British Columbia
Centre of Excellence
for Women's Health

Canadian Women's Health Indicators

An Introduction, Environmental Scan, and Framework Examination

Steve Chasey
Ann Pederson
Putu Duff

The Source
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E311-4500 Oak Street, Box 48
Vancouver, BC V6H 3N1
Tel 604-875-2633
Fax 604-875-3716
Email bccewh@cw.bc.ca
www.bccewh.bc.ca

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Introduction to Women's Health Indicators

Having a comprehensive picture of the health of a population is critical to guiding health research, policy and programs. Such a picture is created by collecting data on a range of health measures – health indicators – that can be pooled together and analyzed to describe, compare and monitor patterns of mortality (deaths), morbidity (illness, disease), wellness, and health-affecting factors (personal behaviours, resources such as housing and systemic influences such as the availability of care). To understand women's health, this information must be available and should be analyzed by sex and by gender. Sex- and gender-based analysis (SGBA) is recognized internationally and by the Canadian government as a critical component of sound health planning. According to Government of Canada policy, SGBA is used "to ensure that the initiatives and activities of the Health Portfolio lead to sound science, ensure gender equality and are effective and efficient" [1].

Canadian Women's Health Indicators: An Introduction, Environmental Scan, and Framework Examination has been developed to introduce the concepts and context of work done in the area of women's health indicators in Canada. This introduction includes an overview of what is meant by women's health indicators and the rationale behind their use. This material is followed by a brief introduction to indicator frameworks, which are explained more fully in the following pages.

What Are Women's Health Indicators?

A women's health indicator measures health status in a population of women. In Canada, as in other countries, women's health indicators are intended to measure how sex and gender affect the health of women and girls, to understand in what ways women's health differs from men's but also to understand specific influences within and among sub-populations of women.

Sex refers to the biological characteristics that distinguish males and females. Sex differences include physical and physiological differences such as body shape and size, proportion of fat to muscle, and hormones. Health-related data are often recorded by sex, (male or female), although they are not always reported by sex. Looking at sex-disaggregated data is the first step towards understanding the effect of being male or female in any specific health condition. Data that are both reported and recorded by sex allow the user to make comparisons between males and females. Indicators may also be women-specific, in that they measure conditions that occur only among women, such as maternal smoking, maternal mortality or ovarian cancer rates.

Gender refers to the socially constructed roles and relationships, personality traits, attitudes, relative power, and other characteristics that are ascribed to men and women by society. Gender-sensitive indicators allow us to identify, examine, and

monitor gender-related in changes in society over time [2]. They should also allow for comparisons of *diversity* between groups of women, men, boys, or girls [3], which implies that they should measure other characteristics such as age, location of residence, ethnic background, sexual orientation, religious tradition, and a host of other variations among people.

Including measurements of sex, gender, and diversity in health indicators allows SGBA to pursue the overall goal of equity, or the treatment of people in a manner that ensures similar or comparable outcomes. This is distinct from equality, which requires that people in similar circumstances be treated in similar ways. Policies and services that aim to achieve equity are often different from one group to another because they are tailored to the individual needs of different groups of people.

Skip to the Environmental Scan to read about historical and current efforts to expand and refine women's health indicator use and comprehensiveness.

Why Women's Health Indicators?

An ideal set of women's health indicators…

1. **Drive change:** A good indicator is one that suggests directions for action. Linking indicators with priorities and strategies for change is critical to improving women's health [4].
2. **Make visible what is currently invisible:** Data on women's health indicators provide the basis for SGBA to illuminate differences between men and women and/or among groups of women in terms of determinants of health, access to health services, and health outcomes.
3. **Enable comparison:** Women's health indicators provide standard measures that can be compared by community, region, province, and/or country.
4. **Monitor progress:** Collecting and comparing indicators over time enables us to see if women's health has improved or worsened, as well as to identify key trends in disease or health.
5. **Measure the impact of policies, programs or projects:** Women's health indicators help expand our knowledge of the impact of policies and programs on women's health [5].
6. **Point to more effective, targeted interventions:** Women's health indicators may help improve the focus and effectiveness of existing or emerging interventions, by identifying the specific needs of women and subgroups of women.
7. **Support gender equity:** Understanding how health outcomes are impacted by sex, gender, and diversity can help tailor policies and services to achieve gender equity.

Unfortunately, in Canada surveys, surveillance systems, and other health related data often do not record or report statistical data by sex, gender, ethnicity, Aboriginal status, geographic region, socio-economic status or other variables that allow us to conduct SGBA and better understand the health of specific populations [6]. In some cases these details are recorded by not reported, and become lost through aggregation to population-level reporting. In other cases, the data collection mechanisms are missing altogether. Recognizing this gap, women's health researchers and policy makers have worked diligently over the past two decades to improve representation of sex and gender in health surveillance and thus our ability to conduct SGBA. However, despite recent advances, significant gaps still exist in our ability to monitor, report on, and understand women's health.

Health Indicator Frameworks

When international researchers began investigating women's health indicators, they attempted to capture all aspects of health and illness by developing extensive lists of indicators, some with more than one thousand. This approach produced an overwhelming amount of data to be collected, analyzed, and reported; and many of the indicators measured very similar health characteristics.

Since then, women's health analysts have been developing theoretical frameworks to narrow the number of indicators necessary to capture the complexities of health status and influences in a manageable way. The original lists of indicators have evolved into frameworks which posit relationships among the indicators and a comprehensive model of women's health. Additionally, researchers have begun to investigate how qualitative information, which asks why or how health outcomes occur, can complement and enhance standard quantitative indicators, which measure whether something occurs or the degree to which it occurs. An analysis of current indicator frameworks can be found in the Frameworks section of this document.

The Source

This document pulls together related pages from The Source, a web-based tool to assist researchers, policy makers, health planners, and students identify sources of health data for women and girls. The Source is organized according to a number of critical indicators of women's health and provides a sex-and gender-based analysis of these indicators. The indicators and topics are grouped according to the categories Health Status, Health Determinants, and Health Services. This organization is based on the model used by the World Health Organization and the Public Health Agency of Canada.

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Environmental Scan: Evolution of Women's Health Indicator Use in Canada

Gaps in Canada's ability to report on women's health began to receive attention in the mid 1990s. In 1998, the Laboratory Centre for Disease Control at Health Canada noted a lack of data concerning women as a gap in their surveillance. In response, Health Canada assembled an Advisory Committee on Women's Health Surveillance to oversee the development of women's health surveillance in Canada. The recommendations of that committee included integration of sex- and gender-based analysis, expanded capacity for surveillance, and assessment of gaps [1]. The committee was informed by the efforts of women's health researchers working at the national, provincial, and local levels and their recommendations have helped to point the way for future efforts.

Efforts to improve women's health surveillance have generally focused on specific areas of interest, including perinatal health, mental health, Aboriginal women's health, qualitative versus quantitative indicators, and indicator frameworks. This Environmental Scan details each of these areas, beginning with an examination of the report from the Advisory Committee on Women's Health Surveillance. It then chronologically reviews initiatives and reports on women's health surveillance and indicators in Canada. Key international projects are also described, because efforts in Canada have been influenced by and have contributed to international initiatives.

To summarize our analysis, tremendous work has been done to improve women's health surveillance, particularly on specific topics, however significant challenges remain. One paramount challenge is the development of a core set of women's health indicators, which is needed to form the basis for a comprehensive women's

health surveillance system. This core set will need to be flexible so that it can be applied appropriately at each level of government from local to regional to federal.

Throughout the Environmental Scan, links to relevant reports and organizations are included when available. These can also be found in the Key Resources section. Though this review aims to be comprehensive, it may not be exhaustive. If there are documents missing, please contact the BCCEWH and we will consider adding them. Much of the data for this review was drawn from *Environmental Scan of Gender and Diversity Sensitive Women's Health Indicators Initiatives 2000 to 2006*, which was a report written by Lissa Donner for Health Canada.

1999

Title: *Women's Health Surveillance: A Plan of Action for Health Canada* (1999)
Author: The Advisory Committee on Women's Health Surveillance
Agency: Health Canada
Coverage: National

The Advisory Committee on Women's Health was convened in order to identify key issues for women's health surveillance and to recommend how a national surveillance system might be developed. To do so, the Committee conducted national consultations with experts, researchers, and frontline workers. The findings of the Advisory Committee on Women's Health Surveillance set the national precedent for focusing on women's health surveillance, described how such a system could be structured, and detailed priorities for the future. It pointed out that women and men are both biologically different (a sex-based distinction), but also subject to different social contexts that affect their health (a gender-based distinction). The report noted that it is therefore inappropriate to assume that studies on men can be generalized to women, or vice versa, and surveillance systems must be designed to account for the differences between men and women.

The Committee made nine recommendations for the development of effective surveillance of women's health, which included the inclusion of sex- and gender-based analysis in existing surveillance systems; expansion of surveillance systems to cover musculoskeletal disorders, mental health, and the impact of violence on women's health; increased reporting on higher risk populations such as First Nations women; a new organizational structure responsible for women's health surveillance; and the creation of an ongoing priority-setting mechanism for women's health surveillance. These recommendations established a context in which the development of women's health surveillance has occurred through the efforts of provincial and national women's health organizations.

2000

Title: *Canadian Perinatal Health Report, 2000*
Author: Health Canada
Coverage: National

In 1995, prior to identifying a gap in overall women's health surveillance, the Laboratory Centre for Disease Control at Health Canada identified gaps in surveillance specifically concerning perinatal health. Based on that recommendation, the Canadian Perinatal Surveillance System (CPSS) was formed in 1995 with the goal of creating a national perinatal surveillance system. The resulting system aims to promote the health of pregnant women, mothers, and infants by identifying health disparities, working to improve health outcomes, and providing a basis for international comparison [2]. CPSS identified 52 indicators of perinatal health, only 24 of which could be included in its first report, *Canadian Perinatal Health Report, 2000*, due to gaps in data coverage [3]. CPSS is the first national surveillance system to systematically gather data on critical indicators of women's reproductive health, which partially explains why the evidence base concerning perinatal health in Canada is considered very strong. New editions of the Canadian Perinatal Health Report were published in 2003 and 2008.

In addition to standard mortality and morbidity-related indicators of reproductive health, CPSS also monitors a broad range of the social determinants of health [3]. This capacity has improved the understanding of Canadian women's health and health behaviours leading up to, during and after pregnancy [4]. As these behaviours are highly affected by sex, gender, and diversity, CPSS has provided for some degree of gender-sensitive reporting and data collection within the focused area of perinatal health.

Title: *Women's Health in Atlantic Canada: A Statistical Portrait* (2000)
Author: Ronald Colman, GPI Atlantic
Agency: Maritime Centre of Excellence for Women's Health (now the Atlantic Centre of Excellence for Women's Health) and the Atlantic Region Policy Forum on Women's Health and Well Being
Coverage: Provincial – Atlantic Provinces

Women's Health in Atlantic Canada adopted a determinants-of-health approach, which includes broadening the concept of health to include health-influencing factors such as socio-economic status and physical environment. *Women's Health in Atlantic Canada* applied an SGBA in order to illustrate the value of including gender as a determinant of health. The areas of women's health selected for illustration in this report included: mental health and psychological well-being; educational attainment and literacy; income distribution and poverty; work and employment; personal lifestyle; preventive health services and social supports. The report illustrated how

gender-sensitive surveillance, which takes sex, gender, and diversity into account, goes hand-in-hand with the determinants-of-health approach advocated by *Toward a Healthy Future*.

This landmark report displayed the insights that can be gained from examining sex-disaggregated data, such as different health patterns and outcomes for men and women in terms of teenage smoking, activity limitations among seniors, and physical activity trends. It also focused attention on the determinants of health – such as education, social support, and the gender wage gap – a focus that has been mirrored in later reporting on women's health.

2001

Title: *Provincial Profile of Women's Health: Updated Data on Selected Indicators for Women's Health in British Columbia* (no longer available online)
Author: Women's Health Bureau, British Columbia Ministry of Health
Coverage: Provincial – British Columbia

Over time, national initiatives to improve data and surveillance on women's health have been complemented by reports at a provincial level. In the case of the *Provincial Profile of Women's Health*, data from health service utilization, the Census of Canada, the regional health authorities and the British Columbia government were disaggregated by sex. The report was commissioned by the Women's Health Bureau of BC and established a sex-disaggregated baseline against which future women's health surveillance data could be compared.

A special section of the report was dedicated to the health of First Nations women in BC, which brought attention to their overall poor health status and the need to improve First Nations health and well-being. It also highlighted the need to disaggregate and examine data not just according to sex and gender, but along diversity lines as well. These three interwoven characteristics are critical factors in the health of Canadians and should be monitored accordingly.

2002

Title: *The Plan of Action for Women and Health* (2002)
Agency: WHO Centre for Health Development
Coverage: International

The Plan of Action for Women and Health, adopted at the WHO Centre for Health Development's Third International Meeting on Women and Health (Kobe Meeting), represented the most visible international effort to develop a standard set of the indicators of women's health. The Plan specifically called for health indicators used by international agencies to be evaluated for gender equity – or the treatment of people in a manner that ensures similar or comparable outcomes between the sexes.

This work was undertaken by the La Trobe Consortium in Melbourne, Australia and the results published in 2003 and are discussed below.

The Plan of Action for Women and Health was an important event because WHO's focus helped to validate the importance of developing women's health indicators, and identified the need for a core number of gender-sensitive leading health indicators. The Kobe meeting established an international context that indirectly – and in some cases directly – supported the efforts of Canadian women's health researchers. Additionally, the Plan identified gender equity as the overarching goal of women's health surveillance, which helped set the theoretical backing for this powerful concept.

Title: *Hospital Report 2002: Women's Health*
Authors: Christina Porcellato, Donna Stewart, Michael Murray, Ross Baker, Adalstein Brown
Agency: Ontario Hospital Association, Ontario Ministry of Health and Long Term Care, University of Toronto, Canadian Institute for Health Information
Coverage: Provincial - Ontario

The annual *Hospital Report*, compiled by the Hospital Report Research Collective in Ontario, reports on performance of hospital services by examining health indicators such as readmission rates, clinical utilization, and patient satisfaction. Before 2002, the reports provided minimal focus on issues of sex and gender, but in the 2002 report, sex-specific and gender-sensitive indicators were included for the first time. They have been included in all subsequent reports, indicating the value placed on accounting for the different biological and social context of women's and men's health. This process, known as gender mainstreaming, was rare for health surveillance at that time, making the *2002 Hospital Report* a critical report in terms of developing sex- and gender-sensitive surveillance in Canada. Examples of the sex-specific and gender-sensitive indicators are rates of caesarean and hysterectomy; female acute myocardial infarction, cholecystectomy and pneumonia; as well as other indicators such as quality of life for caregivers.

By integrating women's health into mainstream performance monitoring – as opposed to being treated as a supplemental concern – the *Hospital Report* indicated how sex-disaggregated data and analysis of women's health status, treatment and outcomes can improve overall hospital and health system performance. The hospital report is published annually and has continued to incorporate sex-specific and gender-sensitive indicators due to the understanding that improving gender equity in health does not have to entail a sacrifice of other health services, but in fact can help to enhance and improve them.

2003

Title: *Comparative Evaluation of Indicators for Gender Equity and Health* (2003)
Authors: Vivian Lin, Su Gruszin, Cara Ellickson, John Glover, Kate Silburn, Gai Wilson, Carolyn Poljski
Agency: World Health Organization Kobe Centre
Coverage: International

In response to *The Plan of Action for Women and Health* (adopted at WHO's Third International Meeting on Women and Health) the La Trobe Consortium in Melbourne, Australia undertook an unprecedented review of 1095 internationally-used health indicators in order to assess their ability to monitor gender equity in health. Significantly, the Consortium developed a women's health indicator framework to guide their work. The framework is described in more detail in the Women's Health Indicator Frameworks section of this document.

The work of the La Trobe Consortium was the first to undertake an international review of women's health indicators and the Consortium's observations have been critical in guiding future efforts. The Consortium identified a number of issues limiting the development and use of women's health indicators:

- Severe deficiencies in administrative data and health system performance in terms of sex and gender, except when a "special" topic-based report is produced.
- A biomedical basis for health indicators, resulting in little to no data concerning the social determinants of health (gender, socioeconomic status, diversity, etc.) or psychosocial concerns.
- Lack of engagement between those working on gender equity and those working on health sector reform.

The resulting report recommends that in order to integrate sex-disaggregated and gender-sensitive indicators into mainstream reporting, it is necessary to reduce the indicator list to a shorter, more manageable, cost-effective core set of leading indicators of women's health. WHO undertook that work and published their findings in 2004 (detailed below).

Title: *Women's Health Surveillance Report: A Multidimensional Look at the Health of Canadian Women* (2003)
Authors: Health Canada, Canadian Population Health Initiative, Canadian Institute for Health Information
Agency: Health Canada, Canadian Institute for Health Information
Coverage: National

In 1999, *Women's Health Surveillance: A Plan of Action for Health Canada* identified a number of health conditions for which sex and gender information was lacking and where further investigation was needed. The *Women's Health Surveillance Report* was Health Canada's response to this expressed need. The report provides information and descriptive statistics on a broad range of identified determinants of health, measures of health status, and health outcomes for Canadian women. The report drew data from the National Population Health Survey and the General Social Survey in order to assess their capacities to measure women's health.

The *Women's Health Surveillance Report* was groundbreaking because it was one of the first comprehensive Canadian analyses of women's health issues. By examining sex-disaggregated data from large Canadian surveys, the authors of the report were able to highlight numerous health inequities between women and men, isolate the chronic disease burden for women, and detail the increasingly high levels of poverty among lone mothers and unattached older women [6]. However, while the report was able to identify these critical findings, it was severely hampered by a lack of gender-sensitive data concerning the context of women's lives. The report called for an expansion of both quantitative and qualitative data on diverse women's health-related experiences, particularly longitudinal data that would allow for investigation of the links between health behaviours and health outcomes [4]. The *Women's Health Surveillance Report* was critical both in terms of its findings and in terms of the gaps in women's health surveillance that it identified. It brought attention to the need for gender-sensitive, longitudinal, and qualitative data on women's health.

Title: *A Profile of Women's Health Indicators in Canada* (2003)
Author: Ronald Colman, GPI Atlantic
Agency: Women's Health Bureau of Health Canada
Coverage: National

While the *Women's Health Surveillance Report* used health indicators to examine women's health issues, *A Profile of Women's Health Indicators in Canada* took a different lens on women's health surveillance by focusing directly on the indicators themselves. The report was commissioned as part of Health Canada's Women's Health Indicators Project [7], whose aim was to develop, validate and evaluate a core set of indicators of women's health. Towards that end, *A Profile of Women's Health Indicators* developed a gender-based inventory of health indicators. In selecting the indicators, the report adopted the social determinants of health approach that had been advocated by the La Trobe Consortium and many in the Canadian women's health field. Accordingly, indicators were drawn from the health field, but also from other Canadian sources such as income, employment, labour force, and the General Social Survey on Victimization. This broad scope allowed the report to examine the capacity of Canadian indicators for reporting the full context of women's health.

Although *A Profile of Women's Health Indicators in Canada* and *Women's Health Surveillance Report* approached women's health from different perspectives, their findings and recommendations in terms of women's health surveillance and indicators expressed common concerns. Both exposed gaps where the available data did not capture the context of women's lives, such as the lack of data on unpaid housework, family and domestic violence and rates of sexual assault. Other gaps included health determinants and outcomes for diverse populations – such as Aboriginal women, immigrant women and women with disabilities – reinforcing the need to improve data on sex, gender, and diversity in Canadian surveillance systems.

The findings in *A Profile of Women's Health Indicators in Canada* and *Women's Health Surveillance Report* served as a catalyst for the development of women's health indicators as it led to Health Canada initiating a call for external research projects that could develop women's health indicators to fill the noted gaps [4]. Two projects were funded that address the areas of women's socio-cultural roles and social inequalities in women's health: *Measuring Health Inequalities among Canadian Women: Developing a Basket of Indicators*; and *Towards a Better Understanding of Women's Mental Health and Its Indicators*, which are detailed below.

2004

Title: *WHO Gender-sensitive Core Set of Leading Health Indicators* (2004)
Author: WHO Kobe Centre
Agency: WHO Centre for Health Development
Coverage: International

Building on the work from the La Trobe Consortium and the Kobe Meeting, the WHO held a meeting in 2004 to finalize a core set of women's health indicators. The initiative relied on the indicator framework developed by the La Trobe Consortium (more details included in the Women's Health Indicator Frameworks section of this document) in order to reduce the 1095 reviewed indicators into a final list of 37. These indicators were grouped according to the indicator framework into the topic areas of health status, health determinants, and health system performance. The indicators were selected based on the following criteria: an early alert for emerging health issues and with a predictive capability; highlight current and significant health issues that require and respond to action; cover issues that underlie a range of health problems and would be further elucidated by gender-based analysis; based on sound empirical evidence in relation to health effects; useful for monitoring performance and for evaluation of interventions; feasible to measure; valid and reliable for the general population and for diverse population groups.

As can be seen from the selection criteria, the researchers used a framework as a conceptual background, but also focused on feasibility and measurability to select their indicators in an effort to improve usage. This set of core indicators is meant to be a stand-alone assessment of women's health, as opposed to many efforts such as

the Ontario *Hospital Report*, which have attempted to integrate women's health indicators into mainstream reporting and surveillance. Both techniques – women-specific and gender-mainstreaming – can provide valuable insights into the status of Canadian women's health.

The core set of women's health indicators was ground-breaking as it was the first internationally agreed upon set and established the baseline for much future work. To validate the utility of the indicators, the WHO commissioned three pilot studies, one of which occurred in Canada in 2006 and is detailed below.

2005

Title: *Basic Indicators for Gender Equity Analysis in Health* (2005)
Agency: Gender, Ethnicity and Health Unit, Pan American Health Organization (PAHO)
Coverage: International

The work of the Pan American Health Organization (PAHO) was similar to the WHO work in that both established core sets of indicators of women's health based on theoretical frameworks with gender equity in health as their overarching goal. (PAHO's indicator framework is described in the Women's Health Indicator Frameworks section). However, there are a few significant differences between the two. First, the PAHO framework explicitly highlighted systemic and structural discrimination against women as an area of health-related concern, [4] thus placing a greater emphasis on social determinants of health. Second, the PAHO set of indicators was larger, including 105 indicators, and was meant to be a set of options from which countries could select applicable indicators based on their national relevance. Finally, though PAHO's set of core indicators could stand alone as an assessment of women's health, incorporating into mainstream reporting and surveillance was a major focus during their development.

The integration of PAHO's core set of women's health indicators into mainstream surveillance and reporting has proven challenging. However, there has been limited success. One of the strengths has been the inclusion of PAHO's core set within the 2007 report Health in the Americas [4]. Despite the barriers, PAHO's *Basic Indicators for Gender Equity Analysis in Health* continues to be a critical component of PAHO's efforts to support gender equity in the Americas [8].

Title: *Bringing Women and Gender into Healthy Canadians: A Federal Report on Comparable Health Indicators 2004*
Authors: Kay Willson, Beth Jackson
Agency: National Coordinating Group on Health Care Reform and Women, British Columbia Centre of Excellence for Women's Health
Coverage: National

Gender mainstreaming, or the inclusion of sex- and gender-sensitive indicators into mainstream surveillance, is a reoccurring theme both in Canada and internationally. It reflects an understanding that what is measured is to some degree what counts, and that proper measuring of women's health is critical to improving gender equity, women's health, and consequently, overall population health. In this pursuit, the National Coordinating Group on Health Care Reform and Women and the British Columbia Centre of Excellence for Women's Health hosted a workshop at which women's health researchers and policy advisors analyzed the federal report titled *Healthy Canadians: A Federal Report on Comparable Health Indicators 2004* [8]. The group's report presented recommendations to improve *Healthy Canadians* through improved selection of health indicators, illustrated concerns with *Healthy Canadians* through several examples, and provided examples of additional indicators of importance to women's health. Their recommendations mirror many of the comments of other initiatives – that surveillance and reporting can better represent women's health by: using gender-sensitive indicators that are selected based on a comprehensive conceptual framework; expanding indicator coverage to include measures of diversity and the social determinants of health; and selecting indicators that are linked to targets to improve health and reduce health inequities.

Title: *Sex Differences in Health Status, Health Care Use, and Quality of Care: A Population-based Analysis for Manitoba's Regional Health Authorities* (2005)
Authors: Randy Fransoo, Patricia Martens, The Need to Know Team, Elaine Burland, Heather Prior, Charles Burchill, Dan Chateau, Randy Walld
Agency: The Manitoba Centre for Health Policy
Coverage: Provincial – Manitoba

Noting a lack of sex-disaggregated data on health and health care at Manitoba's Regional Health Authority (RHA) level, a collaboration of policy, practice, and research experts created this atlas-style report to examine some key issues affecting men's and women's health. It contains an overview of male/female differences in health status, health service use, and quality of care. The report's adherence to a strictly medical perspective helped to isolate some of the statistically quantifiable differences between men and women and couch them in a format familiar to medical practitioners and hospital administrators. By doing so, the report made clear the value of examining sex-disaggregated data – illuminating the efficiencies, quality issues, and services that could be improved by tailoring programs to the different needs of men and women. Additionally, by providing a sex-disaggregated analysis, this reported provided a basis from which gender-sensitive analysis could be conducted.

2006

Title: *Towards a Better Understanding of Women's Mental Health and Its Indicators* (2006)
Author: Cara Tannenbaum
Agency: Centre de recherché de l'Institut universitaire de gériatrie de Montréal
Coverage: National

The findings of *A Profile of Women's Health Indicators in Canada* (2003) prompted Health Canada to issue a call for external research projects that could develop women's health indicators to fill the gaps the report had noted. *Towards a Better Understanding of Women's Mental Health and Its Indicators* was funded out of that call in order to fill in the gap of appropriate reporting on the mental health of men and women. At the time of the project's initiation, there was a lack of adequate health indicators to measure and monitor mental health for women and men in Canada [9]. Using health services utilization data from Quebec and data from the Canadian Community Health Survey (CCHS) Cycle 1.2, the project sought to understand the causes of distress among women to inform a preventative approach to women's mental health.

The report outlined gendered differences in expressions of distress, treatment patterns for mental health symptoms, and health-care seeking among men and women [11]. A number of recommendations for the improvement of women's mental health indicators in the CCHS stemmed from this project, including three new indicators for inclusion. The first was to improve data collection among minority and immigrant populations in further mental health studies, and the second was to include broader determinants of mental health and revise measures of mental health distress, symptoms and disorders. The third recommendation was to make clear why certain questions were included and excluded in the CCHS.

As can be seen from these recommendations, investigating the influences of sex and gender can lead to the identification of gendered health risks, symptoms, and experiences that in turn can lead to tailored, more effective health services. However, in order for these results to be seen, sex- and gender-sensitive indicators need to be integrated into mainstream surveillance.

2007

Title: *A field test of the gender-sensitive core set of leading health indicators in Manitoba, Canada* (2007)
Authors: Margaret Haworth-Brockmann, Lissa Donner, Harpa Isfeld
Agency: Prairie Women's Health Centre of Excellence
Coverage: Provincial – Manitoba

After developing *Gender-Sensitive Core Set of Leading Health Indicators*, the WHO funded three field tests, in Canada, Tanzania, and China. The Prairie Women's Health Centre of Excellence (PWHCE) in Manitoba conducted the Canadian field test, with the goal of assessing the feasibility of using the core set in a province of Canada. Of the 37 indicators tested, the authors found that the majority of the indicators (23) could be tested without modification using provincial health utilization data or national survey data or both. The PWHCE provided recommendations to enhance ten of these 23 indicators for greater usability. Out of the 37 indicators, one indicator could be tested with some modification to the definition, and 12 could not be tested due to a lack of data collection and 1 due to lack of applicability of the indicator. The PWHCE also suggested additional indicators for inclusion in the core set including: proportion of women and men living in suitable housing; proportion of women and men using prescription drugs; and proportion of women and men with cardiovascular disease.

Aside from assessing the feasibility of the core set of indicators, the PWHCE was also able to comment on the overall ability of the core set to summarize women's health in Canada. Building on *Sex Differences in Health Status, Health Care Use, and Quality of Care*, the PWHCE noted that in order for the core set of indicators to properly capture the experiences of Manitoba women, resulting data would need to be not only sex-disaggregated, but also account for diversity. The report noted that Manitoba women have different geographical, ethnic, and socioeconomic background, therefore indicator analysis must examine the health implications of these differences. This observation reflects much of the Canadian focus on women's health indicators – that implementing a set of women's health indicators is not sufficient unless those indicators are gender-sensitive and capture the diversity among groups of women. The full report on the field test can be requested through the PWHCE website.

2008

Title: *Closing the gap in a generation* (2008)
Agency: WHO Commission on Social Determinants of Health
Coverage: International

Closing the gap in a generation represents the culmination of WHO's investigations into health inequities based on gender, race, and/or socioeconomic status. The report argues that in order to make significant improvements to the health system, it is necessary to look beyond physical and mental illness in order to understand true population health. Though the recognition of the importance of the social determinants had grown significantly in previous years, *Closing the gap* was significant in the primacy it placed on them as well as the measureable targets it set. Notably for women's health, *Closing the gap* recognizes gender as a critical structural determinant of health. This focus is reflected in the topics in the report, which include both a

separate chapter on achieving gender equity as well as an integration of gender-sensitive indicators and issues throughout the rest of the report. Examples of gender-sensitive goals include supporting gender pay equity, providing resources for parents who remain at home, and ensuring equitable distribution of social resources. As such, *Closing the gap* displays the value of both considering women's health as a stand-alone concern, as well as integrating it into the construction of other health-related issues.

Critically, *Closing the gap in a generation* reemphasized the WHO's commitment to the overarching goal of equity in health. As the report states, "Health and health equity may not be the aim of all social policies but they will be a fundamental result" [12]. This goal is supported, shared, and reinforced by women's health indicators and surveillance – a connection that can be seen explicitly in recent WHO documents such as *Women and Health: Today's Evidence, Tomorrow's Agenda* (discussed in this document).

Title: *A Profile of Women's Health in Manitoba* (2008)
Authors: Lissa Donner, Margaret Haworth-Brockman, Harpa Isfeld, Caitlin Forsey
Agency: Prairie Women's Health Centre of Excellence
Coverage: Provincial - Manitoba

Building on the feasibility study of the WHO core set of women's health indicators, the Prairie Women's Health Centre of Excellence (PWHCE) reviewed over 140 women's health indicators using a variety of sources of Manitoban data. Whereas the feasibility study approached a core set of indicators of women's health, the *Profile of Women's Health* applied a sex- and gender-based analysis to mainstream data sources in Manitoba in order to gain a comprehensive picture of women's health. A gender lens was applied in the examination of health status, health services use, socio-economic influences, health system performance and lifestyle choices to better portray these indicators in the context of women's lives.

A Profile of Women's Health in Manitoba contributed to the understanding of the ways in which gender influences women's health as well as the interplay of gender with social and clinical factors to produce health outcomes. The report was one of the first to provide an in-depth, provincial analysis and the local-level results contain profound implications for service delivery, policy and research.

Title: *Finding Data on Women: A Guide to Major Sources At Statistics Canada* (2008)
Author: Marcia Almey
Agency: Statistics Canada
Coverage: National

This document outlined the extent and scope of women's and men's data available at Statistics Canada. It included a discussion on the various formats of data available (e.g., periodicals, print, electronic versions), a summary of the major social data

sources, discussion of types of data and how they could be used and finally, current initiatives and research on social data at Statistics Canada. This report is a useful resource for locating nationally collected data on women.

Title: *Measuring Health Inequities among Canadian Women: Developing a Basket of Indicators* (2008)
Author: Arlene S. Bierman
Agency: St. Michael's Hospital, University of Toronto
Coverage: National

The *Measuring Health Inequities in Canadian Women* project aimed to address the lack of attention to women's health in mainstream monitoring of health status and health care, particularly for groups of women experiencing significant health inequities. The goal of the project was to develop a women's health indicator framework that could serve as a tool to bring policymakers, providers, and the public together to achieve consensus on priorities and to select a core set of women's health indicators. Through a review of existing frameworks and key literature, the project developed a Women's Health Indicator Framework, which is dynamic in nature and reflects the intersection of gender, and the social determinants of health. Further description of the framework can be found in the Women's Health Indicator Frameworks section of this document. Using this framework, researchers identified key women's health indicators and analyzed them using Canadian Community Health Survey data.

The findings documented in *Measuring Health Inequities in Canadian Women* identified gender and socioeconomic health inequities that need to be addressed and provided recommendations for the development of new women's health indicators for reporting and monitoring. Based on the report's recommendations, federal, provincial and local officials can select indicators from a core list based on their needs and priorities. The author of the report concluded that gender and equity analysis should be incorporated into all health indicator reporting and a core set of these indicators should be used as a tool for driving change, linked to clear objectives and strategies for improvement.

2009

Title: *Women and Health: Today's Evidence Tomorrow's Agenda* (2009)
Agency: World Health Organization
Coverage: International

Women and Health: Today's Evidence Tomorrow's Agenda builds on the framing of health equity as an overarching goal of policy (as expressed by *Closing the gap in a generation*) by providing an international examination of key women's health issues. The report documented a number of health disparities existing between men and women, but particularly focused on differences in health status and health care of girls and women across different settings. The report also acknowledged that chronic

diseases, injuries and mental ill-health are significant contributors to women's morbidity and mortality. Providing healthy environments for young women and promoting healthy behaviours were identified as important strategies for improving women's health.

Women and Health reported that while health inequities, social determinants of health, and surveillance were all considered critical to a well functioning health system, coverage of women-specific and gender-sensitive indicators was spotty at best. While the report used what data was available to form illustrative examples of the critical issues affecting the health of girls, adolescents, adult women, and older women's health, it also identifies areas where new data need to be generated, available data compiled and analyzed, and research undertaken to fill critical gaps in the evidence base.

Ongoing

Title: *Project for an Ontario Women's Health Evidence-Based Report (POWER)*
Authors: Susan K Shiller, Arlene S. Bierman
Agency: Keenan Research Centre of the Li Ka Shing Knowledge Institute, St. Michael's Hospital and Institute for Clinical Evaluative Sciences
Coverage: Provincial - Ontario

The POWER project is one of the key ongoing initiatives on women's health indicators in Canada. It is a partnership between the Keenan Research Centre of the Li Ka Shing Knowledge Institute, St. Michael's Hospital and the Institute of Clinical Evaluative Sciences involving a collaboration of over 60 researchers from diverse backgrounds. Its goals are to examine gender differences on a comprehensive set of evidence-based indicators as well as differences among women associated with socioeconomic status, ethnicity, and geography.

Throughout this multi-year project, the POWER team will be producing the POWER Report (A **P**roject for an **O**ntario **W**omen's Health **E**vidence-Based **R**eport), which examines current health information to uncover the differences between men and women and between various groups of women. The POWER report provides in-depth look at numerous health domains representing the leading causes of morbidity and mortality among women including: burden of illness, cancer, depression, cardiovascular disease and access to health care. Additional chapters are forthcoming. The POWER Report is informed by the dynamic Gender and Equity Health Indicator Framework, that was adapted from the CIHI framework and recognizes that sex, gender and non-medical determinants of health are fundamental in shaping women's health. Further description of the framework can be found in the Women's Health Indicator Frameworks section.

The chapters on health domains provide an in-depth analysis of women's health data, and include a strong diversity component, highlighting the health of specific

subpopulations in Ontario. The online format of the report makes it highly accessible to policy makers, providers and consumers, and the report itself will inform steps forward to improve health and decrease health inequities among women in Ontario and across Canada.

Title: *The Source*
Agency: British Columbia Centre of Excellence for Women's Health
Coverage: National

Since 2006, the British Columbia Centre of Excellence (BCCEWH) has partnered with women's health organizations from across Canada in order to develop a pan-Canadian resource for women's health surveillance. The Source provides an SGBA, data sources, and reports on over 70 indicators of women's health, which are organized according to the WHO framework. The Source contains descriptions of sex-specific, gender-sensitive, and qualitative indicators, including analysis of each in terms of sex, gender, and diversity. The Source is built on the understanding that improving access to the evidence base for women's health will better inform the care provided to women and girls across Canada.

Title: *BC Perinatal Health Program*
Agency: Provincial Health Services Authority
Coverage: Provincial – BC

The BC Perinatal Health Program (BCPHP) has a province-wide mandate to support a high-quality perinatal care program in BC. As part of that effort, the BCPHP maintains the BC Perinatal Database Registry, a comprehensive, province-wide perinatal database collected for the purpose of evaluating perinatal outcomes, care processes and resources, ultimately improving maternal, fetal, and newborn care. Since 2001, the registry has contained data on over 99% of all births in BC. The health indicator data collected by the BCPHP is used as the basis for an annual report, which provides evidence on issues pertaining to the care, treatment and outcomes of mothers and newborns in BC [13]. The annual reports can be accessed on their website.

The efforts of the BCPHP feed and mirror those of the Canadian Perinatal Surveillance System, which is detailed earlier in this section. Both work to develop surveillance capacity and quality in a specific area of women's health – perinatal health. While indicators used are generally sex-specific, as only women experience pregnancy and childbirth, both surveillance systems recognize the importance of understanding the context of women's lives on their health through reporting on social determinants of health.

Title: *Women in Canada: A Gender-based Statistical Report*
Agency: Statistics Canada
Coverage: National

Women in Canada, the 5th edition of which was released in 2006, provides a statistical summary of the demographic and cultural characteristics of Canadian women. Although the report is only partially concerned with health statistics, it is indicative of the growing understanding that the experiences of Canadian men and women are different and warrant specific attention. The report included indicators on a range of socioeconomic, demographic and health data and maintained that sex and gender were major determinants of health and wellbeing [4]. The report also acknowledged that women from different backgrounds have diverse experiences, and included separate chapters addressing the experiences of Aboriginal women, immigrant women, senior women, women of visible minority and women with disabilities.

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Women's Health Indicator Frameworks

Capturing a comprehensive picture of women's health requires choices be made concerning what health indicators are included. The indicators must be of a small enough number to be manageable, but broad enough to still capture the complexities of the full spectrum of health and illness. Health indicator frameworks help fulfill this goal by establishing a theoretical framework of health on which indicator selection can be based. For example, the women's health indicators in The Source are listed according to the categories in the World Health Organization's indicator framework.

This section highlights prominent health frameworks in Canada as well as critical international examples. Most focus directly on women's health, however broader frameworks are also examined when relevant. The frameworks are listed chronologically to show their evolution from lists or clusters of indicators, to more complex conceptual frameworks that capture the links and causal relationships between health domains and associated indicators. A brief description of each framework is provided as well as a link to the webpage when available.

The Canadian Health Indicator Framework

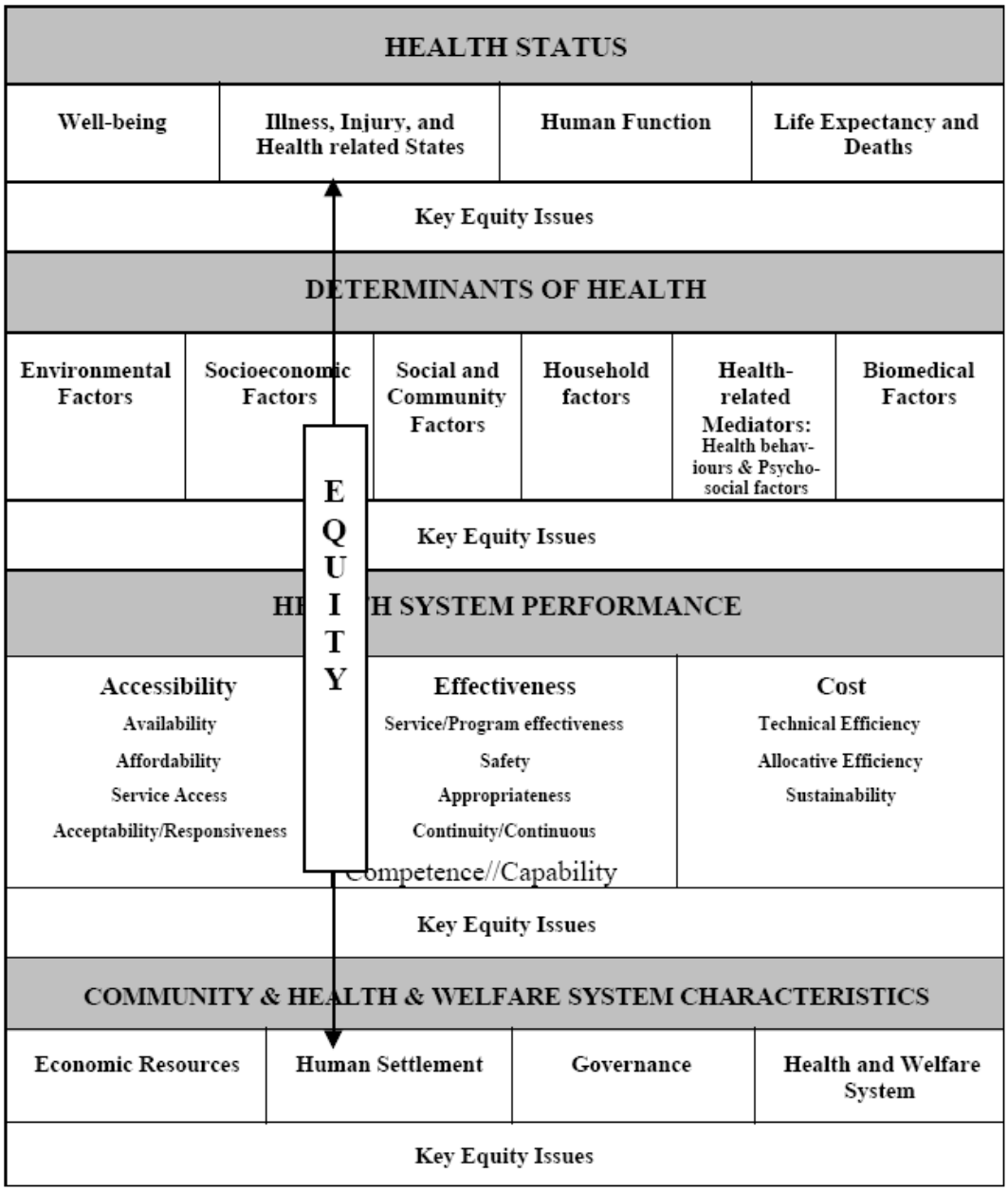
Though it is does not explicitly include sex or gender, the Canadian Health Indicator Framework is included here as it is one of the foundational health indicator frameworks in Canada. It was first established in 1999 by Statistics Canada and CIHI as a core set of indicators for health reporting. Over time, the core set expanded to include more indicators. Indicators are organized into four tiers:

- **Health Status**, which documents the overall health of the population
- The **Determinants of Health**, which underpins Health Status and includes factors that affect our health and influence how and when we use health care.
- **Health System Performance** lies below determinants of health and includes indicators that measure how well health care services are delivered.
- The last tier, **Community and Health System Characteristics** includes indicators measuring less direct determinants health status in three domains: community, resources, and health systems [1].

Though the indicators are organized into tiers, the relationship between the tiers does not imply causality. The tiers are instead a method of dividing health into concrete topic areas of interest. This framework is well accepted nationally and internationally, and has informed the development of other frameworks, such as the Health Information Framework.

Health Information Framework

In 2002, the Third International Meeting on Women and Health of the WHO Kobe Centre identified a need to compare internationally used health indicators in terms of their capacity to evaluate the group's expressed goal – gender equity in health. Gender health inequities refer to gendered differences in health outcomes, access to health services and opportunities to promote and maintain health that are "unfair and avoidable or remediable" [2]. Eliminating or reducing gender health inequities is supported by gender-sensitive health indicators that can measure and monitor when inequities occur. In 2003, The La Trobe Consortium from Melbourne, Australia undertook a review of internationally used health indicators. Recognizing that a framework was needed to guide the selection of indicators, the La Trobe Consortium analyzed existing health indicator frameworks. They determined that most existing frameworks had a narrow, biomedical focus, and were therefore inadequate for capturing the breadth of women's health, which is affected by the social determinants of health and other factors outside of the biomedical focus. The La Trobe Consortium built on three existing frameworks that used a determinants of health approach (including the Canadian Health Indicator Framework) and developed a new framework, called the Health Information Framework, which is presented below. As can be seen by the equity arrows on the right-hand side, this framework applies an overarching lens of equity across all indicators and topic areas.



The Health Information Framework is rooted in a determinants of health model that posits that health is influenced by an array of factors, including individual, population-level, cultural, social and economic factors. The four tiers (Health Status, Determinants of Health, Health System Performance and Community and Health and Welfare System Characteristics) reflect the notion that health is directly and indirectly affected by a number of factors [2]. Similar to the Canadian Health Indicator Framework, the framework's structure is not suitable for demonstrating links or causal relationships between tiers or indicators.

World Health Organization - Core Set of Leading Health Indicators

The World Health Organization (WHO) conducted further work on the 1095 indicators of women's health identified by the La Trobe Consortium to reduce them to a manageable core set of 37 indicators. To guide their selection, the WHO further modified the Health Information Framework. The framework was initially comprised of four tiers: Health Status; Determinants of Health; Health Systems and Community and Health and Welfare Systems Characteristics. The fourth tier, Community and Health and Welfare System Characteristics was eventually excluded from the framework as these indicators would have been difficult to measure [2]. This framework faces the same limitations as the Health Information Framework, in that it does not indicate causal relationships between its elements.

This international women's health indicator framework has become one of the mostly widely used to measure and monitor women's health across the globe. It was the basis for the classification of indicators on The Source and in many other reporting mechanisms.

Pan American Health Organization – Conceptual Framework for Gender Equity Analysis in Health

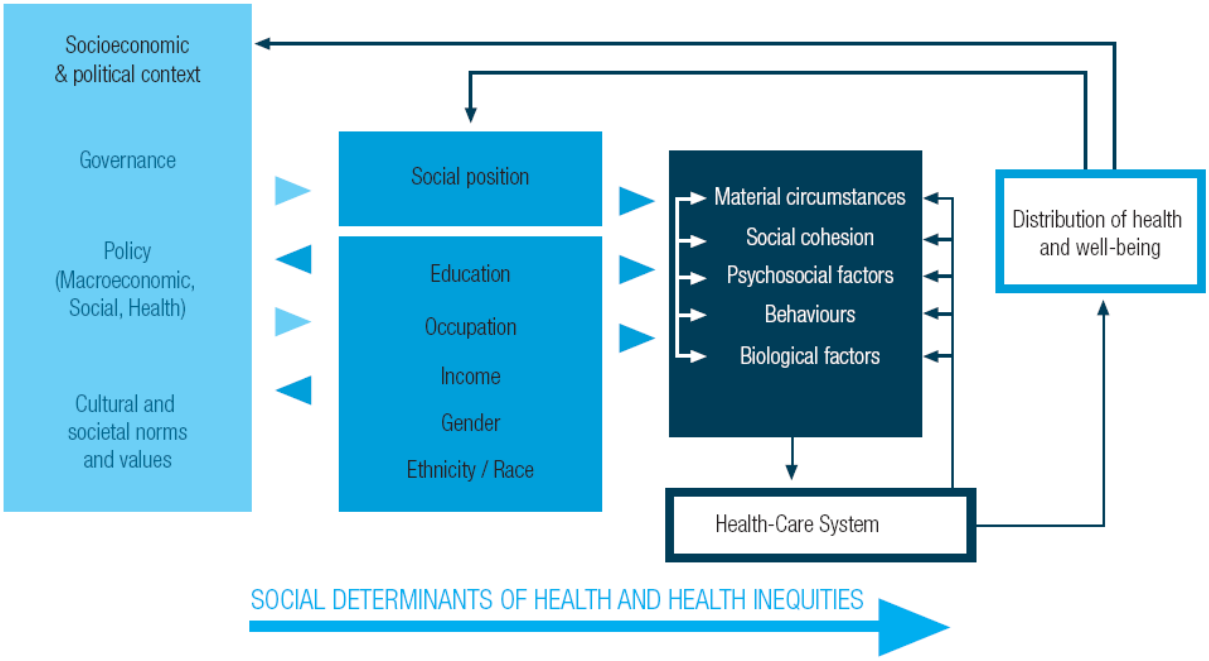
In 2005, the Pan American Health Organization (PAHO) developed a framework containing a selected set of 28 indicators for analysis of gender equity in health. The PAHO indicator framework builds off the WHO framework. It highlights structural and systemic discrimination against women, and recognizes that gender plays a major role in fueling health inequities, influencing health determinants, health outcomes and access to health-care services. This framework can be found in Basic Indicators for Gender Equity Analysis in Health. The framework is based on four conceptual domains: health, equity, gender and citizen participation [3]. The health indicators themselves are organized into clusters, but do not indicate causal relationships.

Commission on Social Determinants of Health Conceptual Framework

In recent years, indicator frameworks have become more sophisticated by modeling causality between categories of indicators. By doing so, frameworks move beyond being a categorization mechanism and begin to postulate a more dynamic, interconnected model of health and health behaviours.

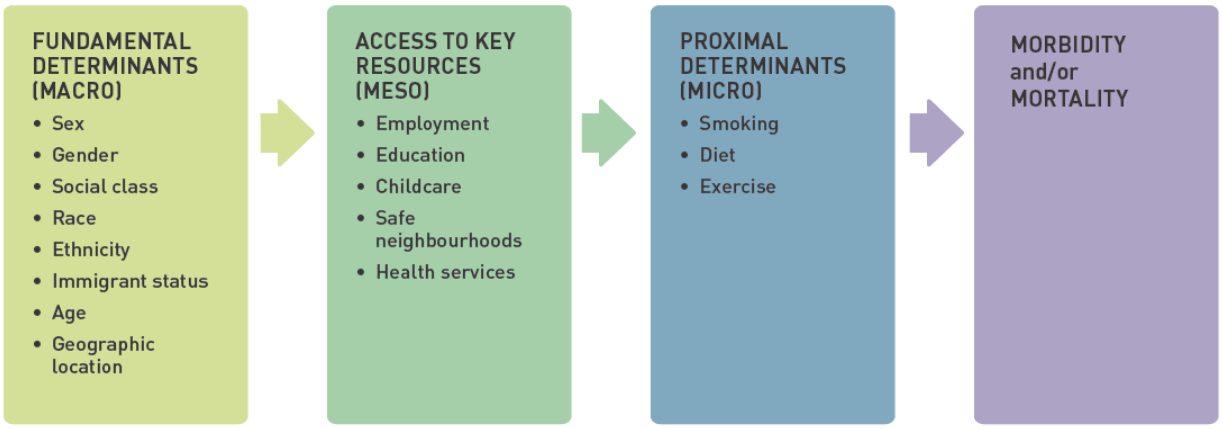
One important international example was published by the World Health Organization's (WHO) Commission on Social Determinants of Health in 2008. It identifies socioeconomic and political factors such as governance, policy, cultural

and societal norms and values as fundamental determinants of health responsible for giving rise to social positions including education, occupation, income, gender, ethnicity and race. In turn, these social positions influence specific determinants of health such as material circumstance, social cohesion, psychosocial factors, behaviours and biological factors [4].



Though the Commissions' indicator framework was not a women's health framework, it did recognize gender as a critical aspect of social position and thus an important factor to monitor in any standard set of indicators.

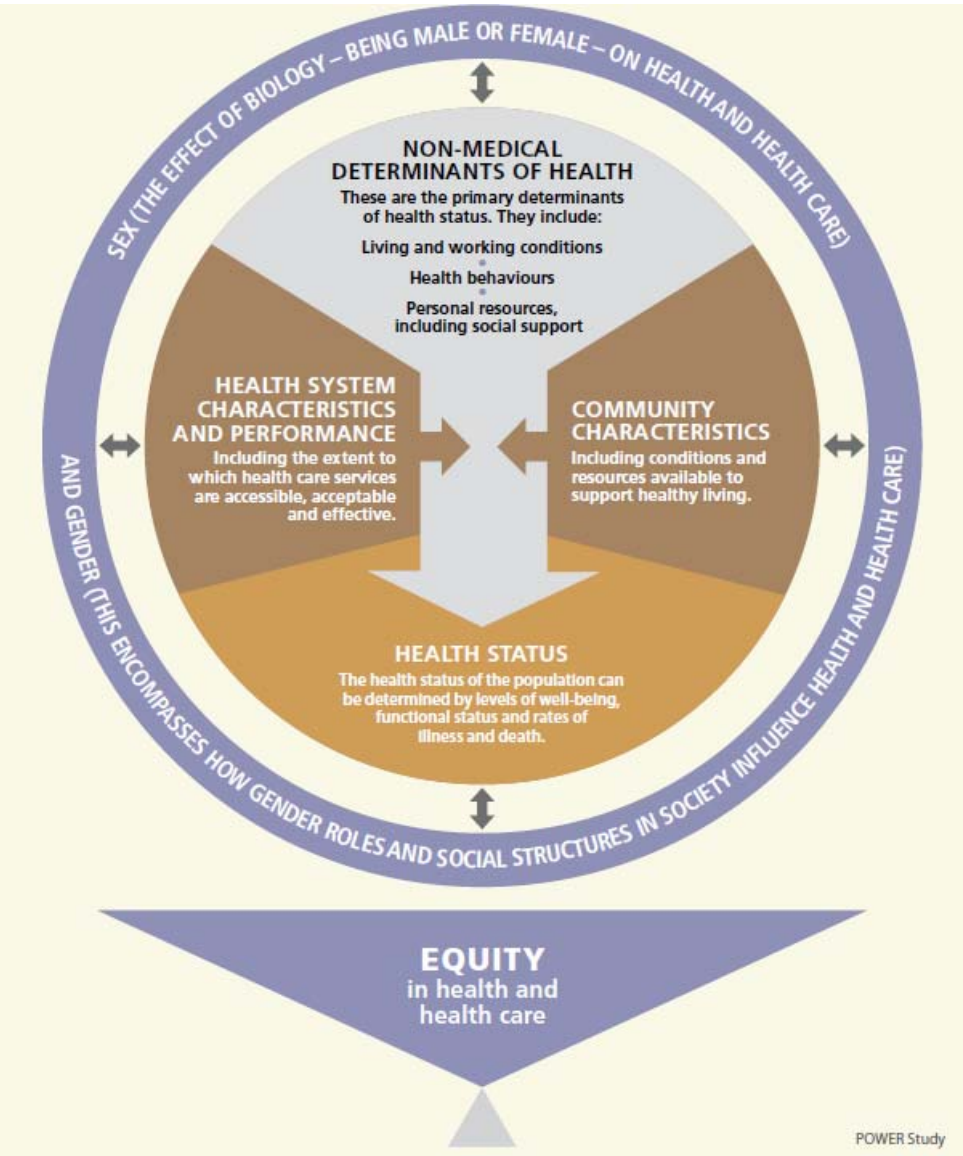
Dynamic Gender-inspired Health Determinants Model



In 2009, the Women's Health Research Network of BC released a dynamic gender-inspired health determinants model, which unlike the Commission's framework, posits that sex and gender are fundamental determinants of health that intersect with other key social statuses and processes, including age, race, class, ethnicity, immigrant status and geographic location. In this model, sex and gender are understood to influence access to important resources, including employment, education, childcare, safe neighbourhoods, and health services. Gender is understood to be a structural determinant of health rather than just a characteristic of individuals or populations [5].

Gender and Equity Health Indicator Framework

Also in 2009, the Project for an Ontario Women's Health Evidence-Based Report (POWER) featured a Gender and Equity Health Indicator Framework. As with the framework put forth by the Women's Health Research Network, the POWER framework locates gender as a central element that shapes and is shaped by all other health domains. The framework is based on:



- **A holistic definition of women's health** including emotional, social, cultural, spiritual, physical, political, economic and biological aspects.
- **The social determinants of health**, such as income, education, socio-cultural factors, housing, employment, health services, personal health practices and physical environment are emphasized as being important drivers behind women's health.
- **The distinction between "sex" and "gender":** The framework distinguishes between "sex" which are the biological differences between men and women, from "gender" which refers to "the differences associated with societal roles and the context of women's lives".
- **Equity** is central to the POWER study's framework, as the Report's main objective to contribute to the body of evidence on gendered health inequities.

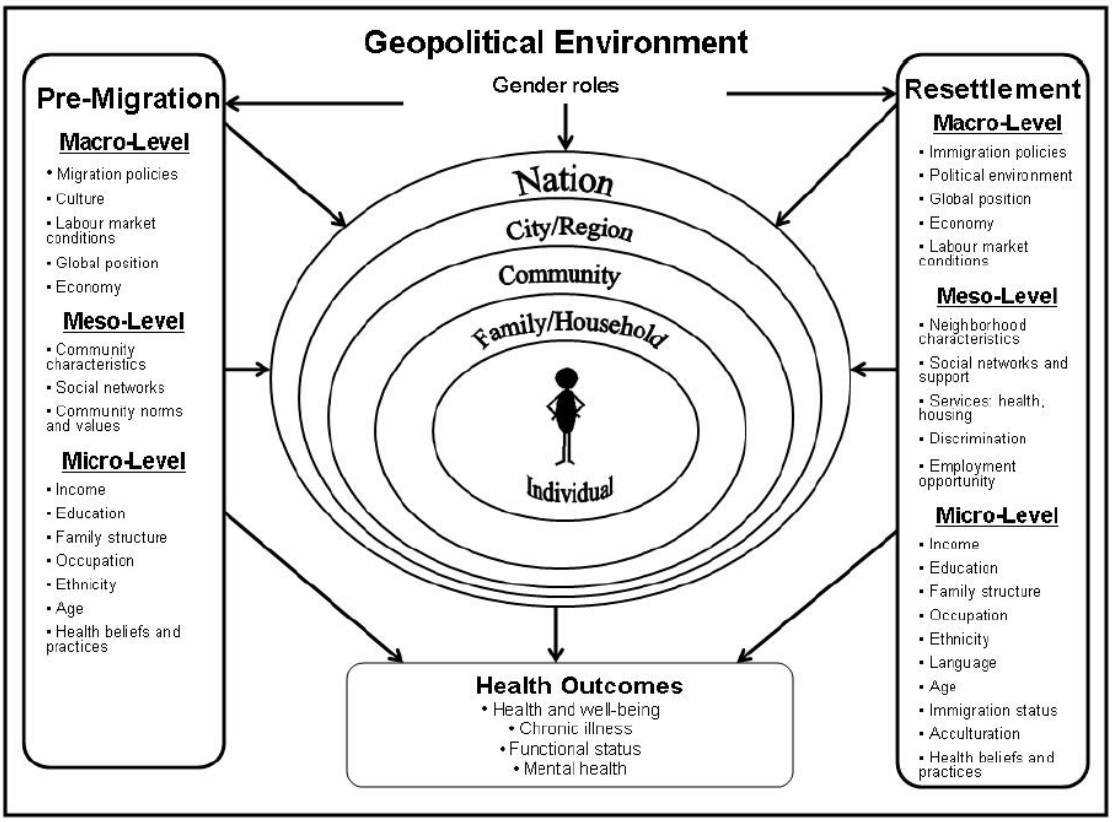
- **Stakeholder input** from women's health stakeholders across Ontario was instrumental in indicator selection and identifying priority areas for reporting [6].

The POWER Study indicator framework recognizes that the non-medical determinants of health are the primary determinants of health status and that population and individual health outcomes are mediated by community and health system characteristics as well as health system performance. The framework also recognizes that sex and gender influence how all these factors impact on experiences with care and health outcomes. The POWER framework is currently being used as the foundation for the POWER report, chapters of which are available on POWER's website.

The Gender Migration and Health Conceptual Framework

In some cases, researchers have developed indicator frameworks for understanding the health of smaller subpopulations. This specialization is intended to increase accuracy of results by taking the unique experiences of that population into account.

The Gender Migration and Health Conceptual framework is a critical example that focuses on the health of immigrant women. It is found in Measuring Health Inequalities Among Canadian Women: Developing a Basket of Indicators.



The framework asserts that the geopolitical environment encompasses all of the other health determinants including who immigrates, the country of origin and place of settlement. The health of immigrants is influenced by factors in their country of origin as well as factors in their host nation. Socially constructed gender roles from the host and settlement countries act at all levels to create a difference in health outcomes between immigrant men and women [6].

In addition to showing the directional relationships between indicators, this framework recognizes that different subgroups of women experience distinct sets of health determinants. Gender plays a key role in producing health outcomes and is shown to interact with both pre-migration and resettlement determinants of health to affect health outcomes.

There is a trend towards increasing complexity of women's health frameworks, as we learn more about women's health, women's health indicators and the instrumental role that sex and gender play in shaping women's health.

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Key Resources

This section provides quick access to the women's health indicators documents found in the Environmental Scan. They are organized into Canadian and international resources and alphabetized by author.

Canadian Resources

Almey M. (2007). Finding Data on Women: A Guide to Major Sources at Statistics Canada. Ottawa: Statistics Canada.

Austin S., Tudiver S., Chultem M., Kantiebo M. (2007). Gender-based analysis, women's health surveillance and women's health indicators- Working together to promote equity in health in Canada. International Journal of Public Health, 52(1): S41-S48.

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International Resources

Abdelaziz F.B. (2007). Consensus building for developing gender-sensitive leading health indicators. International Journal of Public Health. 52(1), S11-S18.

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