



# Looking Back, Thinking Ahead

2009  
Retrospective:  
The Atlantic  
Centre of Excellence for  
Women's Health

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A 12-year legacy of promoting social change through policy-based research in women's health

January 2009

Looking Back, Thinking Ahead – Retrospective: The Atlantic Centre of Excellence for Women’s Health

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## Acknowledgements

The Atlantic Centre of Excellence for Women's Health would like to acknowledge the ongoing financial support and commitment of the Women's Health Contribution Program, funded by Health Canada's Bureau of Women's Health and Gender Analysis. This program has enabled us to identify health needs of women in Nova Scotia and across Canada, and formulate research and policy dedicated to their well-being.

Throughout the years, numerous researchers, policymakers, community members, healthcare service providers, women-centered organizations, and students have contributed to the Atlantic Centre of Excellence for Women's Health, whether through knowledge generation, knowledge translation, partnerships or program endorsement. Though there are too many to list here, we gratefully acknowledge the donation of their time, efforts and expertise to our endeavours.

A special mention is extended to the Directors of the other Centres of Excellence for Women's Health; they are Margaret Haworth-Brockman, Executive Director of the Prairie Women's Health Centre of Excellence; Dayna Scott, Executive Director of the National Network on Environments and Women's Health; and Lorraine Greaves, Executive Director of the British Columbia Centre of Excellence for Women's Health. These women are very familiar with the successes and setbacks found in women's health research and health policy, and their collaboration with the Atlantic Centre of Excellence for Women's Health over the years is recognized with gratitude.

Finally, the past and present staff of the Atlantic Centre of Excellence for Women's Health deserves to be commended for their continued dedication to the improvement of women's health in Atlantic Canada. The passion, knowledge and commitment of all those who have worked at the Centre is vast and together we have made a sizeable difference in the lives of many women, not the least of whom is ourselves.

*There is a great line of women stretching out behind you into the past, and you have to seek them out and find them in yourself and be conscious of them.*

*~ Doris Lessing*

*There is space within sisterhood for likeness and difference, for the subtle differences that challenge and delight; there is space for disappointment--and surprise.*

*~ Christine Downing*

## Executive Summary

The Atlantic Centre of Excellence for Women’s Health (ACEWH) is a leader in research and policy on women’s health. Since 1997, the Centre has worked in partnership with Dalhousie University and the IWK Health Centre located in Halifax, Nova Scotia. These key relationships are a testament to the rigorous standards of research upheld by the Centre. In combination with critical government and community alliances, these partnerships also speak to the effective knowledge translation activities of the Centre.

In particular, the Centre specializes in gender-based analysis. Gender-based analysis illustrates the ways in which health-related research, policy, services and delivery are not experienced equally across lines of gender. Health provision for women may not be appropriate for men, and vice versa. The determinants of health, a list of social, financial, physical and emotional circumstances that can affect one’s health, includes gender as a factor that affects women’s health. The Centre utilizes gender-based analysis in its own research and also to host workshops, independently and in collaboration with other community-based organizations, to inform researchers, community workers, and policymakers.

The research projects, community alliances, and policy initiatives produced by the Centre in the last twelve years have resulted in substantial changes to services and programs designed to meet the health needs of women. Research and community engagement in the fields of African-Nova Scotian women, rural and remote women’s health, overweight and obesity in children and youth, refugee and immigrant women, and the economic costs of obesity in First Nations and Inuit communities are ongoing, as is a definitive case study workbook on gender-based analysis. The Centre continues to investigate the diverse health needs of women across Canada.

This document serves as a legacy of the research and policy work carried out at the Atlantic Centre of Excellence for Women’s Health, looking back on and thinking ahead to the needs of women’s health and how these have been addressed by the Centre.



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## The Atlantic Centre of Excellence for Women's Health

### **Mission**

The mission of the Atlantic Centre of Excellence for Women's Health is to promote social change through policy-based research in women's health.

The Centre is dedicated to conducting policy-oriented research aimed at improving the health status of Canadian women by making the health system more aware of and responsive to women's health needs.

Staff at the Centre support a woman-centered approach that respects women's perspectives and experiences, and listens to the voices of women not typically heard in health research or health systems.

The goal of the Atlantic Centre of Excellence for Women's Health is to support research, influence policy and promote action on the social factors that affect women's health and well-being over their lifespan.

*From 1996 to 2008 and beyond: logos of the Maritime Centre of Excellence for Women's Health, and the Atlantic Centre of Excellence for Women's Health.*



## History – The Formative Years: 1997 – 1999

### Creating the Program

In the 1993 federal election, the Liberal party's Red Book, a then-innovative document outlining the entirety of the party's platform, contained a pledge to support women's health research in Canada. Research was to be carried out by examining different elements, such as social, economic and physical factors, that have a bearing on health; these factors are known as determinants of health<sup>1</sup>. In 1995, Health Canada and the Women's Health Bureau (today known as the Bureau of Women's Health and Gender Analysis) saw the need for a federally-funded program to examine women's determinants of health using gender-based analysis<sup>2</sup>. Thus, the Centres of Excellence for Women's Health Program was created.

The ultimate goal of the Centres of Excellence for Women's Health Program (CEWHP) is to improve women's health by generating knowledge, information, and policy advice that can be applied to make health systems more responsive to women's distinctive health needs.



The motto of the Centres of Excellence for Women's Health Program, found at <http://www.cewh-cesf.ca/en/index.shtml>

The Centres' original mandate falls into two broad categories: knowledge generation and knowledge translation.<sup>3</sup> *Knowledge generation* consists of the identification of research issues relevant to women's health, ongoing study of the health status of women and the (primarily social) determinants of health, and developing models to assist in our understanding of the determinants of health. *Knowledge translation* is the sharing of these research findings within academic frameworks and across communities. Specifically, gender-based analysis is used to interpret sources of data, improve systems of data collection, and to communicate the impacts

<sup>1</sup> *Determinants of health* are defined as the "complex interactions between social and economic factors, the physical environment and individual behavior". Taken from "What Determines Health?" Public Health Agency of Canada. Modified 2001-12-08. Found at <http://www.phac-aspc.gc.ca/ph-sp/determinants/index-eng.php#determinants>

<sup>2</sup> See "Approach: Gender-Based Analysis and Women's Health", pp. ??

<sup>3</sup> British Columbia Centre of Excellence for Women's Health, *Three Year Strategic Overview, 2003-2006*, (Vancouver, 2003).

of findings for women and girls, men and boys. Other aspects of knowledge translation are the strengthening of regional and national networks for women's health, developing capacity for future research on women's health, and providing analysis and information on women's health to government and health organizations.

These terms of reference were presented to the federal government in 1996, who committed \$12 million to create the CEWHP and invited applications for the establishment of Centres of Excellence in Women's Health in cities across Canada.

### **Establishing the Maritime Centre of Excellence for Women's Health**

The Atlantic Health Promotion Research Centre (AHPRC), a research unit of Dalhousie University in Halifax, Nova Scotia, played a key role in developing the proposal for a regional Centre of Excellence. Drs. Miriam Stewart, Karina Davidson, Susan Kirkland, Anita Unruh, and Erica van Roosmalen formed a Maritime Consortium, a collaborative network of individuals, communities, and institutions that consulted over 300 community groups, academic researchers, government representatives, health practitioners, and non-governmental organizations in Nova Scotia, New Brunswick, and Prince Edward Island. These consultations identified several crucial needs: to better understand the determinants of women's health and well-being over the lifespan; to measure the impact of health and social policy changes on Maritime women's health; and to construct tools for assessing gender equity in the policy evaluation process. In its submission to Health Canada for the establishment of a Centre of Excellence, the proposal from the Maritime Consortium highlighted the importance of gender-based analysis and gender as a determinant of health.<sup>5</sup> Five Centres of Excellence – in Vancouver (British Columbia Centre of Excellence for Women's Health), Manitoba (Prairie Women's Health Centre of Excellence), Toronto (National Network on Environments and Women's Health), Montréal (Centre d'excellence pour la santé des femmes, dissolved in 2001) and Halifax – were approved, and reporting lines were established with the Women's Health Bureau of Health Canada.

In July 1996, the Maritime Centre of Excellence for Women's Health (MCEWH) in Halifax, Nova Scotia opened its doors in office space provided by the Atlantic Health Promotion Research Centre. In November 1996, a full-time Executive Director, Dr. Carol Amaratunga, was appointed, and the first round of research requests for proposals was issued in September 1997.

Dalhousie University, through the Faculty of Health Professions, served – and continues to serve – as the administrative host of the Centre. The 1997 memorandum of agreement between the MCEWH, Dalhousie University, and the IWK Health Centre formalized the strategic alliance of the organizations. From that day, Dalhousie University was responsible for the

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<sup>5</sup> Atlantic Centre of Excellence for Women's Health, *Retrospective: Highlights from the Foundation Years, July 1996-May 2002*, (Halifax, 2003), pp.9-10, 15.

administrative management of the Centre, while the IWK offered physical and office space. Many of the programs of the IWK Health Centre and MCEWH were complementary in both focus and philosophy, and we have found some of our staunchest supporters among the staff of the health centre. The work of the Faculty of Health Professions, Dalhousie University and the Maritime Centre of Excellence for Women's Health were likewise mutually reinforcing: the broadly-defined concepts of individual and population health and well-being that shape much of research conducted in the Faculty are integral to the Centre's goal of improving women's health through social change. Together, the three partners provide genuine policy leadership as well as significant contributions to women's health research in the Atlantic region.

The operating structure of MCEWH in 1996/97 consisted of a Steering Committee, with the Executive Director as an ex-officio member. Committee members represented academic, community, clinical, and public policy sectors from each of the Atlantic provinces. In 1998, an interim structure was adopted, with the Principal Investigator as head of the Management Committee and fewer Steering Committee members convening sub-committees: research and policy uptake; communications and public liaison; sustainability; planning and evaluation; and project review.

Research began in earnest when MCEWH issued its first request for proposals in September 1997. 73 letters of intent were received, resulting in the funding of 5 core projects and 7 other projects, for a total 1997/98 research expenditure of \$89,807. MCEWH also submitted proposals to external funders, equalling \$36,200 in grant monies for projects involving social inclusion, community ethics, and gynaecological screening services.

In 1999, the Elizabeth May Chair in Women's Health and the Environment was endowed at Dalhousie University, in honour of Professor Elizabeth May, who took up residence at MCEWH:

The Elizabeth May Chair ... provides a new, permanent entity for women's health research and a new process for research uptake. The result of two anonymous donations to the Centre totaling \$1.6 million, the mandate of the position is to teach, do research, promote debate and ensure that research results become integrated into public policy in the areas of women's health and the environment.<sup>3</sup>

*In 1997/98, the research themes of MCEWH were*

- *Social Determinants of Health*
- *Women's Perceptions of the Social Determinants of Health*
- *Determinants of Marginalized Women's Health*

*In 1998/99, these changed to*

- *Social and Economic Security; Gender Equity Analyses of Policies and Programs for Women Across the Lifespan*
- *Women's Health and the Environment*

### **History – The Transformative Years: 2000 – 2003**

<sup>3</sup> Centres of Excellence for Women's Health Research Bulletin 2(1): 2001. Available at: <http://www.cewh-cesf.ca/bulletin/v2n1/page4.html>

## Moving Forward

The efficacy of the research and policy work being undertaken at the Maritime Centre of Excellence for Women's Health was validated when in 2000, it became known that the Centre was successful in leveraging an additional \$2 million in external grant, contract and endowment funds to nearly match the initial contribution of Health Canada to fund the Centres of Excellence over 5 years. Given Health Canada's financial commitment to the Centres ceased in 2001, the additional funding represented undeniable support for the Maritime Centre of Excellence, and allowed for the introduction and continuation of many new projects aimed at improving the health of women in Nova Scotia, New Brunswick, and Prince Edward Island.

The visibility and output of the Centre, combined with the quality of research and policy work being produced, was a determining factor in the decision made by the Women's Health Bureau of Health Canada to extend the funding envelope for the Maritime Centre of Excellence for Women's Health, secured from April 1, 2002 to March 31, 2007. In recognition of the strong relationships established with academic and community partners, the memorandum of agreement with Dalhousie University for administrative support, and the IWK Health Centre for facilities support, was also renewed in 2001.

*To celebrate the millennium, the MCEWH commissioned the Millennial Calendar. Pieces such as this, "Priestess" by Christine Sandeson, were chosen to signify the Centre's research interests. This image reflects the spirit of strength and character of women living in rural regions.*



In particular, much of the work at the Centre shifted from a strong emphasis on research and program development to broad policy uptake and knowledge dissemination. The Centre's ongoing workplans accounted for significant research activities in the first four years, enabling the widespread sharing of findings in 2001, the final year of the original Health Canada contribution agreement.

MCEWH will undertake a program to translate research findings into the academic and popular literature; to disseminate research results to a broad audience; and to encourage policy makers to integrate, adopt, and act upon the recommendations of the various research reports.<sup>4</sup>

<sup>4</sup> Maritime Centre of Excellence for Women's Health Operational Workplan 2000-2001. 16 February 2000.

The hosting of several policy fora, known as the Women’s Health Policy Road Show, resulted in “over 500 elected officials, government policy makers, community representatives, clinicians, academics and the media...to hear profiles of the research findings, to identify priorities and gaps for women’s health research, and to collectively develop strategies for accessing funding opportunities for women’s health research in Atlantic Canada.”<sup>5</sup>

The role of the Steering Committee was revised, in keeping with the development of the Maritime Centre of Excellence for Women’s Health beyond the initiation phase. From 2002 to 2003, the Steering Committee consisted of 8 members, two from each Atlantic province, in addition to an observer from the Women’s Health Bureau. The group now acted in the capacity of an advisory body, as opposed to a governance body, and so offered policy advice and support to the Centre.

### Expanding the Scope

The Centre focused on avenues for delivery of new research during the early years of the new millennium. In 2000, a multi-province partnership project exploring the effects of social and economic inclusion, known as “A Just Society Where Everyone Counts: Promoting Social and Economic Inclusion in Atlantic Canada”, was funded by Health Canada over 5 years, totaling more than \$400,000 in policy and research grant monies.

Also in 2000, the Maritime Centre of Excellence for Women’s Health held its inaugural Leadership Awards for Women’s Health in Atlantic Canada at a ceremony in November. The awards were designed to “recognize individual and organizational leadership in the interests of women’s health, whether that leadership comes from community, government, research, healthcare or the private sector”<sup>6</sup>, and recipients were presented with a statuette at an awards dinner in their honour.

*This bronze statuette, designed and cast by Atlantic sculptor Dawn MacNutt, is entitled “Breakthrough”, and was chosen to acknowledge the contributions made by the winners of the Maritime Centre of Excellence for Women’s Health Leadership Awards.*



<sup>5</sup> Atlantic Centre of Excellence for Women’s Health: Retrospective – Highlights from the Foundation Years, July 1996-May 2002. 34

<sup>6</sup> B. Clow (2006). Personal communication. 1 December.

In September 2001, the MCEWH held a National Think Tank on Gender and Unpaid Caregiving in Charlottetown, Prince Edward Island. This event was in response to the disproportionate time Atlantic Canadians spend giving unpaid care to family and friends. Out of this meeting came the 'Charlottetown Declaration on the Right to Care', a publication issued in November that asserted that "home care needs to be an integral part of a publicly administered health care system"<sup>7</sup>.

The awarding of funding for a multi-year community alliance health research project on Atlantic women's unpaid caregiving would quickly grow into one of the Centre's most prominent activities. The Healthy Balance Research Program, as it came to be known, represented combined efforts by researchers, community members, and policymakers to determine the reasons for unpaid caregiving, and how those doing this valuable work could best be supported. Equity reference groups and other advisors provided insight into the research design, and proved vital to the dissemination of findings.

The Centre was instrumental in organizing a Feasibility and Design Workshop for a Proposed International Institute on Gender and HIV/AIDS in January 2002. It would be some time before this project came to fruition, but in holding a satellite workshop on "Gender and HIV/AIDS: Bringing Women and Men Together" at the Barcelona, Spain International AIDS Conference in 2002, the Centre's reputation for collaboration, intersectoral partnerships and capacity-building was seen to be well deserved.

## **A Growing Excitement**

With confirmed funding for five more years, the Centre was in a good position to build on the excitement of its past successes, and plan for the future. A significant change was realized in 2003, when the suggestion to replace the name Maritime Centre of Excellence for Women's Health with the Atlantic Centre of Excellence for Women's Health was adopted. Community partners suggested that the emphasis on maritime provinces minimized the important work taking place in Newfoundland and Labrador, hence the use of the word 'Atlantic' to include all of Canada's East Coast provinces in promoting the health of women in Atlantic Canada.

The original Executive Director of the Maritime Centre of Excellence for Women's Health, now and hereafter the Atlantic Centre of Excellence in Women's Health, Dr. Carol Amaratunga, stepped down from her role. Dr. Amaratunga's expertise in women's health and the determinants of health made her a strong advocate in matters of research and policy, but her replacement, Dr. Barbara Clow, whose academic background centered on women's medical history, brought equivalent levels of understanding to the complex factors involved in promoting "social change through policy-based research in women's health"<sup>8</sup>. At the end of

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<sup>7</sup> Charlottetown Declaration on the Right to Care. April 2002. Available from <http://www.womenandhealthcarereform.ca/publications/charlottetownen.pdf>

<sup>8</sup> Atlantic Centre of Excellence for Women's Health. Fact Sheet. November 2008.

2003, the Atlantic Centre of Excellence for Women’s Health (ACEWH) was in a position to expand on its already strong networks in research and policy development.

### History – The Performative Years: 2004 – 2007

#### **Stepping Up to the Mark**

In 2004, the Atlantic Centre of Excellence for Women’s Health revised its mandate, focusing on *Knowledge Generation* (generating knowledge about how sex interacts with gender to create health conditions, situations and problems that are unique, more prevalent, more serious, or have different risk factors or interventions for women), *Networking* (facilitating the connection of multi-disciplinary, community-based, and academic researchers to achieve more effective gender-based analysis research results), *Information* (facilitating the application of gender-based analysis within health planning processes and structures at federal, provincial, regional, local, and organizational levels of government and health care system decision-making), *Communication* (increasing the level of knowledge of key stakeholders in Canada in the areas of knowledge generation), and *Policy Advice* (influencing policy decisions at all levels in the system and structures of organizations, communities, and governments relevant to the mandate topics).<sup>9</sup>

*The research priorities identified for the Atlantic Centre of Excellence for Women’s Health in 2004- 2005 were:*

1. *Midwifery and Women’s Reproductive Health*
2. *Diversity*
3. *Gender and HIV/AIDS*
4. *Social and Economic Inclusion*
5. *Women’s Health and the Environment*
6. *Women’s Paid and Unpaid Work*

In addition to the movement of the ACEWH offices from 5940 South Street, Suite 402 to 5475 Spring Garden Road, Suite 305 in Halifax, in 2004 there was a shift towards specific research areas that promised exciting new findings and strong academic and community partnerships dedicated to promoting women’s health. As well, attention turned towards the international community, with several ACEWH staff and program managers taking part in activities on the global stage.

#### **Collaborations for Women’s Health**

The XV International AIDS Conference was held in July 2004 in Bangkok, Thailand. At this event, ACEWH was contracted to host a satellite session entitled “Acting on Rights: Women and HIV/AIDS”; the Executive Director of ACEWH, Dr. Barbara Clow, was one of the panelists present.

<sup>9</sup> ACEWH Workplan 2004-2005.

Other events of note in 2004 included the Centre’s first collaboration with the Canadian International Development Agency through its International Youth Internship Program, in which interns worked at ACEWH prior to travelling to South Africa to work in the offices of the Human Sciences Research Council; the release of Richard Shillington’s report commissioned by the Healthy Balance Research Program, entitled “Policy Options to Support Dependent Care: The Tax/Transfer System”; and “The Midwifery Way: A National Forum Reflecting on the State of Midwifery Regulation in Canada” forum in July 2004 co-hosted by ACEWH and the Prairie Women’s Health Centre of Excellence.

The Inaugural Institute on Gender and HIV/AIDS, which was an initiative of the Commonwealth Secretariat in London, UK and ACEWH, was held in Johannesburg, South Africa. Participants, including “senior government decision makers, researchers, programme managers and practitioners, activists and advocates from Botswana, Canada, Lesotho, South Africa and Swaziland”<sup>10</sup>, gathered to exchange their expertise on HIV/AIDS and to form partnerships addressing the role of gender in HIV/AIDS prevention, treatment and support.

2004 also saw the beginning of a longstanding partnership between ACEWH and the Atlantic Health Promotion Research Centre to host an Atlantic Summer Institute. Originally proposed in 2003 as a response to the National Crime Prevention Strategy, the institute was designed

*The colourful logo for the Atlantic Summer Institute series emphasizes health, safety, community and well-being.*

to bring together various sectors working in the field of health promotion, crime prevention, and social development to ... showcase current research and best practices, and engage participants in the creation of innovative solutions to real issues and in the development of a collective plan for regional capacity development.<sup>11</sup>

The Atlantic Summer Institute continued in 2005, 2007, and 2008.

### Emphasis on Diversity



Ongoing research and policy development stemming from the Social and Economic Inclusion program resulted in the finding that lone mothers are largely at risk to receive compromised health care through elements of social and economic exclusion. Through numerous presentations and meetings with government representatives, the message was

<sup>10</sup> Clow, B. (2004). Inaugural Institute on Gender and HIV/AIDS: Strengthening the Connections between Research, Policy and Practice – Southern Africa 2004. Final report.

<sup>11</sup> Meeting of the Minds: Creating a Healthier and Safer Atlantic Canada – Evaluation Report 2004. i.

conveyed that “more inclusive and responsive public policy is crucial to change the social and economic conditions facing lone mothers, their children and their communities”<sup>12</sup>.

There were also several outputs to emerge from the continued project known as “On the Margins”. This work involved an “investigation of health status, health care delivery, and health services utilization among African Canadians residing in rural and remote regions of Nova Scotia”<sup>13</sup> to explore the factors that collude to compromise the health of African Nova Scotian women and their families and communities.

In the last several years, the reputation of ACEWH as a leader in gender-based analysis was cemented through workshops delivered to researchers, community representatives, policymakers, and government personnel that explained how a gender lens can be utilized to produce more effective health and health care systems for the population. To date, the Centre has collaborated with the Nova Scotia Health Research Foundation, the Atlantic Council for International Cooperation, and the National Collaborating Centre on the Determinants of Health, among others, to devise and deliver workshops on the role of gender-based analysis in policy and practice. In August 2006, several ACEWH staff travelled to Toronto, Ontario, to deliver a workshop on gender-based analysis, using culturally diverse scenarios as the basis for discussion, at the XVI International AIDS Conference.

In 2007, knowledge generation and knowledge translation priorities at the Centre consisted of women’s unpaid caregiving, gender and HIV/AIDS, social and economic inclusion, sexual and reproductive health, and gender-based analysis, through the research programs Gender and HIV/AIDS, Women’s Unpaid Caregiving, and Sexual and Reproductive Health. These core areas informed and supported a variety of research projects, short- and long-term, which the Centre led and collaborated on, such as the Immigrant Women, Family Violence and Pathways Out of Homelessness project and the Farm Family Health project.

## **Over the Lifespan**

Though federal fundings for the Centres of Excellence was due to expire in 2007, the extent of new and ongoing projects being carried out at the Atlantic Centre of Excellence for Women’s Health, and the other Centres of Excellence, was such that the Bureau of Women’s Health committed their support to further the program. Their submission to Health Canada on behalf of this program resulted in a one-year renewal of the program, with the result that ACEWH was able to move forward with research and policy projects into 2008 and beyond.

The ten-year anniversary of the Atlantic Centre of Excellence for Women’s Health is a milestone in the history of the province, in the field of women’s health research and policy, and in the hearts of all those involved – researchers, community members, government representatives,

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<sup>12</sup> “Rethinking Health Disparities: Social and Economic Inclusion and Lone Mothers.” Poster.

<sup>13</sup> Keddy, B. (2005). On the Margins Project Report.

health care providers, organizations, committees, students, and most importantly, to those women whose lives have been bettered through research and policy devoted to their health and well-being “over the lifespan”<sup>14</sup>.

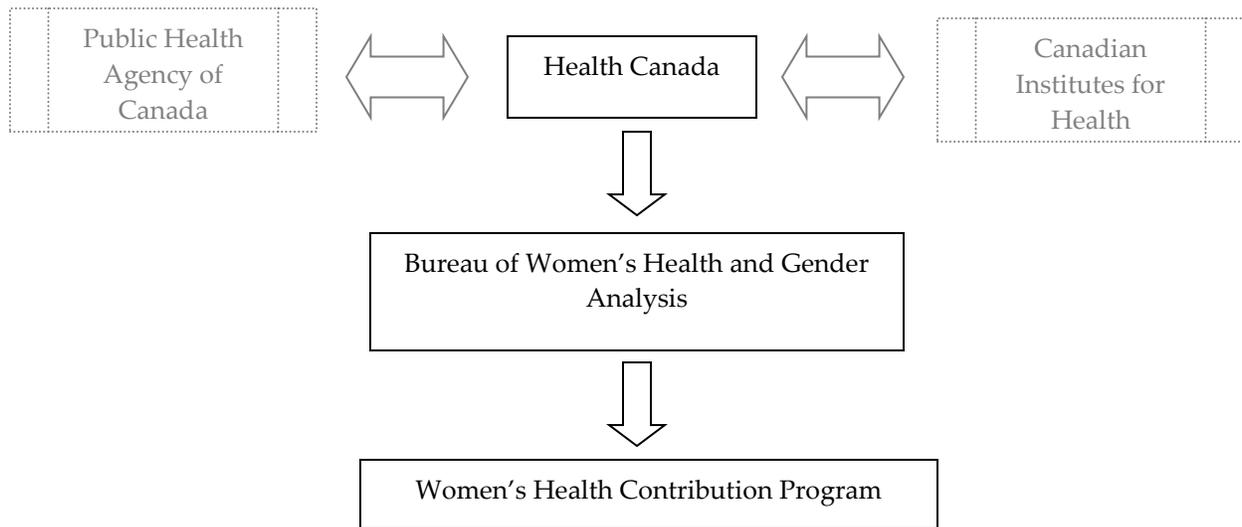
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<sup>14</sup> “Atlantic Centre of Excellence for Women’s Health.” Website. Accessed 20 November 2008. Available at: <http://www.acewh.dal.ca/>

## Operations – Programming

### Collaboration and Support

The Atlantic Centre of Excellence for Women’s Health is one of four Centres of Excellence for Women’s Health across Canada. The Centres, in addition to the Canadian Women’s Health Network (CWHN) and working groups, are the branches of the Women’s Health Contribution Program (WHCP). The WHCP is managed by the Bureau of Women’s Health and Gender Analysis (formerly the Women’s Health Bureau), which is funded by Health Canada.



Canadian Women’s Health Network	Centres of Excellence for Women’s Health	Working Groups
<ul style="list-style-type: none"><li>• Publishes <i>Network</i> magazine</li><li>• Communicates the findings of the Centres of Excellence</li></ul>	<ul style="list-style-type: none"><li>• Atlantic Centre of Excellence for Women’s Health</li><li>• Prairie Women’s Health Centre of Excellence</li><li>• National Network on Environments and Women’s Health</li><li>• British Columbia Centre of Excellence for Women’s Health</li></ul>	<ul style="list-style-type: none"><li>• Women and Health Care Reform</li><li>• Aboriginal Women’s Health and Healing Research Group</li></ul>

## Operations – Training and Mentoring

### **Identifying a Need**

Throughout its years of operation, the Atlantic Centre of Excellence has provided a training ground for future academic researchers, community workers, policymakers, and representatives of women's health concerns. The need to educate the next generation of women conducting quality research and formulating appropriate policy is a crucial one, and the Atlantic Centre of Excellence is well positioned to offer training and mentoring opportunities for undergraduate, postgraduate, and post-doctoral students who are socially conscious and committed to furthering women's causes.

From 1997-2001, the Atlantic Centre of Excellence used Graduate Student Awards as a mechanism to foster knowledge generation. The awards "recognized the importance of recruiting and fostering our next generation of independent researchers in women's health [by mentoring] graduate students and provid[ing] financial support for the conduct of thesis projects in women's health"<sup>15</sup>. Subject areas of the recipients included access to medicine for the Mi'kmaq community, women's perceptions of doctor-patient relationships, early maternity discharge and low-income women, health policy and politics in New Brunswick, pattern identification in low-risk pregnancy, single parent women's experiences of health provider in families, prescription drug utilization and employment for single mothers, and midwifery care.

Over the past ten years, research assistantships at the ACEWH have been offered to many women interested in gaining experience in fields related to women's health, both research- and policy-oriented. Support offered by the ACEWH includes undergraduate and graduate student supervision, work placement positions, field experience, focus group facilitation, conference presentation sponsorship, and co-authorship of publications. Our ongoing agreement with the Human Research Sciences Council of South Africa, funded by the Canadian International Development Agency, to co-host international youth interns is one example of exciting opportunities, domestic and international, available to young researchers and future policymakers at the Atlantic Centre of Excellence for Women's Health.

Several former research assistants have gone on to doctoral studies, government positions, clinical research pathways, and policy development roles at local, regional, provincial, and federal levels. It is a testament to the academic rigour and population health approach to policy demonstrated by the Atlantic Centre of Excellence for Women's Health that so many different sectors are seeing the benefits of the latest in research and policy findings relevant to women's health. The Centre will continue to support and nurture all those interested in promoting women's health, and in so doing, contribute meaningfully to the spectrum of women's health in Atlantic Canada, across the country, and abroad.

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<sup>15</sup> "Atlantic Centre of Excellence for Women's Health – Retrospective: Highlights from the Foundation Years: July 1996 – May 2002." n.d. 14.

## Approach – Gender-Based Analysis and Women’s Health

The Atlantic Centre of Excellence espouses a gender-based analysis in approaching the research and policy development aimed at improving women’s health, and has been instrumental in helping academic researchers, community members, policymakers, health care providers, and members of other women’s organizations and groups learn to consider the ways in which gender has a bearing on effective program design and service.

**GENDER** refers to the array of socially constructed roles and relationships, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis. Gender is relational - gender roles and characteristics do not exist in isolation, but are defined in relation to one another and through the relationships between women and men, girls and boys.<sup>16</sup>

Gender is an important consideration when planning health care programs and delivering health care services because access to services, nature of treatment, likelihood of information-seeking, attitudes to health care providers, response to medications, availability of support, challenges of transportation, and expectations of behaviour vary greatly between women and men. Often, women are disadvantaged in obtaining high-quality health care because of social, cultural, economic, and physical challenges impacting the health of themselves and those for whom they care. Women may find themselves assigned to an unpaid caregiving role; women may be culturally conditioned to sacrifice their needs in order to help others; women’s earning potential is generally lower than men’s, thereby affecting provision of care; and, women may face physical harm in more situations than men.

The disparity in gender is especially evident when examining the rates of HIV/AIDS occurrence. In Africa, where the threat is greatest, women live far from medical service centres, and generally lack for childcare support to attend appointments. Poverty, sexual violence, stigma, and education levels all pose greater challenges to women than men, and demand the application of gender-based analysis to promote gender equity in policy and practice.

The Atlantic Centre of Excellence for Women’s Health has been at the forefront of research design and policy development that embraces a gender lens, which is “a means to consider ways in which gender interacts with other health determinants in research, policy and planning, [and acts as] an opportunity to bring research to decision making by broadening the scope of evidence”<sup>17</sup>. Whether in quantitative and qualitative data, during workshops and consultations, and at meetings and roundtables, the presence of ACEWH guarantees that a strong emphasis on gender-based analysis is accounted for in order to improve the health of women everywhere.

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<sup>16</sup> “Health Canada’s Gender-based Analysis Policy.” Modified 22 April 2005. Available at: <http://www.hc-sc.gc.ca/hl-vs/women-femmes/gender-sexe/policy-politique-eng.php>

<sup>17</sup> Saulnier, C. & J. Moloney (2007). “Gender Mainstreaming Concepts and Implications.” Health Promotion Course 1006.

## Knowledge Generation in Research and Policy

### **New Findings and New Journeys**

The act of producing new ideas, or connections between ideas, is known as knowledge generation, and it is a fundamental aspect of the mandate of the Atlantic Centre of Excellence for Women's Health. Developing paths of understanding that have not been articulated is an essential undertaking for the ACEWH, in both research and policy endeavours.

As early as 1997, the Atlantic Centre of Excellence for Women's Health's understanding of how best to elicit new knowledge on women's health was clear:

The Centre's knowledge generation projects will contribute substantially to understanding how women define health and well-being, and their perceptions of the determinants of their health. This information will be collected both from a population-based representative sample of women, and from women who have not typically been consulted, who are disenfranchised as a result of factors such as poverty, disability, culture, sexual orientation, and others. Additionally, we will be speaking to women from various life stages, to ensure that health perceptions and determinants are understood from multiple perspectives<sup>18</sup>.

Combining population-representative samples with evidence-based research design, that is using research findings to supplement best practices in the medical and healthcare fields, gives the fullest picture of the challenges facing women and their health needs.

### **Research Design**

The Atlantic Centre of Excellence for Women's Health employs an investigator-driven model in which research questions are determined by the individual. The varying areas of expertise represented by the staff of ACEWH have resulted in projects as diverse as social and economic inclusion, midwifery, lesbian unpaid caregivers, theatre as knowledge translation mechanism, youth obesity, international development, and tattooing on cancer patients.

The majority of research carried out at ACEWH is qualitative in nature, representing the data collection gathered from focus groups, surveys, interviews, and statistical data analysis. Participants are recruited via random and snowball sampling, and through advertisements posted in targeted businesses, services, centres, and by community partners. Ethics guidelines required by Dalhousie University, and in some cases the IWK Health Centre, ensure the protection and safety of all our research participants.

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<sup>18</sup> 1997 Workplan. n.d.

Over the past ten years, proposals from ACEWH have been successfully awarded from federal granting agencies such as the Canadian Institutes for Health Research (CIHR), Health Canada, the National Collaborating Centre on the Determinants of Health, and the Social Sciences and Humanities Research Council of Canada; provincial granting bodies such as the Nova Scotia Health Research Foundation; and community and development organizations such as the Canadian International Development Agency and the Canadian Association for the Study of International Development.

In all of its research projects, ACEWH seeks out partners who can contribute vital information towards the fullest understanding of the research area. These partners include members of the other Centres of Excellence for Women's Health, academic researchers in Halifax and elsewhere, policymakers at levels of local, regional, provincial and federal governments, and community members, such as the Equity Reference Group in the Healthy Balance Research Program, who offer experience and insight into the effects of research on non-health sector groups.

### **Policy Initiatives**

Similar to the rationale behind research design at ACEWH, policy work takes as its model participatory design that allows a solid network of collaborators to produce well-informed program recommendations and policy amendments.

Working, advisory or reference groups are instrumental in offering support for and informing the work of policy, and the Atlantic Centre of Excellence in Women's Health has wide expertise in this regard. From the 1999 "Made to Measure: Assessing Approaches to Eliminate Gender Inequity" policy symposium, to the 2008 article "A Healthier Balance of Expertise: An Innovative Model for Community-University Alliances in Health Research", ACEWH has been instrumental in developing policy for a wide range of community and individual interests. Policy fora have been hosted, in addition to roundtables and working groups. Some of these meetings draw on ACEWH projects, such as the Nova Scotia Department of Health policy advisory work based on the social and economic inclusion framework, and the "Invisible Women, Concrete Barriers" report arising from issues facing immigrant women. Much of the committee representation ACEWH is approached for relates to the identification of policy streams arising from research, and many of these ventures have resulted in policy legislation and implementation work. Briefings, summary recommendations, and a close relationship with the Nova Scotia Advisory Council on the Status of Women prove the impact of the Atlantic Centre of Excellence for Women's Health on policy development at the regional and provincial level immediately, and the national level in the future.

Combined, the research and policy advisory branches of ACEWH generate informed, effective knowledge for program and service delivery responding to the health needs of women.

## Knowledge Generation – Current Projects

Ongoing work at the Atlantic Centre of Excellence for Women’s Health is found in core program areas and new knowledge ventures:

*Gender-Based Analysis Workbook*: The Atlantic Centre of Excellence for Women’s Health is coordinating the revision of the *Gender and Health Planning Guide* developed in 2003 by the Prairie Women’s Health Centre of Excellence. In doing so, ACEWH hopes “to acknowledge and utilize the intellectual contributions of our colleagues, and others working in [gender-based analysis], and; to add value to the manual by updating some of the discussion surrounding GBA and expanding the number and scope of case studies”<sup>19</sup>. An advisory board has met to review new case studies, and the manual will shortly be going to print for an early 2009 release.

*Women’s Cancers in Atlantic Canada*: The support systems for women with cancer in Atlantic Canada are explored in this extensive report commissioned by the Canadian Partnership Against Cancer Corporation. Findings reported that “although not-for-profit and publicly funded supports have developed tremendously in recent years, particularly in the area of breast cancer, many women living with cancer remain underserved as a result of geographic or social dislocation, type or stage of cancer, financial and technological barriers, etc.”<sup>20</sup> The need for centralized, user-friendly services and accessible information is this study’s major finding.

*Atlantic Summer Institute 2009*: The Atlantic Summer Institute, entitled “Resilient Communities”, is being planned for Charlottetown, Prince Edward Island in June 2009. Funding opportunities are currently being explored to supplement the costs of this event.

*Looking Back, Thinking Ahead: Using Social Determinants Research to Improve Policy and Practice in Women’s Health, Halifax, Nova Scotia, March 15-19, 2009*: This conference affords national and international researchers, policymakers, and community members the chance to come together and explore advancements in women’s health, as well as identifying gaps for future research and policy development. Conference objectives are: “To share research applications addressing the determinants of health, and the resulting effects on policies and practices in girls’ and women’s health; to highlight new work and identify gaps in research, policies and practices specific to First Nations, Métis and Inuit women in Canada and indigenous women internationally; to explore the evolution of gender-based analysis in relation to women’s health in Canadian and international contexts; and to create a forum for discussion about the future of women’s health research, policy and practice”<sup>21</sup>.

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<sup>19</sup> “Proposal: Women’s Health Contribution Programme (WHCP) – Gender and Health Planning Guide.” 12 December 2007.

<sup>20</sup> Clow, B., Hemmens, E., & Mason, S. (2008). Where Do We Go From Here?: Support services for women with breast, cervical, ovarian and uterine cancer in Atlantic Canada. Unpublished report.

<sup>21</sup> “Looking Back, Thinking Ahead: Using Social Determinants Research to Improve Policy and Practice in Women’s Health.” Website. Accessed 24 November 2008. Available at: <https://acewh09.dal.ca/#5>

## Knowledge Translation in Research and Policy

### Informed Choices

At the Atlantic Centre of Excellence for Women's Health, research is generated and disseminated. Ensuring that new findings in research and policy development not only reach the affected communities, but are put into action to achieve obvious results, is known as knowledge translation, and the Centre is well situated to carry out this activity.

*Knowledge translation is at its most effective when teams of experts – from community organizations, from representative groups, and from research sectors – each contribute to plans for the implementation of findings.*



Knowledge translation, according to the Canadian Institutes for Health Research, is “the exchange, synthesis and ethically sound application of knowledge - within a complex system of interactions among researchers and users”<sup>22</sup>. That

is, knowledge translation relies on preparing data so that they will be accessible and comprehensive to the intended audience. Knowledge translation has figured in the philosophy and workplans of the Atlantic Centre of Excellence for Women's Health since 1998:

the MCEWH will reinforce and dedicate resources and human “capital” to ... build a women's health constituency in Canada across the multiplicity of women's organizations, community groups, the research, academy etc. The Centre will foster and build “knowledge brokers” or translators to facilitate communications and the building of trust across sectors and interest groups.<sup>23</sup>

ACEWH has employed Communications staff and dedicated Knowledge Translation personnel to ensure the widespread understanding and use of knowledge generation. Terminology varies from knowledge translation to knowledge transfer, and from knowledge utilization to knowledge uptake, but regardless of the phrasing, the principle requires collaboration between researchers, decision-makers, and community partners in order to penetrate all elements of society.

More recently, granting institutions such as the Canadian Institutes for Health Research and the Social Sciences and Humanities Research Council of Canada have called for knowledge translation activities to be emphasized as one of the major outputs in a research project. As a result, evaluation frameworks and toolkits for assessing the impact of research are more sophisticated and prevalent. At the Atlantic Centre of Excellence for Women's Health, plans for knowledge translation activities are substantial.

<sup>22</sup> CIHR. RFP: Knowledge Translation Strategies for Health Research. CIHR, 2002.

<sup>23</sup> “Future Directions: 1998-2002.” Maritime Centre of Excellence for Women's Health. 19 June. 6.

Listed below are some of the research projects completed at the ACEWH and the knowledge translation activities involved.

*Social and Economic Inclusion:* This multi-province, multi-year examination of the elements that prevent people from the full benefits of our society produced a kit entitled “Basic Information about Social and Economic Inclusion” that featured information sheets and overheads suitable for copying that could be used in developing a presentation on policy development. The kit also included an evaluation sheet so that participants could offer their feedback on the resources, and a special edition of a book published by the Maritime Centre of Excellence for Women’s Health entitled “Inclusion: Will Our Social and Economic Strategies Take Us There?”. This range of information sharing and reflective techniques allows for knowledge translation through many channels of communication (i.e. academic presentation, policy publication, and group facilitation).

*Healthy Balance Research Program:* In this program, the lives of unpaid caregivers was explored in terms of financial, regulatory, and health concerns for themselves and their care recipient(s). A 2005 forum brought together unpaid caregivers and stakeholders to explore the future of unpaid caregiving. An interactive play that examined the challenges facing caregivers, “Balancing Act”, was performed at the forum; following the performance, the audience was asked to “share their reactions to the performance in a creative ‘clothesline exercise’”<sup>24</sup>. Utilizing a mode of immediate and collective feedback was an innovative means of knowledge translation, and later the play was explored as a knowledge translation exercise in the Canadian Journal of Nursing Research, also reaching an academic and practical audience.

*Gender and HIV/AIDS:* In 2007, the Gender and HIV/AIDS Program of ACEWH joined with other community organizations in the HIV/AIDS Awareness Planning Week to produce the Red Ribbon Display, which consisted of

8000 flags to represent the thousands of people who die everyday worldwide due to AIDS. The image of a red AIDS ribbon is formed by 1600 red flags with an additional 6400 white flags acting as a background. The white flags were decorated with artwork and messages of hope, support, and prevention by junior and senior high school students from HRM.... It took 30 volunteers 2 days to complete the Red Ribbon Display at the Halifax Citadel National Historic Site on Rainnie Drive<sup>25</sup>.

Collaboration from a number of sectors, and the high-volume nature of the display is yet another way in which knowledge translation was widely received for this project. The Atlantic

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<sup>24</sup> “Finding a Healthy Balance: Research, Policy and Practice on Women’s Unpaid Caregiving in Nova Scotia – Forum Highlights May 2 & 3, 2006.” Halifax: Healthy Balance Research Program. n.p.

<sup>25</sup> “Gender & HIV/AIDS.” 2007. Accessed 26 November 2008. Available at: <http://www.acewh.dal.ca/e/gender/program.asp>

Centre of Excellence for Women's Health continues to lead the way in knowledge generation and cutting edge knowledge translation activities for the improvement of all communities.

## Partnerships – Centres of Excellence for Women's Health

### A Common Goal

When the Centres of Excellence in Women's Health Program (CEWHP) began in 1996, consortiums of researchers, community partners, and health providers submitted proposals to locate one of the five Centres of Excellence in their region.

In awarding funding to groups in Halifax, Montréal, Toronto, Winnipeg, and Vancouver, Health Canada felt these cities were best poised to meet the second objective of the federal Women's Health Strategy: "Increase knowledge and understanding of women's health and women's health needs."<sup>26</sup> In coordinating this strategy, the Bureau of Women's Health and Gender Analysis (formerly the Women's Health Bureau) "supports five Centres of Excellence for Women's Health as well as the Canadian Women's Health Network. The policy development work of the Bureau is being informed by new knowledge generated by the Centres and by other research and health information sources"<sup>27</sup>. Though Montréal's Centre d'excellence pour la santé des femmes opted to close its doors in July 2001, the other Centres have continued on in their work.

*The logos of the Centres for Excellence in Women's Health:*



In its letter of intent, the Atlantic Centre of Excellence for Women's Health (then the Maritime Centre of Excellence in Women's Health) committed to "develop a conceptual model aimed at achieving a better understanding of the determinants of women's health over the lifespan"<sup>28</sup>. This has evolved into the Atlantic Centre of Excellence for Women's Health's "dedicate[ion] to conducting policy-oriented research aimed at improving the health status of Canadian women by making the health system more aware of and responsive to women's health needs"<sup>29</sup>. The National Network on Environments and Women's Health is dedicated to "creating strategies for effective change through an understanding of relevant policy issues related to the health of

<sup>26</sup> "About Health Canada – Women's Health Strategy". Modified 10 October 2004. Available at: <http://www.hc-sc.gc.ca/ahc-asc/pubs/strateg-women-femmes/strateg-eng.php>

<sup>27</sup> Ibid.

<sup>28</sup> 1997 Workplan. Maritime Centre of Excellence for Women's Health

<sup>29</sup> Atlantic Centre of Excellence for Women's Health (2008). Website. Available at: <http://www.acewh.dal.ca>

all women in Canada”<sup>30</sup>. For their part, the Prairie Women’s Health Centre of Excellence has taken as its mission “to improve women’s and girls’ health through high quality women-centered, action-oriented research and policy analysis”<sup>31</sup>, while the British Columbia Centre of Excellence for Women’s Health is seeing to “improve the health of women by fostering collaboration on innovative, multi-disciplinary research endeavours and action-oriented approaches to women’s health initiatives, women-centered programs, and health policy”<sup>32</sup>. The underlying commitment of the Centres to improve the health of women and ensure their equitable representation in research, community, and policy initiatives is plain. Even slight variations in focus across the Centres guarantees a balanced perspective on matters of research design, methodology, community alliance, policy development, and knowledge translation.

### Alliances across Canada

Collaboration across the Centres has been fruitful and ongoing. ACEWH has taken part in numerous projects both led and contributed to by other Centres of Excellence. With the other Centres, ACEWH has collaborated on Rural and Remote Women’s Health, which was released



in 2004, and the revision of a guide to conducting gender-based analysis (forthcoming). With the National Networks on Environments and Women’s Health, ACEWH has produced *Caring For/Caring About: Women, Home Care, and Unpaid Caregiving*<sup>33</sup>. In partnership with the Prairie Women’s Health Centre of Excellence, the Atlantic Centre of Excellence for Women’s Health has

hosted “The Midwifery Way: A National Forum Reflecting on the State of Midwifery Regulation in Canada, July 22-23, 2004”, and co-hosted the “National Workshop on Designing Long-term Facility Care with Women in Mind” workshop in Halifax 2007. With the British Columbia Centre of Excellence for Women’s Health, ACEWH has explored the health factors affecting farm families in Canada, and provided advisory support on the “Looking Back, Thinking Ahead: Using Social Determinants Research to Improve Policy and Practice in Women’s Health” conference in Halifax in 2009.

The Centres of Excellence also collaborate on other Women’s Health Contribution Programs, such as the Women and Health Care Reform group, which coordinates knowledge generation of the Centres of Excellence, and the Women and Health Protection Group, “a coalition of community groups, researchers, journalists and activists concerned about

<sup>30</sup> National Networks on Environments and Women’s Health. Available at <http://www.nnewh.org>

<sup>31</sup> Merrill, A. (2007). *Fertile Ground, Healthy Harvest: A Decade of the Prairie Women’s Health Centre of Excellence*. Winnipeg: Prairie Women’s Health Centre of Excellence.

<sup>32</sup> British Columbia Centre of Excellence for Women’s Health. (2007). *Still Making Waves: 10-Year Report, 1996 to 2006*. Vancouver: British Columbia Centre of Excellence for Women’s Health.

<sup>33</sup> Grant, R., Amaratunga, C., Armstrong, P., Boscoe, M., Pederson, A., & Willson, K. (Eds.). (2004). *Caring For/Caring About: Women, Home Care, and Unpaid Caregiving*. Toronto: University of Toronto Press, Higher Education Division.

the safety of pharmaceutical drugs”<sup>34</sup>. Through its valuable connections with other women’s health researchers, community members, and policymakers, the ACEWH is strengthened by collaborative enterprise, and is enabled to produce high quality research and policy development to improve the health of women.

### **Partnerships – Stakeholders and Decision-Makers**

The academic, government and community partners listed below represent a few of the many collaborations the Atlantic Centre of Excellence for Women’s Health has created, fostered, and enriched over the last ten years.

#### *Academic Partners*

- Dalhousie University
- University of Prince Edward Island
- University of Regina
- University of Ottawa
- Saint Mary’s University
- York University
- University of Western Ontario
- Université du Québec à Montréal
- University of New Brunswick
- Acadia University
- Mount Saint Vincent University
- University of Saskatchewan
- University of Winnipeg
- Memorial University
- St. Francis Xavier University
- McMaster University of Newfoundland
- Lakehead University
- University of Toronto
- Mount Allison University
- University of Guelph

#### *Government, Health and Community Organizations*

- Aboriginal Health Research Centre, Nova Scotia
- Aboriginal Women’s Health, Health Canada
- Adsum House
- AIDS Coalition of Nova Scotia
- Midwifery Coalition of Nova Scotia
- Midwives Association of the Northwest Territories and Nunavut
- Military Family Resource Centre, Nova Scotia and New Brunswick
- Moncton Business and Professional Women’s Club

<sup>34</sup> Women and Health Protection. Updated July 6, 2008. Available at: <http://www.whp-apsf.ca/en/index.html>

- Alberta Network of Immigrant Women
- Alberta Prion Research Institute
- Association of Nova Scotian Midwives
- Atlantic Council for International Cooperation
- Atlantic Health Promotion Research Centre
- Atlantic Interdisciplinary Research Network
- Birth Matters
- Birthing Options Research Network
- Black Business Initiative
- Black Loyalists' Settlement
- Bryony House
- Canada Council on Social Development
- Canadian Association for the Fifty-Plus
- Canadian Association of Midwives
- Canadian Centre for Policy Alternatives
- Canadian Council on Social Development
- Canadian Crossroads International, Atlantic Division
- Canadian Institute for Health Information
- Canadian Institutes for Health Research
- Canadian International Development Agency
- Canadian Labour Congress
- Canadian Microbicides Action Plan
- Canadian Partnership Against Cancer
- Muriel McQueen Fergusson Centre for Research on Violence Against Women
- Naomi Society, Nova Scotia
- National Collaborating Centre on the Determinants of Health
- National Crime Prevention Centre
- National Organization of Immigrant and Visible Minority Women of Canada
- New Brunswick Advisory Council on the Status of Women
- New Brunswick Maternity and Newborn Care Working Group
- Newfoundland and Labrador Association of Midwives
- Northern AIDS Connection Society
- Nova Scotia Advisory Commission on AIDS
- Nova Scotia Advisory Council on the Status of Women
- Nova Scotia Association of Social Workers
- Nova Scotia Centre on Aging
- Nova Scotia Department of Community Services
- Nova Scotia Department of Health
- Nova Scotia Department of Health Promotion and Protection
- Nova Scotia Department of Justice
- Nova Scotia Department of Primary Health Care and Health Policy
- Nova Scotia Department of Tourism, Culture and Heritage
- Nova Scotia Doula Program
- Nova Scotia Federation of Labour
- Nova Scotia Government Employees' Union
- Nova Scotia Health Research Foundation

- Canadian Public Research Network
- Canadian Red Cross, Atlantic zone
- Canadian Research Institute for the Advancement of Women
- Canadian Strategy on HIV/AIDS
- Canadian Union of Public Employees
- Canadian Women's Health Network
- Caregivers Nova Scotia
- Centre de bénévolat de la péninsule acadienne
- Centre for Research on Family Health
- Citizenship and Immigration
- Coady International Institute
- Coastal Communities Network
- Commonwealth Secretariat
- Community Accounts Newfoundland
- Community Action on Homelessness
- Dalhousie Gay and Lesbian Alliance
- Department of National Defence
- Disabled Persons Commission
- DisAbled Women's Network
- Elizabeth Fry Society of Mainland Nova Scotia
- Every Women's Centre
- Family Health Centre
- Family Support Centre, C.F.B. Greenwood
- Nova Scotia League for Equal Opportunities
- Nova Scotia Teachers' Union
- Office of Acadian Affairs
- Office of African-Nova Scotian Affairs
- Ontario Women's Health Council
- Pictou County Women's Centre
- PolicyLink New Brunswick
- Population Health Branch – Health Canada
- Premier's Council on Social Policy Renewal, New Brunswick
- Prince Edward Island Health Research Institute
- Public Health Agency of Canada
- Public Service Alliance of Canada, Atlantic Region
- Public Service Alliance of Nova Scotia
- Public Service Commission
- Reproductive Care Program
- Roundtable on Women's Economic Security
- Rural and Small Town Planning, Mount Allison University
- Rural Research Centre, Nova Scotia Agricultural College
- Rural Secretariat
- School of Nursing, Memorial University
- Seniors' Secretariat
- Single Parent Association of Newfoundland
- Single Parent Centre

- Federation des femmes Acadienne de la Nouvelle Écosse
- Feminist Alliance for International Action
- Feminists for Just and Equitable Public Policy
- Friends of Midwifery in Newfoundland
- Gender, Race and Health Working Group
- GPI Atlantic (Genuine Progress Indicators)
- Halifax Refugee Clinic
- Halifax Regional School Board
- Health Association of African Canadians
- Health Law Institute
- Health Promotion and Protection Branch, Health Canada
- Health Quality Council, New Brunswick
- Human Development Council, New Brunswick
- Human Resources and Skills Development Canada
- Human Sciences Research Council, South Africa
- Institute on Gender and HIV/AIDS
- Interagency Coalition on AIDS and Development
- Irondale Theatre Ensemble
- Maritime Data Centre for Aging Research and Policy Analysis
- Metropolitan Immigrant Settlement Association
- Social Aspects of HIV/AIDS Research Alliance
- Statistics Canada (Atlantic)
- Stepping Stone
- The Women's Place
- Transition House Association of Nova Scotia
- TriCounty Women's Centre
- UN AIDS
- Western Health Authority, Newfoundland
- Women and Health Care Reform
- Women in Public Policy
- Women Matter, Women Vote
- Women's Centre, Newfoundland
- Women's Centres CONNECT!
- Women's Employment Outreach
- Women's Health Network, Newfoundland
- Women's Issue Branch, Government of New Brunswick
- Women's Network, Prince Edward Island
- Women's Policy Office, Newfoundland
- YMCA Newcomers' Association

## Future of the Atlantic Centre of Excellence for Women's Health

### **Thinking Ahead**

Since 1996, Canada's healthcare system has seen many changes with regard to health provision for women; from greater inclusion of women in pharmaceutical trials to university courses in women's health, our understanding of the ways in which women's health needs differ from men's has grown immensely. Gender-based analysis is routinely conducted on completed and emerging research, and policymakers are coming to the table armed with population-based approaches and an understanding of the determinants of health.

But the status of women's health in Canada is not impervious to growing economic pressures. Cuts to federally funded programs are widespread, and grant monies are increasingly competitive. The important work done by the Atlantic Centre of Excellence for Women's Health, and the other Centres of Excellence, in addition to hundreds of groups devoted to improving the lives of women, can continue through alternative means of funding, increased collaboration and partnerships among like-minded organizations, and innovative research structures such as community-university research alliances.

The Atlantic Centre of Excellence continues to be engaged in high-quality research and policy development for the betterment of women across the social spectrum, and is uniquely positioned to carry on addressing the health needs of women in Atlantic Canada and beyond.

With this retrospective, we are "looking back" at our proud history, our forged relationships, and our commitment to social change in the name of women's health; at the same time, we are "thinking ahead" to new areas of growth in research and policy, and to continued interest in women's health and well-being.