

WHAT IS THE

HEALTH GAP

AND WHY SHOULD I CARE?



WOMEN'S COLLEGE HOSPITAL
Health care for women
REVOLUTIONIZED

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MESSAGE FROM MARILYN EMERY & PAULETTE SENIOR

Almost a decade ago government, healthcare, and industry leaders came together with the aspiration of creating a unique hospital that develops solutions for the most pressing issues facing our health system and advances the health of women. That place is Women's College Hospital. This summer, we welcomed Prime Minister Justin Trudeau, Premier Kathleen Wynne, Mayor John Tory along with healthcare and community leaders, to the ribbon cutting for the new Women's College Hospital building – a truly momentous occasion.

In the ten years that have passed, many things have evolved; but, what has remained unchanged is our unwavering dedication to the diverse communities we serve. As a world leader in the health of women, WCH serves a unique mandate. We seek to understand what women need to prevent and manage diseases and conditions so they can live healthy, independent lives. We're also advocates. Our chosen mission is to be a champion of equitable access with a commitment to advocating for, and advancing, the health of women and girls from all backgrounds.

We've come along way but our work is far from complete. We know that still today healthcare doesn't work the same for everyone. From research, to treatment options to healthcare services, many women are overlooked and underserved, because healthcare has traditionally not considered the impact of sex and gender differences. Research shows that women's needs, including physiological differences, cultural challenges and life circumstances, are often not taken into consideration. This is the Health Gap. And for women in marginalized and disadvantaged communities, this gap is even wider.

At Women's College we have always been comfortable talking about the uncomfortable and addressing issues that others shy away from. We are proud to be the agitators who raise important topics so that we can start honest dialogues and work toward solutions. These are important discussions. Women not only need access to essential healthcare services, they need to receive them in a way that is safe, non-judgmental and that addresses their specific needs and challenges.

In the pages that follow, you'll learn more about the obstacles women face and how our clinicians, scientists and staff are taking new and unique approaches to close the gaps in the health of women. We hope you will join us in our work to close these gaps. Together, we can make a lasting difference in healthcare for all.



Marilyn Emery
President and CEO
Women's College Hospital



Paulette Senior
Chair, Board of Directors
Women's College Hospital

WHAT IS THE HEALTH GAP?

You've heard how the Wage Gap affects what women earn.

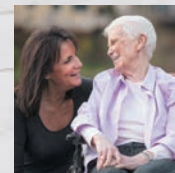
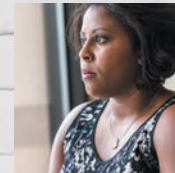
THE HEALTH GAP AFFECTS HOW WOMEN LIVE.

From research and clinical programs to treatment options and access to services, many women are overlooked and underserved because healthcare has traditionally not considered the impact of sex and gender differences.

Research shows that women's needs, including physiological differences, cultural challenges and life circumstances, are often not taken into consideration.

THIS IS THE HEALTH GAP.

And for women in marginalized and disadvantaged communities, this gap is even wider.



THE WAGE GAP
AFFECTS HOW MUCH
WOMEN EARN

THE HEALTH GAP
AFFECTS HOW LONG
WOMEN LIVE

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WHAT ARE THE GAPS?

HEALTHCARE RESEARCH

Women are often overlooked when it comes to health research studies, yet have different risk factors for certain diseases, and may also respond differently to various treatments and medications.

Did you know:

- Until the 1990s, women were not included in most healthcare and medical research studies.
- Many prescription drug therapies and treatment protocols still used today have been disproportionally studied on men.
- Sex and gender are not always considered and captured in health research.

CHRONIC DISEASES & CONDITIONS

Women are more likely than men to suffer from multiple, co-occurring, chronic conditions such as chronic pain, heart disease and diabetes.

Did you know:

- The number of women aged 80 and older reporting two or more chronic conditions is twice as high as the number of older men.
- Women are more likely to report severe and long-lasting pain, but are typically treated less aggressively than men.
- Doctors approach women's pain as psychological or psychosocial and are more likely to refer women to a therapist rather than a pain clinic.

- Mortality rates for heart disease are improving for every demographic group except for young women.
- Each year, heart disease kills more women than men, but only 35% of patients in heart disease research studies are women.
- Research has shown that following a heart attack, women are 36% less likely to enroll and participate in cardiac rehabilitation because it is not offered as an option to many women for a variety of reasons, including societal presumptions or cultural biases.
- Many cardiovascular drugs have been on the market for a long time, but have only ever been tested on men.
- In Ontario, rates of gestational diabetes have doubled since 1996.
- Most women with gestational diabetes are not offered follow up after pregnancy despite being at significantly higher risk of developing Type 2 diabetes.
- Girls with Type 1 diabetes frequently omit insulin injections as a way to lose weight, which can put them at high risk.

WOMEN'S MENTAL HEALTH

Women suffer from mental health conditions such as depression, anxiety and trauma significantly more than men, yet face more barriers to accessing healthcare services.

Did you know:

- Women experience depression twice as often as men yet are three times more likely than men to experience barriers to accessing mental healthcare.
- The prevalence of mental health issues during the reproductive life stages (such as menstrual cycle, pregnancy, postpartum and menopause) adds to the complexity of care and treatment for women. Yet most mental health research and therapy is based on the male experience.
- Even though women are more likely to suffer from certain mental health conditions than men, most mental health research and therapy is based on the male experience.
- Half of all women in Canada have experienced at least one incident of physical or sexual violence since the age of 16, yet not all healthcare providers have the knowledge or skills to deliver sensitive care to these women.

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health, including factors like income, employment status and housing, all influence a person's risk for disease or injury and women are even more vulnerable to these affects.

Did you know:

- 26% of Toronto residents are living in poverty, and that more women than men are living below the poverty line.
- Women who live in marginalized and disadvantaged communities tend to live shorter lives and have more health problems, in part due to challenges accessing proper healthcare.
- One in every five women is living in poverty, but for single women, the poverty rates are higher. More than half of single mothers and half of women over 65 who live alone live below the poverty line.
- Women who live in low-income, marginalized and disadvantaged communities report higher instances of hypertension, arthritis, diabetes, heart disease and substance use issues.
- Women in these communities also face stigmatization and significant barriers accessing health services and attending appointments because of cultural or social circumstances that make it more challenging for them to talk freely about their health

IS THE **WAGE GAP**
DISHEARTENING?
THE **HEALTH GAP**
MAY ACTUALLY
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Bridging the gender health divide

From diagnoses to prescriptions and care, WCH is putting women's needs first, breaking through the glass ceiling that exists in health care

BY CAMILLA CORNELL | SPECIAL TO THE STAR

In questions of health, it matters whether you are a woman or a man, says Dr. Paula Rochon, senior scientist of the only research institute in Canada, wholly dedicated to science that advances the health of women: Women's College Research Institute (WCRI).

Females are not simply small men with unusual plumbing, Rochon points out. Women sometimes react differently to medications or interventions, present differently when being diagnosed and need approaches to treatment that recognize their unique circumstances.

And yet, while women may have broken through the glass ceiling in the workplace, they are regularly under-represented in health-care research, says Rochon, contributing to a health gap between men and women.

Getting the right information

Rochon, for example, has frequently focused her research on how medications are used in real-world settings. She points out that participants in clinical trials to test the safety and efficacy of medications are often younger and healthier than the people who will ultimately use the drugs once they're released to the market.

"One of the long-standing issues is around the fact that older people have not always been well represented in research," she says.

"And when older people are not well represented, women are disproportionately affected because

they make up the bulk of the older population."

And yet, when drug and treatment interventions aren't studied specifically for women, they may be less likely to help and may even be harmful, says Rochon, who is also Women College Hospital's (WCH) vice-president of research. Women, for example, "are more at risk of experiencing drug-related problems."

The reasons for this aren't always clear. It may be because dosages are often geared to men (who are generally bigger) with "the overall effect that women are getting more drugs in their system," Rochon says. Or because women — particularly older women — tend to have more medical conditions requiring drug therapies, increasing the potential for drug interactions. "In addition, how women handle the drug may be somewhat different," she says.

Even when women are included in research studies, Rochon contends, the results aren't always provided in a way that allows researchers to explore the differences between how men and women react to treatment.

"You may not know that women are not responding in the same way as men, because you haven't isolated that information in the product results," she says.

"To me, that's very much a missed opportunity to learn as much as you can from research."

At WCH, she says, "one of the things we've been working on is to try to address this problem at a broader level. And to make sure the evidence that we have provides as much information as possible."

To that end, the hospital consults with other medical researchers. "We help them think about how gender considerations can be built into their questions and methods," explains Rochon, "and how that may affect the way they look at the results."

Care geared to women

Tracking the physical effects of specific interventions on women is crucial, says Rochon. But it's not the only thing to keep in mind when designing care. Women's College Hospital also studies how health-care services are delivered to women, with a view to getting better results.

"Women tend to be the caregivers in the family," says Rochon. "They may be responsible for bringing their children or a spouse in for care, and sometimes elderly parents as well. But when they require care there may not be someone there to provide it."

Dr. Lorraine Lipscombe, an endocrinologist and WCH director of the Centre for Integrated Diabetes Care, took into account women's time-crunched lifestyles when developing a pilot program of followup care for women diagnosed with gestational diabetes (a



Women's College Research Institute scientists

PHOTO: MICHAEL WONG

form of the disease which occurs in pregnant mothers and often disappears after a child's birth).

Currently, women with gestational diabetes get good care during pregnancy, she says. But once they deliver their babies, they get almost no ongoing diabetes followup.

And yet, as research makes clear, women who have gestational diabetes are 20 to 50 per cent more likely to develop diabetes within 10 years after delivery.

"We have a unique opportunity there," says Lipscombe.

"On the one hand, these women are unlucky because they suffer more health issues during pregnancy. But on the other hand, they're lucky because we do get an early window into their future health."

"Giving them that permission to prioritize their own health is often key," she continues, as is providing care that fits into their overcrowded lives.

For that reason, the gestational diabetes postnatal research trial aftercare program at WCH offers participants an opportunity to meet with a health coach at one of three diabetes education centres in Toronto.

"They talk about diet, physical activity and prevention strategies and come up with a plan that accommodates each woman's personal needs and barriers," says Lipscombe. "Then they follow up on a regular basis by phone over the next six months to help them advance their goals."

The program doesn't require a huge

time commitment from the women involved, and as much as possible their partners are part of the process. That way, rather than complaining they don't like the new diet, says Lipscombe, partners are more apt "to support the women in making changes, first through understanding why it's important, and second by understanding that in helping the mom they're actually helping the whole family."

Ultimately, adds Rochon, tailoring health-care interventions to women's unique circumstances increases the chances of success.

"It's a question of understanding what the issues are," she says, "and then creating programs to maintain and optimize health."

Leading the way on the road to recovery

Stigma around mental health issues prevents women, particularly new moms, from seeking the help they need. WCH is working to close this barrier

BY CAMILLA CORNELL | SPECIAL TO THE STAR

About a year ago, without warning, Nadine Moore began sobbing uncontrollably while at work. Long plagued by sadness and extreme anxiety, but unsure why, Moore finally made the call to her family doctor. That led to a referral to mental health services at Women's College Hospital – and a new future.

After entering an integrated mental health program that includes one-on-one therapy with a psychiatrist, group support and ongoing attendance at a day program at WCH, Moore is on the road to recovery.

"I just could not understand why I was so sad sometimes," she says, recalling her shame and fear of seeking help. But connecting with the mental health professionals at WCH was a revelation, she says. "It taught me self-value."

Like Moore, many women are reluctant or unable to access mental health services, says Dr. Valerie Taylor, WCH chief of psychiatry. This is despite significantly higher rates of anxiety and depression that exist among women, especially during the reproductive years. Reasons may range from the demands of being the main caregivers in their families, to the rising prevalence of addictions among women, to cultural stereotypes that downplay women's mental health needs.

The mental health unit at WCH is working to close these barriers.

One new program, for instance, provides child care at the hospital for mothers who would not otherwise be able to attend mental health appointments. It's a simple solution, Taylor notes, but one which enables mothers facing multiple challenges to access the system.

Indeed, helping women through mental health issues at all stages of the reproductive cycle is a major focus for WCH.

Dr. Simone Vigod leads the hospital's Reproductive Life Stages Program, designed to address some of the many mental health disorders affecting women, from fertility and menstrual cycle issues, to pregnancy and menopause.

The postpartum period can be particularly troublesome for women, who may feel ambushed by feelings of deep sadness accompanied by the stresses of being a new mother: It's estimated between 13 and 15 per cent of new moms suffer from some degree of depression. Anxiety is even more common.

"It's quite clear this is a time period when many women are unwell, but they don't seek help," Vigod notes. "There are many barriers to accessing care. Stigma is still a big concern."

Related issues include decisions about taking mental health medications during pregnancy, guilt over being sad at this

time, challenges making it to health-care appointments – not to mention finding the right specialists.

WCH provides services for these kinds of issues in what Vigod calls a "stepped care" approach. For women with mild symptoms, a supportive group environment, or learning how to manage anxiety and the complex transitions to parenthood, may be the best approach. For those struggling with more severe symptoms, one-on-one cognitive behavioural therapy (CBT) may be provided. And finally, for the most severe or resistant symptoms, medication may be recommended.

For women in the first group, WCH has created "Mother Matters," an online support group moderated by two mental health professionals at a time. Women from across the province can participate by logging into a closed, pre-screened group, which can be accessed from home at any time of the day or night.

There is also a trial underway that uses an online, interactive tool for women trying to decide whether to use antidepressant medications during pregnancy.

"Women really, really struggle with this decision," Vigod says, noting that the tool is designed to provide information about the risks and benefits of medication, which women can discuss with their own doctors.

Dr. Jennifer Hensel, a psychiatrist at



Dr. Valerie Taylor, Dr. Simone Vigod and Dr. Jennifer Hensel

PHOTO: MICHAEL WONG

Women's College Hospital, oversees several health systems and virtual care initiatives through the Institute for Health Systems Solutions and Virtual Care (WIHV, or "weave").

E-consultations, for instance, are now part of a pilot program designed to reduce the impact of wait times many patients encounter when seeking counselling services. This strategy begins with an email sent over a secure portal from a family doctor to a specialist mental health provider, who responds to the doctor with advice and suggestions on how to help the patient immediately. This type of rapid help might include online tools.

"For instance, there is a great, free

online tool out of Australia, called the 'mood gym,'" Hensel says. "I might say, 'Give your patient this link and she can do some online CBT (cognitive behavioural therapy) to deal with her depression, rather than waiting months and months to see a therapist.'"

Breaking down these kind of barriers is key when it comes to closing the gap in mental health care for women, notes Taylor.

"There is a big myth," Taylor says, "that women are supposed to soldier on, that they have to be strong and they can't allow themselves to be sick. So, they will often minimize things, and prioritize other people's needs ahead of their own.

They often don't realize that if you catch something quickly, it can be easy to treat. And the longer you wait, the more complicated it can become."

Moore, for one, can attest to that. By the time she sought help at WCH, she was hobbled by panic and depression, and reluctant to venture outdoors. Now, as she continues with her therapy, her energy is gradually returning and her fear of others and of leaving her home is subsiding.

"They gave me hope and strength to talk about my feelings, that it's not a crime – it's a disability," she says.

"I want people to know: Go to your doctor and go to that hospital. It is absolutely great for women."

Preventing heart disease a helpful supportive step at a time

Physicians with the Women's Cardiovascular Health Initiative not only rehabilitate heart attack patients, but help at-risk patients with prevention strategies before disease occurs

BY CAMILLA CORNELL | SPECIAL TO THE STAR

Feeling nauseated and experiencing radiating pain down her left arm, Williams recognized the symptoms of a heart attack. She told her husband to drive her to the emergency department right away.

Most women aren't so fortunate. That's because heart attacks in women come in a variety of forms – not just crushing pain in the chest.

In fact, women tend to be unaware of the more typical symptoms of heart disease – unusual loss of breath while climbing stairs or draining fatigue.

Consequently, women are 16 per cent more likely than men to die after a heart attack, according to Statistics Canada.

And, contrary to what many women believe, they are seven times more likely

to die of cardiovascular disease than breast cancer.

Women's College Hospital is working hard to reverse these dire statistics through its Women's Cardiovascular Health Initiative (WCHI), which includes a cardiac rehabilitation program for women – a first in Canada.

Not only do physicians and the WCHI team help women recover from heart attacks, but they also work with at-risk women to prevent potential damage to the heart before disease develops.

Heart disease does not just affect women over 55.

Today, women in their 30s and 40s also find themselves at risk due to the burgeoning rates of obesity, inactive lifestyles and high-fat and high-salt diets wreaking havoc on their hearts.

"It's a perfect storm," says Dr. Paula Harvey, WCHI's medical director. Not only are these younger women being diagnosed with high blood pressure, which was rare in the past, she says, but the average five-foot-four woman now weighs about 20 pounds more than she did in the 1980s.

"There's been a new clustering of early onset risk factors I have not seen in my practice before," says Harvey.

About 18 years before her heart attack,

Williams shed almost 40 pounds, which lowered her borderline cholesterol and high blood pressure. "Weight can creep up on you," she says, "especially when you have a sedentary job."

However, with her family history of heart disease – her father and grandfather died of a heart attack at age 45 – she knew she was still at high risk.

"Genetics," she says, "trumps everything."

So she armed herself with information about heart disease and knew what signs and symptoms to look for.

On the day nine years ago when she had her heart attack, Williams, then 60, knew if she had hesitated, or denied she was having any pain – as many women do – she might have died. When she arrived at the hospital, she barely made it to the emergency room before she collapsed from cardiac arrest.

The diagnosis: Two of her coronary arteries were blocked from cholesterol plaque buildup. After three weeks in hospital and two operations, Williams advocated on her own behalf and asked her doctor to refer her to WCHI.

Every year, about 300 women attend the program twice a week for six months, resulting in about 7,000 hospital visits. Women who do not attend in person are



Sue William

PHOTO: MICHAEL WONG

in the “home-based” program and are monitored with weekly one-on-one phone calls.

Once enrolled, patients have access to a team of experts, including physiotherapists, kinesiologists, an advanced-practice nurse, a dietitian, a pharmacist, a social worker and respiratory therapists for lung problems or to help them quit smoking. The team can also make referrals to other specialists, such as cardiologists and endocrinologists depending on a woman’s medical history.

Participants initially undergo a walking test (a.k.a. stress test) to see how well their hearts function, says Jennifer Price, an advanced practice nurse in cardiology at WCHI. They are screened for medical conditions such as diabetes, autoimmune diseases (lupus, rheumatoid arthritis) and depression. Patients may also undergo tests to determine if they have heart-damaging sleep apnea characterized by interrupted breathing and snoring during the night.

After screening, the team creates individualized programs for each patient that they can perform at the hospital or home. The team can also help women find exercise resources in their community.

In Williams’ case, she started by walking slowly on the treadmill at five kilometres per hour.

“At first, I was darn scared,” she says. “I worried I would have the same symptoms as my heart attack.” But Price and the team helped her get past that anxiety and assessed her progress at every step. For example, the pharmacist monitored and adjusted her medications throughout the program.

As well, she participated in a series of classes that helped her with nutrition and diet, mental health and even how to travel safely. She also found it helpful to talk to her exercise mates who had gone through similar situations.



Women’s Cardiovascular Health Initiative (WCHI) musculoskeletal gym

PHOTO: MICHAEL WONG

“Your story resonates with them and they can truly empathize with you,” she says.

After six months at the rehab program and two followups over the next year, Williams confidently says that without the WCH cardiac rehab program, her quality of life would have deteriorated rapidly.

“These days, I work out three times a week on cardio equipment such as a treadmill, elliptical or rowing machine, get out for a brisk walk every day and have kept my weight down,” says Williams.

“I’m healthier now than before my heart attack.”

Women’s unique experience of heart disease

Dr. Paula Harvey, medical director of the Women’s Cardiovascular Health Initiative, says women don’t always experience the “Hollywood heart attack” of crushing pain in the chest. Most times, the signs and symptoms are subtle and cumulative, such as breathlessness walking up a flight of stairs or unusual fatigue requiring frequent

resting or napping during the day.

Heart-attack pain can also come in many forms: radiating down the left arm, in the jaw or in the upper back. “Any unusual pain felt between the belly button and the ears could be a potential sign of a heart attack,” says Harvey.

While a woman’s risk increases the more weight she carries and the higher blood pressure and cholesterol levels climb, other medical conditions women typically experience can also increase their vulnerability for heart disease, including diabetes and autoimmune diseases such as lupus or rheumatoid arthritis.

Women’s menstrual and reproductive systems can also be a risk factor for heart disease, says Harvey, including polycystic ovarian syndrome, diabetes or hypertension during pregnancy, or extreme exercise that causes the menstrual cycle to cease altogether.

Using a wide lens to address women's health care

Through pilot programs, the WCH strives to redesign the health-care system to better cope with the needs of women from all walks of life.

BY VAWN HIMMELSBACH | SPECIAL TO THE STAR

Statistics show women below the poverty line tend to live shorter lives and have more health problems, in part due to challenges accessing health care – despite Canada's universal coverage.

And one in every five women is poor, according to the Canadian Women's Foundation. For single women, poverty rates are even higher: More than half of single mothers and half of women over 65 who live alone are poor.

The foundation points to the fact that women spend more time doing unpaid work (including child care), while lack of affordable daycare leads many to take on precarious work – jobs that are part time, seasonal or contractual.

"Health for women cannot be achieved if all we do is provide health-care services," says Dr. Danielle Martin, vice-president of medical affairs and health system solutions with Women's College Hospital (WCH). "As an institution, we need to be pushing for broad social change around the issues that drive health for women."

Issues such as poverty, which Martin points out can affect women's health in two ways: It determines their ability to purchase the goods and services they need to be in good health, such as safe housing and nutritious food, but it also affects health through high stress levels, which often drive other factors such as smoking and drinking.

As a research and innovation institution, WCH is running pilot programs that could help redesign how the health-care system addresses social issues that impact women's health.

"We have researchers involved in looking at virtual-care solutions, such as telephone support for women in rural areas with postpartum depression," says Martin. "We're figuring out how to put in place solutions that will help women in the context of their lives."

When Dr. Sheila Wijayasinghe started her career in Toronto, she realized she was limited in what she could do for patients because of these social determinants.

"If patients can't afford their medication, I can't make daycare cheaper for (them), so they aren't able to earn enough to support themselves and their children," she says.

As medical director of primary care outreach at WCH, Wijayasinghe is tasked with identifying gaps within GTA communities.

"We look at a wide lens to see which communities aren't accessing care and how to improve access, particularly for women," she says.

This can be particularly challenging, because poverty is often hidden. A patient might be working multiple part-time jobs, but is struggling to make ends meet or doesn't have health coverage through work

– so maybe she stops taking her medication when she runs out.

"If we're not asking our patients what's limiting and why they're having trouble accessing care, we'll never understand," says Wijayasinghe. Perhaps they can't afford to pay for transportation or a babysitter – so taking health-care services directly to high-need communities could help provide better access for these women.

Another issue is fear of being judged. A woman might have a substance-abuse problem or mental-health issue and has felt judged on previous occasions.

"Because of this fear of judgment, people don't show up for their appointments," says Wijayasinghe.

These women may have a history of trauma, so "going back into the health-care system can be scary," Wijayasinghe says.

"There's a lot of anxiety because they may have been treated poorly so there's some apprehension to reconnect."

Martin stresses these projects aren't considered "extras." It's hoped they'll influence the way other hospitals and health-care practitioners across the country deal with social determinants that affect women's health.

"That work is not seen as extracurricular," says Martin.

"That work is viewed as being core to our mission."



Dr. Sheila Wijayasinghe

PHOTO: MICHAEL WONG

Giving safe haven, calm approach

BY ANNE BOKMA | SPECIAL TO THE STAR

After more than 25 years of working with victims of sexual violence, Sheila Macdonald knows exactly what women need to hear from their health-care provider after they've been assaulted.

"The most important words are: 'It's not your fault. You are safe here,'" she says.

"They want to be validated and don't want to be blamed for what happened. It's a huge relief for them to hear those words."

Macdonald, the clinical manager of the Sexual Assault/Domestic Violence Care Centre (SADVCC)/Bay Centre for Birth Control at Women's College Hospital (WCH), has devoted her career to ensuring that's exactly the message women receive from the physicians, nurses and the other health-care professionals they encounter after they have been traumatized.

Working alongside Women's College Research Institute scientist Dr. Janice Du Mont, Macdonald has helped transform the way victims of sexual and domestic assault are treated in Ontario's health-care system.

Thousands of health-care providers have received sensitivity training and new policies – such as ensuring the provision of free HIV medications post assault – have been implemented to improve the care victims receive.

Gender-based violence is widespread – half of all adult women in Canada have experienced at least one incident of physical or sexual violence and more than 3,300 women a day are forced to sleep in emergency shelters to escape domestic violence, according to the Canadian Women's Foundation.

"We know this type of violence has a detrimental affect on the mental, sexual and reproductive health of women and girls that can sometimes be fatal," says Du Mont.

Indeed, sexual and domestic violence are linked to a host of health issues, from depression and anxiety to substance abuse disorders. Many women who have experienced sexual violence may avoid health-care screenings such as breast exams and Pap tests, which can trigger memories of past abuse.

"The long-term impacts can be negative and insidious," says Du Mont, who points out WCH programs are designed to improve the long-term health care for victims of violence.

"As soon as women know they will receive an appropriate and sensitive response, more women will come forward and this will help decrease their long-term health effects."

Almost 600 women a year come to the 24-hour SADVCC in need of support, treatment for injuries and collection of evidence, says Macdonald. Before these specialized centres existed, victims who went to hospital emergency departments were often subjected to long waits and were not always treated appropriately since medical staff did not have the specialized training.

Women who visit the SADVCC are often in state of shock and don't know what to do, explains Macdonald, who also serves as provincial co-ordinator of the Ontario Network of Sexual Assault and Domestic Violence Treatment Centres, which

includes 35 hospital-based centres.

"So many questions are going through their minds: Who can they tell? Are they safe? Are they hurt? Are they going to get pregnant or contract HIV? Should they go to the police? Having a trained nurse who understands and who can talk to them about their concerns can make all the difference," Macdonald says.

The centre also provides an on-site shower for victims, as well as a fresh change of clothes.

"They often have the feeling of being dirty and we want to help them get rid of that feeling," Macdonald explains.

"And some of them can't wait to get rid of whatever they had on."

Currently, about two or three women in 10 go to an emergency room for assistance after they've been sexually assaulted, but Macdonald is hopeful an ongoing commitment to compassionate care for victims will increase these numbers.

"Our goal is to offer that reassurance so they leave here a bit better than how they arrived."

Addressing gaps in care for victims of violence

Dr. Sheila Macdonald, head of the SADVCC at Women's College Hospital, and Janice Du Mont, a WCH scientist, have been collaborating for 15 years on initiatives addressing gaps in care for women who are victims of violence.

These have included:

- An in-depth curriculum that's been rolled out to all emergency departments

in Ontario, which sensitizes emergency department staff on how to effectively and compassionately treat victims of sexual assault;

- A study which resulted in a policy to provide free HIV post-exposure drugs to sex assault victims (previously if a client wanted these expensive drugs, she had to pay for them).
- A study designed to address the needs of the one in five sexual assault victims who believe they were drugged prior to their assault (either by “date rape” drugs or because of involuntary intoxication with alcohol and/or recreational and prescription drugs) led to new standards of care and a greater awareness that these substances can incapacitate women making them more vulnerable to sexual assault.

“Whether a woman has consumed substances that contributed to her incapacitation, and/or she was slipped a drug, she is not able to consent to sexual activity and is a victim of drug-facilitated sexual assault,” says Du Mont. “While knowing how to protect yourself is important, we must remember that sexual assault is a societal issue, and assailants must always be held accountable for their actions.”

- A first-of-its-kind in Canada elder abuse program, currently in development, to address the needs of seniors who are subject to everything from financial to emotional, physical and sexual abuse.

“This program could transform the hospital-based response to elder abuse,” says Du Mont, adding that studies show 4 to 7 per cent of Canadians are victim to elder abuse and this is expected to grow as the population ages. “Poly-victimization is a real issue among older adults and one risk factor is being a woman.”



Sheila MacDonald, Dr. Janice Du Mont, Jennifer Dockery

PHOTO: MICHAEL WONG

A HISTORY OF CLOSING HEALTH



1883

Dr. Emily Stowe – the first woman to practice medicine in Canada as of 1867 – founds Woman's Medical College (predecessor of Women's College Hospital), which opens on Oct. 1.



1911

WCH opens its first hospital at 18 Seaton St., the same year the first baby is delivered.



1947

With Dr. Marion Hilliard at the helm, WCH collaborates to develop a simplified Pap test that detects early symptoms of cancer, particularly of the cervix.



1948

Ontario's first Cancer Detection Clinic opens pioneering the practice of screening healthy women for early signs of cancer (renamed Health Watch in 1994), also with assistance from Dr. Marion Hilliard.



1961

WCH becomes a fully accredited teaching hospital affiliated with the University of Toronto, with negotiations led by Dr. Marion Hilliard, which included bylaw change allowing male physicians to become full-time medical staff.



1963

WCH is the first hospital in Ontario to use mammography as a diagnostic tool to detect breast cancer. In 1967, Dr. Henrietta Banting and Dr. Elizabeth Forbes publish an influential study proving that mammography holds benefits as a diagnostic tool.



1971

Family Practice Health Centre opens – the largest family and community medicine practice in Toronto at the time. Canada's First Perinatal Intensive Unit opens.



1973

Bay Centre for Birth Control opens, the first hospital-supported walk-in centre in Toronto. Nicknamed the "mother of birth control," Dr. Marion Powell – a long-standing activist and leader in women's health – became the director here in 1981, holding the position until her retirement in 1988.

GAPS



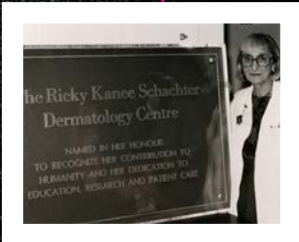
1977

Henrietta Banting Breast Centre opens, a treatment, education and research centre for breast disease, named after Dr. Henrietta Banting, who died of cancer at WCH in 1976 and was director of WCH's Cancer Detection Clinic from 1958 to 1971.



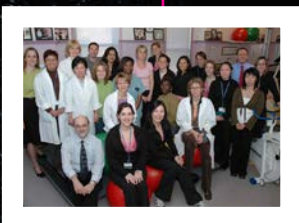
1984

Sexual Assault Care Centre opens, the first regional centre in Ontario, and a model for future centres. A Domestic Violence program – also the first of its kind in the province – and the Women Recovering from Abuse Program (WRAP) follow in 1998.



1991

Launching a new era for WCH in research, education and patient care the Ricky Kanee Schachter Dermatology Centre opens its doors – the largest dermatology program in Toronto. The centre was named after Dr. Ricky Kanee Schachter, who led the way for dermatological care in Canada from an academic, education and treatment standpoint.



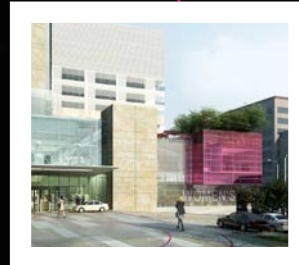
1996

Canada's first female-only cardiac assessment and rehabilitation program, Women's Cardiovascular Health Initiative, is established.



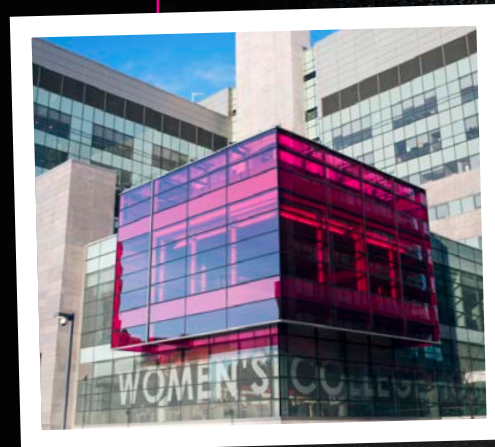
2006

Women's College Hospital is the only hospital with a primary focus on women's health; and the first independent ambulatory care hospital in Ontario. WCH begins operating independently under the Public Hospitals Act.



2007-2014

WCH begins a \$555 million capital redevelopment project. In 2013, the first phase of the new hospital opened.



2015

WCH's new home is complete with the opening of its second phase in the fall.

WCH's substance-use service keeps patients closer to home

Through pilot programs, the WCH strives to redesign the health-care system to better cope with the needs of women from all walks of life.

BY ANDREA JANUS | SPECIAL TO THE STAR

From the time she had her first drink at age 27, Tracy became hooked on alcohol.

"I always wanted more," she says. "I wasn't drinking socially; I didn't drink normally."

Like many women with substance-abuse issues, Tracy – who doesn't want her last name and hometown made public – drank to deal with a lack of self-confidence.

"I didn't feel comfortable in my own skin," she says.

That first drink was in 1989 and by 2010 she was also hooked on oxycodone, which she had never been prescribed, but got from a friend.

"I had no pain to be taking those prescription drugs," she says. "So it was truly for emotional pain."

While men with alcohol- and drug-abuse issues have traditionally outnumbered women, that gender gap is closing. Alcohol is "by far" the most common and serious addiction for both sexes, says Dr. Meldon Kahan, medical director of the Substance Use Service at Women's College Hospital. Meanwhile, opiate-use disorders are on the rise among both men and women, he says.

Women with substance-abuse issues often face different challenges from men, according to Kahan.

"There's a lot of stigma attached to

addiction, especially for women," he says. "They don't want to admit they have an addiction, because they face serious consequences in terms of child custody and disapproval of their family and so on."

That's where Kahan's program comes in. The service – which ultimately helped Tracy get clean – combines anti-craving medications with counselling, and can be accessed via a simple referral from a family doctor. This can make it easier for women to find success in treatment, particularly because it allows them to remain in their own communities with their families.

The hospital-based outpatient addiction service "is not common at all," Kahan says.

"Our goal is not to keep patients in a long-term treatment program, but to get them back to their primary-care doctor whenever feasible."

While the program is open to both men and women, it does address many of the challenges that women with addictions face.

Women tend to develop health consequences from addiction faster than men, according to a report from the B.C. Centre of Excellence for Women's Health. For example, women are more likely than men to develop cirrhosis of the liver after consuming lower levels of alcohol over a

shorter period of time.

The B.C. report also found as many as two-thirds of women with a substance-abuse problem suffer from a mental-health issue, and a "large proportion" are victims of domestic violence, childhood abuse, sexual assault and rape.

Women can struggle with group therapy, often part of traditional treatment programs, because they don't want to speak to men about their experiences with violence and trauma, Kahan says.

Women also often have child care and family responsibilities, which not only make it harder for them to attend treatment, but add to the social stigma that can prevent them from seeking help in the first place, he says.

Kate Hardy, project manager of a two-year project aimed at spreading an access-to-addiction-medicine-services model across Ontario, says the "well-known model" for treating addiction involves removing patients from their communities for extended periods.

"This is very disruptive to people's lives, and it can also be incredibly expensive," Hardy says. "So what we've tried to do is to bring treatment right into people's communities, making them available in hospital where they can access services in

under seven days.”

Under the program Hardy manages – called META:PHI, or Mentoring, Education and Clinical Tools for Addiction: Primary Care-Hospital Integration – WCH is mentoring seven hospitals across the province as they set up substance abuse treatment services, with variations tailored to each facility.

“The main goal of this project is to spread best practices for providing care to people who are struggling with problematic substance use,” Hardy says.

These rapid-access clinics are created by reorganizing existing resources at each hospital, Hardy says, so the changes don’t come with big price tags, and they can partner with existing programs within the community.

As with WCH, the ultimate goal is to integrate care by addiction physicians, counsellors and primary-care providers, and provide patients with rapid access to that care.

And that timeliness is key, Hardy says. “Often women need to access treatment right away in order to keep their lives on track.”

Tracy can attest to that.

After five attempts to get clean, she ended up at a women-only detox facility in



Kate Hardy and Dr. Meldon Kahan

PHOTO: MICHAEL WONG

Toronto in June 2014.

Hardy happened to be visiting that day. “I’d been through treatments where it’s just been, ‘Yeah, you’re another statistic, you’re another drunk, you’re another addict.’ But this was a different feeling of help,” Tracy says of speaking to Hardy. “I felt that I was being listened to and that she really cared.”

Tracy called Hardy the day they’d met and Hardy arrived at the detox centre in less than an hour. She brought Tracy to the hospital (she had put her in the rapid-access cohort of the study), and Tracy saw Kahan almost immediately.

She was put on anti-craving medication and given counselling, which continued even after she went back to her home community outside the city. She commuted

in by train.

“We’ve had a lot of patients report that it’s very important to them to access care in community hospitals or with their family doctor, rather than going to what are known to be addiction treatment programs,” Hardy says. Patients “enjoy the setting, they find it comfortable and relaxed and not intimidating in the way that a lot of more specialty programs have tended to feel.”

June will mark two years since Tracy’s been clean, and she still sees the team at WCH once a month. She’s gone through tough times since arriving at the program, including the death of her mother.

“And that’s how I knew this would stick,” Tracy says. “There wasn’t any craving for any escape. That was it for me, that told me, ‘You’re going to be OK.’”

Research to empower breast cancer patients

Providing women with the most up-to-date information to help them make potentially life-saving decisions

BY ANDREA JANUS | SPECIAL TO THE STAR

Twenty years ago, Michele Power rounded up the women in her family and brought them all to Women's College Hospital to get tested for the newly discovered BRCA 1 and 2 breast cancer genes.

She had seen an interview on a local news show with Dr. Steven Narod, director

of the familial breast cancer research unit at the Women's College Research Institute (WCRI), about the hospital's new genetic testing program.

She immediately thought of the women in her family who had been diagnosed with breast or ovarian cancer.

"I phoned all the women in my family and said, 'Look, we are all going down there to get tested,'" Power says. "So we were among the first when it all started."

As it turned out, Power, her mother and an aunt tested positive. Years later, so would Power's daughter.

Before they received the test results, Power and her mother had agreed they would go ahead with the preventive double mastectomy that would dramatically reduce their risk of developing breast cancer.

Power says she and her mother were confident they made the right decision, in large part due to advice from Narod and Dr. John L. Semple, chief of surgery at WCH. Narod and Semple outlined the advantages, benefits and risks of each course of action and then let them make the decision.

"It was very empowering," says Power.

Empowerment is exactly what Narod and Semple, as well as WCH nurses and genetic counsellors, want to offer patients as they continue their groundbreaking research into, and treatment of, hereditary breast and ovarian cancers.

"We've found this particular group of women – those with a very high risk of breast cancer – is not really addressed by the mainstream medicine areas," Semple says. "Because they haven't had cancer,



they don't qualify for a lot of the different programs or ... they tend to be slightly marginalized."

WCH is the leading health-care facility for hereditary breast and ovarian cancers. After Narod codiscovered the BRCA1 and BRCA2 genes in the 1990s, work began on developing the best prevention and treatment strategies for high-risk women.

"Breast cancer is not easily prevented," Narod says. "We're trying to find new recommendations for treatment and prevention and making sure the ones that we currently offer are sound."

Part of what helps Narod and his team offer the best, most up-to-date advice is his database of 15,000 BRCA1 and BRCA2 carriers – the largest of its kind.

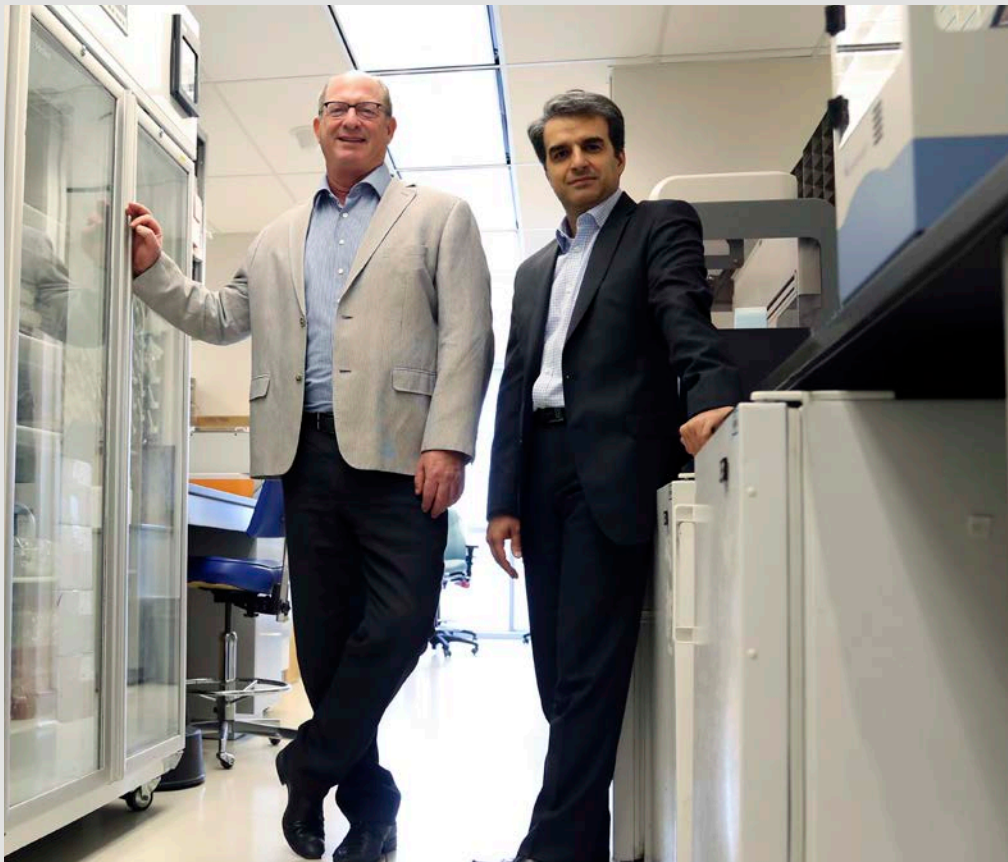
And in another breakthrough for the facility, research led by Dr. Mohammad Akbari, WCRI's genetic scientist, recently uncovered RECQL, a gene in which mutations significantly increase the risk of developing breast cancer.

"We think it's an important gene," Narod says, adding it's rare compared to BRCA1 and BRCA2.

The research team is currently studying about 5,000 women to determine how prevalent the gene is and its impact on breast cancer development.

When women test positive for BRCA1 or BRCA2, or the new RECQL, typically the recommended treatment is prophylactic mastectomy to reduce the risk of developing cancer. While one in nine Canadian women is expected to develop breast cancer in her lifetime, having the BRCA1 or BRCA2 gene increases the risk of developing breast cancer to about 70 per cent. Having a preventive double mastectomy reduces that risk to about 2 per cent.

Semple and his team have been leaders not only in developing different techniques



Dr. Stephen A. Narod and Dr. Mohammad Akbari

PHOTO: MICHAEL WONG

to provide patients with more customized options, but also in establishing innovative anesthesia techniques that allow patients to recover faster from surgery and get back to their own beds the same day. And a recent WCH study disproved the long-held belief that the nipple cannot be saved during reconstructive surgery. Experts initially believed too much tissue would be left behind; the study at WCH found that not to be the case.

"That research was the first to look at that in a very scientific way and I think it has helped women all over North America and elsewhere," Semple says.

Unlike most medical facilities across Ontario, WCH offers breast reconstruction at the same time as a double mastectomy.

As his patients travel, on average, 75

kilometres to visit his clinic, Semple believes WCH is helping to fill a gap in care by offering mastectomy and reconstruction together.

He hopes it becomes the standard of care across the province, because "by having the prophylactic surgery and reconstruction, we know there's a significant improvement in how they go back to their lives."

As for Power, she's been freed from the worry she will develop cancer.

"When I was given the option (of surgery), I didn't have a problem saying, 'Yes, just take them,'" she says.

"And now, I don't even think about it. I don't worry about it."

Weaving a better way to deliver health care

New system, WIHV, uses technology, team work, and innovative care to seamlessly connect patients and their doctors

BY PATRICIA CHISHOLMI SPECIAL TO THE STAR

Change requires a new way of thinking.

A few years ago, that's what Dr. Sacha Bhatia was searching for when he, together with senior managers at Women's College Hospital (WCH), were wrestling with a tough challenge: finding better ways to help women bridge the gaps when accessing Ontario's health-care services. All while keeping costs down.

A recent provincial report on women's health, The POWER Study (Project for an Ontario Women's Health Evidence-Based Report), concludes women experience more barriers than men accessing timely services due to poverty and care-giving responsibilities, among other factors. The report found, for instance, 65 per cent of Canadian men reported being very satisfied with their experience getting an appointment for a regular checkup. Just 60 per cent of women reported the same level of satisfaction.

In an effort to address these gaps, Bhatia, a cardiologist at WCH, helped launch a new system three years ago at WCH: the Institute for Health System Solutions and Virtual Care (or WIHV, pronounced 'weave').

WIHV works with companies, clinicians and patients to develop and evaluate digital tools, like email consultations and smartphone apps, to connect patients and family physicians to care at WCH.

"We are like a living laboratory to test out new ways of treating patients," says Bhatia. "That doesn't just mean technology. That can mean new ways of working as a team, new ways of connecting family medicine with specialty care. The tech enables the innovation, but it can be as simple as the telephone."

Dr. Danielle Martin, vice-president of medical affairs and health system solutions, notes that WIHV has improved health care particularly for older women. In cases where an elderly woman is suffering from several age-related conditions at once, for example, ongoing management of relatively predictable symptoms may be required. Too often such flare ups leave patients and their physicians with little recourse except a costly visit to emergency or a hospital stay.

Women grappling with several concurrent conditions may find themselves visiting a raft of specialists, says Martin, where care is delivered "body part by body part."

To avoid having patients bounce around the medical system, WIHV links WCH with family doctors, many of whom work in high-volume, independent practices, servicing new immigrants in neighbourhoods close to WCH's downtown location. Virtual consultations between physicians and specialists – such as an email discussion with a psychiatrist – can provide immediate advice on a patient's mental health.

"It's like taking the hospital to the doctor's office," Martin says. "It's incredibly powerful."

Among the most successful of WIHV's more than 20 projects is a method for improving access to diagnostic imaging tests, such as magnetic resonance imaging (MRI).

"Typically, a family doctor may scribble a request on a piece of paper and fax it to the hospital," Bhatia explains. "It's like faxing it into a black box. They hope the patient gets called and the patient gets their test." In the most urgent cases, physicians send patients to emergency, where they might wait for hours before being seen.

A new service called 1-800 Imaging

connects community-based family physicians with radiologists, who can offer advice about the right type of diagnostic test for a given patient, and fast track urgent imaging for patients in need.

As Bhatia notes, this is not a complex solution.

“This is using the telephone,” he says. The process also creates a bi-directional loop: If a radiologist sees an abnormal result after a test booked through the call centre, he does not fax or mail family physicians, but calls them instead. Results have been impressive; a survey of family doctors who have used the medical imaging call centre – now about 120 in the GTA – reveals almost 50 per cent of the calls made to the service avoided an unnecessary visit to the ER.

It’s not about gadgets or high tech baubles, Bhatia adds.

“It’s about totally redesigning the way we deliver care – and we evaluate that,” he says. “We tackle the problems that drive people crazy about health care.”



Dr. Danielle Martin and Dr. Sacha Bhatia

PHOTO: MICHAEL WONG

Elder Care program addresses complex health needs of seniors

Physical activity, entertaining programming and comprehensive health-care services keep seniors active and engaged

BY ANNE BOKMA | SPECIAL TO THE STAR

Bernice Kinnon is dealing with a number of health challenges, but they don't stand in the way of her leading a full and active life, which includes weekly bridge games and dance classes.

The 84-year-old great-grandmother and former lab technologist and travel agent has two artificial knees, has dealt with a bout of skin cancer and copes with atrial fibrillation and arthritis. Each condition requires ongoing visits to specialists, including a dermatologist, rheumatologist, orthopedic surgeon, cardiologist and respirologist.

Still, Kinnon maintains a sunny attitude, thankful her arthritis is under control and she lives pain-free.

"I'm not even stiff when I wake up," she says.

Kinnon attributes her well-being to being closely monitored by the health-care professionals in the Family Practice Health-Care Team at Women's College Hospital (WCH), where she is one of almost 700 patients over age 80, the vast majority of whom are women.

"I've been blessed with good health and I've been very well looked after by Women's College," says Kinnon, noting she's grateful for never feeling rushed during physician visits and the followup

calls she receives after her appointments.

"The staff is wonderfully on top of things," she says, "totally pleasant and they always have time to answer my questions."

Women such as Kinnon, who lives on her own in a Toronto condo, face unique challenges as they age. Since women typically live longer than men, they are more likely to suffer from multiple occurring chronic conditions such as arthritis, diabetes and heart disease. Those who outlive partners or are single or divorced may struggle with social isolation.

Meanwhile, they may have spent a lifetime putting the needs of others before their own, neglecting their own health in the process.

To top it off, chronic pain can also become an issue and studies show men are taken more seriously by health-care providers than women when they report pain.

"Almost all of my older patients are women," says Dr. Sheila Dunn, research director of the WCH Family Practice Health Care Team. "A lot of them are living independently, but some have only minimal support and don't always manage that well. Many aren't well resourced financially and some are very alone, which can exacerbate their experience of illness."

The WCH's Elder Care Program aims to address some of these issues by providing comprehensive multidisciplinary care to older patients with chronic conditions. For example, a specially trained elder-care nurse can identify at-risk patients – those who may be frail and isolated – and help link them with resources that address their needs, as well as alert their family doctor about risks and concerns.

"We go through everything, from their diet to where they are living to who their supports are, in an effort to find out where they may be having difficulty," says Dunn. "This type of pre-screening helps physicians become better informed about the lives of our patients."

Health-care providers in the program, including physicians, nurses, dietitians, pharmacists and social workers, meet monthly to review patient cases in depth and determine how to access necessary resources, whether it's enrolling them in a cardiovascular rehab program, finding a friendly visiting program or linking them with crisis services if mental-health issues are a concern.

"An individual doctor can't do this work alone – we all learn from each other," says Dunn.

Multiple chronic health conditions also tend to require an arsenal of medications and the Elder Care Program offers an in-depth, hour-long medication assessment to ensure seniors are taking the right drugs. Patients over 80 and on more than five medications are eligible for the program.

“As patients get older they have more conditions, they see more specialists and they can end up being on many different medications that cause side effects and prompt yet another medication to be added on – it’s a prescribing cascade,” says Lisa Fernandes, a clinical pharmacist on the team. Patients may not know why they are taking certain medications or if the drugs they are on are interfering with each other, which can result in hospitalization, she explains.

Patients bring in all their medications – some are on as many as 20 – and a pharmacist goes through each of them, ensuring the patient knows what it’s for, how it should be taken, whether side effects are occurring and whether the drug needs to be stopped, reduced or continued.

In about 40 per cent of cases, an unnecessary medication was identified with a recommendation to stop. Patients with memory issues can have their medications packaged in dosette boxes or blister packs to help keep track of daily doses.

WCH’s Complex Care Clinic is also focused on improving care to the elderly, offering assessment, treatment and follow up by multidisciplinary health-care professionals who co-ordinate care for at-risk patients. These patients are assessed over several hours to stabilize their condition and, when required, community



Bernice Kinnon

PHOTO: MICHAEL WONG

and health-care resources are sought out.

While aging can limit the lives of many of her patients, Dunn is inspired by those like Kinnon who manage to stay active and involved in life. “If people can maintain their activities, that makes a huge difference because it’s good for your brain, your body and your heart and soul.”

Kinnon, who’s currently planning for her 65th high school reunion, is showing no signs of slowing down. Her advice to other seniors?

“Enjoy your 80s because they are really fun.”

Helping women take health into their own hands

WCH online resources provide reliable information needed for females at any stage of life

BY JACQUELINE KOVACS | SPECIAL TO THE STAR

Accessing health information is as simple as keying a few search terms into your computer's browser. But can you trust the results – especially when it comes to women's health?

"There is a lot of unreliable information out there," says Lili Shalev-Shawn, chief of communications and marketing at Women's College Hospital (WCH). And even if you search a credible online resource, Shalev-Shawn points out for women the information might not be as accurate as it should be.

"We know from research at Women's College Hospital and from other studies that women's health issues are not always taken into consideration when it comes to drug testing, clinical trials, treatment protocols and the like," she says. "In fact, up until 1990, it wasn't a requirement to include women in such trials."

That means even seemingly reliable health information does not necessarily take female physiology into consideration.

"Medical testing has historically been

done on men," says Shalev-Shawn, "so prescribing, for example, is based on men's physiology and doesn't take into account women's differences in body size, hormones and life stage – all of which can have an impact."

Information gap in women's health

The result is a gap in trustworthy health information for women – a gap WCH seeks to help close with its online resources Women's Health Matters (womenshealthmatters.ca) and My Health Matters.

Launched in the 1990s, Women's Health Matters includes research- and evidence-based information specifically for women.

"Every piece of content on the site is either written or verified by the health-care providers, scientists and researchers at WCH," says Shalev-Shawn.

That means the 550,000 unique visitors that the site receives per year are getting reliable information – key for better health care. That information covers mental

health, bone and joint health, fitness and nutrition, and even social and cultural issues. Those include health questions related to the LGBT community, abusive relationships, substance abuse, sexual assault and postpartum depression.

"We know from our conversations with women, they want to be in control of their health," says Shalev-Shawn. "So this site helps to empower them by giving them credible information."

Customized health information

To take that empowerment one step further, WCH launched My Health Matters, an addition to the Women's Health Matters site, which allows users to filter the wealth of content to match their particular health needs. Women can customize information based on their life stage and health priorities.

The process is simple: You check the appropriate age box and then choose your priorities, including heart health, cancer, reproductive health and diabetes.



Patricia Nicholson, Lili Shalev-Shawn, Aiann Oishi, Craig Thompson

PHOTO: MICHAEL WONG

This allows you to access not only the latest in research, but also practical, day-to-day content, such as healthy recipes and fitness tips.

You can also take a quiz to see what you know about osteoporosis, watch a video on how to prevent falls, assess your risk for postpartum depression or print off a checklist on how to reduce sitting throughout the day – all with your life stage in mind.

“It’s a comprehensive, evidence-based, health-literacy tool,” explains Shalev-Shawn. “It allows women to access information about the diseases and issues that impact them the most. Then, they can take that information and make decisions – either about their own lifestyle choices or about the kinds of questions they need to ask their physicians.”

Staying up to date

The sites also offer an easy way to stay current.

“There is always new research and studies from our hospital scientists,” points out Shalev-Shawn, “so we do keep developing, handling and updating our site. Adding more knowledge is a big priority.”

Achievement with a fresh perspective

BY VAWN HIMMELSBACH | SPECIAL TO THE STAR

More than a century ago, there was no hospital in Canada that allowed women to train in medicine or become physicians. That also meant there was no hospital where women could be treated by a female doctor.

That's why Women's College Hospital was founded in 1883 (as Women's Medical College), and today the hospital remains a leader in advocating for and advancing the health of women with a state-of-the-art facility, along with 60 programs and clinics.

Despite a century of advancements, gender disparity still exists in health care – both from a physician and patient perspective.

More women than men go to medical school, yet only 37 per cent of doctors in Canada are women, according to the Canadian Institute for Health Information. And a 2013 study from the *Journal of the American College of Surgery* found women in North America were substantially underrepresented in neurosurgery, orthopedics, urology, general surgery and radiology.

"Health care is a field where the workforce is largely made up of women, although women haven't really attained a proportionate level of executive positions," says Heather McPherson, executive vice-president of patient care and ambulatory

innovation at WCH.

"There are a lot of women in middle management – not unlike other fields where the top positions seem to be somewhat unattainable."

Women often step away from their career at a pivotal point to create some flexibility in their environment – to take care of young children, for example. And wanting a role that's "flexible" is often seen as a sign of weakness or lack of ambition, says McPherson.

"If you're clear on the outcome you want your leaders to achieve – how that gets achieved can look very different depending on the individual," she says. "By allowing people some flexibility, it allows them to bring more creativity to the table."

It all starts with the culture you create, according to Marilyn Emery, president and CEO of WCH.

"If you don't have that as a foundation, it's hard to add on top of that." That's why WCH has created both formal and informal mentorship, training and ongoing education opportunities for women.

"We have put an important focus in the last couple of years on educating ourselves around the unconscious bias that can creep into recruitment, promotion and advancement decisions," Emery says.

Understanding the roles women play

outside of their professional lives is part of the culture at WCH. "We are flexible around that, we understand it and embrace it, we make sure it doesn't hold our women leaders back," Emery says. Seventy-five per cent of WCH physician leaders are women, which Emery says is unusual. And 20 out of 22 board members are women.

"There's a lot of good evidence that gender diversity is a good business proposition," says McPherson, such as improved decision-making and financial performance. "Diverse leaders... bring a range of talents to the table that supports more innovation and creativity."

Women typically make health-care decisions for their families, so having women in executive leadership roles can help further define what women want in health care and improve the overall experience, she says.

"We need to plan and create more integrated models of care, which for me means a more collaborative leadership style," says McPherson. "How you break down some of those silos speaks to how women leaders can help women patients in the whole system."

WCH's new state-of-the-art facility, for example, was built with women in mind, based on feedback from "A Thousand Voices for Women's Health" – a WCH



Heather McPherson, Paulette Senior, Marilyn Emery

PHOTO: MICHAEL WONG

survey about what women want from their health-care experience, which is publicly available.

With its more inviting atmosphere, the new facility was designed as a one-stop shop with improved coordination of care – cutting down patients’ need to go back and forth.

The hospital will also be launching a patient portal, where women can access their own results and eventually schedule

appointments and communicate with their provider. “If you’re working full time, caring for children, it can be close to impossible to get yourself into a hospital unless it’s a major thing,” said McPherson. “Virtual care can be very effective.”

The new facility also has a daycare and child supervision area. “We talked to women with mental-health issues – an hour with a mental-health provider with no child care is just a no-go,”

said McPherson. The daycare has been hugely popular, and is now available to all patients with an appointment at the hospital.

Historically, hospitals have been a provider-centric model. “We’ve totally flipped that,” said McPherson. “There’s a constant push to make it patient-centric.”

THE VOICES OF A THOUSAND WOMEN WILL SHAPE THE FUTURE OF HEALTHCARE

A THOUSAND VOICES FOR WOMEN'S HEALTH

A PIONEERING STUDY | PART 2

In 2010 our, A Thousand Voices for Women's Health, community engagement project explored what women want from hospitals and healthcare services. We spoke to women, listened to their stories and insights and then built a hospital that reflects their needs and desires – a hospital designed especially for them. A place that makes them feel welcomed and included, and inspires

health, healing and community. Now, more than five years later, we wanted to know what's changed since 2010 and how women's healthcare needs are being met today. More than 1,000 women from across Ontario, with diverse backgrounds, identified what was working, what can be improved and highlighted where the biggest gaps in the health of women occur. The results will help to shape future programs and services offered at the hospital and are also being shared by WCH with stakeholders and partners across the healthcare system.

Women told us:

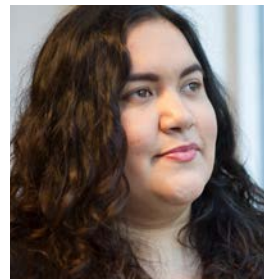
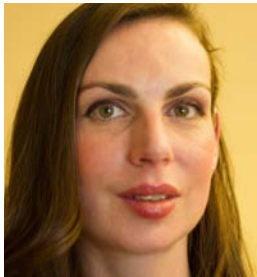
- 95 per cent said it is important that their healthcare organization provides respectful, non-judgmental care; yet, only 75 per cent feel that their healthcare organization is successful at doing so
- 94 per cent say it is important that their healthcare organization recognizes and respects patients' unique and individual needs; yet, only 61 per cent feel their healthcare organizations are successful at doing so
- 62 per cent felt that they experience barriers to accessing healthcare for themselves and/or their families
- 47 per cent are often disappointed by the healthcare they receive

The women who participated in our study, told us very clearly what they want and need from our healthcare system – integrated, accessible care that is free from judgment. Women wanted their healthcare organization to be a place of wellness, not illness

WCH is an extraordinary place and the care and services that are delivered within it are equally unique. Our models of care have been developed to close many of the gaps that women identified. We know that the more we discover and understand about the health of women, the better we are able to improve healthcare for all and deliver the highest quality care for all our patients to close the health gap.

This is just one more step on our journey to deliver exemplary patient care. We will continue to reach out to our patients and the communities we serve to engage them in consultation and dialogue so that our hospital continues to be shaped by the voices of women and girls.

To read the full A Thousand Voices for Women's Health report, visit www.wch1000voices.ca



CLOSING THE HEALTH GAPS FOR WOMEN TOGETHER



Katherine Hay



Anne Davis

For over 130 years, Women's College Hospital's mission has been singular – to fill the gaps in healthcare for women.

It's a mission that underlies the very founding of the institution: in 1883, the doors of Woman's Medical College opened and the gap that denied women the right to practice and study medicine closed. Since then, generations of trailblazing medical pioneers at WCH have transformed healthcare for women by identifying gaps and creating innovative solutions to address and close them.

Every step of the way, Women's College Hospital Foundation's ever-growing community of donors has driven this work forward, investing their passion, generosity and partnership to achieve a powerful shared vision: to advance health equity and a better system for all people.

That community raised \$115 million over the past decade in support of Women's College Hospital, including \$77 million to help build its state-of-the-art new home, and that community now plays a crucial role in helping WCH pursue incredible new heights in women's health research and healthcare innovations that, every day, grow bolder in their vision and impact. To them, we extend our most heartfelt gratitude.

The health gap for women can only be closed by acting together. We invite you to consider joining our powerful donor community today by visiting www.thehealthgap.ca or www.wchf.ca. Together, we can – and will – change the world.

Katherine Hay
President & CEO
Women's College Hospital Foundation

V. Ann Davis
Chair, Board of Directors
Women's College Hospital Foundation

HOW YOU CAN HELP TO CLOSE THE HEALTH GAP

Women's College Hospital has a proud history of advocating for, and advancing, the health of women and girls but we know there is more work to be done to ensure that everyone has access to the healthcare they need. We also know we can't do it alone. Your support will help close the Health Gap for women everywhere – women like Nadine, Sharon and Bernice.



While growing up, Nadine experienced regular abuse at the hands of her caregivers. As an adult, the trauma of her past stayed with her and she struggled with mental health issues. When Nadine started seeing a psychiatrist at WCH's Women's Mental Health Program, it was the first time in her life that she didn't feel afraid, lost and alone.

As home to the largest research and treatment program of its kind in Canada, WCH is closing gaps by addressing the unique needs of women when it comes to mental health.



Sharon credits WCH with saving her life. In 2010, after participating in a WCH research study testing women for a cancer-causing genetic mutation, Sharon was told that she had tested positive.

Not only for the gene – but subsequently for breast cancer that had already developed. Without the BRCA finding, Sharon believes her cancer might have gone undiagnosed for years. Funding helps close the gap for more high-risk women like Sharon by creating access to genetic screening and life-saving treatment while advancing research with global impact.



When she was diagnosed with Type 1 diabetes in 1972 at age 24, Diane was told she had just 20 years to live – at most. But that was before she was referred to Women's College Hospital and its world-leading diabetes program.

Today, at 68 years old, Diane continues to have regular diabetes check-ups at WCH and feels great. With its unique research and clinical focus on women, WCH's Centre for Integrated Diabetes Care is closing the health gap and saving lives.

**HELP US CONTINUE CLOSING GAPS AND REVOLUTIONIZING HEALTHCARE FOR WOMEN.
VISIT [THEHEALTHGAP.CA](https://thehealthgap.ca) TO LEARN MORE AND DONATE TODAY.**

Donors pave way for next gen of health care

Without those close relationships, Women's 'hospital of future' would never have come to be

BY JESSICA WYNNE LOCKHART | SPECIAL TO THE STAR



Ten years ago, when the Women's College Hospital Foundation set an ambitious fundraising target of \$70 million to build the "Hospital of the Future," not only was Canada on the brink of an economic recession, but the foundation was also trying to sell the unknown.

How could it get donors to invest in a model of health care that was unpiloted?

"It was a challenge for people to understand what we were all about," says Kathy Hay, president and CEO of the WCH Foundation.

The proposed facility would revolutionize the way health care was provided to women and reframe what it meant to be a "hospital." Instead of in-patient beds, post-surgery recovery would happen in the comfort of patients' homes. A new clinic delivery model would centralize care, turning WCH into a one-stop health-care shop. Marginalized communities would be supported through mobile screening clinics. And above all else, the unique health-care needs of women would be central to the hospital's ongoing research.

Despite the obstacles, the WCH Foundation surpassed its multimillion dollar goal in 2015, raising \$77 million. More remarkably, it did so without an

Elana Trainoff and Kathy Hay

PHOTO: RYAN WALKER

anchor donation, instead relying on the support of 22,000 donors.

“They believed in us without being able to see what the ‘Hospital of the Future’ would look like,” says Hay. “There was no one in the country doing the type of care we were doing, so our relationship with donors was critical.”

One of these donors was Ed Clark. The former president and CEO of TD Bank Group was attracted to the project for its ability to address health-care gaps.

“You ask the question, ‘Is one women’s hospital one too many for Canada?’ It didn’t seem to me that it was,” he says.

As the honorary chair for the WCH Foundation, Clark is also the rallying force for the philanthropic community. While WCH’s mission to provide care exclusively to women appealed to many donors, Clark says the hospital’s focus on innovation was particularly attractive to the business community.

“If we are to solve some of the cost pressures on the health-care system, this is the business model of the future,” says Clark. “I think they’ve built a model that will be imitated across Canada.”

Hay admits having an anchor donor would have been easier, but she believes the conversation generated by a broad donor base propelled the campaign forward.

At the annual Women for Women’s luncheon, for example, more than 800 women are invited to participate in a conversation about health care. An open dialogue about health was central to its success. Over the last five years, the event has raised more than \$1.5 million to help build the new hospital. Women for Women’s is continuing in 2016 and beyond with focus on raising funds for WCH’s

priorities: global women’s health research, innovative solutions to improve the health system as a whole, and better patient care that puts women and their families first.

“Donors are the voice of the community,” says Hay. “It’s through the donors that we understand what our mission should be and the [Ministry of Health] understands what’s important to the community.”

Conversation is also central to WCH services, as patient Elana Trainoff discovered. Last February, at 40, Trainoff suffered a heart attack. She became a participant in the WCH’s cardiac rehabilitation program, the only one of its kind in Canada designed exclusively for women.

“Having a heart attack – especially as a young woman – was a very isolating and scary experience. Having other women to talk to about that in a female-focused environment was really nice,” Trainoff says. “From the minute I walked in, they got, from a women’s perspective, what I was dealing with, both emotionally and physically.”

True to the vision of the “Hospital of the Future,” WCH became a holistic recovery centre for Trainoff during her rehab. Visiting two to three times per week, she participated in supervised exercise, accessed the hospital’s social services and nutritionist, and took part in education programs. She’s since switched to visiting specialists including a cardiologist, who practises at WCH.

“I want it centralized because they know how to look at the full portfolio of your health care and from a woman’s perspective,” she says. “Women’s College really helped me get my life back in a way that I didn’t even have before.”

In October 2015, the second phase



Ed Clark

PHOTO: RYAN WALKER

of the new WCH opened, marking the end of construction on the facility – one which patients such as Trainoff describe as “modern,” “bright” and “accessible.” However, while fundraising for the bricks and mortar component of the “Hospital of the Future” has wrapped up, the work of the WCH Foundation is far from done.

Its focus has turned to supporting the WCH’s ongoing research, patient care for chronic conditions and the development of innovative solutions that will allow patients to recover more quickly at home.

None of this could have been accomplished without the generous support of WCH’s donors.

“The days of writing a cheque and handing it over are done. It’s not a transaction; it’s a relationship,” says Hay. “It’s about partnership, accountability and impact, and we need that in health care.”

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SITTING RIGHT?**

**YOU BETTER BE
SITTING DOWN**

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ABOUT THE
HEALTH GAP**

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WCHH
WOMEN'S COLLEGE HOSPITAL
Health care for women **REVOLUTIONIZED**

WHAT IS WOMEN'S COLLEGE HOSPITAL DOING TO CLOSE THE HEALTH GAP?

Women's College Hospital (WCH) is working to close the Health Gap through groundbreaking research, innovative models of care, education and specialized programs and services. With a vision and mission to advance and advocate for the health of women and improve healthcare options for all, WCH is closing the Health Gaps in a number of ways.

A HOSPITAL DESIGNED TO KEEP PEOPLE OUT OF THE HOSPITAL

Some of the biggest barriers women face in accessing the care they need are their daily obligations and family responsibilities, so WCH has developed models of ambulatory care that can deliver comprehensive programs with less disruption to patients' lives.

This includes services ranging from diagnostic investigations and therapeutic treatments to complex surgeries that can all be done without hospital admission and overnight stays. It's an innovative one-stop-shop approach which results in better treatment outcomes, higher patient satisfaction and a reduced risk of getting hospital acquired infections.

WOMEN'S COLLEGE RESEARCH INSTITUTE (WCRI)

Women's College Research Institute is the only Research Institute in Canada with a focus on women's health. Our researchers and scientists conduct research that improves the health of women, helps people prevent and manage complex chronic conditions that have unique implications for women throughout their lives such as depression, heart disease and sexual assault, and delivers tangible solutions for the most pressing issues facing our health system. Additionally, they are exploring the social, political and economic forces that influence women's health and their access to healthcare, and are looking to reinvent healthcare for women and their families using a gender sensitive approach through programs such as the Women's Xchange.

THE LARGEST WOMEN'S MENTAL HEALTH PROGRAM IN CANADA

WCH's interdisciplinary Women's Mental Health Program is the largest of its kind in Canada. This program provides innovative mental health

treatment, education and research and is designed around issues that are specific to women. This includes depression and anxiety associated with menstruation, pregnancy, childbirth and menopause; psychiatric and psychological issues that result from experiencing abuse and violence; and mental health issues associated with medical conditions such as diabetes or heart disease.

WOMEN'S CARDIOVASCULAR PROGRAM

The Women's Cardiovascular Health Initiative is Canada's first comprehensive assessment and lifestyle program for women with existing or potential heart problems. This program is also home to the first and only evidence-based cardiac rehabilitation program in Canada specifically for women. The WCH program has high adherence rates of 85%, compared to other cardiac rehab programs that report adherence rates of less than 50%.

MAKING HEALTHCARE ACCESSIBLE

Women face various challenges and barriers accessing healthcare for themselves and/or their families, and WCH has implemented a number of partnerships and programs to help make things easier. These include:

- **Stella's Playroom:** Stella's Playroom is a free, supervised play-zone for children whose parents are attending appointments making it easier for parents who need childcare to receive treatment;
- **YWCA Partnership:** For women living below the poverty line accessing healthcare can be very difficult. So WCH partnered with YWCA to provide primary care services onsite for the residents of the YWCA Elm Centre; and

- **Crossroads Clinic:** Refugees arriving in Canada face many challenges, including accessing healthcare services. Crossroads Clinic at WCH is the only hospital-based clinic providing comprehensive medical services to refugee families.

WOMEN'S HEALTH MATTERS

Women's Health Matters is the only website dedicated to women's health with free, evidence-based information from the women's health experts and clinicians at WCH. It provides health literacy for women:

- Feature Articles on health topics that affect Canadian women the most;
- Health Centres on topics such as heart health and diabetes;
- Every month in A Question of Health an expert from WCH answers a question about a specific health issue;
- The latest developments in women's health in the Health News section;
- Discussion Forums offer a virtual meeting place for women to share experiences; and
- The myhealthmatters.ca section delivers interactive content including videos, articles, and quizzes.

CARE FOR SURVIVORS OF SEXUAL ASSAULT AND DOMESTIC VIOLENCE

The incidence of sexual assault and violence against women is increasing. One in four women in North America will be sexually assaulted in their lifetime, yet many women do not report their assault to police because of stigmatization, financial dependence on their assailant or risks to their own and their childrens' safety. Through its Sexual Assault and Domestic Violence Care Centre (SA/DVCC) WCH is delivering education and building awareness of this growing problem and working with government partners to introduce policies that will help stop the cycle of violence. And the SA/DVCC is available 24 hours a day, seven days a week and is a comprehensive service for victims of violence.

HELPING WOMEN DEAL WITH ADDICTIONS AND SUBSTANCE USE

Most addiction treatment takes place in institutions that are far away from healthcare centres, have long waiting lists and primarily use psychosocial counselling. This means that when patients are in crisis often the only place they can turn to is their nearest emergency department, which doesn't lead to optimal, long term treatment results. So WCH developed the Substance Use Network (SUN), a program that improves access and views addiction as both a biomedical and psychological illness. This unique service uses completely different models of care with an inter-professional team combining addictions services, family medicine, psychiatry and social work. It also offers an ambulatory detox program which allows patients to avoid hospital admission and return home and to their work and family responsibilities while undergoing detox.

PREVENTION AND TREATMENT OF HEREDITARY WOMEN'S CANCERS

WCH is home to the Familial Breast Cancer Research Unit, a world leader in the diagnoses and prevention of genetic breast and ovarian cancer and in innovative work on women's experiences of cancer. WCRI's Dr. Steven Narod has been named the most cited breast cancer researcher in the world and his work in the discovery of the BRCA genetic mutation has had a profound impact on the prevention, screening and treatment for breast and ovarian cancers. Following on the discovery of the BRCA gene, in 2015 WCRI scientists discovered another breast cancer genetic mutation that could lead to new treatments that would correct risky gene mutations in women.

Reinforced by critical philanthropic investments and community support, WCH is working to close these Health Gaps.

Visit thehealthgap.ca to read more.

WOMEN'S COLLEGE HOSPITAL

RIBBON CUTTING

On June 10, 2016, Women's College Hospital celebrated the official ribbon cutting for its new state-of-the-art building. Prime Minister Justin Trudeau, Premier Kathleen Wynne, Mayor John Tory, and numerous other dignitaries, special guests, as well as philanthropic donors, staff, clinicians and volunteers joined in the celebration of this exciting milestone in the hospital's history. The event also included the unveiling of a commemorative stone and historic time capsule by Prime Minister Trudeau and Premier Wynne. The ribbon cutting marks a new chapter in the hospital's history and ushers in the next era of exemplary patient care and advancements in the health of women.



To view more photos and a video from this event, please visit www.womenscollegehospital.ca.

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FOR WOMEN
IS GETTING WIDER
YOUR GRIT AND

GENEROSITY

CAN CLOSE IT

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