews with 40 questionnaire respondents, representing the diversity of the sample, were underway at this writing\(^12\).

**Implications.** The knowledge translation strategy recommended for this research includes: community forums across Ontario with participants and other community members, to share and validate research findings; brochures providing strategies for LGBTQ women attempting to access depression services in Ontario; a poster for distribution to services and programs targeting LGBTQ people that addresses mental health stigma and discrimination among LGBTQ communities; a fact sheet for service providers; and, a CME-accredited workshop.

**Investigators/Echo Staff.** Canadian Institutes of Health Research (CIHR); Centre for Addiction and Mental Health (CAMH) (Lori Ross); Echo: Improving Women’s Health in Ontario (Pat Campbell)
**Drug-Facilitated Sexual Assault**

**Motivation and Objectives.** In Ontario, front-line sexual assault providers have observed a rise in cases of suspected drug-facilitated sexual assault (DFSA). Persons who suspect having been drugged and sexually assaulted are not only faced with recovering from sexual assault, they may also experience anguish, frustration and powerlessness associated with not being able to recall all the details of what happened to them\(^{124}\). The purpose of this project was to improve the health and forensic care provided to DFSA victims/survivors at Ontario’s Sexual Assault/Domestic Violence Treatment Centres (SA/DVTC). The project objectives were to: 1) implement and evaluate a standardized program of care in seven Sexual Assault/Domestic Violence Treatment Centres; 2) collect socio-demographic and assault-related characteristics from every person that presented to the SA/DVTCs between June 2005 and March 2007\(^{125}\); and, 3) collect additional information from a) clients who met suspected DFSA criteria through a DFSA Mini Kit and b) a mail-in questionnaire to elicit their perceptions of the care they received; and, from c) 40 health-care providers in a survey to gather their opinions about and experiences with the DFSA program implementation.

**Approach.** The project used the findings from the project to update the Sexual Assault Nurse Examiner (SANE) training; ensure training was delivered; and, produce public education and outreach materials on DFSA.

**Results and Products.** All 35 SA/DVTC co-ordinators received training in DFSA protocols in 2011. Public education and outreach materials have been developed on DFSA (see also the project - Implementing Standards for Sexual Assault Care).

**Implications.** Standards should be subjected to regular evaluation and updated according to current evidence as appropriate.

**Partners/Investigators/Echo Staff.** Ontario Network of Sexual Assault and Domestic Violence Treatment Centres; Women’s College Research Institute; Echo: Improving Women’s Health in Ontario (Chelsea Kirkby, Pat Campbell)
Motivation and Objectives. Over one-third of Canadian women reported at least one experience of sexual assault since age 16\textsuperscript{126}. Less than half of all sexual assault survivors who seek care from hospital emergency departments receive the basic health services they deserve\textsuperscript{127}. Drug-facilitated sexual assault can be particularly traumatic in terms of feelings of powerlessness, lack of control, and persistent fear of the unknown. The purpose of this project was to support the Provincial Co-ordinator of the Network of Sexual Assault/Domestic Violence Treatment Centres (SA/DVTC) as she updates the standards for the province’s 35 Centres and all hospital emergency departments. The project objectives were to: 1) update and formally articulate SA/DVTC standards; 2) update Ontario Hospital Association (OHA) standards for emergency department treatment of sexual assault and domestic violence; 3) meet with Local Health Integrated Network (LHIN) and hospital leaders across the regions to support implementation of standards; 4) develop public education messaging targeted at specific risk groups: youth, Deaf women, women with disabilities; 5) develop protocol for drug-facilitated sexual assault and integrate into existing nurse training (SANE); and, 6) develop and implement an evaluation mechanism for the standards.

Approach. All 35 SA/DVTC co-ordinators across the province were enlisted as contributors and reviewers of the Standards. The Provincial Co-ordinator and Echo met with each Local Health Integration Network, face-to-face, as often as this was appropriate to resources to explain the purpose and objectives of the project, present the standards, and encourage open discussion on barriers to implementation. A multi-path education strategy was designed to target practitioners as well as high-risk populations (e.g., a youth campaign was established using Facebook). Client satisfaction surveys were completed by Deaf women and women with disabilities, who bear a higher risk of violence and assault than the general population, to refine service delivery for these SA/DVTC clients.

Results and Products. Service standards for SA/DVTCs\textsuperscript{128} were articulated, and OHA standards\textsuperscript{129} for emergency department care of victims of sexual assault and domestic violence were updated. Drug-facilitated sexual assault protocols were incorporated into SANE (sexual assault nurse training) and SA/DVTC Co-ordinators received updated training (see also Drug-Facilitated Sexual Assault project, above). Youth-targeted public education messaging was developed and disseminated. A report on the needs of Deaf clients and clients with disabilities was developed based on feedback from client satisfaction surveys, and the findings were incorporated into SA/DVTC and OHA Standards.

Implications. An evaluation mechanism is being established at this writing, and should be implemented across all SA/DVTCs in the province. Some regional-level discussions, for example, regarding appropriate staffing models, will be ongoing.

Partners/Investigators/Echo Staff. Ontario Women’s Directorate - Partner and Lead for Sexual Violence Action Plan; Women’s College Hospital; Echo: Improving Women’s Health in Ontario (Mavis Jones, Shelley Cleverly, Pat Campbell)
Identifying Violence Against Women

**Motivation and Objectives.** Each year approximately one in 10 women in North America is physically abused by an intimate partner\(^{130}\). Intimate partner violence (IPV) against women is a serious health care issue that can result in acute and chronic physical and psychological harm for women and their children\(^{131}\). Regardless of the large number of women who experience IPV, current evidence does not support universal IPV screening in health care settings. Although universal screening is common, there is a lack of evidence linking screening to effective interventions\(^{132}\). The purpose of this project was to make recommendations on screening for woman abuse in health care settings, based on the most effective approach to prevent subsequent violence and improve quality of life. The project objectives were: 1) review the evidence on screening to determine which approaches are in use; 2) conduct large randomized trials to determine which approaches are most effective; and, 3) make recommendations based on these findings.

**Approach.** The studies recruited large and diverse samples of women and clinicians from across Ontario, including in Aboriginal settings. In total, over 3,000 women, nearly 10,000 members of the general public, and over 1,000 health care providers participated in the various studies. Research findings were published\(^{133}\).

**Results and Products.** An Echo Advance\(^{134}\) was produced highlighting the recommendation that health care providers should not universally screen women for exposure to intimate partner violence, but should be trained to recognize the signs and symptoms and ask about them in a sensitive way. The Advance also highlighted the recommendation that health care curricula and public awareness initiatives, be designed with appropriate training objectives.

**Implications.** Screening is an important way to identify women who have experienced violence, but should not be universally implemented while health care providers are not equipped to treat or refer appropriately. Case finding, or screening in targeted populations with mental health concerns should be explored as a more appropriate option.

**Partners/Investigators/Echo Staff.** McMaster VAW Research Program; Echo: Improving Women’s Health in Ontario (Leigh Hayden, Pat Campbell)
Motivation and Objectives. Researchers in the area of violence against women have been accumulating evidence on the connections between mental health, addictions, and experience of violence. Although the linkages between these often co-occurring disorders are recognized, there is still a need for comprehensive training programs to equip health care practitioners to recognize the signs and know how to intervene. The purpose of the project was to support health care practitioners who encounter women with co-occurring disorders to a) recognize the signs, and b) understand appropriate interventions (including referral pathways). The project’s objective was to produce a series of video vignettes to supplement the violence against women curriculum training developed by researchers at Women’s College Research Institute (WCRI) (led by Robin Mason), Making Connections: When Domestic Violence, Mental Health and Substance Use Problems Co-occur.

Approach. A series of video vignettes were produced to supplement the training curriculum. These vignettes were delivered in conjunction with the curriculum to be used in training practitioners who work in the fields of violence, mental health and addictions.

Results and Products. The curriculum has been launched and video vignettes produced.

Implications. The addition of the vignettes better supports learning for health care practitioners who engage with the curriculum, to recognize the signs and intervene appropriately.

Partners/Investigators/Echo Staff. Women’s College Research Institute; Robin Mason; Centre for Addiction and Mental Health (CAMH); Echo: Improving Women’s Health in Ontario (Shelley Cleverly, Mavis Jones)
Women and Alcohol

Motivation and Objectives. Alcohol consumption in Canada is rising in both sexes, but the gap in consumption between men and women is decreasing\textsuperscript{136}. For women in Ontario, daily drinking increased from 2.6 per cent in 2001 to 5.3 per cent in 2007, and hazardous or harmful drinking increased from 5 per cent in 1998 to 8 per cent in 2007\textsuperscript{137}. Yet, the effects of alcohol on both sexes is not equal: women metabolize alcohol less efficiently than men\textsuperscript{138}, alcohol can interrupt a woman’s reproductive cycle\textsuperscript{139} and cause fetal abnormalities in pregnancy\textsuperscript{140}, and alcohol consumption can increase a woman’s risk of disease (e.g., breast cancer)\textsuperscript{141}. Women may consume alcohol to cope with the experience of violence or abuse, and excessive alcohol consumption (by women and men) may put women at risk for assault\textsuperscript{142}. Compared to men, high alcohol consumption has a harsher impact on women’s physical, social and emotional well-being, and is linked to mental illness in women\textsuperscript{143}. Considering that in Ontario, alcohol is associated with costs exceeding $5 billion in health care\textsuperscript{144}, enforcement and lost productivity, it is clear there are serious social and economic ramifications to the increase in alcohol consumption for both men and women. The project’s purpose was to support practice leaders from across the province to develop a shared understanding of the current state of knowledge and best practices, particularly regarding treatment services for women with problematic alcohol use in Ontario. The project objectives were to: 1) establish an Expert Panel; and, 2) report on recommendations for the planning and provision of services to support women who have problematic alcohol consumption.

Approach. The expert panel assembled information on service coverage and gaps and Echo produced a detailed report for the Ontario Ministry of Health and Long-Term Care.

Results and Products. Recommendations from the report were targeted at Ontario providers of programs for women on alcohol dependency and focused on service provision (e.g., reduce stigma, improve frontline capacity, and take a harm reduction approach). An Echo Advance for health service planners and providers was disseminated. There were five articles published in the Toronto Star in the fall of 2011 that stemmed from this project.

Implications. Service planners and providers now have gender-disaggregated data to support their efforts to provide appropriate services for women with alcohol addictions.

Partners/Investigators/Echo Staff. Echo: Improving Women’s Health in Ontario (Simone Kaptein, Mavis Jones, Pat Campbell)
Women’s Views about Ontario’s Direction for Mental Health and Addictions

Motivation and Objectives. Mental health and addictions affect women more often and in distinct ways compared to men, and may be exacerbated by intersecting issues, which make them vulnerable to social exclusion and stigma. Some of these circumstances are material, for example living in a rural or remote area\textsuperscript{145} or living on low income\textsuperscript{146}. Other socially excluding circumstances relate to life experience, for example women and girls bear a higher risk of abuse and violence than men and boys, which can lead to problems with mental health and addictions in later life\textsuperscript{147,148,149}. The Ontario Ministry of Health and Long-Term Care (the ministry) released a discussion document called \textit{Every Door is the Right Door} in the summer of 2009. The purpose of the project was to support women around the province to reflect on the province’s direction for mental health and addictions, and share women’s recommendations with the ministry. The project objectives were to: 1) conduct scoping to identify communities of need across the province, and to identify potential partner organizations for Echo Conversations; and, 2) partner with selected social planning councils to run a series of Echo Conversations in order to ask women to reflect on what they liked or disliked about the provincial strategy, and about their priorities for services in their communities.

Approach. Echo Conversations were planned to support community women to create informed recommendations, given their reflections on the discussion document, \textit{Every Door is the Right Door}. Echo Advances reporting on each event were developed as a means to influence policy makers, and program providers across Ontario.

Results and Products. Six Echo Conversations were completed in the fall of 2009: Kitchener-Waterloo, Ottawa, Quinte, Sudbury (two), and Toronto. Two Echo Conversations (Sudbury and Ottawa) were in French. Based on these events, a submission was made to the Select Committee on Mental Health and Addictions with five summary recommendations: 1) develop and evaluate a standardized system of care; 2) integrate mental health, addictions, and trauma services; 3) increase accessibility to mental health and addictions services for women; 4) incorporate peer support programs in mental health and addictions services and programs; and, 5) co-ordinate social services with mental health and addictions services and provide more supports for low income women. Echo Advances were distributed. A poster summarizing this work was presented at Echo’s Women’s Mental Health training event in March of 2012.

Implications. The five recommendations align with building evidence on effective identification and treatment of co-occurring disorders, which should be taken into consideration both for effective health service design and for long-term system costs.

Partners/Investigators/Echo Staff. Social Planning Council of Kitchener-Waterloo; Réseau des services de santé en français de l’Est de l’Ontario; Ontario Women’s Health Network; Community Development Council of Quinte; Social Planning Council of Sudbury; Echo: Improving Women’s Health in Ontario (Leigh Hayden, Chelsea Kirkby, Shelley Cleverly, Pat Campbell)
Women’s Mental Health Education Event for Ontario Practitioners

Motivation and Objectives. Mental health and addictions affect women more often and in distinct ways compared to men, and may be exacerbated by intersecting issues, which make them vulnerable to social exclusion and stigma. Primary care practitioners have identified women’s mental health as a training need, to support them as they address the issues with which their clients present. The purpose of the project was to organize and hold a training event for Ontario practitioners to present current evidence and best practices for women’s mental health issues. The objectives were to: 1) identify key mental health issues for women and secure high-quality presenters; 2) partner with practitioner organizations to support attendance across a range of professions; 3) support the attendance of practitioners from across the province; and, 4) showcase Echo-supported work such as the POWER Study.

Approach. Participants were supported to attend from communities across Ontario. Prominent speakers delivered intensive sessions on the topics of depression, menopause, postpartum depression, brain health in older women, violence against women, and mindfulness techniques for mental health care workers. An educational worksheet was provided in conference packages to support learning. Participants were asked to provide an evaluation of the event. Presentations were recorded and, where permission was granted, were made available on the Echo website to support further learning.

Results and Products. The event was held on March 22, 2012. Response to the initial invitation exceeded registration capacity, so registration was expanded from 80 to 100 and still maintained a waiting list of 20. The event was extremely well evaluated and participants reported sharing learning with their colleagues upon return.

Implications. Response to this event suggests a need in the inter-professional health community for more training on women’s mental health concerns throughout the life course.

Partners/Investigators/Echo Staff. Canadian Mental Health Association (Ontario); Ontario Federation of Community Mental Health and Addiction Programs; Nurse Practitioner Association of Ontario; Echo: Improving Women’s Health in Ontario - (Mavis Jones, Shelley Cleverly, Pat Campbell)
Motivation and Objectives. Gambling - through lotteries, bingos, electronic gaming machines, video lottery terminals, and casinos has become a well-promoted leisure industry in Canada over the last two decades. Unfortunately, the growth of this industry is accompanied by a growing prevalence in problem gambling. Most research on problem gambling deals primarily with men; however, at least one third of gamblers are now female and an increasing number of women are reporting gambling addictions. There is little known about the nature of problem gambling for women, and how to treat this addiction. The purpose of this project was to partner in order to commission research that identifies gender differences in problem gambling behaviours, and to identify ways in which gambling addiction programs can be better designed to meet women's needs. The project objectives were to: 1) partner with the Ontario Problem Gambling Research Centre (OPGRC) to study gender differences in problem gambling; and, 2) report on recommendations for the planning and provision of services to support women who have problematic gambling.

Approach. The study involved several methods including a secondary quantitative analysis (disaggregated by sex) of existing databases on problem gambling. This identified important demographic characteristics of women gamblers (such as age, income, and rural/urban location). Other analyses conducted by the team identified potential preferences for mode of program delivery to support women interested in curbing a gambling habit.

Results and Products. The findings and recommendations, which have implications for the service provision and the design of gambling addiction recovery programs, were presented in the research report. For example, women tend to turn to gambling as a response to life stress or trauma (such as low income or experience of violence), as they may find gambling gives them a temporary sense of empowerment or escape. Problem gambling may also be more stigmatized for women than men, especially women who are parenting, due to socialization and gender roles. Perception of stigma may discourage women from seeking treatment. For this reason, telephone support was highly recommended as it can be conducted anonymously and individually, compared to group or face-to-face options. The researchers found that programs should be designed to target high-risk women, minority women, and women of different age groups to help remove barriers to treatment-seeking. To showcase recommendations of the report targeted at Ontario providers, an Echo Advance was produced.

Implications. The findings from this research show differences between men and women who have problem gambling behaviours, including differences in demographics (age and income) as well as program preferences. This has implications for designing gambling addiction recovery programs to achieve better outcomes for women, for example focusing on different target groups as outlined above, and advertising telephone support to reach a broad range of women who may feel too fearful or embarrassed to seek help.

Partners/Investigators/Echo Staff. Ontario Problem Gambling Research Centre (OPGRC); Echo: Improving Women’s Health in Ontario (Leigh Hayden, Mavis Jones, Shelley Cleverly, Pat Campbell)
**Motivation and Objectives.** Mental illness and addictions impose particularly high burdens on homeless women\(^{156}\), while homelessness itself poses overwhelming challenges for women to maintain their health and well-being\(^{157}\). People with serious mental illness often identify housing and income as the two most important factors in achieving and maintaining their health\(^{158}\). The YWCA of Greater Toronto built the Elm Centre to address the housing and support needs of at-risk women and their families. In operation since December 2011, the Centre offers 300 affordable units (including 100 units of supportive housing funded by Toronto Central LHIN) for women with mental health/addiction issues and their households. The YWCA of Greater Toronto partnered with Echo and the Galvanizing Equity Group to develop a strategic evaluation plan for the assessment of the Elm Centre’s service delivery model and its effect on the lives of its residents. The overall aim was to identify factors for success and to support the sustainability of the model. Phase I objectives included: 1) developing a collaborative process to confirm the Elm Centre program model; 2) developing indicators of success; 3) building consensus on feasible data collection; and, 4) producing an overall strategic evaluation plan with confirmed support from all stakeholders.

**Approach.** The strategic evaluation initiative involved the development and implementation of a collaborative process (involving staff, board members, residents, and partners of the Elm Centre) to articulate and confirm the program model used to support the women living at the Elm Centre. A service delivery diagram was developed through consultations. Program indicators were developed (in particular for the 100 LHIN-funded spaces) and a plan for feasible ongoing data collection was developed. Meetings were held with board members, senior staff, and Elm Centre tenants to review the indicators and the approach to evaluation.

**Results and Products.** A Phase I report\(^{159}\) was written in 2012 to document this planning phase. The report included a framework of the Elm Centre service delivery model, goals and objectives, an overview of the indicator development process, and success factors to date. YWCA Toronto was to lead the ongoing data collection process and establish new partnerships for subsequent phases of the evaluation. The implementation phase of the evaluation was to proceed from April 2012 through 2015 (pending funding), with sustainability initiatives (development of policy briefs, media materials, etc.) to be produced throughout this phase.

**Implications.** Implications of this work include: working with YWCA Toronto to implement a process evaluation after one year of the Elm Centre’s operation and an outcome evaluation in subsequent years; and, engaging in knowledge translation activities to disseminate the findings of each stage of the evaluation to stakeholders in women’s mental health and housing in Ontario.

**Partners/Investigators/Echo Staff.** YWCA Toronto - Project Lead; Galvanizing Equity Group (Lorraine Greaves and Nancy Pool); Echo: Improving Women’s Health in Ontario; (Pat Campbell)
Cancer Screening Program

**Motivation and Objectives.** The POWER Study showed that the rates of screening for breast, colorectal and cervical cancer in Ontario remain below provincial targets\(^\text{160}\). The study found that people from lower-income neighborhoods had the lowest screening rates\(^\text{161}\), indicating the need for targeted approaches. In December 2009, Echo and South Riverdale Community Health Centre co-hosted an Echo Conversation involving 80 stakeholders from across Ontario. The Conversation focused on what Ontario needs in order to have equitable access to cancer screening. Building on this, the project’s purpose was to increase cancer screening among under-screened/marginalized women in Ontario. The objectives were to: 1) identify which populations are most at risk; 2) identify research and/or programs that point to promising practices; 3) partner with organizations suitable as demonstration sites; 4) fund demonstration site evaluations; 5) support additional Echo Conversations in new sites in order to support strong practice models to be adopted and adapted for use in more communities; and, 6) share the results of the work with policy makers and program providers to support wider uptake of best practice models across Ontario.

**Approach.** Three demonstration sites were established in relation to access to cancer screening for women with mobility disabilities, South Asian women, and women needing colposcopy. In two cases, existing program models that were supported by evidence became demonstration sites. A third site created a program model based on research about barriers\(^\text{162}\) to cancer screening for South Asian women in Brampton, Ontario. Evaluation of the program models was undertaken. Echo Conversations designed to support the uptake and adaptation of strong practice models were hosted in five additional sites. Activities to engage and influence policy makers were carried out.

**Results and Products.** Three demonstration sites (Anne Johnston Health Station, Brampton Multicultural Community Centre, and the Bay Centre for Birth Control) were established along with five additional sites that have adopted a strong practice model to offer cancer screening for women with physical disabilities, recent immigrant women, or marginalized women who need a colposcopy. Three program models in the demonstration sites were evaluated and found to be strong practice models. A strong practices information-sharing conference was offered to over 70 participants to support uptake of promising cancer screening practices by service providers and policy makers across Ontario. Echo Advances were released.

**Implications.** Implications include: conducting more events to support the adoption and adaptation of strong practice models in additional sites across Ontario; and, continuing to work with Cancer Care Ontario, Public Health Ontario, the Canadian Cancer Society and the Ontario Ministry of Health and Long-Term Care in order to develop sound policies that will increase services to women.

**Partners/Investigators/Echo Staff.** Centre for Community Based Research; Brampton Multicultural Community Centre (BMCC); Women’s College Hospital Bay Centre for Birth Control; Anne Johnston Health Station; Tazim Virani and Associates; Canadian Mental Health Association (CMHA) Durham Nurse Practitioner-Led Clinic; New Canadians’ Centre of Excellence Inc.; NorWest Community Health Centre; Thunder Bay District Health Unit; Regional Cancer Care Northwest; Thunder Bay Regional Health Sciences Centre; Social Services Network (Markham); Echo: Improving Women’s Health in Ontario (Nadia Minian, Shelley Cleverly, Melanie Mayoh, Pat Campbell)
Motivation and Objectives. According to findings from the POWER Study, women in Ontario are more likely to be readmitted to the hospital after an admission for heart failure (HF) and women with cardiovascular disease (CVD) consistently reported worse functional status and higher rates of disability than men did\textsuperscript{163}. Cardiac and stroke rehabilitation have been described as a comprehensive, long-term program with the primary goals of preventing complications and future events, minimizing impairments, and maximizing function. Without rehabilitation services, one may expect 18 per cent of men and 23 per cent of women to die within one year following their myocardial infarction; 21 per cent and 23 per cent of men and women, respectively, are projected to die within a year of their stroke. Women tend to underutilize rehabilitation services and are less likely to get a referral\textsuperscript{164}. Rehabilitation services as a whole have repeatedly demonstrated benefit, both clinically and economically\textsuperscript{165}. The purpose of the project was to increase the uptake of rehabilitation by Ontario women. The project objectives were to: 1) partner with organizations having a mandate to improve cardiac rehabilitation in the province (the Ontario Stroke Network, the Cardiac Care Network, and Heart and Stroke Ontario); 2) identify best/promising practices to increase cardiac/stroke rehabilitation for women by supporting research; 3) develop demonstration projects in selected Ontario hospitals that did not utilize systematic cardiac rehab (CR) referral strategies and/or patient liaison; and, 4) evaluate the demonstration sites supported by the Cardiac Care Network.

Approach. Two demonstration sites were established to assess the introduction of automatic referral systems along with liaison as a means to increase the number of women who are referred to and attend cardiac rehabilitation in Ontario. The approach included evaluation of the demonstration sites and plans to share the results to support program enhancement in other hospitals across Ontario.

Results and Products. A research report was prepared which documented promising practices for increasing the number of women who are referred and attend cardiac rehabilitation. The first recommendation in the research was to incorporate automatic referrals and liaison support. Two demonstration sites were established to test this recommendation from the research\textsuperscript{166}.

Implications. Implications include: supporting new sites to adopt and adapt the strong practice models; continuing to support wider uptake of the new practice models; acting on additional recommendations specified in the report\textsuperscript{167}; continuing to work with the partners and the Ontario Hospital Association in order to develop sound policies that will increase services to women. Support for an evaluation of the demonstration sites.

Partners/Investigators/Echo Staff. The Ontario Stroke Network; the Cardiac Care Network; Heart and Stroke Ontario; Toronto Rehab; Grey Bruce Health Services; South Lake Regional Health Centres; Echo: Improving Women’s Health in Ontario (Nadia Minian, Shelley Cleverly, Pat Campbell)
Externally Funded Projects

Echo participated in several externally funded projects. In some cases, the projects were research initiatives with an embedded knowledge translation component. In other cases, the knowledge translation initiatives were supporting local programming and education events. These projects were:

- Pan Canadian Health Living Strategy Review\textsuperscript{168,169}
- Contraception Access Research Team\textsuperscript{170,171}
- Proximity to Emergency Obstetrical Services (“Distance to Hospital”)\textsuperscript{172}
- Equity-oriented Primary Health Care Interventions for Marginalized Populations: Addressing Structural Inequities and Structural Violence
- Five views on a journey: Developing a systems model of treatment and care for mental health, substance use, and violence problem
- Risk of Readmission to Acute Psychiatric Units in Ontario: a Gender-Based Analysis W0men’s Vascular hEalth through the lifespan Network’s (WOVEN)
- Canadian Orthopedic Association - Violence Against Women Project
- Minding Our Bodies: Healthy Eating and Physical Activity for Mental Health
- Re-imagining Long-term Residential Care
REFERENCES


Northern Health Framework


Women’s Health Research and Knowledge Translation


Gender-Based Analysis of Primary Care


Women’s Involvement in Health Research


Contraception Access Research Team


Access to Abortion Services


Postpartum Health and Service Use (and Maternal Health)


44. Canadian Health Services Research Foundation. Mythbusters: Myth – C-sections are on the rise because more mothers are asking for them. 2011.


Incontinence


Menopause Education


53. Ibid.


Fetal Fibronectin


Benign Uterine Conditions


Caregiver Support


93. Ibid.


97. Canadian Institute for Health Information. Alternate Level of Care in Canada. 2009.


Postpartum Depression Standards


Women and Depression


123. Please refer to www.lgbtqhealth.ca for future reports.

Drug-Facilitated Sexual Assault

Sexual Violence Action Plan - Implementing Standards for Sexual Assault Care
128. Standards of Care - Ontario Network of Sexual Assault and Domestic Violence Treatment Centres (2012)
129. Ontario Hospital Association Sexual Assault Standards for Emergency Departments (2012)

Violence against Women (McMaster University)

Violence against Women (Women’s College Research Institute)

Women and Alcohol


Women’s Views about Ontario’s Direction for Mental Health and Addictions


Problem Gambling


153. Ibid.


YMCA Elm Centre Evaluation


Health Equity and Gender-based Analysis for Health Care Providers

161. Ibid.

Cardiac and Stroke Rehabilitation


Northern Health Framework

165. Ibid.

YWCA Elm Centre Evaluation


Is Close Proximity to Emergency Obstetrical Services a Prerequisite for Safety?

APPENDICES
Appendix I: Echo’s Board of Directors
Appendix II: Reports prepared for Echo
Appendix III: Echo Advances
Appendix I: Echo’s Board of Directors (2007-2013)

<table>
<thead>
<tr>
<th>Board Member</th>
<th>Year Appointed</th>
<th>Year of Retirement</th>
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<tbody>
<tr>
<td>Sonia Anand</td>
<td>2007</td>
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<td>Caroline Andrew</td>
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<tr>
<td>Maria Britto</td>
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<tr>
<td>Elizabeth Burnham</td>
<td>2007</td>
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<td>Meredith Cartwright</td>
<td>2007</td>
<td>2011</td>
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<tr>
<td>Aisha Chaudry</td>
<td>2007</td>
<td>2013</td>
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<tr>
<td>Shaheen Darani</td>
<td>2007</td>
<td>2012</td>
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<tr>
<td>Janet Davidson</td>
<td>2010</td>
<td>2011</td>
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<tr>
<td>Catherine Daw</td>
<td>2011</td>
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<tr>
<td>Kathleen Freeman</td>
<td>2012</td>
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<tr>
<td>Carole Herbert</td>
<td>2007</td>
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<td>Audrey M. Johnson</td>
<td>2010</td>
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<td>Michel Jones</td>
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<td>Neena Kanwar</td>
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<td>Jack Kitts</td>
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<td>Lori Marshall</td>
<td>2008</td>
<td>2013</td>
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<td>Karen Meades</td>
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<tr>
<td>Valerie Monague</td>
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<tr>
<td>Marianne Park</td>
<td>2007</td>
<td>2013</td>
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<tr>
<td>Samina Talat</td>
<td>2010</td>
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<td>Wendy Talbot</td>
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<tr>
<td>Rita Tsang</td>
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<tr>
<td>Wynn Turner</td>
<td>2012</td>
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<tr>
<td>Ferne Woolcott</td>
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Appendix II: Reports Prepared for Echo

Click on the hyperlink to access an online version of the report. If there is no link or the page no longer exists, contact the Research Unit at the Ministry of Health and Long-Term Care for a PDF version of the report.

<table>
<thead>
<tr>
<th>CHRONIC DISEASE</th>
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<tbody>
<tr>
<td>Establishing a Current State/Knowledge Review on Cardiac and Stroke Rehabilitation for Women in Ontario</td>
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<tr>
<td>Evaluation of Cancer Screening Demonstration Projects: The Anne Johnston Health Station, Bay Centre for Birth Control, Brampton Multicultural Centre</td>
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<tr>
<td>Evaluation of Knowledge Translation/Spread of Innovative Cancer Screening Models: Women’s Health Initiative</td>
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<tr>
<th>MENTAL HEALTH &amp; ADDICTIONS</th>
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<tbody>
<tr>
<td>Care for Postpartum Depression - Moving Towards Practice Standards for Ontario</td>
</tr>
<tr>
<td>Preliminary Cost Analysis of Postpartum Health Service Use by Method of Delivery (TOMIS III)</td>
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<tr>
<td>Promising Practices and Indicators for Caregiver Education and Support Programs</td>
</tr>
<tr>
<td>Women and Alcohol Expert Panel Report: Alcohol Treatment Services for Ontario Women</td>
</tr>
<tr>
<td>Examination of the Associations between Problem Gambling and various Demographic Variables among Women in Ontario</td>
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<tr>
<td>Satisfaction with Sexual Assault and Domestic Violence Treatment Centre Services in Ontario by Disability Status</td>
</tr>
<tr>
<td>Women’s Views about the Ontario Ministry of Health and Long-Term Care’s 10-year Mental Health and Addictions Strategy - Kitchener, Ottawa, Quinte, Sudbury (English and French), Toronto</td>
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<tr>
<th>SEXUAL &amp; REPRODUCTIVE HEALTH</th>
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<tr>
<td>Recommendations to Improve Abortion Services in Ontario: Report from the Expert Panel</td>
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<tr>
<td>Induced Abortion in Ontario: Case Scenarios</td>
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<td>Supports and Programs for Women and Families who Experience Early Pregnancy Loss</td>
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<tr>
<td>Evaluation of Fetal Fibronectin Implementation in Ontario</td>
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<tr>
<td>Incontinence in mid-life women: Developing Evidence-based Tools to Aid in Communication and Decision-making</td>
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<tr>
<td>Peri to Post Menopause Literature Review</td>
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<tr>
<td>Aboriginal Translation Material Development and Pilot Project</td>
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<td>INTERSECTING ISSUES</td>
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<tr>
<td>Sharing the Legacy - Supporting Future Action</td>
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<tr>
<td>Towards Equity in Access to Community-based Primary Health Care: A Population Needs-based Approach</td>
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<tr>
<td>Equity Think Tank Report</td>
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<td>Refining a Gender-Based Analysis for Ontario’s Primary Care Reform Strategy</td>
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<tr>
<td>Health Research and Knowledge Translation: Including the Voices of Ontario Women</td>
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<tr>
<td>Make it Real - Making Gender-Based and Equity Assisting Framework Accessible</td>
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<tr>
<td>Ontario Women’s Health Framework including the Current Situation Background Report</td>
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<td>POWER Study - Preliminary Vol 1</td>
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<td>POWER Study - Introduction</td>
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<td>POWER Study - Reproductive and Gynaecological Health</td>
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<td>POWER Study - Achieving Health Equity in Ontario</td>
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<tr>
<td>Ontario’s Rural and Northern Health Care Framework - Reflecting Women’s Needs</td>
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<tr>
<td>Towards Greater Involvement of Women in Ontario Health System</td>
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Appendix III: Echo Advances

Click on the hyperlink to access an online version of select Echo Advances from the Ontario Legislative Library. If there is no link or the page no longer exists, contact the Research Unit at the Ministry of Health and Long-Term Care for a PDF version of the Echo Advance.

<table>
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<td>Improving Access to Colposcopy Services in Northwestern Ontario</td>
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<tr>
<td>Spreading a Cancer-Screening Program Model for Women with Disabilities and Recent Immigrant Women</td>
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<tr>
<td>Increasing Access to Cancer Screening for Women with Physical Disabilities, Recent Immigrant Women and Lesbian, Gay, Bisexual, Queer and Other Women who have Sex with Women in Ontario</td>
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<tr>
<td>Increasing Access to Cancer Screening for Women with Physical Disabilities Using a Strong Practice Approach</td>
</tr>
<tr>
<td>Increasing Access to Colposcopy Services Using a Strong Practice Model</td>
</tr>
<tr>
<td>Increasing Cancer Screening Rates for New Immigrant Women Using a Strong Practice Approach</td>
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<tr>
<td>The Benefits of Cardiac and Stroke Rehabilitation - Recommendations for Policy makers, Health Care Providers and Ontario Women</td>
</tr>
<tr>
<td>Equity and Cancer Screening - Recommendations for Screening Providers and Policy makers</td>
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<tr>
<td>Province-wide Adoption of systematic referral system for Cardiac Rehabilitation Programs</td>
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<tr>
<td>Markham Social Services Network Adapts and Adopts a Strong Practice Model from Brampton Multicultural Centre</td>
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<tr>
<td>The Anne Johnston Health Station ‘Bridges’ with Windsor- Essex Community Health Centre</td>
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<td>The Long-term Effects of Domestic Violence - Recommendations for Policy makers and Service Providers and Planners</td>
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<tr>
<td>Supporting the Caregivers who Support the System - Recommendations for Program Planners and Providers</td>
</tr>
<tr>
<td>Designing an Education and Support Program for Caregivers in the Peterborough Area - Recommendations for Policy makers, Service Planners and Providers</td>
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<tr>
<td>Women and Problem Gambling - Recommendations for Service Planners and Providers</td>
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<tr>
<td>Women and Alcohol - Recommendations for Health Service Planners and Providers</td>
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<td>Identifying Violence Against Women in Health Care Settings - Recommendations for Health Care Providers, Educators and Researchers</td>
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<td>Drug-Facilitated Sexual Assault - Recommendations for SA/DVTC, LHINs and the Ministry of Health and Long-Term Care</td>
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### SEXUAL & REPRODUCTIVE HEALTH

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<tr>
<td>Tools to Support Decision-making by Aboriginal Women about their Benign Uterine Conditions</td>
<td>MOHLTC, Education &amp; Regulatory Bodies, Health Care Providers, and Women</td>
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<tr>
<td>Improving Access to Abortion Services - Recommendations for MOHLTC, Education &amp; Regulatory Bodies, Health Care Providers, and Women</td>
<td>Supporting Future Action</td>
</tr>
<tr>
<td>Helping mid-life women make decision about managing urinary incontinence - Recommendations for Practitioners and Women</td>
<td>Education &amp; Regulatory Bodies, Health Care Providers, and Women</td>
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<td>Designing a Smoking Cessation Program for Pregnant and Postpartum Women - Thunder Bay</td>
<td>MOHLTC, Education &amp; Regulatory Bodies, Health Care Providers, and Women</td>
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<tr>
<td>Community-based and Health System Menopause Supports - Recommendations for Providers from Menopausal women in: Port Colborne, Timmins, Welland, and Windsor</td>
<td>Supporting Future Action</td>
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<tr>
<td>Designing a Smoking Cessation Program for Pregnant and Postpartum Women Supported by Hastings &amp; Prince Edward Counties Health Unit - Recommendations for Service Providers</td>
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<td>Hearing HIV Positive Women's Voices from Southwestern Ontario</td>
<td>MOHLTC, Education &amp; Regulatory Bodies, Health Care Providers, and Women</td>
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<td>Avoiding Transfers and Hospitalizations for Women with Suspected Preterm Labour - Recommendations for Policy makers and Health Care Providers</td>
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### INTERSECTING ISSUES

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<td>Primary Care Reform in Ontario: Recommendations for Policy makers and Planner</td>
<td>MOHLTC, Education &amp; Regulatory Bodies, Health Care Providers, and Women</td>
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<tr>
<td>Including Women’s Voices in Health Research and Knowledge Translation - Recommendations for Health Care Providers and Educators and Researchers</td>
<td>MOHLTC, Education &amp; Regulatory Bodies, Health Care Providers, and Women</td>
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<tr>
<td>Making Gender-Based and Equity-Assisting Frameworks Accessible - Recommendations for Health &amp; Social Service Planners and Providers</td>
<td>MOHLTC, Education &amp; Regulatory Bodies, Health Care Providers, and Women</td>
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<tr>
<td>Towards Greater Involvement of Women in Ontario Health System - Recommendation for Women, Policy makers and Providers</td>
<td>MOHLTC, Education &amp; Regulatory Bodies, Health Care Providers, and Women</td>
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