

## What is the Health Gap?

From research and treatment options to access to services and programs, many women are overlooked and underserved because healthcare has traditionally not considered the impact of sex and gender differences. Research shows that women's needs, including physiological differences, cultural challenges and life circumstances, are often not taken into consideration. This is the **Health Gap**.

Women's College Hospital, with support and funding from the Women's College Hospital Foundation, is working to close the Health Gap in a number of ways including groundbreaking research, innovative models of care, education and specialized programs and services.

## Where do Health Gaps exist and what is Women's College Hospital doing to close them?

CLINICAL AREA	WHAT IS THE HEALTH GAP?	WHAT IS WOMEN'S COLLEGE HOSPITAL DOING TO CLOSE THE HEALTH GAP?
<p><b>The Health Gap in Healthcare Research</b></p>	<p>While there are many similarities between men and women, there are also a lot of differences. Women have different risk factors for certain diseases and may also respond differently to various treatments and medications. Unfortunately, women are often overlooked in healthcare research studies.</p> <ul style="list-style-type: none"> <li>• Sex and gender are not always considered and captured in health research.</li> <li>• Until the 1990s, women were not included in most healthcare and healthcare research studies, which means many prescription drugs and treatment protocols still used today have been disproportionately studied on</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Women's College Research Institute</a> (WCRI) is the only research institute in Canada with a focus on women's health. Its researchers and scientists conduct gender-based research that improves the health of women and helps prevent and manage complex chronic conditions that have unique implications for women.</li> <li>• WCRI researchers and scientists conduct research that improves the health of women, helps people prevent and manage complex chronic conditions that have unique implications for women throughout their lives such as depression, HIV, sexual assault and domestic violence, diabetes, and heart disease, and delivers tangible solutions for</li> </ul>

	men <sup>1</sup> and not designed to meet women's needs.	the most pressing issues facing our health system. <ul style="list-style-type: none"> <li>• <a href="#">Women's Xchange</a> at Women's College Hospital recently launched a consultation service providing advice and support to researchers on how to integrate sex and gender factors into their studies.</li> </ul>
<h2 style="text-align: center;">The Health Gap in Cardiac Health</h2>	<p>Heart disease is a leading cause of death among women and each year, heart disease kills more women than men,<sup>2</sup> but women continue to be under-represented in cardiovascular research.</p> <ul style="list-style-type: none"> <li>• Only 35% of clinical trial subjects in cardiovascular research are women.<sup>3</sup></li> <li>• Many cardiovascular drugs have been on the market for a long time, but have only ever been tested on men.</li> <li>• Women experience more silent heart attacks than men, meaning a woman may not even know she has had a heart attack.</li> <li>• Women are more likely to be suffering from other health problems, such as diabetes and high blood pressure when they have heart problems.</li> <li>• Due to social circumstances such as family obligations and cultural biases, women are 36% less likely to enroll and participate in cardiac rehabilitation<sup>4</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Women's Cardiovascular Health Initiative</a> – The Women's Cardiovascular Health Initiative is Canada's first comprehensive assessment and lifestyle program for women with existing or potential heart problems. This program is also home to the first and only evidence-based cardiac rehabilitation program in Canada specifically for women. The WCH program has high adherence rates of 85 per cent, compared to other cardiac rehab programs that report adherence rates of less than 50 per cent.</li> <li>• The Women's College Hospital Cardiology department offers expert care in women's heart health, atherosclerotic heart disease, heart failure, hypertension, valvular heart disease, general cardiology and cardiac diagnostics.</li> </ul>

<sup>1</sup> [NIH Policy and Guidelines on The Inclusion of Women and Minorities as Subjects in Clinical Research – Amended, October 2001](#)

<sup>2</sup> [The POWER Study, Cardiovascular Disease Highlights Document, page 1](#)

<sup>3</sup> [Sex-specific Medical Research. Why Women's Health Can't Wait](#) (Paula A. Johnson, Therese Fitzgerald, Alina Salganicoff, Susan F. Wood, & Jill M. Goldstein, 2014), page 12

<sup>4</sup> [Heart & Stroke Foundation Statistics](#)

	<ul style="list-style-type: none"> <li>• Heart disease is often under-detected in women because doctors don't always recognize their unique risk factors and symptoms.</li> </ul>	
<p style="text-align: center;"><b>The Health Gap in Mental Health</b></p>	<p>Women suffer from mental health conditions such as depression, anxiety and trauma significantly more than men and face more barriers accessing healthcare services.</p> <ul style="list-style-type: none"> <li>• Women are three times more likely than men to experience barriers accessing mental health services.<sup>5</sup></li> <li>• Women experience depression about twice as often as men<sup>6</sup> and are misdiagnosed 30-50% of the time.<sup>7</sup></li> <li>• Even though women are more likely than men to suffer from certain mental health conditions, most mental health research and therapy is based on the male experience.</li> <li>• The prevalence of mental health issues during the reproductive life stages (such as menstrual cycle, pregnancy, postpartum and the menopausal transition) adds to the complexity of care and treatment for women.</li> <li>• According to the World Health Organization, depression is the leading cause of disease-related disability among women.<sup>8</sup></li> <li>• One in 10 pregnant women is affected by depression.<sup>9</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Women's Mental Health Program</u></a> – The WCH Women's Mental Health Program is unique in Canada. It's designed around issues that are specific to women -- depression and anxiety associated with menstruation, pregnancy, childbirth and menopause; psychiatric and psychological issues that result from experiencing abuse and violence; and mental health issues associated with medical conditions such as diabetes or heart disease. It also includes a mother-baby program for moms with postpartum depression so they can deal with parenting issues that arise from their mental health challenges. This whole-family approach helps to break the cycle of mental health problems reoccurring within the family.</li> <li>• Women's College Hospital offers programs where women can access mental health services via phone or online for those who find it difficult to physically go to the hospital for their appointments.</li> <li>• Women's College Hospital runs an online support group, Mother Matters, aimed at women with mood/adjustment challenges following the birth of their baby. Run by the Mental Health Program at Women's College</li> </ul>

<sup>5</sup> [The POWER Study, Depression, Chapter 5, page 10](#)

<sup>6</sup> [The POWER Study, Depression Highlights Document, page 1](#)

<sup>7</sup> [American Psychological Association – Women and Depression](#)

<sup>8</sup> [The POWER Study, Depression Highlights Document, page 1](#)

<sup>9</sup> [Mood Disorders Society of Canada. Quick Facts: Mental Illness and addiction in Canada. 2009. Page 15](#)

		<p>Hospital, Mother Matters is a 10-week online support group that provides new mothers the opportunity to share their thoughts, feelings, and experiences, while learning from and supporting other mothers.</p> <ul style="list-style-type: none"> <li>• Women’s College Research Institute is developing interventions that reach pregnant and postpartum women with mental health issues.</li> </ul>
<p><b>The Health Gap in Access to Care</b></p>	<p>Women who live in low-income, marginalized and disadvantaged communities tend to live shorter lives and have more health problems, in part due to challenges accessing proper healthcare.</p> <ul style="list-style-type: none"> <li>• 26% of Toronto residents are living in poverty, and more women than men are poor.</li> <li>• One in every five women is poor, and for single women, the poverty rates are even higher. More than half of single mothers and half of women over 65 who live alone are poor.<sup>10</sup></li> <li>• 26% of low-income women report fair or poor health compared to 8% of women in the highest-income category.<sup>11</sup></li> <li>• Women with low incomes report higher instances of hypertension, arthritis, back problems, obstructive lung disease,</li> </ul>	<p>Women face various challenges and barriers accessing healthcare for themselves and/or their families, and Women’s College Hospital has implemented a number of partnerships and programs to help make things easier. These include:</p> <ul style="list-style-type: none"> <li>• <a href="#">Stella’s Playroom</a> – Stella’s Playroom is a free, supervised play-zone for children whose parents are attending appointments making it easier for parents who need childcare to receive treatment. In 2015, there were over 800 visits to Stella’s Playroom.</li> <li>• <a href="#">YWCA Partnership</a> – For many women, particularly for those living below the poverty line accessing healthcare can be very difficult. So Women’s College Hospital partnered with YWCA to provide primary care services onsite at the YWCA Elm Centre for the women who</li> </ul>

<sup>10</sup> [Canadian Women’s Health Network. Income and Women’s Health.](#)

<sup>11</sup> [The POWER Study, Social Determinants of Health & Populations at Risk, Chapter 12, page 62](#)

	<p>diabetes, and heart disease or stroke than women in every other income bracket.</p> <ul style="list-style-type: none"> <li>• Women with lower income have a greater probability of developing chronic conditions for many reasons (stress, diet and access to nutritious foods at an affordable price, type of jobs held, smoking, etc.) and are more at risk of having two or more chronic conditions simultaneously.<sup>12</sup></li> <li>• Women, particularly those who are the primary caregivers or with lower incomes, face more barriers in accessing treatment due to lack of childcare, transportation costs, work scheduling conflicts and cultural or social circumstances that make it more challenging for them to talk freely about health conditions.</li> </ul>	<p>live there, many of whom are struggling with substance use and mental health issues.</p> <ul style="list-style-type: none"> <li>• <a href="#"><i>Crossroads Clinic</i></a> – Newly arrived refugees face many challenges and for many this includes accessing healthcare services. Crossroads Clinic at Women’s College Hospital is the only hospital-based clinic dedicated to serving the healthcare needs of refugees. The clinic provides comprehensive medical services to refugee families for the first two years in Toronto to help make their transition easier and address specific factors such as trauma, untreated chronic conditions and mental health issues.</li> <li>• Some of the biggest barriers women face in accessing the care they need are their daily obligations and family responsibilities. So as Canada’s leading academic ambulatory hospital, WCH has developed models of ambulatory care that can deliver comprehensive programs with less disruption to patients’ lives. This includes services ranging from diagnostic investigations and therapeutic treatments to complex surgeries that can all be done without hospital admission and over-night stays. It’s an innovative one-stop-shop approach with various health professionals being co-located in one area so they can deliver highly coordinated care. It also includes a model of ambulatory surgery that avoids the need for overnight stays, with better treatment outcomes and higher patient satisfaction and</li> </ul>
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<sup>12</sup> [Statistics Canada. Women and Health – Effects of Chronic Conditions.](#)

		a reduced risk of getting hospital acquired infections.
<p style="text-align: center;"><b>The Health Gap in Hereditary Women's Cancers</b></p>	<p>Cancer is a leading cause of illness and death among women. About one in nine Canadian women will develop breast cancer in her lifetime; one in 30 will die from it. Some cancers affect both genders, but some common cancers occur mostly in women only, these are breast, cervical, ovarian and uterine.</p> <p>There are gaps in cancer screening for women's cancers. The rates of screening for breast, colorectal and cervical cancer in Ontario remained below set provincial targets. There are also significant inequities in cancer screening in relation to income. With women in lower-income neighbourhoods having consistently lower rates of screening for these cancers.</p> <p>In addition, the risks for these cancers are significantly higher for women who have a genetic predisposition.</p> <p>Increased emphasis on cancer prevention is essential to reduce the burden of illness due to cancer and prevention interventions need to address the social determinants of health, be gender sensitive and target those who are socioeconomically disadvantaged and therefore at greatest risk</p> <ul style="list-style-type: none"> <li>• Following mastectomy, only 9% of Canadian women will undergo breast reconstruction compared to 40% of American women.</li> </ul>	<ul style="list-style-type: none"> <li>• Women's College Hospital is home to the <a href="#">Familial Breast Cancer Research Unit</a>, a world leader in the diagnoses and prevention of genetic breast and ovarian cancer and in innovative work on women's experiences of cancer. WCRI's Dr. Steven Narod has been named the most cited breast cancer researcher in the world and his work in the discovery of the BRCA genetic mutation has had a profound impact on the prevention, screening and treatment for breast and ovarian cancers. Following on the discovery of the BRCA gene, in 2015 WCRI scientists discovered another breast cancer genetic mutation that could lead to new treatments that would correct risky gene mutations in women.</li> <li>• As Canada's leading academic ambulatory hospital, WCH has developed models of ambulatory care that can deliver comprehensive programs with less disruption to patients' lives. This includes services ranging from diagnostic investigations and therapeutic treatments to complex surgeries that can all be done without hospital admission and over-night stays. It's an innovative one-stop-shop approach with various health professionals being co-located in one area so they can deliver highly coordinated care. It also includes a model of ambulatory surgery that avoids the need for overnight stays, with better treatment outcomes and higher patient satisfaction and</li> </ul>

	<ul style="list-style-type: none"> <li>• Women who require surgery greatly benefit from shorter stays in the hospital so they can recover in the comfort of their own homes and return to their lives and their family responsibilities.</li> </ul>	<p>a reduced risk of getting hospital acquired infections.</p> <ul style="list-style-type: none"> <li>• The Women's Cancer Survivorship Team explores the after-effects of cancer treatments and the interactions between cancer and other chronic conditions.</li> <li>• The Henrietta Banting Breast Centre (HBBC) database contains information about new breast cancer cases seen at Women's College Hospital. The registry is now the largest repository of records available tracing information about women with breast cancer.</li> </ul>
<p><b>The Health Gap in Addictions and Substance Abuse</b></p>	<p>In addition to the stigma surrounding addictions and substance use, women are particularly scrutinized because of their role in society.</p> <ul style="list-style-type: none"> <li>• Women tend to progress more quickly from using an addictive substance to dependence.</li> <li>• Women also develop medical or social consequences of addiction faster than men, and often find it harder to quit using addictive substances.</li> <li>• Women are more susceptible to relapse.</li> <li>• Until the early 1990s, most research on substance abuse and dependence focused on men.<sup>13</sup></li> <li>• Women develop medical or social consequences of addiction faster than men, often finding it harder to quit using addictive substances and are more susceptible to relapse.</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#"><u>Substance Use Network (SUN)</u></a> – Most addiction treatment takes place in institutions that are far away from healthcare centres, have long waiting lists and primarily use psychosocial counselling. This means that when patients are in crisis often the only place they can turn to is their nearest emergency department, which doesn't lead to optimal, long term treatment results. So WCH developed a program that improves access and views addiction as both a biomedical and psychological illness. This unique service uses completely different models of care with an inter-professional team combining addictions services, family medicine, psychiatry and social work. It also offers an ambulatory detox program which allows patients to avoid hospital admission and return home and to their work and family responsibilities while undergoing detox.</li> </ul>

<sup>13</sup> [NIH Policy and Guidelines on The Inclusion of Women and Minorities as Subjects in Clinical Research – Amended, October 2001](#)

<h2 style="text-align: center;">The Health Gap in Sexual Assault and Domestic Violence</h2>	<p>The incidence of sexual assault and violence against women is increasing, with over half of all women in Canada experiencing at least one incident of physical or sexual violence since the age of 16.<sup>14</sup></p> <ul style="list-style-type: none"> <li>• One in four women in North America will be sexually assaulted in their lifetime, yet many women do not report their assault to police because of stigmatization, financial dependence on their assailant or risks to their own and their children's safety.</li> <li>• 67% of all Canadians say they personally know at least one woman who has been sexually or physically assaulted.<sup>15</sup></li> <li>• Approximately every six days, a woman in Canada is killed by her intimate partner.<sup>16</sup></li> <li>• About 80% of sex trafficking victims in Canada are women and girls.<sup>17</sup></li> <li>• 60% of women with a disability experience some form of violence.<sup>18</sup></li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Sexual Assault/Domestic Violence Care Centre (SA/DVCC)</a> – The SA/DVCC is available 24 hours a day, seven days a week and is a comprehensive service that assists women, men and trans people who are victims/ survivors of sexual assault and domestic/intimate partner violence.</li> <li>• <a href="#">Violence and Health Research at WCRI</a> – The Violence and Health Research Program aims to be an international leader in health-based research about violence against women. The Violence and Health program focuses on the impact of violence on women's health and the health system's response to women's needs. Researchers embrace a multidisciplinary view of health, encompassing psychosocial, biological and environmental determinants.</li> <li>• <a href="#">DVEducation.ca</a> – WCH created an education program to help healthcare providers care for patients who have experienced abuse and sexual violence, Dveducation.ca. This is the online source for evidence-based, interactive curricula on intimate partner abuse and sexual violence.</li> </ul>
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For more information or to speak with an expert in any of these areas, please contact [Sara.Stratton@highroad.com](mailto:Sara.Stratton@highroad.com)

<sup>14</sup> [Statistics Canada, The Violence Against Women Survey](#)

<sup>15</sup> [Canadian Women's Foundation, The Facts About Violence Against Women](#)

<sup>16</sup> [Statistics Canada, Homicide in Canada, 2011](#)

<sup>17</sup> [Canadian Women's Foundation, The Facts About Violence Against Women](#)

<sup>18</sup> [DAWN Canada, Women with Disabilities and Violence Fact Sheet](#)