



Reflecting Women's Voices

**Echo: Improving Women's Health in Ontario
Annual Report 2009-2010**



Ontario

Echo: Improving Women's
Health in Ontario

Our Mission

Greater health for women through leadership, productive partnerships and research-based action.

Our Vision

Improved health and well-being and reduced health inequities for Ontario women.

Our Mandate

Echo's mandate is to be the focal point and catalyst for women's health at the provincial level. Echo promotes equity and improved health for women by working in collaborative partnerships with the health system, communities, researchers and policy-makers.

Our Values

Equity, Diversity, Inclusiveness

Our Priorities

Sexual & Reproductive Health
Chronic Disease
Mental Health & Addictions



Echo: Improving Women's Health in Ontario
250 Dundas Street West, Suite 603
Toronto, Ontario M5T 2Z5
T 416.597.9687
F 416.597.2361
E info@echo-ontario.ca

1.888.597.echo (3246)
www.echo-ontario.ca

Women are the primary managers of family health, they are the most frequent users of the health-care system, and they comprise the majority of the health-care workforce. Therefore, investing in women's health through earlier, less costly interventions and more streamlined care processes is an essential part of supporting sustainability in Ontario's health-care system.



Caroline Andrew
Chair

MESSAGE FROM THE BOARD CHAIR & CHIEF EXECUTIVE OFFICER



Pat Campbell
Chief Executive Officer

Echo's work is dedicated to Ontario women: We support their efforts to experience health to the greatest extent possible and to bring their voices into decision-making conversations about the health system. Women understand that this is important for Ontario, its diverse communities and for women and their families. It is especially important at this time of significant change in the Ontario health system. There is commitment from government, providers and users to make the system more efficient, effective and responsive. Echo is proud to be a part of the change process.

AREAS OF FOCUS

We now have clearly documented evidence about where the challenges lie for women in Ontario. Improving cancer screening access and uptake remains a priority, particularly for specific groups of women including South Asian, Aboriginal and rural women. Access to cardiac investigations and cardiac and stroke rehabilitation need to be improved so that women experience the benefits we know can assist in the return to greater health and independence. Care for depression must be improved in myriad

ways to support the many women experiencing this crippling condition. There is a broad range of issues that affect women's health. In order to generate real impact and engage effectively on these issues, Echo has identified targeted areas of focus.

Our priorities are:

- Sexual and reproductive health
- Improving chronic disease management
- Mental health and addictions

These priorities are supported by our work on intersecting issues, accountability and measurement, violence against women and poverty.

Ontario has many internationally recognized experts in women's health right in its own backyard. These experts are engaged in defining what solutions should be pursued and how those solutions should be implemented. We work with women's health experts and with health issue experts to accomplish our work.

Echo's role is to work on moving knowledge into policy and practice. Our innovative research illuminates opportunities for improvement.



Echo included input from the following stakeholders this year to ensure a comprehensive, provincial perspective informed its work:

- Community women across Ontario
- Care providers & policy-makers
- Expert panels
- Peer reviewers
- Community partners
- Health Sector Associations

The knowledge and input acquired from these stakeholders allows Echo to effect meaningful change in Ontario's health system through its recommendations to government.

However, if those findings do not result in change, women in our communities will not benefit. Echo is working with women's health researchers and others to

articulate the priority changes needed to have a significant impact on women's health. The priorities will be identified in an Ontario Women's Health Strategy to be released in 2010. Alignment of key priorities will increase the ability of groups to come together in implementing change.

One project alone will not create change but by creating a critical mass of aligned initiatives, significant health system uptake can follow. It is a challenging time in Ontario and elsewhere because of the recent economic downturn. This makes alignment of effort even more important today in order that long lasting improvements can be achieved. Echo is committed to being a strong partner with the Government of Ontario and other key stakeholders in women's health.

WORKING IN PARTNERSHIP

Our work has taken us across the province. Echo would not be able to reflect the diversity of women's voices without the support from organizations relating directly to women in their communities. We explored equity in cancer screening, depression and the government's mental health and addictions strategy through Echo Conversations held in partnership with a range of community organizations. The constructive input we received helped to inform our policy recommendations to government towards equitable health care for Ontario women. We thank all partners, including South Riverdale Community Health Centre, The Social Planning Council of Sudbury, The Social Planning Council of Kitchener-Waterloo, The Community Development Council of Quinte, the Ontario Women's Health Network, and Le Réseau des services de santé en français de l'Est de l'Ontario for partnering on this important initiative. Working together is instrumental in ensuring we heard from a range of Ontario women.

The support Echo has received from our Expert Panels, Peer Reviewers, Community Partners and the Health Sector Associations has provided critical insights from an array of perspectives. We are immensely grateful for their thoughtful consideration of the issues and their creativity in reflecting on the opportunities for improvement. Linkages with the Institute for Clinical Evaluative Sciences, the Heart and Stroke Foundation of Ontario and the Ontario College of Family Physicians have been instrumental in the progress this year and has helped improve efficiency in addressing equity and access to health care for women across the province.

Creating links with our stakeholders has been a big priority this year. Our website has provided significant visibility since its launch in December 2009. Built on a bilingual platform with state-of-the-art accessibility features, our website is a key communications tool that connects us with the diverse groups we serve. The introduction of our e-newsletter, Echo News, has helped us accelerate our connections with a variety of stakeholders and generated more than 900 contacts on Echo's distribution list.

Additionally, Echo Conversations (8), Echo Cafés (6), Expert Panels and other events have created more than 500 opportunities for direct conversation between Echo and its stakeholders. They have helped to inform our work. Engagement with groups like Rainbow Health, the Seniors Research Transfer Network, the Ontario Research Coalition, the Provincial Council for Maternal and Child Health, the Ontario Health Quality Council, YWCA of Toronto, Women's College Hospital, and Cancer Care Ontario have also been important this year as Echo was shaping its agenda.

LEADERSHIP

We acknowledge the valuable work of our Board of Directors and their contributions to Echo. Marianne Park, Wendy Talbot, Elizabeth (Libby) Burnham, Meredith Cartwright, Aisha Chaudry and Shaheen Darani are all completing board terms in June 2010. Several are being reappointed, however we will be bidding farewell to Wendy Talbot after six years of dedicated support to improving women's health in Ontario. Wendy's original appointment was to the Ontario Women's Health Council and she has now completed a three-year term for Echo. Thank you, Wendy.

Echo's work has been supported by the engagement of an enthusiastic and experienced staff. We express our gratitude to Shelley Cleverly, John Ecker, Rosie Yeung, Ann Freer, Leigh Hayden, PhD, Simone Kaptein, PhD, Chelsea Kirkby, Julie McFayden, Nadia Minian, PhD, and Paula Simms for their commitment and professionalism.

The Ministry of Health and Long-Term Care has also been helpful in guiding the development of Echo and we thank the Ministry for its support. Investment in women's health is critical to sustaining Ontario's health-care system and will be a key driver to building Excellent Care for All.

This report identifies how Echo, in its first full operating year, has moved forward with change and is having an impact in Ontario. The report provides details about how the health issue priorities are being tackled, what the emerging research will identify and how completed research findings are being used for improvement. We encourage you to read the report, to sign up for the newsletter and check out our website at www.echo-ontario.ca.




Dr. Caroline Andrew has also completed an initial term as Echo's inaugural chair and will be departing after three years of invaluable service. Thank you Caroline for your leadership through Echo's start-up phase.

How



Echo



Works

Echo is a catalyst for change and improvement that will help improve the health of Ontario women. We work together with partners, researchers and other stakeholders in supporting evidence-based practice and policy that moves toward equity of access and outcomes for women.

Advancing Knowledge

Echo conducts, funds and works in partnership on community and policy relevant research that creates new knowledge, identifies best practices, and supports change. Echo strengthens the impact of new knowledge by ensuring that the implications are clearly expressed through the use of Expert Panels and our consensus-building processes.

Facilitating Stewardship

Echo, in concert with others, supports effective decision-making by providing research-based advice and promoting the adoption, uptake and spread of policy and practice changes that will have a positive impact on women's lives.

We work alongside experts to engage with the Government of Ontario, the Ministry of Health and Long-Term Care, professional health organizations, health service agencies, community organizations, regulatory bodies and educators. We do this by engaging in planning forums and by publishing Echo Advances, our policy briefs.

Strengthening Community

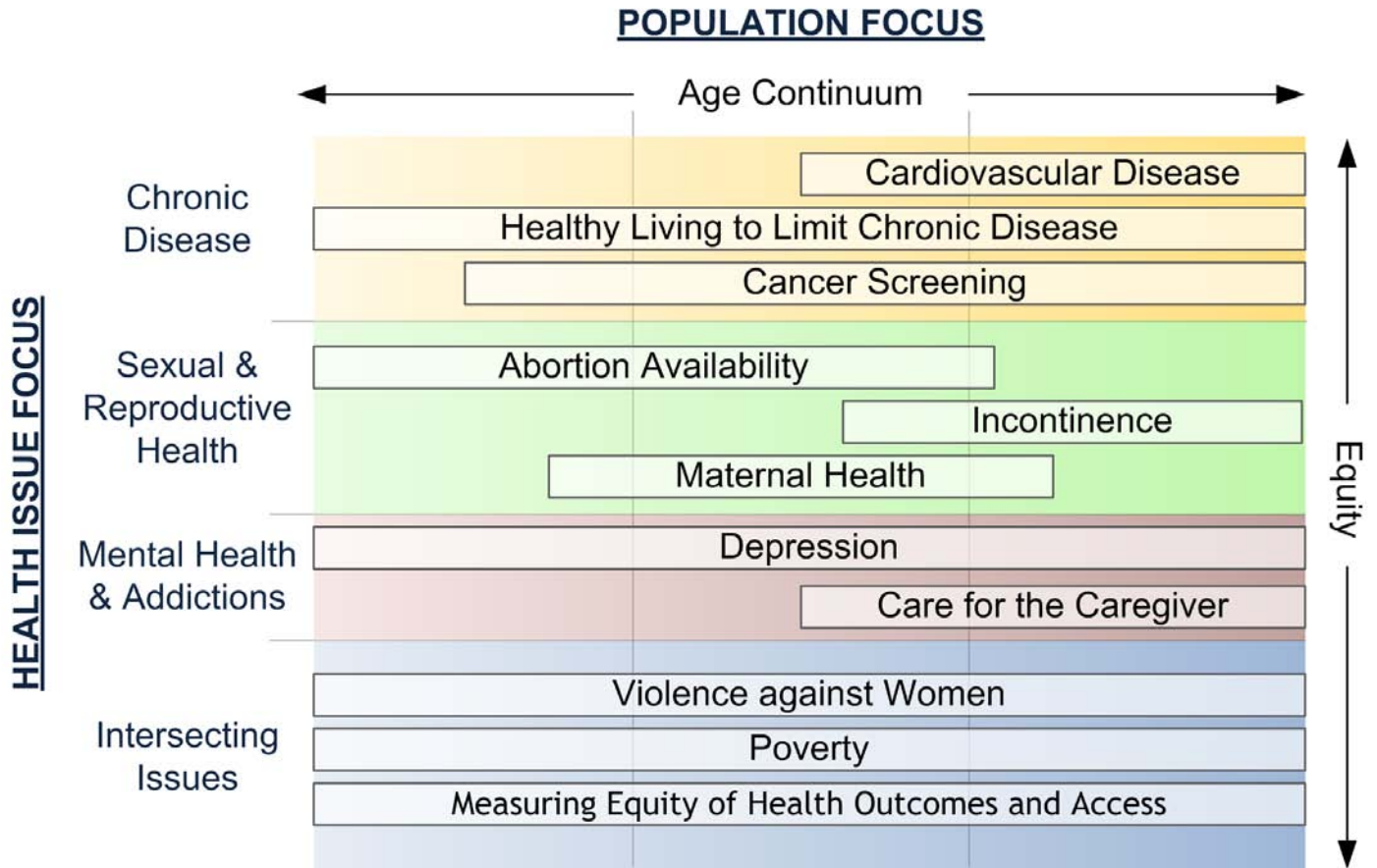
Echo provides assistance for others to make changes that support the women of Ontario with their health information, health care decision-making and access to high quality health services. This includes demonstration and pilot projects. Echo invests in stakeholders to support projects focused on relationship-building, skills development, and knowledge sharing, particularly related to intersectoral/interprofessional linkages. This includes Echo Conversations (stakeholder dialogue on health topics), leadership training, Echo Cafés (informal women's health research discussions), learning institutes, and conferences.

Being the Focal Point

Echo raises the profile of women's health issues. This includes engaging with experts, policy-makers, health-care providers and women across the province. We clarify the needs, challenges, and opportunities for improvement and the channels for change in Ontario's health-care system. We advocate for the uptake of knowledge that can be put into practice. Being the focal point also means raising awareness that equitable access to service along with sex and gender-sensitive care is a component of a high quality health system.

Echo's Health Priorities

Echo has identified a number of health priorities within chronic disease, sexual & reproductive health, mental health and addictions and intersecting issues. The following chart illustrates Echo's health issue priorities across the age continuum.



MENTAL HEALTH AND ADDICTIONS

Women in Ontario are very resilient despite evidence that some of the circumstances of women's lives contribute to anxiety and depression.

Women from diverse backgrounds, Aboriginal women, women who have experienced abuse and/or sexual violence, women who are caregivers and women with chronic illnesses all have a greater chance of suffering from depression. The result is that women are twice as likely as men to report depression during their lifespan. Depression causes significant distress and dysfunction in all aspects of life. This increases health-care service utilization and leads to more disability claims. Research shows that depression care in Ontario does not reflect application of best practice standards.

Impact

Echo is improving access to and quality of mental health and addictions care for Ontario women through its policy recommendations.

Supporting general practitioners to better serve women

Echo worked in partnership with the Ontario College of Family Physicians to develop and evaluate a mentoring program designed to support general practitioners to better serve women. The focus was on supporting women who have experienced trauma/sexual abuse. The project included a survey of family physicians about challenges they experience in serving the mental health needs of their patients. The survey identified the need for support for family physicians related

to women's health issues. It is clear that expert support to family physicians increases the quality of care and access to care for women. This work is continuing.

Reflecting views from across the province

In June 2009, Echo held an Echo Conversation about women and depression. This conversation was attended by 50 people (primarily front-line service providers) from across the province both in person and on-line. The event profiled the upcoming Canadian Institutes of Health Research (CIHR)

competition for knowledge translation projects in women and depression and collected perspectives to inform that initiative. This consultation was also supported by a survey of front-line providers reflecting on priorities drawn from a 2006 report -Literature Review on Depression among Women: Focusing on Ontario. The survey and discussion informed Echo's input on the province's Mental Health and Addictions Strategy and the CIHR program.

In the fall of 2009, Echo worked in partnership with five organizations across Ontario to host six Echo Conversation



engagement events about mental health and addictions (two in French, four in English). These sessions engaged 225 people. The events supported participants (mainly community women with mental health issues and addictions along with a smaller number of service providers) to reflect on and offer recommendations in relation to a discussion document called Every Door is The Right Door, which will inform the Ministry of Health and Long-Term Care's 10 Year Mental Health and Addictions Strategy. Echo has submitted a report on women's perspectives to the steering group for this Strategy. Echo's full report

will be published in 2010. This activity engaged women consumers in the development of the strategy and increased the understanding across the province regarding the strategy. Echo's work is helping to ensure that the forthcoming changes to Ontario's mental health and addictions system will be informed by its extensive work across the province.

Echo also prepared recommendations and submitted a report to the Select Committee of the Legislature on Mental Health and Addictions. Echo provided supporting evidence and input that a sex and gender

informed approach needs to be included in the government's mental health and addictions strategy. The submission draws on research evidence and on the input from Ontario women to support improvement in the mental health and addiction care system.

Increasing understanding of ways to remove barriers to treatment

In partnership with the Canadian Institutes of Health Research, Institute for Gender and Health (CIHR/IGH), Echo conducted a research competition for knowledge translation

projects focused on women and depression. This initiative will a) increase understanding of ways to remove barriers to treatment for women with depression; b) evaluate new models of health-care delivery for women with depression; and c) develop new insights about ways to improve the acceptability of mental health services. Projects will be conducted over two years, with an expected completion date in 2012/13. These projects will engage front-line providers and researchers in system change initiatives to enhance depression care.



\$76,642 invested in Mental Health and Addictions

IMPACT

Five key recommendations resulting from our work on Ontario Women's Responses to "Every Door is the Right Door: A 10-Year Mental Health and Addictions Strategy" will help ensure access to standardized; skilled; integrated; and culturally and regionally sensitive care, if implemented.

By identifying actions that include support for collaborative care models, evaluating effective care, and improving data capacity for depression care, Echo can influence decisions that improve access to, and the quality of depression care for women in Ontario. (The POWER Study)

SEXUAL AND REPRODUCTIVE HEALTH

Women have unique health needs related to reproductive health over their lifespan. Access to appropriate services is a challenge across the vast geography of Ontario. Ontario maternity care statistics fall below the national average, with the increases in multiple births and caesarean sections (8% increase over the last 10 years) of particular concern. Access to effective perimenopause and menopause support is identified by both women and providers as needing to be strengthened.

Impact

Echo is improving the quality of and access to sexual and reproductive care for Ontario women.

Assessing access to abortion services

The Studies on Access to Abortion Services (funded by the Ontario Women's Health Council) is a set of four studies aimed at assessing issues of access to abortion for Ontario women. The study is being carried out by Dr. Lorraine Ferris at the Institute for Clinical Evaluative Sciences (ICES). Echo has formed an Expert Panel to define the practice and policy implications of the findings and to support adoption of the recommendations. Ontario will be the first jurisdiction to look at access to abortion where it

can be offered both surgically and medically. The findings and recommendations will be released in 2010.

Evaluating the capacity to reduce costs while improving care for expectant mothers

The Ministry of Health and Long-Term Care implemented a testing program in Ontario in January 2009 to predict which women with pre-term labour will go on to deliver prematurely (Fetal Fibronectin (fFN) testing program). Echo is funding a project to evaluate the impact of this program in Ontario. Testing for fetal fibronectin sup-

ports care for patients in pre-mature labour as it accurately predicts whether the woman will go on to deliver the baby early. This evaluation will assess the program's capacity to



reduce health system costs while ensuring mothers and newborns receive the appropriate level of care. It will also identify needed knowledge translation activities to support fetal fibronectin testing and inform the Ministry's future investment in the program. The evaluation is led by Ann Sprague, PhD, of Ottawa Hospital Research Institute. It will be completed in mid-2011.

There is considerable inconsistency in the rate of hysterectomies across the province. Echo, through the Centre for Effective Practise, funded a follow-up project regarding Benign Uterine Conditions. The intent of the initial project was to promote alternatives to hysterectomies in communities where there are high rates of surgical intervention. This initiative, led by the Centre's Lena Salach, adapts patient education tools about hysterectomy to Aboriginal women. These tools provide them with the information they need to make informed decisions about common uterine conditions and hysterectomy as one possible treatment option.



\$255,236 invested in Sexual and Reproductive Health



IMPACT

Echo is:

Improving care for expectant mothers by providing an evaluation of the impact of fetal fibronectin (fFN) testing in Ontario;

Ensuring women receive appropriate treatment for benign uterine conditions by equipping health-care providers and trainees with practical and evidence-based education and information;

Identifying gaps in training and assessing the current state of the service delivery system.

FEATURE

Fetal Fibronectin Testing

Echo's research today is helping to provide better care tomorrow for expectant mothers. With funding from Echo, The Ottawa Hospital Research Institute is working with BORN Ontario. They will conduct an evaluation to help ensure that Ontario's fetal fibronectin testing initiative is giving doctors the information they need to direct the proper level of care to women showing symptoms of pre-term labour.

A positive test

The test involves a simple cervical swab from a pregnant woman experiencing symptoms of pre-term labour. If the test comes back positive for the fetal fibronectin protein, there is a high likelihood that the woman will deliver her baby prematurely. Arrangements can then be made, if necessary, to transfer her to the proper facility (secondary or tertiary care centre) depending on the gestational age of her fetus.

A negative test

If the test comes back negative for the protein, it is highly unlikely that the pre-term labour symptoms will result in early delivery. The woman can remain where she is and may

even be discharged, thereby avoiding unnecessary, inconvenient and expensive transfers for women whose pregnancies are likely to continue. This means far less stress on the pregnant woman and also keeps beds in secondary and tertiary care centres free for the women who do need them.

Better outcomes for expectant mothers

The more a doctor knows about when a woman will deliver her baby, the better care he or she can provide. The fetal fibronectin

test is part of Ontario's three-year strategy to provide the highest possible level of care for expectant mothers and newborn babies.

Echo's project is a quantitative and qualitative evaluation that will investigate factors such as: changes in the rates of admission to hospital and high-risk transfers for women with symptoms of preterm labour, the economic impacts of the initiative, and women's and provider experiences of fetal fibronectin testing.



CHRONIC DISEASE

Women are more likely to experience chronic conditions with cardiovascular disease being the leading cause of death for Ontario women. Additionally women report more disability from chronic disease and are more likely to have multiple chronic conditions. Patterns of care differ for men and women with men having greater access to advanced procedures and specialized expertise. Of particular concern is that women seem to be more susceptible than men to the impacts of tobacco.

Impact

Improving quality and health equity by focusing on the needs/challenges of marginalized women.



Improving cancer screening rates

In December 2009, Echo co-hosted an Echo Conversation on improving cancer screening rates for marginalized Ontario women. We engaged approximately 75 people, including community women, policy makers and service providers. The information gathered was used to inform the demonstration projects described below and to assist in shaping policy and plans for spreading innovation in this area.

Echo is working in partnership with four organizations across

the province as they pilot initiatives designed to increase access to cancer screening for marginalized women. The project will evaluate the effectiveness and appropriateness of these innovative projects. The results will provide key insights into improving the piloted models. Results will also be used to educate other communities on innovation approaches and key success factors. The evaluation is led by Tazim Virani, PhD, of Tazim Virani and Associates. It will be completed in late 2012. This initiative will support increased access for marginalized women based on research about barriers and will facilitate

community based solutions/adaptations.

A second related initiative will involve community partners and policy makers including Cancer Care Ontario. The evaluation of the cancer screening projects will be used to showcase approaches to integrating equity into service delivery. Echo has built relationships with a preliminary set of partners who will support the development and implementation of other demonstration projects that help to provide access for women experiencing different types of marginalization.



Educating marginalized women on stroke prevention

A stroke prevention knowledge translation program for vulnerable women in Ontario was carried out by the Ontario Women's Health Network (OWHN) on behalf of Echo. The project supported marginalized women to become aware of local health resources and to support each other in learning about stroke prevention using a lay health educator model. An inclusion research methodology was developed as part of the project to support the increase in health literacy in these com-

munities. OWHN was able to secure other funding to extend the methodology to six communities across Ontario.

A project initiated in 2009 will examine and describe how well the Ontario primary care system is evolving to better meet the needs of women. The project will demonstrate application of a tool to support gender-based analysis and the generation of recommendations for further improvement in primary care in Ontario. The project is led by Dr. Kymm Feldman and Dr. Sheila Dunn of Women's College Research Institute. It will be completed in late 2010.

\$152,640 invested in
Chronic Disease

“In December 2009, Echo co-hosted an Echo Conversation on improving cancer screening rates for marginalized Ontario women.”



IMPACT

Echo is:

Improving the health of marginalized women in Ontario by helping to increase cancer screening rates through an evaluation of cancer screening demonstration projects;

Improving health-care quality and increasing health equity for Ontario women by providing effective baseline data and measurement of chronic disease care that identifies priority areas for action (POWER Study, Cardiovascular & Cancer chapters);

Increasing the health of Ontario women by recommending enhancements to Ontario's primary care system. This is possible through the results of Echo's gender analysis of the Ontario primary care strategy.

INTERSECTING ISSUES

Echo identified as part of its strategic planning that there are some overarching and intersecting issues that need to be considered when addressing any health issue for women. They include Measurement and Accountability, Women's Poverty and Violence Against Women. The capacity to conduct sex and gender-based analysis needs to be strengthened, particularly with the decentralization of decision making regarding health-care delivery. Many of the activities in this section include projects that originated prior to the establishment of Echo and in some instances reflect foundational work that will guide Echo's development.

Impact

Assessing health-care quality and health equity in Ontario.

Providing vital baseline data to improve the health of and reduce inequities among women in Ontario

The Ontario Women's Health Council (OWHC) funded the POWER Study (Project for an Ontario Women's Health Evidence-Based Report), a

multi-year project initiated in 2006. Responsibility for funding the project was transferred to Echo in January 2009. This ground-breaking study is generating new knowledge about women's health in Ontario. The Study team is led by Dr. Arlene Bierman, OWHC Chair in Women's Health Research at the University of Toronto and Institute for Clinical Evaluative Science (ICES). The POWER Study is producing a provincial report on women's health by examining gender differences on a comprehensive set of evidence-based indicators. It is also highlighting differences among women related to socioeconomic status, ethnicity, and geography.

The project emphasizes indicators that are modifiable. It therefore supports efforts to link measures to intervention and improvement. The report is designed to serve as



an evidence-based tool to help policy makers, providers, and consumers improve the health of women and reduce health inequities. Educators can also use the report to teach about women's health, health inequities, population health, and health system performance. Echo will be using this work to inform priority areas for change. It will also serve as a baseline for future improvement efforts.

Echo has supported the POWER Study in six chapter releases, comprising volume one of the study. The second volume of reports will be released in the coming year. The POWER Study website has generated 15,000 visits and more than 10,000 reported chapter downloads since June 2009, demonstrating significant interest in both the findings and the indicators used in the study.

Developing a women's health research and knowledge translation agenda

A project initiated this year will identify Ontario women's health research and knowledge translation priorities and will support development of a research agenda in women's health. The project will also provide direction to Echo's future knowledge translation investments as informed by a systematic collection of Ontario women's perspectives. Information

will be collected through a literature review, survey, focus groups and a community forum. The project is led by Tekla Hendrickson and Barbara Kilbourn, in collaboration with the Ontario Women's Health Network. It will be completed in late 2010 and it is having a significant impact in raising the issues related to equity of access and outcome in the province. The project is also providing profile to promising practices from communities across the province.

Fostering more meaningful involvement of women in the health system

Another project initiated this year will document baseline information about women's involvement in decision-making in the health sector. Recommendations will be generated toward facilitating the greater and more meaningful involvement of women in health systems and structures. The project is led by Tanya Darisi of the Centre for Community Based Research. It will be completed in late 2010.

A project is underway to highlight the knowledge and skill development needs of health-care providers related to the analysis of sex and gender and health equity. The intent of the study is to learn what support practitioners need to aid them in the use of gender-based analysis and equity-assisting

Echo Requests for Applications

Echo released eight RFAs (Requests for Application) in 2009 and received an enthusiastic rate of response from women's health researchers across the province. All applications were reviewed internally for eligibility, completeness and relevance.

Respondents moving to the next stage were then evaluated by three external scientific and/or community reviewers as appropriate. External review responses were used to identify the strongest applicant to move the project forward.



frameworks. The project will assess the current use of frameworks and identify barriers and facilitating factors related to using them. The final report will support Echo's planning activities toward greater use of these frameworks in the health sector. The project will be completed in late 2010.

Increasing equity in health system planning

Echo is building on the active outreach to the Local Health Integration Networks (LHINs) initiated by the POWER Study through further work to address equity in health-care system planning. This year Echo supported a think tank on equity in health care in Ontario co-hosted with The Wellesley Institute. The event helped identify opportunities and barriers related to advancing an equity framework in this province. The report will be released in 2010.

An Inclusion Research Manual was developed for Echo by the Ontario Women's Health Network. It was released in late 2009. Echo supported this work to be the focus for International Women's Day (March 8) activities at York University. The manual forms a component of an equity toolkit as it supports agencies and initiatives in including marginalized women directly in initiatives or projects. Echo also co-hosted a set of working meetings with the Ontario Hospital Association

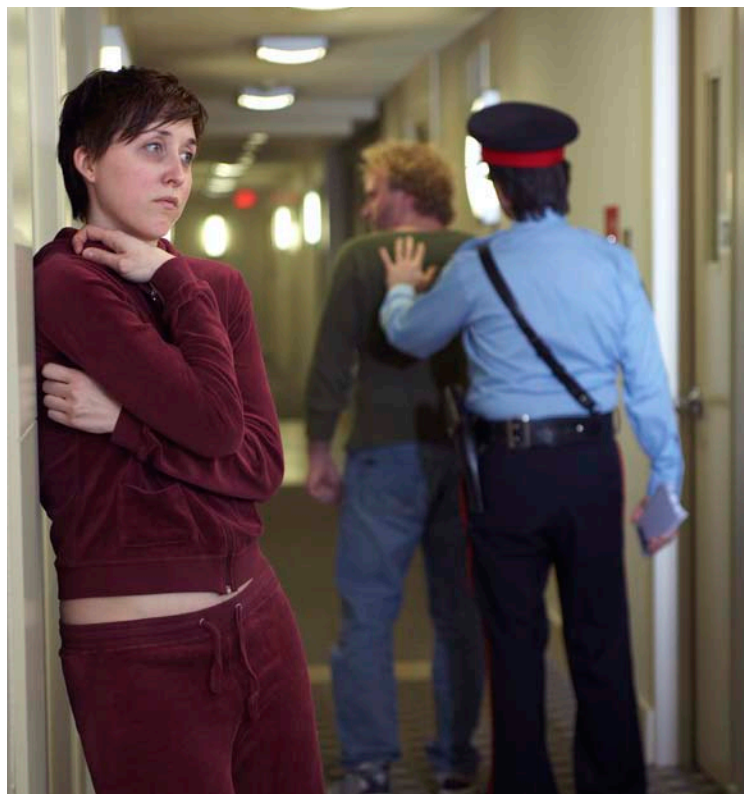
that involved all of the major sector associations. The focus was on Exploring Equity in Ontario. Echo also provided support for Rainbow Health Ontario's conference in March 2010: Improving Access and Equity in Health for LGBT People.

Addressing an important controversy about required health services

This year saw the completion

of Violence Against Women - Evaluating Screening Tools for Woman Abuse, a large multi-centre trial evaluating universal screening approaches in health-care settings. The randomized controlled trial was conducted in 11 emergency departments, 12 family practices, and three obstetrics/gynaecology clinics in Ontario among 6,743 female patients aged 18 to 64 years. The findings showed that universal screening for vio-

“Study findings show that universal screening for violence against women should not be implemented.”



lence against women should not be implemented however, case finding should be incorporated into standard care practices. Efforts are needed to ensure that this finding is incorporated in service design and supported by educating practitioners. The study was published in the August edition of the Journal of the American Medical Association. It was led by Dr. Hariett McMillan, a professor of psychiatry and behavioural neurosciences and paediatrics in Michael G. DeGroot School of Medicine, in collaboration with researchers from the McMaster Violence Against Women Research Group.

The fall of 2009 also brought the release of a study about drug-facilitated sexual assault, an emerging issue in Ontario. Echo

is currently assisting the researchers as they pursue implementation of the appropriate program enhancements in Sexual Assault and Domestic Violence Centres across the province related to the report findings. As the government moves forward on a sexual violence action plan for Ontario, Echo is poised to contribute to improvements in treatment and care for women.

Building the leadership capacity of women

Echo initiated development of a Women's Health Leadership Development Program. Designed to support women to build their leadership capacity the program affords women the opportunity to participate meaningfully and effectively in the systems and

structures affecting women's health throughout Ontario. The program is intended to run over four fiscal years and will be evaluated on its ability to generate the anticipated impact. This program will operate in partnership with the Ontario Women's Health Network and will engage over 200 women from across the province.

Echo has launched a project to identify the state of current knowledge (research based and practice based knowledge) and intervention gaps in relation to peri to postmenopausal health. The peri to post menopause scoping review will inform future knowledge translation activities. The project is led by consultant, Janet Maher along with Ilene Hyman, PhD, of the University of Toronto. It will be completed in late 2010.

\$1,565,977 invested in
Intersecting Issues



IMPACT

Echo is:

Improving health-care quality for Ontario women by providing baseline measurement and increasing health-care equity through the work of the POWER Study;

Increasing equity in health system planning;

Service design to focus on case finding, not universal screening for violence against women in primary care and emergency room settings.

FEATURE

The **POWER** Study



The POWER Study (Project for an Ontario Women's Health Evidence-Based Report), is an Echo funded multi-year project that examines the gender differences in access to care, as well as quality of outcomes of care for leading causes of morbidity and mortality in Ontario.

The study is designed to serve as an evidence-based tool to help policy makers, providers and consumers improve the health of and reduce inequities among the women of Ontario. Educators can also use the report to teach about women's health, health inequities, population health, and health system performance.

In 2009-2010 volume one of the POWER Study was released. Chapters on Burden of Illness, Cancer, Depression Cardiovascular Disease and Access to Care have had a broad reach across the province. Volume two chapters will be released in the coming year and will include Muskuloskeletal Disorders, HIV Infections, Reproductive Health, Social Determinants of Health and Populations at risk.

Findings from the POWER Study are currently helping to shape a women's health strategy for Ontario. The study is important for anyone engaged in women's health in the province.



FEATURE

Ontario Women's Health Leadership Development Program

Echo launched its three year Women's Health Leadership Development Program in 2009/10.

The aim of the program is to increase leadership capacity among women in support of women's health and gender-based analysis across Ontario.

Echo is working closely with the Women's Health Network in this program.

Women experience health and illness differently than men. The social experience of women is also a key factor in determining their health. Meaningful participation of women in health systems and structures is fundamental to ensuring that services truly respond to their needs. A greater voice for and by women will ensure that woman-sensitive services and care are provided and that gender-related inequities in health are addressed. Women's leadership is vital to ensuring that women's perspectives are reflected for greater effectiveness of care and improved health outcomes.

Program participants will be able to use their new skills and awareness of women's health

and gender-based analysis to foster the use of a sex and gender lens in their communities. The project is lead by Julie Maher, OWHN Provincial Director.

Program participants from across the province will be



screened for leadership aptitude and invited to participate in a three to four-day training event in which they will have the opportunity to learn about inequities in women's health and the importance of promoting a focus on considering sex and gender. They will be supported to build their capacity to take on leadership roles, including on boards of health,

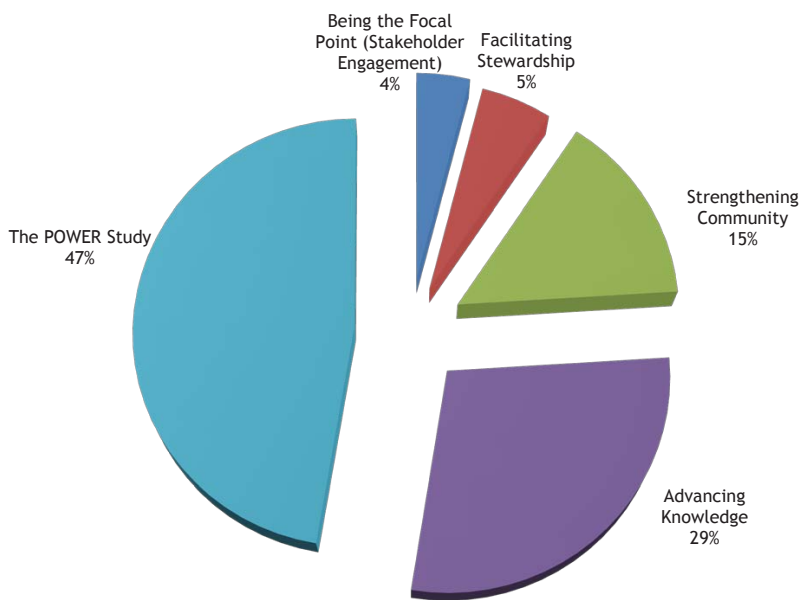
boards of directors, and in community initiatives in order to have influence in relation to advancing women's health in Ontario. The Women's Health Leadership Program model is based on the book, *The Leadership Challenges* (Kouzes and Posner, 2002) used successfully in other similar programs in Canada.

The program is supported by a project team that includes OWHN staff and Echo staff, and an advisory committee that includes agency staff from across Ontario. In addition, one agency from each of Ontario's 14 Local Integrated Health Networks (LHINs) will help ensure that participants come from all parts of the province.

FUNDING AND EXPENDITURES

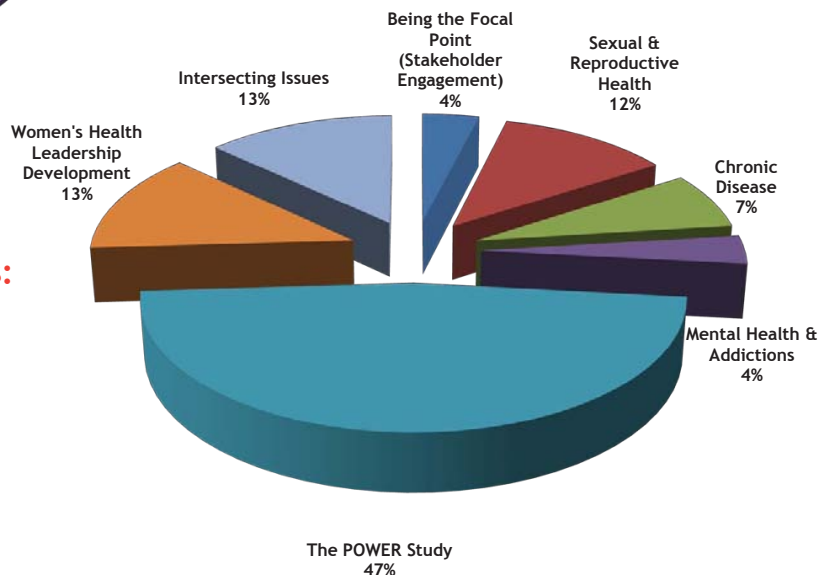
Echo received \$3.64 million net funding for the year, of which \$2.13 million was invested in Knowledge Translation Initiatives (including projects in progress of \$1.25 million.) Knowledge Translation Initiatives increased by \$0.6 million over the prior fiscal year, as Echo became fully operational and invested in the activities described in the preceding pages. Being the Focal Point spending of about \$84,000 involves stakeholder engagement and communications activities relating to website development, visual identity and branded products, media, reports and translation.

Operations expenditures rose to planned levels as Echo recruited nine permanent employees during the year, and went from three months of partial operations in 2008/09, to a year of robust activity. The increase in salaries, service and office costs was partially offset by decreases in office construction and fixtures, reduced transition and start-up consulting work, and fewer board meetings as the management team took effect. Echo's capital asset expenditures of approximately \$105,000 consisted mainly of website development costs (about \$61,000) and implementation of a contact relationship management database (about \$36,000).



Knowledge Translation Initiatives: Spending by Function

Knowledge Translation Initiatives: Spending by Activity



FEATURE

Ontario Women's Health Strategy

Ontario women continue to experience significant health disparities that could be readily reduced. Together with partners and stakeholders from across the province, Echo began developing a women's health strategy to target priority actions directed at these inequities.

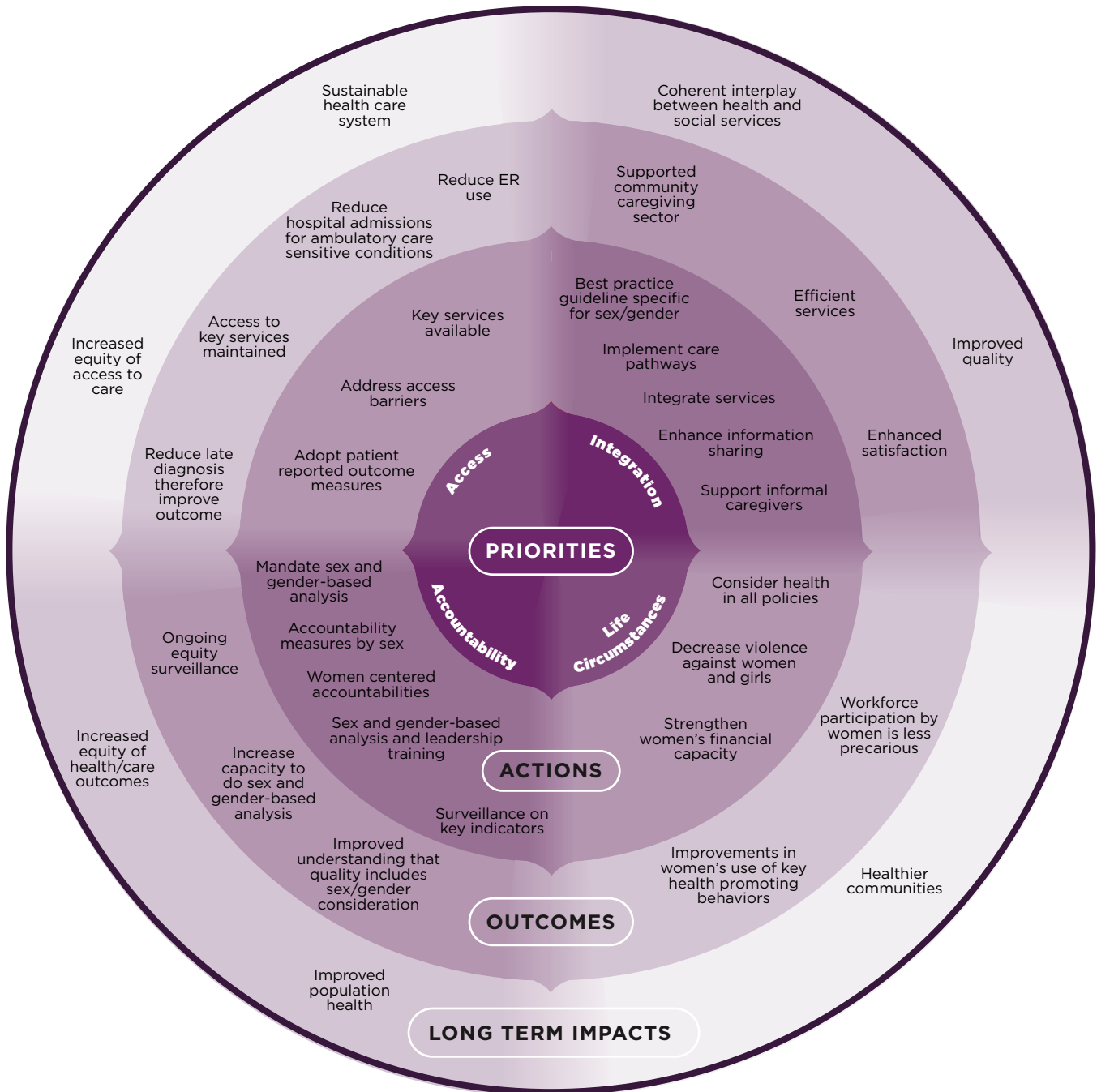
The strategy aims to improve understanding across the health and social services sectors about the importance of addressing women's health needs effectively. It calls for significant progress in improving women's health through addressing health-care quality and health equity.

The strategy builds on the year-long consultation process conducted by Diana Majury in association with the Honourable Elinor Caplan in 2007, which identified mental health and addictions, management of chronic disease and sexual and reproductive health as Echo's three priority areas for action. It will also build on the collaborative work of the POWER Study, which provides a baseline assessment of equity (and inequity) in the Ontario health system.

A draft strategy will be completed by late spring, after which Echo will seek input from across the province throughout the summer and fall.



Ontario Women's Health Strategy



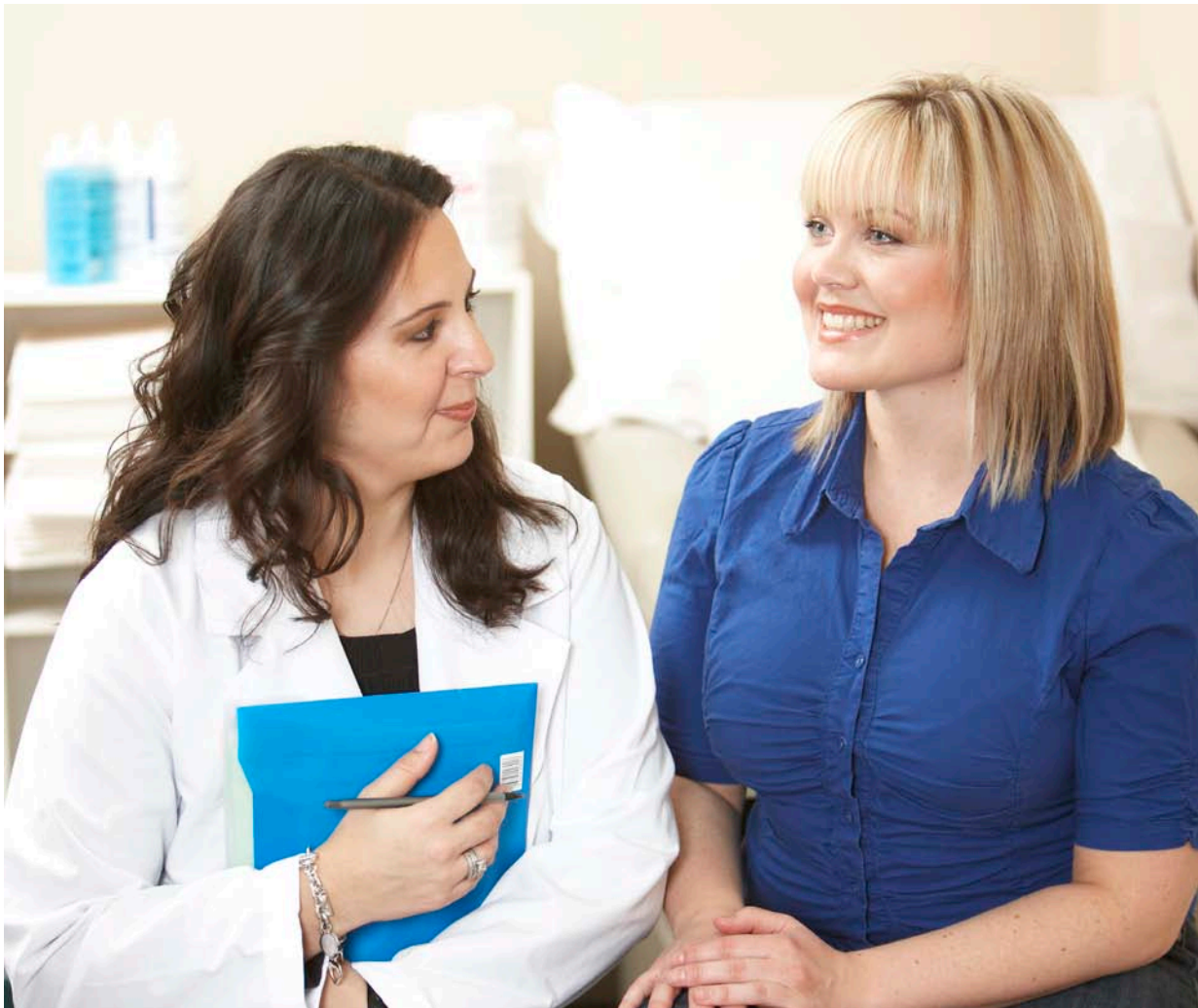
To improve the health of Ontario women, it is essential to address the social determinants of health, increase healthy behaviours, and obtain timely and appropriate health care. The **PRIORITIES** of the Ontario Women's Health Strategy are identified in the centre of the illustration.

Addressing poverty and other social determinants of health will improve the life circumstances of vulnerable women. Improving access to care and women-centred services will help ensure women stay healthy and receive necessary services. Improving integration of services across sectors will simplify the health care management role for women, including those with more complex health care needs. Implementing planning and accountability with a gender lens/analysis will improve health care quality and help ensure all people are served in the most effective way. (continued next page)

In order to address these priorities, **ACTION** steps will be targeted at multiple levels, including individual, team, organization, and the broader system. Actions that are evidence-informed and context-sensitive are most likely to achieve success. Actions include adopting patient-reported outcome measures, addressing barriers to care, and reporting accountability requirements by sex and gender.

The implementation of these recommended priority actions will result in immediate improved health **OUTCOMES**. The priorities align with other key activities underway or planned in Ontario, such as the LHIN Integrated Health Service Plans, Aging at Home strategy, Poverty Reduction strategy, and the Excellent Care for All Act.

LONG-TERM IMPACTS are significant not just for women but also for the whole health system. These include healthier communities, increased equity of access to care/health outcomes, and ultimately, an improved quality of care and better health for Ontarians.



EXPERT PANELS

Researcher

Dr. Sonia Anand
Panel Chair

Caroline Andrew, PhD
Pat Armstrong, PhD
Dr. Arlene Bierman
Madeline Boscoe
Katherine Boydell, PhD
Sally Brown
Dr. Paula Rochon
Lorraine Ferris, PhD
Anne Rochon Ford
Nazilla Khanlou, PhD
Dr. Harriet MacMillan
Julie Maher
Susan Phillips, PhD
Dr. Donna Stewart
Nadine Wathen, PhD

Diversity Expert

Dr. Shaheen Darani
Panel Chair

Jo Altilia
Parvine Bahramian
Susan Brunet
Debbie Douglas
Nazilla Khanlou, PhD
Guylaine Leclerc
Julie Maher
Notisha Massaquoi
Ayasha Mayr Handel
Marianne Park
Angela Robertson
Anna Travers

Ontario Women's Health Strategy

Dr. Arlene Bierman
Lorraine Greaves, PhD
Diana Majury, PhD
Lori Marshall
Dr. Paula Rochon
Anne Rochon Ford
Susan Seaby
Dr. Moira Stewart
Wendy Talbot
Elaine Todres, PhD

Studies on Access to Abortion Services (SAAS)

Lori Marshall
Chair

Dr. Gail Beck
Rebecca Cook, PhD
Dr. Sheila Dunn
Dr. Lori Ferris
Saara Greene, PhD
Melissa Hausman, PhD
Dr. John Lamont
Dr. Deborah Penava

Echo Chairs in Women's Health Research

Dr. Arlene Bierman
The University of Toronto

Nazilla Khanlou, PhD
York University

The University of Western Ontario, the University of Toronto, the University of Ottawa and York University are important partners as hosts of the Ontario/Echo Chairs in Women's Health Research. Recruitment is currently underway to fill the Chair positions for the University of Western Ontario and the University of Ottawa.



Echo: Improving Women's Health in Ontario Board of Directors

As at March 31, 2010

	Date Appointed	Term Expires
Caroline Andrew, PhD Chair	June 27, 2007	June 26, 2010
Marianne Park, Vice Chair	June 27, 2007	June 26, 2010
Elizabeth Burnham	June 27, 2007	June 26, 2010
Meredith Cartwright	June 27, 2007	June 26, 2010
Aisha Chaudry	June 27, 2007	June 26, 2010
Dr. Shaheen Darani	June 27, 2007	June 26, 2010
Dr. John B. Kitts	June 27, 2007	June 26, 2011
Lori Marshall	December 3, 2008	June 26, 2011
Wendy Talbot	June 27, 2007	June 26, 2010
Rita Tsang	June 27, 2007	June 26, 2011

Echo Senior Management Group

Pat Campbell
Chief Executive Officer

Shelley Cleverly
Director, Knowledge Translation

John Ecker
Director Public Affairs & Community Engagement

Rosie Yeung
Director, Finance & Administration



www.echo-ontario.ca

Financial Statements of

**ECHO: IMPROVING WOMEN'S
HEALTH IN ONTARIO**

Year ended March 31, 2010



KPMG LLP
Chartered Accountants
Yonge Corporate Centre
4100 Yonge Street Suite 200
Toronto ON M2P 2H3
Canada

Telephone (416) 228-7000
Fax (416) 228-7123
Internet www.kpmg.ca

AUDITORS' REPORT

To the Board of Directors of Echo: Improving Women's Health in Ontario

We have audited the statement of financial position of Echo: Improving Women's Health in Ontario as at March 31, 2010 and the statements of operations and changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the Agency's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Agency as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Chartered Accountants, Licensed Public Accountants

Toronto, Canada

May 21, 2010

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Statement of Financial Position

March 31, 2010, with comparative figures for 2009


	2010	2009
Assets		
Current assets:		
Cash	\$ 134,406	\$ 3,388
Due from Women's College Hospital	-	407,132
Prepaid expenses and deposits	42,067	13,202
Projects in progress (note 2)	2,262,551	1,030,000
	<u>2,439,024</u>	<u>1,453,722</u>
Capital assets (note 3)	289,795	246,122
	<u>\$ 2,728,819</u>	<u>\$ 1,699,844</u>

Liabilities and Net Assets

Current liabilities:		
Accounts payable and accrued liabilities	\$ 111,534	\$ 199,894
Accrued payroll expenses	10,920	2,481
Deferred revenue (note 4)	2,327,490	1,264,827
	<u>2,449,944</u>	<u>1,467,202</u>
Deferred capital contributions (note 5)	289,795	246,122
Net assets:		
Restricted funds	(10,920)	(13,480)
Commitments (note 6)		
	<u>\$ 2,728,819</u>	<u>\$ 1,699,844</u>

See accompanying notes to financial statements.

On behalf of the Board:



Director



Director

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Statement of Operations and Changes in Net Assets

Year ended March 31, 2010, with comparative figures for 2009

	2010	2009
Revenue:		
Grant	\$ 2,338,423	\$ 1,372,999
Expenses:		
Knowledge Translation Initiatives:		
Intersecting issues	701,512	372,339
Mental health and addictions	94,642	12,900
Stakeholder engagement and communications	84,210	66,441
Sexual and reproductive health	14,200	39,043
Chronic disease	7,590	-
	902,154	490,723
Administrative:		
Transition and start-up activities	-	175,929
Salaries, wages and benefits	896,989	177,443
Property, repairs and maintenance	112,849	193,707
Travel, meals and board	84,252	124,897
Service and equipment	240,923	145,483
Amortization of capital assets	66,234	44,915
Office and general	21,703	20,886
Audit, insurance and other	10,759	12,496
	1,433,709	895,756
	2,335,863	1,386,479
Excess of revenue over expenses (expenses over revenue)	2,560	(13,480)
Net assets, beginning of year	(13,480)	-
Net assets, end of year	\$ (10,920)	\$ (13,480)

See accompanying notes to financial statements.

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Statement of Cash Flows

Year ended March 31, 2010, with comparative figures for 2009

	2010	2009
Cash provided by (used in):		
Operations:		
Excess of revenue over expenses (expenses over revenue)	\$ 2,560	\$ (13,480)
Items not involving cash:		
Amortization of capital assets	66,234	44,915
Amortization of deferred capital contributions	(66,234)	(44,915)
Gain on disposal of capital assets	(5,053)	-
Change in non-cash operating working capital:		
Decrease (increase) in due from Women's College Hospital	407,132	(337,520)
Increase in prepaid expenses and deposits	(28,865)	(13,202)
Increase in projects in progress	(1,232,551)	(1,030,000)
Increase (decrease) in accounts payable and accrued liabilities	(88,360)	199,894
Increase in accrued payroll expenses	8,439	2,481
Increase in deferred revenue	1,062,663	1,195,215
	125,965	3,388
Investments:		
Addition to capital assets, net of disposals	(104,854)	(291,037)
Receipt of deferred capital contributions	109,907	291,037
	5,053	-
Increase in cash	131,018	3,388
Cash, beginning of year	3,388	-
Cash, end of year	\$ 134,406	\$ 3,388

See accompanying notes to financial statements.

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Notes to Financial Statements

Year ended March 31, 2010

Echo: Improving Women's Health in Ontario ("Echo") was incorporated on June 21, 2007 under the Development Corporations Act as an Operational Service Agency (the "Agency") of the Province of Ontario. Echo's mandate is to be the focal point and catalyst for women's health at the provincial level and to promote equity and improved health for the women of Ontario. The year ended March 31, 2009 marked the end of the transition period for the start-up of the Agency.

Echo is a corporation without share capital and is not subject to the Corporations Act or the Corporations Information Act.

Echo is funded through a Memorandum of Understanding (the "Memorandum") with the Province of Ontario under the Ministry of Health and Long-Term Care ("MOHLTC") dated August 20, 2008. The Memorandum shall be in effect for a period not to exceed 5 years and may be renewed or revised prior to its expiry.

1. Significant accounting policies:

(a) Basis of presentation:

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles.

(b) Revenue recognition:

Echo follows the deferral method of accounting for contributions.

Capital contributions for the purchase of capital assets are deferred and amortized into revenue on a straight-line basis at a rate corresponding with the amortization rate of the related capital assets.

Externally restricted grants are deferred and recognized as revenue in the year in which the related expenses are incurred, or when project milestones under third party contracts are completed.

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Notes to Financial Statements (continued)

Year ended March 31, 2010

1. Significant accounting policies (continued):

(c) Capital assets:

Capital assets are recorded at cost less accumulated amortization. Amortization is provided on a straight-line basis over the estimated useful lives as follows:

Computer hardware	3 years
Computer software	3 years
Website development	3 years
Office equipment	5 years
Furniture	5 years
Leasehold improvements	Over term of lease

In the year of acquisition, 50% of the annual amortization rate is used.

(d) Use of estimates:

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the year. Actual results could differ from those estimates.

(e) Adoption of new accounting pronouncements:

Effective April 1, 2009, the Corporation adopted The Canadian Institute of Chartered Accountants' amendments to Handbook Section 4400, Financial Statements Presentation by Non-for-Profit Organizations. These amendments provide the option to eliminate net assets invested in capital assets as a separate component of net assets, clarifies the requirement for revenue and expenses to be presented on a gross basis when the not-for-profit organization is acting as principal and requires a statement of cash flows. Adoption of these recommendations had no significant impact on the financial statements for the year ended March 31, 2010, except for the presentation of the statement of cash flows.

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Notes to Financial Statements (continued)

Year ended March 31, 2010

2. Projects in progress:

Projects in progress reflect funds flowed under contract to a third party where project milestones are in process of completion and funds had not been expended by the third party by March 31.

	2010	2009
Canadian Institutes of Health Research ("CIHR")		
Projects/Gender and Health	\$ 1,000,000	\$ 1,000,000
Mental Health and Addictions	12,000	30,000
Intersecting Issues	864,465	-
Sexual and Reproductive Health	241,036	-
Chronic Disease	145,050	-
	<u>\$ 2,262,551</u>	<u>\$ 1,030,000</u>

3. Capital assets:

	2010		2009	
	Cost	Accumulated amortization	Net book value	Net book value
Computer hardware	\$ 24,082	\$ 12,042	\$ 12,040	\$ 20,069
Computer software	36,197	-	36,197	-
Website development	61,560	10,260	51,300	-
Office equipment	101,638	17,165	84,473	85,986
Furniture	49,648	14,894	34,754	44,683
Leasehold improvements	121,767	50,736	71,031	95,384
	<u>\$ 394,892</u>	<u>\$ 105,097</u>	<u>\$ 289,795</u>	<u>\$ 246,122</u>

4. Deferred revenue:

Deferred revenue is comprised of restricted grant contributions not yet spent and amounts due to MOHLTC.

Amounts due to MOHLTC represent funding received during the fiscal year which is being returned at the Ministry's request. These amounts will be recovered by the Ministry through a reduction of future years' funding.

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Notes to Financial Statements (continued)

Year ended March 31, 2010

5. Deferred capital contributions:

Deferred capital contributions represent restricted capital funding received from the government for the purchase of depreciable capital assets. Deferred capital contributions are amortized on the same basis as the capital asset to which they relate.

Changes in the deferred capital contributions balances during the year are as follows:

	2010	2009
Balance, beginning of year	\$ 246,122	\$ -
Contributions received	109,907	291,037
Amounts amortized to revenue	(66,234)	(44,915)
Balance, end of year	\$ 289,795	\$ 246,122

6. Commitments:

(a) Echo has commitments under various operating contracts and leases, including premises requiring annual rental payments as follows:

2011	\$ 149,595
2012	130,575
2013	96,828
	\$ 376,998

(b) Echo has commitments to research projects as follows:

2011	\$ 125,000
2012	325,000
2013	325,000
	\$ 775,000

ECHO: IMPROVING WOMEN'S HEALTH IN ONTARIO

Notes to Financial Statements (continued)

Year ended March 31, 2010

7. Fair values of financial assets and financial liabilities:

The carrying values of cash, accounts payable and accrued liabilities and due to MOHLTC approximate their fair values due to the relatively short periods to maturity of these financial instruments.

8. Comparative figures:

Certain comparative figures have been reclassified to conform with the financial statement presentation adopted in the current year.