



The  
Health and  
Well-being  
of **Women**  
in British Columbia



Provincial Health Officer's 2008 Annual Report

- 2,284,201 women were living in BC in 2010 (50.4%)
- Close to 60 per cent of students attending university were women (2006)
- About 48 per cent of public administrators, 31 per cent of doctors, 35 per cent of lawyers, 20 percent of mayors and 28 per cent MLAs were women (2006)

*On a typical day....*

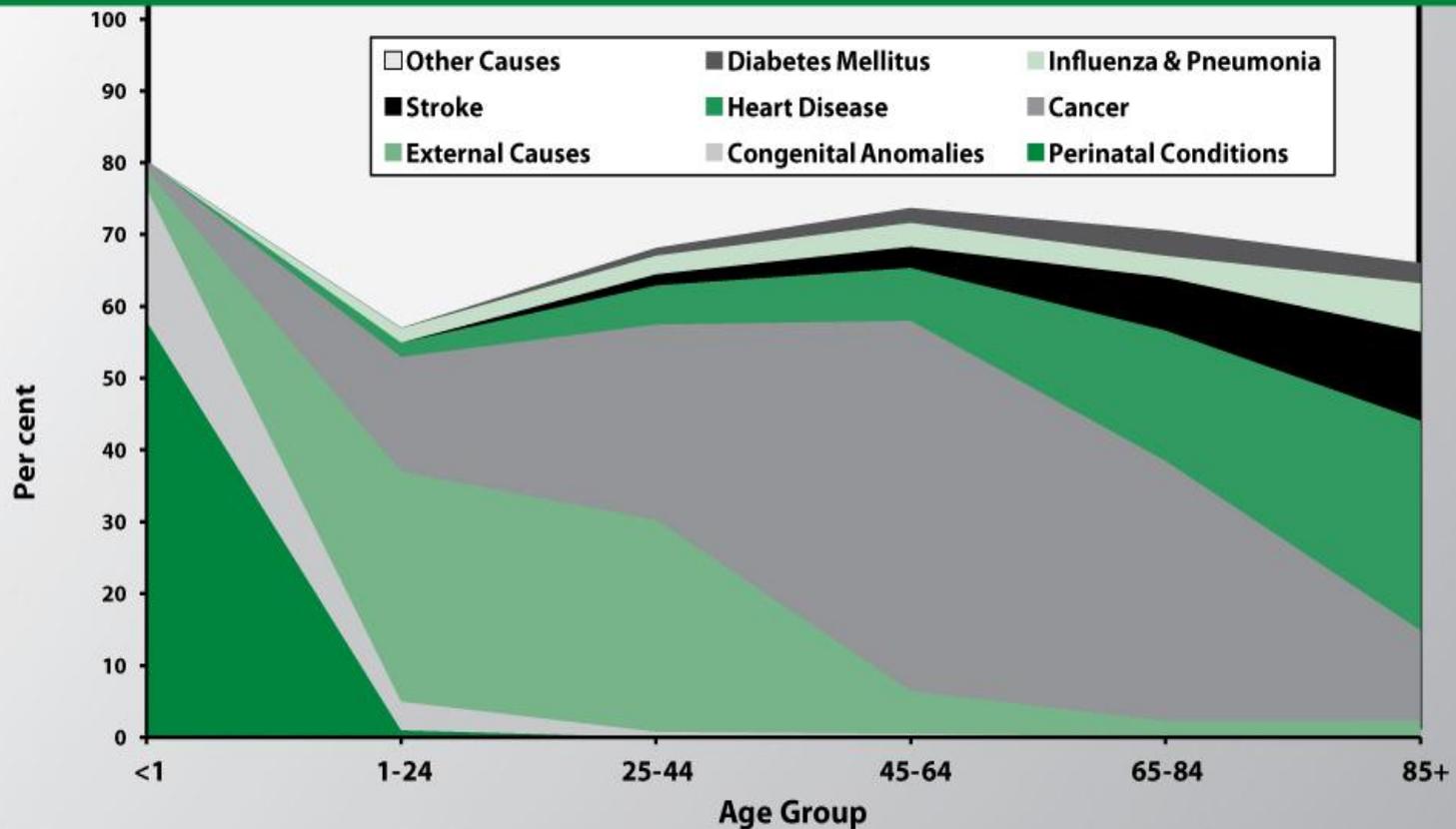
- 59 females born and 42 females died (2009)
- 118 women were giving birth and close to 1 million were at work (2009)

# Health Status

- ✓ Life expectancy, all women (in years)  
81.6 (1995 report) 84.3 (2008 report)
- ✓ Gap in life expectancy between health regions  
4.3 years (1995 report) 4 years (2008 report)
- ✗ Male/Female gap in life expectancy  
5.7 years (1995 report) 4.4 years (2008 report)
- ✗ Reporting excellent or very good health  
61% (1995 report) 56.5% (2008 report)

(✓ = improving trend ✗ = worsening trend)

## Proportion of Deaths by Selected Causes, Females, by Age, BC, 2009



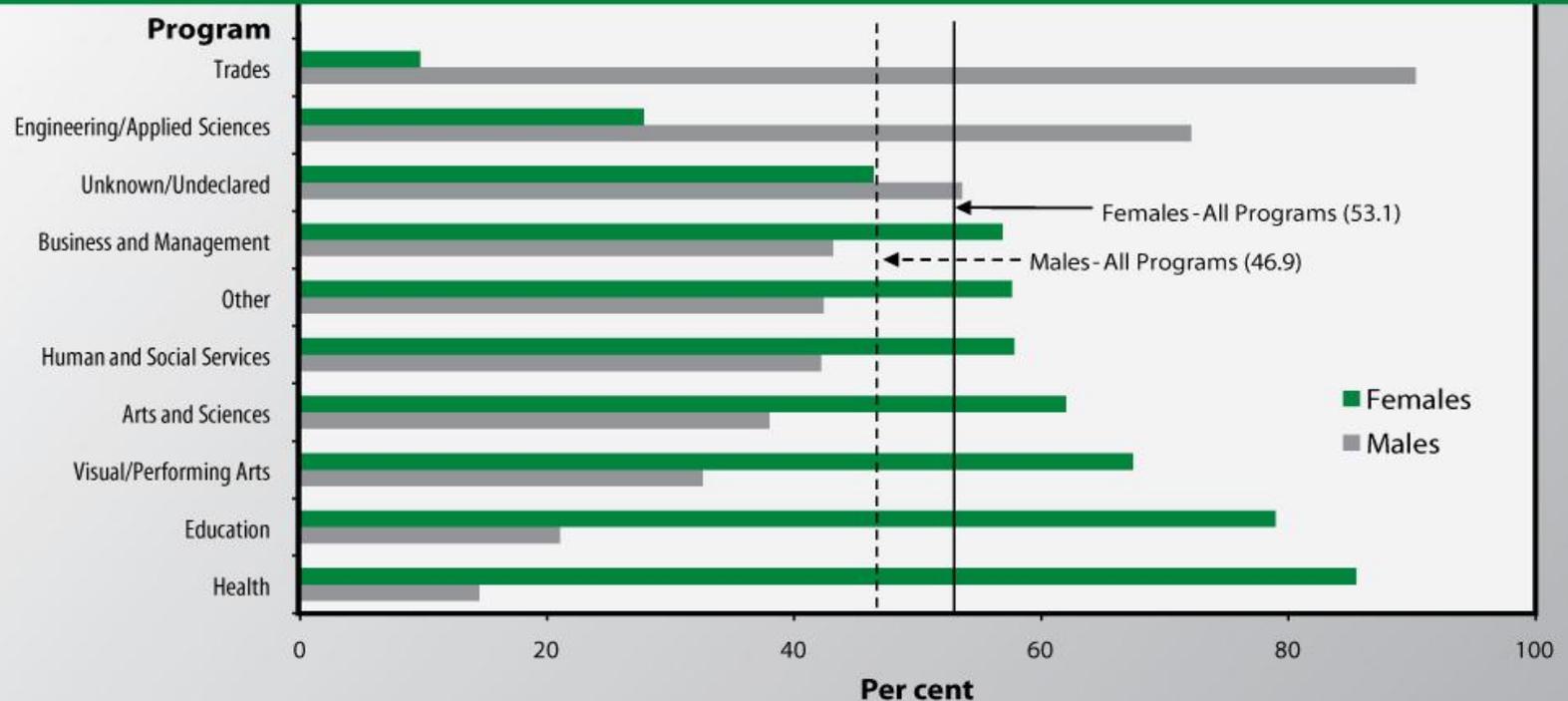
Age Group	<1	1-24	25-44	45-64	65-84	85+
Number of Deaths - All Causes:	81	100	386	2,023	5,880	6,766

**Source:** BC Vital Statistics Agency, VISTA, 2009; prepared by Population Health Surveillance and Epidemiology, Ministry of Health Services, January 2011.

# Living and Working Conditions

- ✓ Labour force participation rate:  
60% (1995 report) 80.2% (2008 report)
- ✓ Percentage women earn compared to men (full time, annual salary): 70% (1995 report) 71.3% (2008 report)
- ✓ Female lone parents below LICO: 44 % (1995 report) 16.4% (report 2008), female seniors 22% (2008 report)
- ✗ In 2006, there were almost 40 per cent more women than men struggling with an income of less than \$15,000 per year (41.7 per cent of women and 29.7 per cent of men).

## Post-secondary Enrolment, Non-Research Institutions, by Sex and Program of Study, BC, 2007/2008 Academic Year



**Note:** The category "Other" includes Personal Improvement, Leisure Programs, Continuing Education and High School/Secondary Diploma and Certificate Programs. The analysis excludes those records where gender is unidentified. Students enrolled in more than one program are counted in each program in which they are enrolled. Institutions in this data set include Community Colleges, Institutes and Special Purpose Universities. Research Universities are excluded.

**Source:** Central Data Warehouse, May 2009 submission, Ministry of Advanced Education and Labour Market Development; prepared by the Office of the Provincial Health Officer and Corporate Support, Planning and Legislation, Ministry of Healthy Living and Sport, 2009.

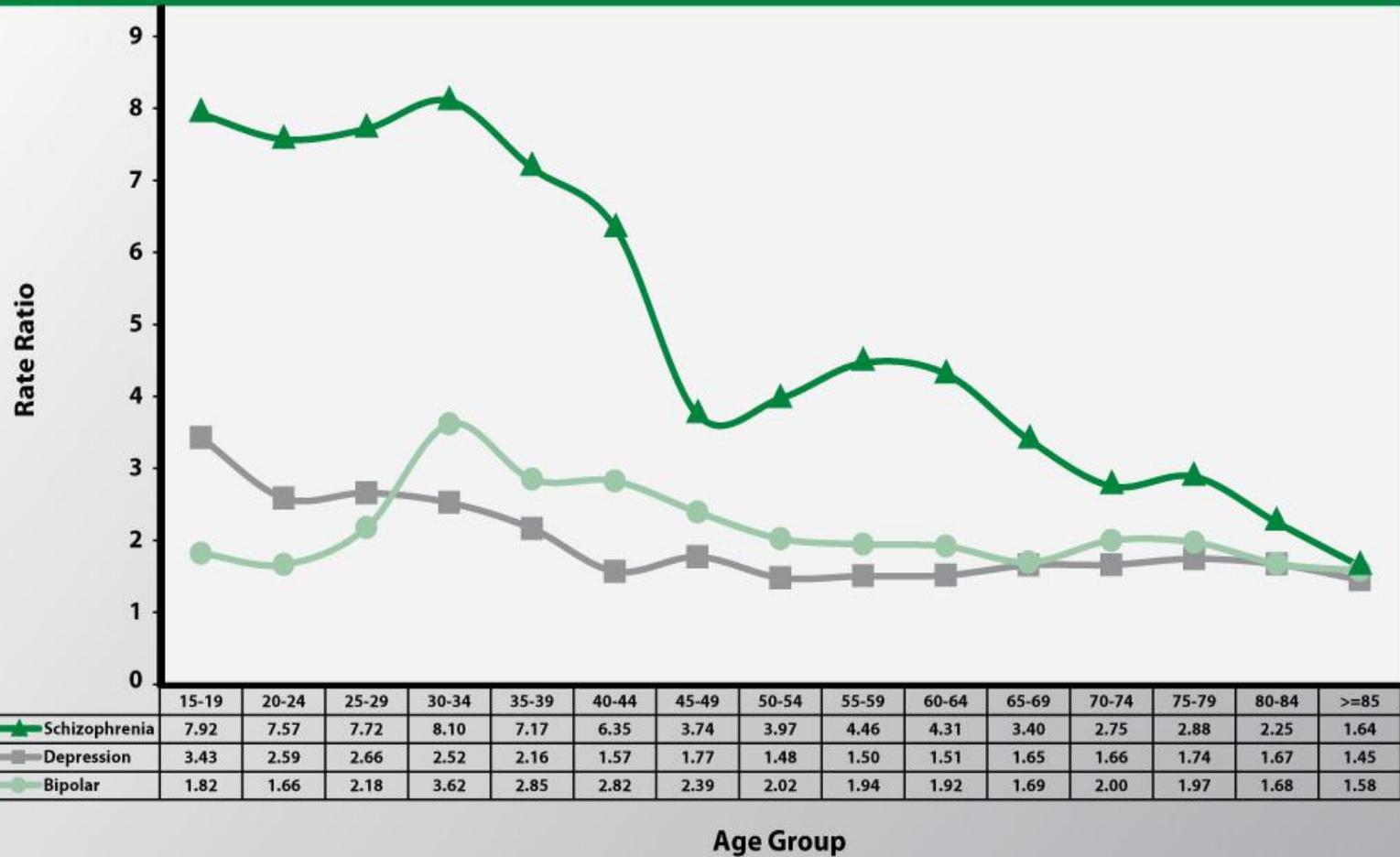
# Violence

- The age-standardized rate for women hospitalized with a violence-related injury was .13 per 1,000 in 2009/2010, for a total of 291 women. Rates have been relatively stable over the past 10 years.
- Women age 35-39 had the highest rates
- 75 per cent of maltreatment cases were women
- 91 per cent of sexual assault case victims were women

# Mental Health and Problematic Substance Use

- ? Hospitalizations for schizophrenia, per 10,000  
24.8 (1995 report) 11.5 (2008 report)
- ✘ Prevalence of depression, women age 15+  
7.8% (1995 report) 10.9% (2008 report)
- ✘ Dementia rate is 4.3% for women, and expected to double in the next 25 years
- ✘ Percentage using tranquilizers or sleeping pills, women age 65+: 24% (1995 report) 33% (2008 report)
- ✘ Rate of binge drinking, age 12–19: 24.8% (2008)

## Age-Specific Mortality Rate Ratios, Females with Schizophrenia, Depression or Bipolar Disorder Compared with Females without the Condition, BC, 2005/2006-2009/2010



**Source:** Population Health Surveillance and Epidemiology, Ministry of Health Services, 2011.

# Reproductive Health

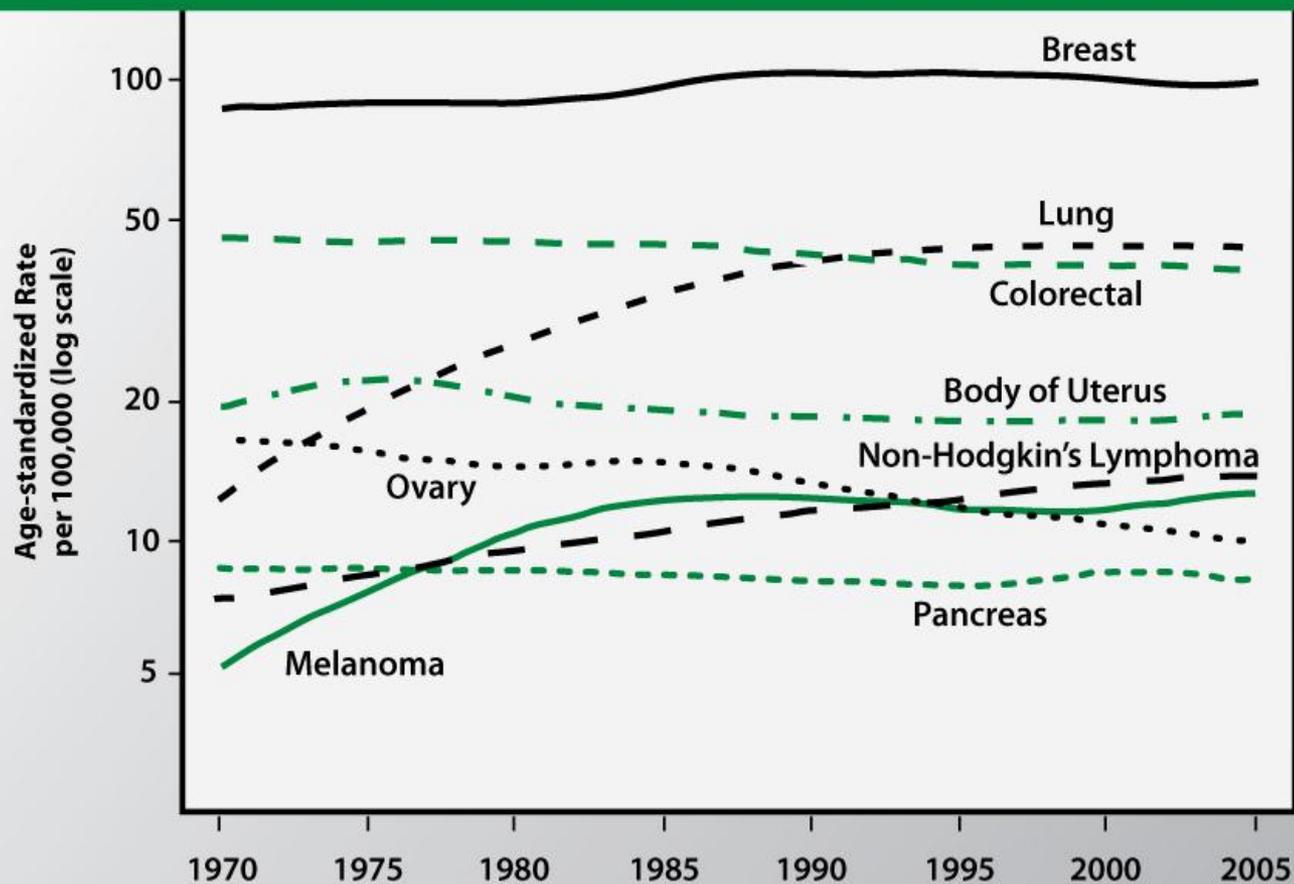
- ✓ Teen pregnancy rate per 1,000: 32.9 (1994) to 18.3 (2007)
- ✓ Induced abortions, per 1,000: 17.6 (1995 report) 15.9 (2008 report)
- ✓ Infant mortality rate, per 1,000 live births: 6.2 (1995 report) 3.7 (2008 report)
- ✗ Chlamydia rates, per 100,000: 228 (1995 report) 324.9 (2008 report)
- ✗ Caesarean births: 20% (1995 report) 30% (2008 report)

# Chronic Disease and Injury

- ✘ Hypertension: 13.70% (2008 report)
- ✘ Asthma: 11.48% (2008 report)
- ✘ Osteoporosis: 8% (2008 report)
- ✘ Osteoarthritis 6.63% (2008 report)
- ✘ Diabetes: 3% (1995 report) 4.8% (2008 report)
- ✘ Chronic obstructive pulmonary disease: 4.66% (2008 report)

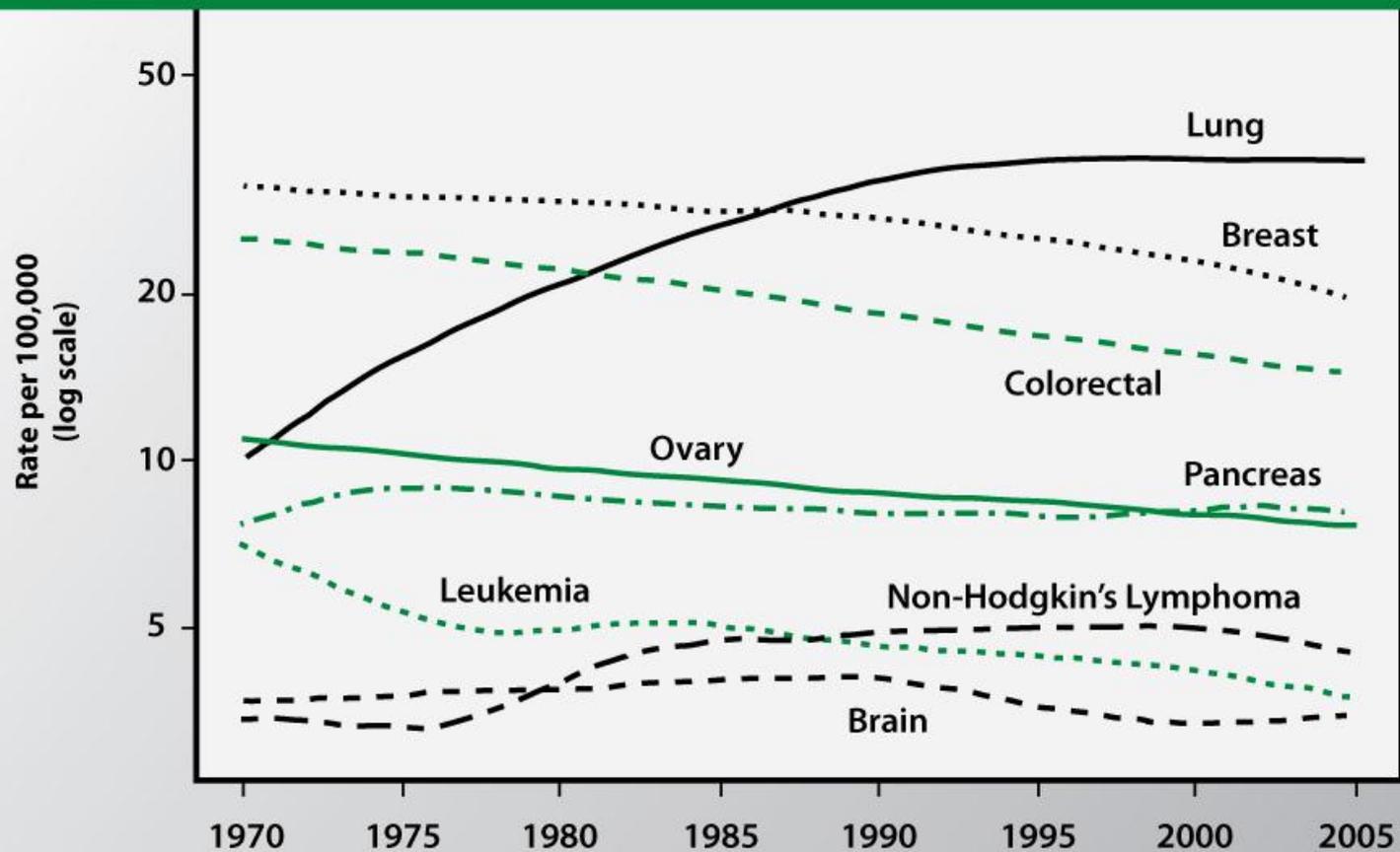
The number of days spent in hospital due to fall-related hip fractures in 2008/2009 was 2.4 times higher for women than men.

## Selected Cancer Incidence, Females, BC, 1970 to 2005



**Source:** BC Cancer Agency, 2010 (date retrieved 2007); prepared by Population Oncology, based on population estimates from BC Stats (P.E.O.P.L.E. 32)

## Selected Cancers, Age-Standardized Mortality Rate, Females, BC, 1970 to 2005



**Source:** BC Cancer Agency, 2010 (date retrieved 2007); prepared by Population Oncology, based on population estimates from BC Stats P.E.O.P.L.E. 32.

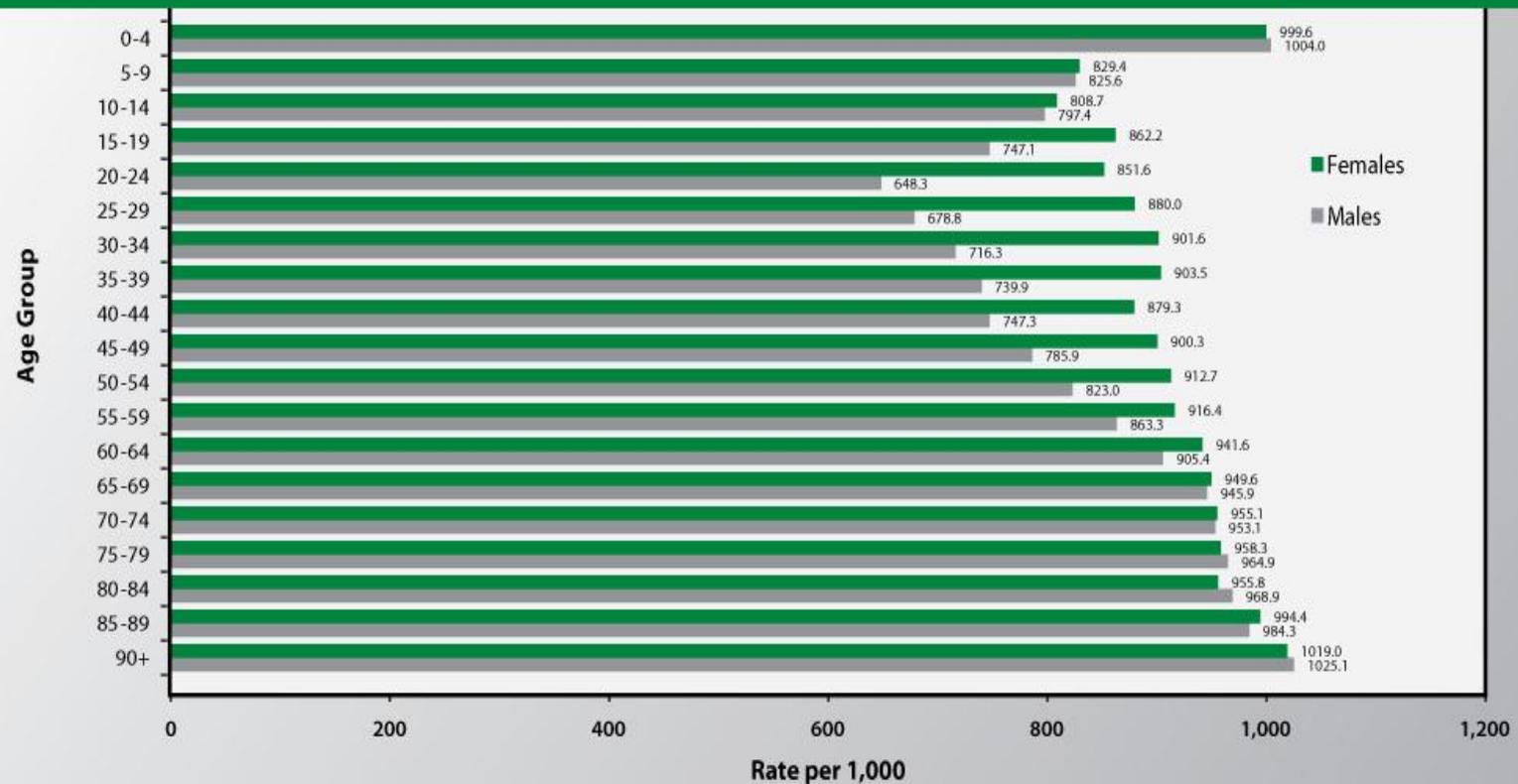
# Physical Environment

- Exposure to Environmental Tobacco Smoke: 7.1%
  - regional variation of 7.2% between NHA 12.5% and VCHA 5.3%
- ✓ Percentage of women concerned about personal safety:
  - walking alone after dark: 62% (1995 report) 17% (2008 report)
  - using public transportation after dark: 79% (1995 report) 63.5% (2008 report)

# Health Services

- ✓ Hysterectomies, age-standardized rate per 100,000:  
491 (1995 report) 302 (2008 report)
- ✓ Pap Smear rate: 79% (2008 report), target rate 70%
- ✗ Women of reproductive age with no regular medical doctor: 20% (2008 report)
- ✗ Women who received mammograms, age 50+:  
30% (1995 report) 51% (2008 report) target rate 70%

## Medical Services Plan Utilization, by Sex and Age, BC, 2008/2009



**Note:** The data include all services for which payment is claimed from Medical Services Plan (MSP) (patients who have received at least one MSP fee-for-service medical and/or paramedical service in a given fiscal year) but exclude third party agencies such as the Insurance Corporation of British Columbia or the Workers' Compensation Board of BC, form fees and incentives, payments for services under the Reciprocal Agreement, claims in progress, services provided to non-BC residents, and services by out-of-province doctors to BC residents. Age-standardized rate per 1,000 standard population (Canada Census 1991). It should be mentioned that one doctor's visit can potentially result in multiple fee-for-service items, making it possible to have a rate per 1,000 greater than 1,000. Those that did not have the geography identified were excluded.

**Source:** Ministry of Health Services, MSP Claims Database; prepared by Corporate Support, Planning and Legislation, Ministry of Healthy Living and Sport, 2009.

# Recommendations

- The central recommendation of this report is the development of a comprehensive women's health and wellness strategy to identify key areas for priority actions, and opportunities to support and improve women's health and well-being in BC.
- Support this action by improving the monitoring and surveillance of women's health status, and developing capacity for gender-based analyses of programs and services.

# Living and Working Conditions

- BC to develop a “Made in BC” multi-sectoral anti-poverty strategy.
- Look at ways to reduce the gender wage gap.
- Enhance immigrant women’s participation and opportunities in the workforce.
- Enhance child care resources and supports.
- Address the core housing need of female lone parents, elderly women and women leaving violence.

# Violence

- Implement recommendations from *Report to the Chief Coroner of British Columbia: Findings and Recommendations of the Domestic Violence Death Review Panel* and Representative for Children and Youth Report on the death of Christian Lee.
- Enhance awareness of effective approaches to screening for violence and abuse
- Implement an elder abuse strategy
- Coordinate the cross ministry response to violence against women, including reinstatement of the Office to Combat Trafficking in Persons.

# Mental Health and Problematic Substance Use

- Build awareness of the gendered nature of mental health and illness. Take a gender-specific approach to the recommendations contained in *Healthy Minds, Healthy People: A Ten-year Plan to Address Mental Health and Substance Use in British Columbia*.
- Promote awareness of low-risk drinking guidelines for women.
- Provide mental health resources that are flexible and appropriate for important sub-populations of women, including immigrant women and Aboriginal women.
- Develop and disseminate best practices for prescription of psychoactive drugs to women, especially older women.

# Reproductive Health

- Develop a provincial sexual health framework to ensure a continuum of sexual health services delivery is supported across health regions.
- Improve access to contraception, especially long-acting reversible contraception
- Ensure equitable and timely access to abortion services.
- Work to understand why C-section rates are increasing and work to reduce the frequency of C-sections that are not medically necessary.
- Improve access to and coverage of sex education services.

# Chronic Disease and Injury

- Broaden the scope and increase the dose of BC's Chronic Disease Prevention and Control initiative to better target and manage chronic disease in women.
- Support the collection and review of data on trends in chronic disease among women across cultural groups and on the consequences of chronic illness in women.
- Emphasize fall prevention programs with a focus on strength, agility and balance.
- Work across sectors to develop comprehensive, integrated and accessible options for all seniors and abilities to access community-based physical activity programs.

# Physical Environment

- Improve the knowledge of the etiological fraction of environmental impact on health status in British Columbia through better data on environmental exposures and analysis of the inter-relationship of social/environmental exposures.
- Create safe, walkable neighbourhoods to reduce injury and obesity, with a focus on retrofitting high-need and high-use areas.
- Implement a provincial tanning law that bans use by people under the age of 18.

# Health Services

- Support and facilitate women's participation in disease prevention and screening, and increase the participation of senior women, Aboriginal and South and West Asian women who have not routinely participated.
- Provide at least one accessible exam table and trained personnel in each health service delivery area to provide women with disabilities access to preventive health care (e.g., cervical cancer screening).
- Ensure women with disabilities or those living with severe and chronic illnesses have access to supportive counselling and/or therapy and appropriate community supports and residential care.
- Address regional differences in surgical interventions such as hysterectomy rates.

# Strategic Focus

- Recognizing that government may not be ready or able to move comprehensively in all areas the following recommendations are highlighted

**Poverty** - Develop a “Made in BC” multi-sectoral anti-poverty strategy, with a special focus on the needs of female lone parents, older women, and Aboriginal and immigrant women.

- **Violence** - Implement recommendations from the following reports: *Report to the Chief Coroner of British Columbia: Findings and Recommendations of the Domestic Violence Death Review Panel* (Coroners Service of British Columbia) and *Honouring Christian Lee. No Private Matter: Protecting Children Living with Domestic Violence* (Representative for Children and Youth).
- **Mental Health and Problematic Substance Use** - Build awareness of the gendered nature of mental health and illness. Take a gender-specific approach to the recommendations contained in *Healthy Minds, Healthy People: A Ten-year Plan to Address Mental Health and Substance Use in British Columbia*.<sup>5</sup>
- **Chronic Disease and Injury** - Broaden the scope and increase the dose of BC’s Chronic Disease Prevention and Control initiative (HealthyFamiliesBC) and support the ability of the primary care sector to better target and manage chronic disease in women.



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