WOMEN'S HEALTH RESEARCH:
A PORTRAIT OF WOMEN'S HEALTH IN ATLANTIC CANADA[1]

Speaking notes to the National Council of Women of Canada
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by
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1.1 OPENING REMARKS: IT IS A PRIVILEGE AND HONOUR TO SPEAK THIS MORNING ON BEHALF OF THE ATLANTIC CENTRE OF EXCELLENCE FOR WOMEN'S HEALTH. MY PRESENTATION, "A PORTRAIT OF WOMEN'S HEALTH IN ATLANTIC CANADA - 2002", IS BASED ON THE RESEARCH AND COMMISSIONED WORKS OF THE CENTRE DURING OUR FIRST FIVE YEARS, SPECIFICALLY THE WOMEN'S HEALTH IN ATLANTIC CANADA TRILOGY[2].

1.2 KEY MESSAGES:

- IT IS DIFFICULT TO ACHIEVE ECONOMIC DEVELOPMENT IN CANADA UNLESS WE FIRST ADDRESS POVERTY AND INJUSTICE -- AND THE HEALTH OF SOCIALLY AND ECONOMICALLY EXCLUDED OR "FORGOTTEN POPULATIONS", THAT IS WOMEN AND CHILDREN WHO LIVE IN DISADVANTAGED CIRCUMSTANCES.

- SOCIAL JUSTICE AND ECONOMIC EQUALITY ARE CENTRAL TO THE DEVELOPMENT OF ALL CIVIL SOCIETIES. WE NEED TO PROMOTE SOCIAL CHANGE THROUGH POLICY BASED RESEARCH IN AREAS WHICH HAVE TRADITIONALLY BEEN UNDERVALUED AND UNRECOGNIZED. WE WOULD

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[1]See: Carol Amaratunga, Pamela Roy and Meddy Stanton editors. **A Portrait of Women's Health in Atlantic Canada, Volume 1,** Maritime Centre of Excellence for Women's Health, Halifax, N.S.,2000, . The speaker gratefully acknowledges the work of Dr. Ronald Colman, GPI Atlantic, and author of Chapter 1, *"Women's Health in Atlantic Canada"*, pp. 9-41. Observations in this presentation are also based on the work of the National Coordinating Group on Health Care Reform and the National Think Tank on Gender and Unpaid Caregiving and the Charlottetown Declaration, November 11, 2001; the research of the Centres of Excellence for Women's Health (CEWHP); and the Healthy Balance Program on Women's Unpaid Work and Caregiving, a Community Alliance for Health Research (CAHR) funded by the Canadian Institutes of Health Research (CIHR) and awarded to the Atlantic Centre of Excellence for Women's Health and the Nova Scotia Advisory Council on the Status of Women.

[2]Ibid.

DO WELL TO REMEMBER A COMMENT BY GANDHI, TO THE EFFECT THAT "VIOLENCE IS THE WORST FORM OF VIOLENCE" IN A SOCIETY

- AT THE ATLANTIC CENTRE OF EXCELLENCE FOR WOMEN'S HEALTH (ACEWH), WE HAVE LEARNED THAT POLICY IS USUALLY INFLUENCED THROUGH A COMBINATION OF FACTORS: EVIDENCE BASED RESEARCH, PUBLIC OPINION AND SOMETIMES PUBLIC OUTRAGE.

- IT IS IMPORTANT TO SUPPORT INVESTMENT IN ARMS LENGTH INSTITUTIONS, SUCH AS CENTRES OF EXCELLENCE FOR WOMEN'S HEALTH IN ORDER TO ENSURE WOMEN'S HEALTH IS ON THE POLITICAL AGENDA AND RADAR SCREEN OF DECISION MAKERS. CANADA, AS A CIVIL SOCIETY, NEEDS GENDER SENSITIVE POLICIES, PROGRAMS AND SERVICE DELIVERY IN HEALTH CARE - ACROSS THE LIFESPAN.

- SOCIAL CHANGE/SOCIAL JUSTICE AGENDAS CAN BE PROMOTED THROUGH POLICY AND ACTION RESEARCH IN WOMEN'S HEALTH. TOGETHER, CENTRES OF EXCELLENCE FOR WOMEN'S HEALTH AND ALLIED PROGRAMS SUCH AS THE FEDERAL STATUS OF WOMEN, PROVINCIAL ADVISORY COUNCILS ON THE STATUS OF WOMEN, AND NON GOVERNMENTAL ORGANIZATIONS SUCH AS NCWC, GPI ATLANTIC (GENUINE PROGRESS INDEX), ETC PLAY IMPORTANT ROLES IN ADVANCING THE HEALTH AND WELL BEING OF WOMEN IN CANADA.

1.3 THE HISTORY OF THE ACEWH. PART OF A NATIONAL NETWORK OF CENTRES OF EXCELLENCE FOR WOMEN'S HEALTH - WITH CENTRES IN HALIFAX, TORONTO, WINNIPEG AND VANCOUVER (refer to www.medicine.dal.ca/acewh). THE CANADIAN WOMEN'S HEALTH NETWORK, OR CHWN, A NATIONAL NGO IS A KEY PROGRAM PARTNER AND IS RESPONSIBLE FOR OUR NATIONAL BILINGUAL PUBLICATIONS AND COMMMUNICATIONS PROGRAM. (See www.cwhn.ca)

THE IDEA FOR THE CENTRE OF EXCELLENCE FOR WOMEN'S HEALTH PROGRAM WAS FIRST IDENTIFIED IN THE LIBERAL RED BOOK IN 1993. IN 1996 THE GOVERNMENT OF CANADA COMMITTED $12m OVER 6 YEARS AND ALLOCATED $2m FUNDING FOR EACH CENTRE. THE PROGRAM IS MANAGED BY THE WOMEN'S HEALTH BUREAU, HEALTH CANADA AND HAS A MANDATE TO IMPROVE THE HEALTH OF WOMEN IN CANADA THROUGH RESEARCH WHICH ADDRESSES THE SOCIAL DETERMINANTS OF HEALTH.

THE ATLANTIC CENTRE OF EXCELLENCE FOR WOMEN'S HEALTH GOAL IS TO SUPPORT CAPACITY BUILDING IN WOMEN'S HEALTH RESEARCH, AND TO INFLUENCE POLICY AND PROMOTE ACTION ON THE SOCIAL FACTORS THAT AFFECT THE HEALTH AND WELL BEING OF WOMEN AND THEIR FAMILIES. IT IS OUR VIEW[3], THAT WOMEN'S HEALTH IS MUCH MORE THAN A MATTER OF

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[3]Ibid. .pp 5 - 7

MEDICAL CARE. A WIDE RANGE OF FACTORS INTERACT WITH EACH TO AFFECT PEOPLE'S WELL BEING, AND PLAY OUT DIFFERENTLY IN THE LIVES OF WOMEN AND MEN. FOR US, WOMEN'S HEALTH INVOLVES OUR EMOTIONAL, SOCIAL, CULTURAL, SPIRITUAL AND PHYSICAL WELL-BEING, AND IS DETERMINED BY THE POLITICAL AND ECONOMIC CONTEXT OF WOMEN'S LIVES AS WELL AS BY OUR BIOLOGY.

THE ACEWH HAS ATTRACTED SIGNIFICANT FUNDING COMMITMENTS SINCE 1996 FOR RESEARCH PROGRAMS AND PROJECTS IN WOMEN'S HEALTH RESEARCH AND POLICY - FROM FEDERAL, PROVINCIAL, INTERNATIONAL FUNDING AGENCIES AND FOUNDATIONS E.G. THE CANADIAN AIDS FOUNDATION. RECENTLY HEALTH MINISTER ANN MCLELLAN MADE A COMMITMENT FOR A SIX YEAR RENEWAL OF THE CENTRES OF EXCELLENCE FOR WOMEN'S HEALTH PROGRAM (CEWHP) UNTIL 2008.
UNFORTUNATELY, DUE TO EXTERNAL FACTORS SUCH AS THE INTERNATIONAL WAR ON TERRORISM, THE CEWHP BUDGETS HAVE BEEN REDUCED THIS FISCAL YEAR.

1.4 PROGRAMS OF RESEARCH: OVER THE PAST 5 YEARS THE ACEWH HAS SUPPORTED OVER 80 RESEARCH PROJECTS AND ACTIVITIES IN THE 4 ATLANTIC PROVINCES. OUR MISSION IS TO PROMOTE SOCIAL CHANGE THROUGH POLICY BASED DETERMINANTS OF HEALTH RESEARCH, WITH A SPECIAL PRIORITY ON PROJECTS WHICH ADDRESS 4 PROGRAM AREAS:

- SOCIAL INCLUSION - WOMEN'S ECONOMIC AND SOCIAL SECURITY OVER THE LIFE SPAN - WHICH ADRESSES WOMEN LIVING IN DISADVANTAGED CIRCUMSTANCES, WOMEN IN POVERTY, WOMEN LIVING IN RURAL AND REMOTE REGIONS, RACIAL AND ETHNIC DIVERSITY
- GENDER EQUITY ANALYSIS OF PROGRAMS AND POLICIES E.G. HIV/AIDS - WE RECOGNIZE THAT HIV AIDS IS NO LONGER A DISEASE OF GAY MEN - IT IS AWOMEN'S HEALTH ISSUE. WE ARE VERY CONCERNED THAT 50,000 CANADIANS ARE HIV POSITIVE AND 30% DO NOT KNOW THEY ARE INFECTED. THE FASTEST GROWING RATE OF HIV INFECTION IS AMONG YOUNG WOMEN 15-19 YEARS OF AGE[4] (see the Health Canada website: ***Health Canada Epi Update***, May 2001)
- WOMEN'S HEALTH AND THE ENVIRONMENT E.G. ENVIRONMENTAL TRIGGERS FOR BREAST CANCER (n.b. The Atlantic Centre (N.B. formerly the Maritime Centre of Excellence for Women's Health) received an anonymous and generous donation of $1.7M donation to endow the Elizabeth May Chair in Women's Health and the Environment, Dalhousie University)
- PAID AND UNPAID CAREGIVING.

1.5 PORTRAIT OF WOMEN'S HEALTH: WHY DO WE NEED TO INVEST IN

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[4]Health Canada, **HIV/AIDS Epi Update**, May 2001, www.HealthCanada.ca

WOMEN'S HEALTH

- IT IS GENERALLY ACKNOWLEDGED THAT WOMEN REPRESENT 80% OF THE HEALTH CARE WORK FORCE. ALONG WITH CHILDREN THEY TEND TO BE THE HEAVIEST USERS OF THE HEALTH CARE SYSTEM
- WOMEN AND MEN, HAVE AMONG THE HIGHEST ILLNESS/MORBIDITY RATES - E.G. THE CANCERS, CARDIOVASCULAR,, MENTAL ILLNESS IN CANADA AND, ACCORDING TO GPI ATLANTIC[5], ARE MORE CHRONICALLY STRESSED THAN PEOPLE IN OTHER PARTS OF THE COUNTRY. THROUGHOUT THE 1990'S, NS AND NB REGISTERED LOWER LEVELS OF PSYCHOLOGICAL WELLBEING THAN OTHER CANADIANS[6]. IN 1998, FEMALE LEVELS OF TIME STRESS IN CANADA WERE MORE THAN 30% HIGHER THAN MALES. OUR NATIONAL POPULATION HEALTH SURVEYS TELL US THAT 20% MORE ATLANTIC CANADIAN WOMEN THAN MEN REGISTER LOW LEVELS OF PSYCHOLOGICAL WELL BEING, AND WOMEN HAVE 14% HIGH RATE OF PSYCHIATRIC HOSPITALIZATION THAN MEN AND A 21% HIGHER RATE OF ADMISSION TO GENERAL HOSPITALS FOR MENTAL DISORDERS[7].

AS WE KNOW, POVERTY IS ALSO RECOGNIZED AS ONE OF THE MOST RELIABLE PREDICTORS OF POOR HEALTH - AND ACCORDINGLY POOR WOMEN AND MEN ARE MORE LIKELY TO BE HOSPITALIZED THAN THOSE WHO ARE AFFLUENT.

ACCORDING TO RON COLMAN, THE EDITORS OF THE BRITISH MEDICAL JOURNAL HAVE IDENTIFIED THAT "WHAT MATTERS IN DETERMINING MORTALITY AND HEALTH IN A SOCIETY IS LESS ABOUT THE OVERALL WEALTH OF THE SOCIETY AND MORE ABOUT HOW EVENLY OR UNEVENLY WEALTH IS DISTRIBUTED. THE MORE EQUALLY WEALTH IS DISTRIBUTED, THE BETTER THE HEALTH OF THAT SOCIETY"[8]

ON THE SUBJECT OF THE WAGE GAP[9], GPI ATLANTIC NOTES THAT IN ATLANTIC CANADA, FULL AND PART TIME WORKING WOMEN EARN AN AVERAGE OF 63% OF THE ANNUAL INCOME OF THEIR MALE COUNTERPARTS AND OF COURSE, THE GENDER WAGE GAP TRANSLATES INTO HEALTH STATUS. IN 1999, 25% OF WOMEN IN THE ATLANTIC REGION WHO WORK FULL TIME FOR THE FULL YEAR EARN LESS THAN $15,000, AND FULL TIME WORKING WOMEN ARE SEVERELY UNDER REPRESENTED AMONG HIGH INCOME EARNERS. THE ONE EXCEPTION IS PEI WHERE WOMEN ARE MORE LIKELY TO EARN A FAIR WAGE THAN WOMEN IN THE

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[5]Women's Health in Atlantic Canada: A Statistical Portrait, Op. Cit., pp. 12-14

[6]Women's Health in Atlantic Canada: A Statistical Portrait, Op.Cit.p.13

[7]Ibid., P 12

[8]Ibid., p. 15

[9]Ibid., p. 14-19

OTHER ATLANTIC PROVINCES.[10] PEI ALSO HAS ONE OF THE LOWEST RATES OF POVERTY AMONG SINGLE MOTHERS AND CHILDREN IN CANADA - PERHAPS THIS PROVIDES A COMMENTARY ABOUT THE ROLE OF COMMUNITY AND SOCIAL SUPPORTS.

NOT SURPRISINGLY A HIGHER PROPORTION OF WOMEN THAN MEN LIVE IN POVERTY IN ATLANTIC CANADA, 1 IN 5 WOMEN LIVE BELOW STATSCAN LOW INCOME CUT OFF LINE OF APPROXIMATELY $21,000[11].

FROM A SOCIAL ACCOUNTING PERSPECTIVE AND "EVIDENCE" IDENTIFIED IN THE GPI ATLANTIC ANALYSIS, WE CAN CONCLUDE THAT A STRATEGIC INVESTMENT IN POVERTY REDUCTION FOR SINGLE MOTHERS WILL HAVE SPECTACULAR EFFECTS IN TERMS OF IMPROVING THEIR QUALITY OF LIFE. TWENTY YEARS AGO WE WERE SUCCESSFUL IN PUTTING POLICIES IN PLACE TO REDUCE POVERTY AMONG THE ELDERLY. SIMILAR INVESTMENTS ARE NEEDED TODAY TO REDUCE POVERTY AMONG SINGLE MOTHERS AND CHILDREN WHO LIVE IN POVERTY[12].

MATERNAL AND CHILD POVERTY IS ONE OF TWO STRATEGIC SOCIAL INVESTMENTS THAT WILL RESULT IN SIGNIFICANT LONG TERM DIVIDENDS IN REDUCED HEALTH CARE SERVICE COSTS. IN SHORT, BY INVESTING IN LOW INCOME MOTHERS AND CHILDREN, WE WILL DO MORE TO STRENGTHEN OUR HUMAN DEVELOPMENT INDEX IN ATLANTIC CANADA THAN PERHAPS BY ANY OTHER MEASURE. OF COURSE WE KNEW THIS IN 1989 WHEN AN ALL PARTY RESOLUTION WAS MADE TO REDUCE CHILD POVERTY BY THE YEAR 2000.

1.6 PAID AND UNPAID CAREGIVING: THE SECOND KEY INVESTMENT IS THE DESIGN AND IMPLEMENTATION OF A NATIONAL HOME AND COMMUNITY CARE PROGRAM - IN OUR VIEW, ONE WHICH WOULD COMPLEMENT THE CANADA HEALTH ACT.

TODAY, 1 IN 8 CANADIANS PROVIDES UNPAID CAREGIVING TO A LOVED ONE. ACCORDING TO THE CAREGIVERS ASSOCIATION OF NOVA SCOTIA (CGANS), 85,000 PEOPLE CARE FOR ELDERLY RELATIVES OR CHILDREN WITH DISABILITIES.

ON THIS SUBJECT, THE ACEWH AND NSACSW RECENTLY RECEIVED A $1.7M GRANT FROM THE CIHR. THIS FIVE YEAR PROVINCIAL WILL STUDY THE EFFECTS AND IMPACT OF UNPAID CAREGIVING ON THE HEALTH AND WELL BEING OF

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[10]Ibid., p. 16

[11]Ibid., p. 17

[12]Ibid., pp. 20,21.

WOMEN[13],

IN NOVEMBER 2001, THE ACEWH AND THE NATIONAL COORDINATING GROUP ON HEALTH CARE REFORM CONVENED A NATIONAL THINK TANK ON GENDER AND UNPAID CAREGIVING. WE ASKED, HOW DO WE TRANSLATE KNOWLEDGE INTO PRACTICE, HOW CAN WE BUILD A GENDER SENSITIVE NATIONAL HOME CARE ARCHITECTURE?

THE NATIONAL COORDINATING GROUP ON HEALTH CARE REFORM (A WORKING GROUP OF THE NATIONAL CENTRES OF EXCELLENCE FOR WOMEN'S HEALTH) COMMISSIONED MARIKA MORRIS TO UNDERTAKE A SYNTHESIS OF 45 RESEARCH PROJECTS[14]. THE MORRIS ANALYSIS IDENTIFIED THE FOLLOWING:

- WOMEN ARE MORE LIKELY THAN MEN TO EXPERIENCE STRESS AND OVERWORK AS A RESULT OF MULTIPLE CARE AND WORK RESPONSIBILITIES

- CAREGIVERS FACE ECONOMIC INSECURITY, LOSS OF PENSION BENEFITS, AND ENCOUNTER SIGNIFICANT OUT OF POCKET EXPENSES

- WOMEN USE THE HEALTH CARE SYSTEM MORE THAN MEN AND SPEND A GREATER PROPORTION OF THEIR LIVES IN POOR HEALTH AND IN POVERTY

- THE RELATIONSHIPS AMONG KEY VARIABLES HAVE NOT BEEN FULLY OR SYSTEMATICALLY EXAMINED FOR HEALTH IMPACTS. POLICY AND PRACTICE ARE NOT NECESSARILY BASED ON EVIDENCE.

- WOMEN IN ATLANTIC CANADA FACE IMPOVERISHMENT WHEN SPOUSES, PARENTS OR DISABLED CHILDREN ENTER LONG TERM CARE (NURSING HOMES) AS MEANS TESTING FOR ROOM AND BOARD AND MEDICAL CARE IS DONE ON BOTH INCOME AND ASSETS - WITH THE EXCEPTION OF THE FAMILY HOME. IN MANY OTHER PROVINCIAL JURISDICTIONS MEANS TESTING IS LIMITED TO INCOME ALONE.

- GENDER PLAYS AN IMPORTANT ROLE IN CAREGIVING - AND WOMEN TEND TO RECEIVE FEWER HOURS OF CARE THAN MEN. MEN ARE ALSO MORE SUCCESSFUL IN NEGOTIATING CARE PROVIDER BENEFITS AND SERVICES

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[13]See A Healthy Balance: Women's Paid and Unpaid Caregiving - monthly updates are provided on the project website and also on the websites of the NS Advisory Council of the Status of Women and the Atlantic Centre of Excellence for Women's Health e.g.: www.medicine.dal.ca/acewh

[14]See Marika Morris - Report to the National Think Tank on Gender and Unpaid Caregiving, Charlottetown, November 8-11, 2001, Co Chaired by the Atlantic Centre of Excellence for Women's Health and the National Coordinating Group on Health Care Reform, see www.cwhn.ca

THAN WOMEN

- CAREGIVERS AND CAREGIVING RECIPIENTS IN IMMIGRANT, REFUGEE AND VISIBLE MINORITY COMMUNITIES FACE RACISM, LANGUAGE AND CULTURAL BARRIERS
- LESBIAN AND GAY CAREGIVERS FACE ADDITIONAL STRESS IN TRYING TO ACCESS CARE IN THE FACE OF HOSTILITY AND DISCRIMINATION
- THE BURDEN OF CARE IS GREATER AND MORE COSTLY FOR RURAL THAN URBAN WOMEN
- WOMEN CAREGIVERS ARE AT GREATER RISK OF VIOLENCE AND PHYSICAL SAFETY THAN MEN
- HEALTH CARE RESTRUCTURING, SHORTER HOSPITAL STAYS, DE-INSTITUTIONALIZATION, AND THE SHIFT TOWARDS COMMUNITY CARE HAS HURT WOMEN BY ADDING TO THEIR BURDEN OF CARE
- MANY WOMEN CAREGIVERS ARE POOR AND CANNOT AFFORD TO PURCHASE PRIVATE SERVICES
- IN EXAMINING 2000 STUDIES ON HOME AND COMMUNITY CARE, ONLY 184 WERE GENDER SENSITIVE
- THERE ARE SIGNIFICANT GENDER GAPS IN HOME AND COMMUNITY CARE LITERATURE
- THERE ARE HUGE GAPS IN THE LITERATURE ON THE CAREGIVING NEEDS OF FIRST NATIONS PEOPLES, REFUGEES AND VISIBLE MINORITIES, AND LITTLE INFO ON LESBIANS AND GAY MEN
- WE HAVE LIMITED INFORMATION ABOUT LIFELONG FINANCIAL IMPACT, CARE RELATED ABSENTEEISM, REDUCED WORK HOURS, UNPAID LEAVE, MISSED EDUCATIONAL OPPORTUNITIES AND HIDDEN COSTS
- WE NEED MORE RESEARCH ON COST OPTIONS FOR FINANCIAL COMPENSATION, COMPARATIVE STUDIES ON CAREGIVER SUPPORT, TAX BENEFITS, APPROPRIATE RESPITE AND GENDER SENSITIVE CARE

1.7 CHARLOTTETOWN DECLARATION PROCLAIMS THE FOLLOWING:[15]

* THE RIGHT TO CARE - CANADIAN SOCIETY HAS A COLLECTIVE RESPONSIBILITY TO ENSURE UNIVERSAL ENTITLEMENT TO PUBLIC CARE

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[15]See Charlottetown Declaration: The Right to Care, www.cwhn.ca

THROUGHOUT LIFE WITHOUT DISCRIMINATION AS TO GENDER, ABILITY, AGE, PHYSICAL LOCATION, SEXUAL ORIENTATION, SOCIOECONOMIC AND FAMILY STATUS OR ETHNO/CULTURAL ORIGIN. THE RIGHT TO CARE IS A FUNDAMENTAL HUMAN RIGHT.

THE RIGHT TO CARE REQUIRES:

- ACCESS TO A CONTINUUM OF APPROPRIATE CULTURALLY SENSITIVE SERVICES AND SUPPORTS
- THE CHOICE TO RECEIVE OR PROVIDE UNPAID CARE
- ACCESS TO REASONABLE ALTERNATIVES AND SUFFICIENT INFORMATION

CARE IS:

- ESSENTIAL, AN INTERDEPENDENT RELATIONSHIP, SKILLED WORK, MULTIDIMENSIONAL, AND IS DIVERSE - IT IS FUNDAMENTALLY ABOUT HUMAN RELATIONSHIPS - NOT JUST TASKS

CARE IS:

- EQUITABLE, ACCESSIBLE, CONTINUOUS, RESPONSIVE AND TRANSPARENT, INCORPORATES DIVERSITY, PARTICIPATORY, BASED ON STANDARDS, PUBLICALLY ADMINISTERED AND RESPECTFUL

THESE RIGHTS TO CARE MUST BE VIEWED THROUGH LENSES THAT RECOGNIZE THE IMPORTANCE OF GENDER ANALYSIS, DIVERSITY, INTERDEPENDENCE BETWEEN PAID AND UNPAID CARE, AND LINKAGES AMONG SOCIAL, MEDICAL AND ECONOMIC PROGRAMS AND SERVICES.

THE NATIONAL THINK TANK ON GENDER AND UNPAID CAREGIVING[16] CONCLUDED THAT WE NEED:

- A CANADA HOME AND COMMUNITY CARE ACT BASED ON THE PRINCIPLES OF THE CANADA HEALTH ACT - ACCESSIBILITY, PORTABILITY, UNIVERSALITY, COMPREHENSIVENESS, PUBLIC ADMINISTRATION TO ENSURE ACCESS TO COORDINATED, APPROPRIATE, PUBLICALLY ACCOUNTABLE AND CULTURALLY SENSITIVE SERVICES.

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[16]See final report of the National Think Tank on Gender and Unpaid Caregiving, www.cwhn.ca

IN CLOSING, I WOULD LIKE TO RETURN TO THE ORIGINS OF THE NATIONAL COUNCIL OF WOMEN OF CANADA. THROUGH YOUR MANDATE AND PROCESS OF GRASS ROOTS CONSULTATION AND DEBATE YOU ARE WELL SITUATED TO HELP STRENGTHEN WOMEN'S HEALTH RESEARCH IN CANADA.

ORGANIZATIONS LIKE OURS, WHICH ARE NATIONAL, NON-PARTISAN, AND AT ARMS LENGTH FROM GOVERNMENT, DO HAVE A MORAL IMPERATIVE TO IMPROVE CONDITIONS OF LIFE FOR WOMEN, THEIR FAMILIES AND COMMUNITIES. I INVITE ALL OF YOU TO JOIN WITH US IN THE CAMPAIGN FOR WOMEN'S HEALTH- HELP US TO GROW THE PROGRAM OF WOMEN'S HEALTH RESEARCH IN CANADA -- AND TO TURN UP THE VOLUME!

THANK YOU