





### **Echo Advance**

### Improving Women's Health in Ontario: Priorities and Actions

Hearing HIV Positive Women's Voices from Southwestern Ontario

# Key Recommendations for the Framework in their Communities

- Target health care and other types of services to address specific needs and contexts of women's communities.
- Build capacity at the community-level to ensure culturally-sensitive and appropriate services are available for HIV-positive women.
- Employ the Women's Health Framework to promote advocacy and empower women to take action.
- Address violence against women, while recognizing and attending to interconnected issues (i.e., housing, poverty, etc.).
- Address the social determinants of health; in particular, affordable housing, childcare, transportation, and pay equity for women.
- Integrate health and social services to develop a 'one-stop-shop' approach while taking into consideration acceptability and accessibility for women.

The AIDS Committee of Windsor and Regional HIV/AIDS Connection recently co-hosted a women's health event and invited Echo to discuss the Ontario Women's Health Framework with nearly 40 HIV positive women from Southwestern Ontario. After a rich and engaging conversation, the women worked in two breakout groups to create recommendations for policy and local action inspired by the Framework<sup>i</sup>.

This Echo Advance shares highlights from the Ontario Women's Health Framework<sup>ii</sup>, offers a brief description of HIV positive women in Ontario, and features the recommendations generated by the participants.

Working together to build a framework for improving women's health in Ontario

Women in Ontario continue to experience health disparities

that could be readily reduced. Echo: Improving Women's Health in Ontario has partnered with a

diverse group of players to build and refine Ontario's first ever Framework that has set priorities to improve women's health. We cannot claim to have a quality health care system in Ontario unless we address equity for women and men.



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<sup>&</sup>lt;sup>1</sup> In 2010, Echo: Improving Women's Health in Ontario partnered with five organizations across the province in order to share highlights of a draft Framework for women's health in Ontario. Over 200 women provided recommendations for strengthening the Framework and for applying it locally.

<sup>&</sup>quot;The final Framework was released in June 2011 and can be found on our website: www.echo-ontario.ca

The vision statement for the Framework is: improved health and wellbeing for all Ontario women, particularly those who are disadvantaged, through targeted approaches and system changes.

# The Framework highlights three priority areas for action:

## 1. Reduce health inequities resulting from women's social roles and status

The main way to improve women's health is to ensure that women have access to the social determinants of health, such as a decent income, employment, safe housing in healthy communities, education, and freedom from violence, stigma and racism. Sexual orientation, (dis)ability, ethnicity, and English language skills are significant factors that affect women's health, and influence whether they seek out health services. Aboriginal women are among the most disadvantaged because of the significant history of cultural interference and oppression that has occurred. Women, because of their social and reproductive roles, often have less access to or control over factors that help them be healthy.

# 2. Strengthen the reliability and quality of care delivery

Service planning must consider the unique needs of different groups of women. For example, women coping with poverty, stigma, geographic barriers, or cultural factors are often prevented from seeking out basic services. Similarly, women labelled disabled often require longer appointments and special equipment, which are not routinely available. Francophone women have said they often have to choose between 'good' health care services, and services offered in French. Addressing these barriers would result in earlier detection of health issues for marginalized women, earlier treatment, fewer personal and health system costs, and improved health outcomes.

# Sociodemographic Profile of HIV Positive Women in Ontario\*

- Over 4700 women are living with HIV in Ontario, most of whom acquired HIV through sexual contact<sup>1</sup>.
- Women accounted for almost 1 in 4 new infections in 2008<sup>1</sup>.
- Women who inject drugs report riskier injection behaviours than men: 25% received used needles; 44% used paraphernalia (e.g., water, cooker); 29% lend used needles; 42% lend used paraphernalia<sup>1</sup>.
- Women accounted for almost one-third of users of the community-based HIV services in 2008/09<sup>1</sup>.
- Prenatal screening for HIV in Ontario occurs at very high rates; 95% of pregnant women who received prenatal testing in 2009 were screened for HIV<sup>1</sup>.
- From 2005-2009, 91% of HIV-positive pregnant women received antiretroviral therapy; this would prevent the majority of mother-to-child transmission of HIV during pregnancy or delivery<sup>1</sup>.
- Symptom burden is generally higher in women; women in lower income groups in particular reported more symptoms than those in higher income groups<sup>1</sup>.
- The highest HIV-related mortality rate among women was experienced by those born in sub-Saharan Africa (6.9 per 100,000) compared to those from the Caribbean (1.6 per 100,000) or Canada (0.4 per 100,000)<sup>1</sup>.
- Aboriginal Canadians are disproportionately affected by HIV/AIDS-3.6 times higher than non-Aboriginals<sup>2</sup>.
- Aboriginal people with HIV in Ontario are more likely to experience worse social and economic conditions and challenging housing situations<sup>2</sup>.

<sup>\*</sup>N.B. A number of data sources were used to provide the statistics here and a complete list can be found in the POWER Study Chapter on HIV Infection (see references).

#### 3. Ensure planning and accountability that reflect the priorities of women

When data are examined to show how gender (social roles) and sex (biology) affect health, and when these data are considered with respect to ethnicity, geography, income and other factors, we can see where to focus efforts to improve health and health service outcomes. Similarly, policies need to be considered from a sex and gender perspective so that the policy objectives are met and barriers are addressed. It is also important to maintain access to essential women-specific services (e.g., sexual assault and domestic violence, abortion and family planning, and maternity care) and for women to have access to early stage interventions.

#### Response to the Framework's priorities and actions

HIV-positive women from Southwestern Ontario are pleased to see the Framework:

- endorses women-specific services and culturally-sensitive care;
- promotes advocacy and empowers women to take action;
- prioritizes higher quality of care; and
- addresses the social determinants of health.



#### Moving the Framework forward

Activities in support of the Framework will need monitoring. Key health measures (indicators) will help us track the impact of the Framework. The health indicators developed as part of the POWER Study (<a href="www.powerstudy.ca">www.powerstudy.ca</a>) can be separated by sex and also by education, income, and ethnicity where possible<sup>4</sup>. We need to choose health indicators that will reflect improvements in women's health and women's perceptions of health and health services.

The Framework will support action and improvements in health and quality care for women. The following groups are among the players we believe have responsibility and can support the improvement of women's health in Ontario: the Ontario government; the Ministry of Health and Long-Term Care and other ministries; researchers and educators; First Nations, Métis and Inuit communities and their governing bodies; local actors such as the Local Health Integrated Networks

(LHINs), health and social service providers, related organizations and professionals, and community members; and of course, Echo: Improving Women's Health in Ontario.

### Local action for women's health is needed

The discussion about women's health led to the following recommendations for actions in their communities in Southwestern Ontario:

- support women to have safe places where they can meet and talk about their health issues and their lives;
- offer or subsidize childcare services for women with children so they can attend health and/or support services;
- provide doctors, nurses and pharmacists with more education and information about HIV/AIDS and the factors affecting women specifically;
- respect women's privacy; disclosure of their HIV status is their choice.

- develop a new agency to support women with HIV/AIDS in Sarnia and Woodstock;
- draw media attention to HIV-positive women's health issues as well as social determinants of health (i.e., poverty) in order to educate others;
- continue to offer opportunities for women with HIV to be consulted about their health needs;
- become more involved in youth activities, so children and young people are educated about HIV/AIDS and healthy sexuality at a young age; and
- do outreach and advocacy at local schools, particular those in rural areas about HIV/AIDS and healthy sexuality.

Echo appreciates the opportunity to work with partners and community women to advance women's health in Ontario. For more information, please contact Simone Kaptein by email at <a href="mailto:skaptein@echo-ontario.ca">skaptein@echo-ontario.ca</a> or by phone at (416) 597-9687 ext. 230.

#### References

<sup>1</sup> Bayoumi A.M., Degani, N., Remis, R.S., Walmsley, S.L., Millson, P., Loutfy, M., et al. In A. S. Bierman (Ed.), *HIV Infection*. Project for an Ontario Women's Health Evidence-Based Report: Volume 2: Toronto; 2011.

<sup>2</sup> Monette, L.E., Rourke, S.B., Gibson, K., Bekele, T.M., Tucker, R., Greene, S. et al. and the Positive Spaces, Healthy Places Study. *Inequalities in determinants of health among Aboriginal and Caucasian persons living with HIV/AIDS in Ontario: Results from the Positive Spaces, Health Places Study.* (2011). Canadian Journal of Public Health, 102(3), 215-219.

### About Echo: Improving Women's Health in Ontario

Echo is an agency of the Ministry of Health and Long-Term Care. Our vision is improved health and well-being and reduced health inequities for Ontario women. For more information, please see <a href="https://www.echo-ontario.ca">www.echo-ontario.ca</a>.

#### **About AIDS Committee of Windsor**

The AIDS Committee of Windsor provides client advocacy, support, harm reduction, health promotion and education services for people living with, affected by, or at risk of HIV/AIDS in Windsor-Essex and Chatham-Kent. For more information, please see <a href="http://www.aidswindsor.org/">http://www.aidswindsor.org/</a>.

### About Regional HIV/AIDS Connection

The Regional HIV/AIDS Connection provides HIV/AIDS education, support and advocacy to people living with, affected by and at risk for HIV/AIDS in the six counties of

ng with,
counties of
Oxford. For more information, please see



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