PRAIRIE WOMEN'S HEALTH

CENTRE OF EXCELLENCE

RESEARCH POLICY COMMUNITY

Improving ,

Over's

Health





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## Message from the Board Chair and Executive Director

Welcome to our third Annual General Meeting.

Prairie Women's Health Centre of Excellence is a remarkable place with remarkable women. This statement is not as self-serving as it may sound. Over the past year the Board of Directors has provided direction as always, but also has had to absorb the recent announcement that the federal funds that support our infrastructure will no longer be available after March 2013. Regrettable as the news is, the Board has again shown leadership and is awaiting new information about all possible options before deciding upon the future.

In the meantime, over the last year we have been delighted to see the fruition of a number of projects. As the staff describe in the following pages, we have conducted new research with women about their maternity care experiences, breastfeeding, limited food choices in inner cities, and health and safety in mines. Each of these projects contributes new evidence in areas of women's health that have not been well explored. We are so privileged to work with community and government partners and experts who can help ensure that the research will be of value to improve women's and girls' health.

In our continued work on women and gender in healthy living, PWHCE partnered with the BC and Atlantic Centres of Excellence for Women's Health in a national project, *Rethinking Healthy Living*, due out later this fall. This analysis of the historical and current discourse of healthy living assesses what is known about whether and how women stay healthy, and provides examples of successful programs and policies that have supported communities to create healthy environments.

Last year PWHCE received a grant from the Truth and Reconciliation Commission to undertake a new digital stories project with women about the lasting effects of the Indian residential schools. The two projects we have been involved in have had profound effects on viewers, leading to increasing numbers of invitations to present the work. A new project, in partnership with the University of Winnipeq, will bring in men's stories.

We look back upon a year of new work and opportunities. As we write this letter, we are not sure what the future holds for PWHCE. For now, we can say thank you for your continued interest and support.

Jocelyne Lavergne Board Chair

Margaret Haworth-Brockman Executive Director

### **Board Members**

#### Saskatchewan

Pat Faulconbridge (ex officio)
Judy Hughes
Noreen Johns
Marlene Larocque
Jocelyne Lavergne
Jennifer Poudrier
Diane Rogers
Lil Sabiston

#### Manitoba

Darlene Beck
Joan Dawkins (Past Chair)
Karen Harlos
Fjola Hart-Wasekeesikaw (Vice Chair)
Judith Huebner
Freda Lepine
Paula Migliardi
Dawn Ridd (ex officio)
Jann Ticknor

# Research Associates & Assistants 2012

Laureen Fulham
Jessica Grant
Aynslie Hinds
Jami Neufeld
Alexandria O'Toole
Rachel Rapaport Beck
Nicola Schaefer
Dorian Watts

## **Staff**

Pamela Chalmers - Administration/Knowledge Translation Yvonne Hanson - Researcher/Diversity Education Coordinator Margaret Haworth-Brockman - Executive Director Harpa Isfeld - Senior Researcher Diane Nicholson - Administrative Coordinator Carla Simon - Director of Communications Roberta Stout - Researcher, Aboriginal Women's Health Sheryl Peters - Researcher

### **Our vision**

Our vision is healthy women and girls, and their communities and families.

### **Our mission and mandate**

Our mission is to improve the health and women of girls through high quality, women-centered, action oriented research and policy analysis.

PWHCE is a leader in community-focused research, evaluation, and gender-based analysis and offers the best available evidence to inform decision-makers at the community and government level.

Established in 1996, PWHCE has established a reputation as an ethical organization known for its success at purposefully working with and for Prairie women, respectful of the diversity of partners not only across Manitoba and Saskatchewan, but in the wider Canadian community and internationally.

#### We provide:

- Outstanding research
- · Pragmatic program evaluations
- Capacity building: consultation and training with support
- · Knowledge transfer/exchange
- Writing, facilitating

We are rooted in a long history of Prairie Women's commitment to women's health:

- We bring a depth of experience and skill to research by, with, and for communities
- We help organizations and decision makers translate data and analysis into strategies and action
- We offer our advanced knowledge and skills to others through training and mentoring

## **Research and Program Highlights**

#### Harpa Isfeld Senior Researcher

The past year saw our persistent commitment to better evidence through sex and gender-based analysis (SGBA)—a mainstay in PWHCE's approach to generating knowledge on women's distinct and diverse health needs.

This year, we brought a critical analysis to bear on the 'healthy living' policy area, and its evidence base. Although women are often specially targeted in behaviourist approaches to health promotion, little attention is given to the social determinants that constrain women's opportunities and choices for healthy lifestyles.

Our profile of women's healthy living explored eight topic areas and over 80 indicators, with further analyses on dimensions of diversity. Through coordinating data acquisition and analysis, I earned an awareness of common pitfalls of SGBA applied to quantitative data sets-lessons gathered in a technical appendix. A separate paper addressed challenges in 'engendering' falls injury data, an area dominated by gender-blind perspectives that view aging merely as physical change.

Overall, injuries to women—whether in the workplace or home—have not received due attention. A chapter devoted to injury highlighted many issues for women, including widespread inattention to gender-based violence; poor recognition of injury risks in sex-segregated administrative and caring work; and inadequate safety training for women in growing, non-traditional fields.

I am inspired, more than ever, by our network of allies in community. An unmistakable legacy of PWHCE will reside there, as will the impetus for continued collective action. Thanks to all involved for the pleasure and privilege of this work with you.



#### Roberta Stout Researcher

## Injury and Injury Prevention: Women in Work Related to Mining

Building on two years of research that explored the perspectives and experiences of Aboriginal women working in resource extractive industries in Northern Manitoba and Saskatchewan, this year we focused our attention to deepening our understanding of injury and injury prevention for women who work in mining.

In our latest research we heard from women about work-related injuries that can happen in any position across the industry, be it in the office, in the field, on surface, in processing or underground. Poor ergonomics, fatigue and depression were the most frequent health concerns brought up by women in office settings. Injury prevention for them included ergonomic assessments, chiropractic services and more moving about during their shifts. Amongst those in the field, in processing and underground, we heard about physical injuries, such as broken bones, sprains, twisted ankles, crushed hands, back and shoulder injuries and burns to skin and eyes.

Many of these injuries required medical attention and sometimes temporary leave from work. They stressed the importance of safety training, awareness, communications, and reporting as key to injury prevention.

For women who primarily do shift work and live in mine camps, there were added layers of emotional injury and stress due to a work culture dominated by men, continued sexual harassment and intimidation, inadequate spaces designated for a growing workforce of women and anxiety around job advancement due to their reproductive and maternal health needs and responsibilities, to name a few.

As industrial development continues to expand, so too will the numbers of women employed in the mining sector. Continued and targeted research in this area can contribute to women's full, safe participation in economic development initiatives such as mining.



#### nitâpwewininân: Ongoing Effects of Residential Schools on Aboriginal Women - Toward Intergenerational Reconciliation

From August 2011 to March 2012, PWHCE and Ka Ni Kanichihk's Moon Voices program collaborated on a community-driven, art-based project entitled *nitâpwewininân*: Ongoing Effects of Residential Schools on Aboriginal Women - Toward Inter-generational Reconciliation. All eight women who participated designed, developed and presented a digital story rooted in their understanding and experiences of the legacy of Indian residential school system. Their stories highlighted the complex connections and disconnections amongst children, parents, families and

communities; the profound relationship between culture and spirituality with resilience; the determination to disclose personal and collective injustices; and the power in reconciliation.

This project was funded through the Truth and Reconciliation Commission of Canada.



From left to right: Sylvia Boudreau, Linda Murphy, Brenda Cochrane, Pelagie Hart, Chief Justice Murray Sinclair, Katherine Sinclair Arlene Joe-Mann, Maxine Boulanger, Gail Constant and Paula Ducharme.

#### Yvonne Hanson Researcher / Diversity Education Coordinator

This year I enjoyed the opportunity to work on three joint research projects. The first two projects involved collaboration with my colleague Roberta Stout in PWHCE's Winnipeg office; the third project involved partnering with our sister centre on the east coast, the Atlantic Centre of Excellence for Women's Health (ACEWH).

In the project *Cartographies of Salt: Sodium, Healthy Eating and the Built Environment*, we interviewed women in Saskatoon and Winnipeg about their lived experiences of seeking out healthy foods in urban neighbourhoods classified as food deserts. Food deserts are built environments where a combination of low income and few opportunities to obtain fresh food makes it difficult to eat well. The study aimed to understand what social, economic and physical factors were at play in obtaining fresh foods and whether eating elevated amounts of sodium through packaged and processed foods resulted.

The second project, entitled *Breastfeeding: Understanding* the Motivations and Supports for Women in Saskatoon and Winnipeg involved groups of mothers who had chosen to breastfeed their babies. Roberta and I sat down with women to discuss their reasons for and challenges in, breastfeeding their babies. Additional interviews were conducted with some healthcare providers that supported women who breastfed.

The final project was a joint project led by the ACEWH: Weight Expectations: Experiences and Needs of Overweight and Obese Pregnant Women and their Healthcare Providers. Thirty-three women and their health care providers, throughout Nova Scotia and Saskatchewan, were interviewed. We gained a new understanding of the psychosocial needs of pregnant women, enabling us to make some practical recommendations for healthcare providers to better support this increasing population in maternity care.

Aside from research, PWHCE contracted with Status of Women Canada to offer gender-based analysis training to federal departmental staff in Ottawa. Between the months of January to May, Margaret and I facilitated five day-long training workshops to a broad range of participants in the federal family.



## Carla Simon Director of Communications

This year built upon past work to diversify our community based research and expanded our use of social media.

Last year we launched our Facebook page. Now 80+ active members are discussing current issues affecting women's health in this shared space. We are sharing digital stories about the intergenerational effects of residential schools on our new YouTube channel. While PWHCE's future remains uncertain, I hope our networks we've built might outlast the projects which birthed them, reaching new audiences including young Canadians.

The SGBA e-learning resource (www.sgba-resource.ca) and The Source (www.womenshealthdata.ca) continue to engage, inform and engender discussion online and at events. These resources and data are being used in coursework including statistics, and while most online users are Canadian, many new readers joined us from France, USA, UK, Morocco and Australia. In PWHCE and BCCEWH's February workshop at home in Winnipeg, we were pleased to see the familiar faces of several who had attended training two years ago when the book *Rising to the Challenge* was launched, and revitalize our community network.

In Regina, PWHCE and the Status of Women Office, Ministry of Social Services co-hosted a Women's Health Research Day in June. Participants learned more about interesting research in the prairies, heard what women are saying and shared helpful resources. PWHCE and Ka Ni Kanichihk's Moon Voices also launched the *nitâpwewininân*: Ongoing Effects of Residential Schools on Aboriginal Women - Toward Inter-generational Reconciliation project at University of Winnipeg's Convocation Hall. Honourable Justice Murray Sinclair, Commissioner Marie Wilson and Commissioner Wilton Littlechild attended. For some participants this was the first time they realized they were affected by residential schools. The process of engagement and relationship-building helped them feel they were not alone. As Roberta Stout commented,

"It's this web of interconnection and relationships that's going to last forever. Each time these stories are shared, more relationships are going to be formed, and more interest is going to be brought up into this project and this process. And so the point of relationships is just so critically important."



## **Financial Summary**

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TEL: (204) 284-7060 FAX: (204) 284-7105



#### **Independent Auditors' Report**

To the Directors of Prairie Women's Health Centre of Excellence Inc.

We have audited the accompanying financial statements of Prairie Women's Health Centre of Excellence Inc., which comprise the statement of financial position as at March 31, 2012, and the statements of operations and changes in net assets for the year then ended, and a summary of significant accounting policies and other explanatory information.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Continued

#### Continued from previous page.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Organization's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Prairie Women's Health Centre of Excellence Inc. as at March 31, 2012, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

#### Emphasis of Matter

Without qualifying our opinion, we draw attention to Note 2 in the financial statements which indicates that the Organization's Health Canada funding will cease effective March 31, 2013. This condition indicates the existence of a material uncertainty that may cast significant doubt about the Organization's ability to continue as a going concern.

Winnipeg, Canada

Winnipeg, Canada September 21, 2012



Statement of Operations						0040		0044
Year ended March 31						2012		2011
Revenues								
Health Canada					\$	505,753	\$	569,309
Manitoba Health						50,216		The second second
Truth and Reconciliation Commission of Canad	a					25,000		-
Pan American Health Organization						10,237		-
Status of Women Canada						7,312		
Canadian Research Institute for the Advancement	ent c	of Women				5,000		2.5
British Columbia Centre of Excellence for Wom	en's	Health				2,120		-
Miscellaneous income						698		4,870
First Nations and Inuit Health Branch								22,768
Winnipeg Foundation								12,000
World Health Organization								10,857
Women and Health Care Reform						•		5,000
Status of Women Office - Saskatchewan						-		4,000
Public Health Agency of Canada						-		3,090
Canadian Institute of Health Research								3,000
Saskatchewan Health Research Foundation					-	- 20	_	2,500
					92.	606,336	335	637,394
Expenditures								
Health Canada (Page 9)						505,753		569,309
Research						63,609		12,795
Travel						29,373		22,195
Contracted services						15,612		6,639
Office						13,992		6,537
Repairs and maintenance						•		3,630
Printing and reproduction							0	297
						628,339	_	621,402
(Deficiency) excess of revenues over expenditures					\$	(22,003)	\$	15,992
Statement of Changes in Net Assets Year ended March 31 2012								
			Sus	stainability				
				and				
		Operating Fund	Dev	elopment Fund		Total 2012		Total 2011
Balance, beginning of year	\$	132,791	\$	8	\$	132,791	\$	116,799
The state of the s		100.00						48.0
Deficiency) excess of revenues over expenditures nterfund transfer (Note 7)		(22,003) (70,000)		70,000		(22,003)		15,992
mortano dandiei (Hote I)	_	(10,000)	-	10,000	_			
Balance, end of year	\$	40,788	\$	70,000	\$	110,788	\$	132,791
National Control of Co								

March 31		2012		2011
Assets				
Current				
Receivables	\$	202,027	\$	212,461
Prepaid expenses		2,613		3,770
Due from University of Saskatchewan	No.	9,184	07	-
	\$	213,824	\$	216,231
Liabilities				
Current				
Payables and accruals	\$	42,331	\$	32,933
Deferred contributions	35	5,000		5,716
Due to University of Winnipeg	_	55,705		44,791
		103,036		83,440
Net Assets				
Operating Fund		40,788		132,575
Sustainability and Development Fund	-	70,000	les.	216
	1	110,788	_	132,791
	\$	213,824	\$	216,231
On behalf of the Board				
On behalf of the Board  Justin Hullin Director			Dire	ector
Justin Hullin Director  Schedule of Health Canada Expenditures			Dire	U1100
Justin Hullin Director  Schedule of Health Canada Expenditures		2012	Dire	2011
Schedule of Health Canada Expenditures Year ended March 31	\$			2011
Schedule of Health Canada Expenditures Year ended March 31 Salaries and benefits	\$	351,655	Dire	2011 336,75
Schedule of Health Canada Expenditures Year ended March 31 Salaries and benefits Contractual personnel	\$	351,655 30,085		2011 336,75 92,17
Schedule of Health Canada Expenditures Year ended March 31 Salaries and benefits Contractual personnel Travel and accommodations	\$	351,655 30,085 15,505		2011 336,75 92,17 14,00
Schedule of Health Canada Expenditures Year ended March 31  Salaries and benefits Contractual personnel Travel and accommodations Meetings and training	\$	351,655 30,085 15,505 10,136		2011 336,75 92,17 14,00 18,54
Schedule of Health Canada Expenditures Year ended March 31  Salaries and benefits Contractual personnel Travel and accommodations Meetings and training Materials	\$	351,655 30,085 15,505		2011 336,75 92,17 14,00 18,54 8,00
Schedule of Health Canada Expenditures Year ended March 31  Salaries and benefits Contractual personnel Travel and accommodations Meetings and training Materials Audit	\$	351,655 30,085 15,505 10,136 17,559		2011 336,75 92,17 14,00 18,54 8,00 7,50
Schedule of Health Canada Expenditures Year ended March 31  Salaries and benefits Contractual personnel Travel and accommodations Meetings and training Materials Audit Evaluation	\$	351,655 30,085 15,505 10,136 17,559 7,500		2011 336,75 92,17 14,00 18,54 8,00 7,50 34,32
Schedule of Health Canada Expenditures Year ended March 31  Salaries and benefits Contractual personnel Travel and accommodations Meetings and training Materials Audit Evaluation Communication and dissemination	\$	351,655 30,085 15,505 10,136 17,559 7,500		2011 336,75 92,17 14,00 18,54 8,00 7,50 34,32 26,11
Schedule of Health Canada Expenditures Year ended March 31  Salaries and benefits Contractual personnel Travel and accommodations Meetings and training Materials Audit Evaluation Communication and dissemination Rent and utilities	\$	351,655 30,085 15,505 10,136 17,559 7,500		2011 336,75 92,17 14,00 18,54 8,00 7,50 34,32 26,11 14,62
Schedule of Health Canada Expenditures Year ended March 31  Salaries and benefits Contractual personnel Travel and accommodations Meetings and training Materials Audit Evaluation Communication and dissemination Rent and utilities Equipment	\$	351,655 30,085 15,505 10,136 17,559 7,500 - 2,492 24,506		2011 336,75 92,17 14,00 18,54 8,00 7,50 34,32 26,11 14,62
Justin Hullin Director  Schedule of Health Canada Expenditures	\$	351,655 30,085 15,505 10,136 17,559 7,500 2,492 24,506 314		UTROW!

### **Thanks**

Thank you to the following organizations and people for the ongoing support which makes our community based research possible:

Arlene Mann-Joe

Atlantic Centre of Excellence for Women's Health

BC Centre of Excellence for Women's Health

**Brock Pitawanakwat** 

Brenda Cochrane

Canadian Women's Health Network (CWHN)

Carolyn Moar

Claudette Michell

**CY Solutions** 

Depeng Jiang, Biostatistical Consulting Unit, Faculty of Medicine, University of Manitoba

**Doris Mae Oulton** 

**Gail Constant** 

Health Canada

Institute of Women and Gender Studies, University of Winnipeg

Ka Ni Kanichick (Moon Voices)

Karen Stuart

Kim Hunter

Laurie Messer

Leslie Spillett

Linda Murphy

Lisa Forbes

Lisa Murdock

Lorena Fontaine

Manitoba Health

Maxine Boulanger

National Network on Environments & Women's Health

Pelagie Hart

Paula Ducharme

Shannon Courtemanche-Cormier

Status of Women Canada

Sylvia Boudreau

The HIV Caribbean Office Pan-American Health Organization

Truth and Reconciliation Commission of Canada

Wendy McNab



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RESEARCH ■ POLICY ■ COMMUNITY

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for WOMEN'S HEALTH