



# Women, Health and Action

## What makes us healthy?

We all know about fruits and vegetables, but did you know that the 12 determinants of health identified by Health Canada are: income and social status, employment, education, social environments, physical environments, healthy childhood development, personal health practices and coping skills, health services, social support networks, biology and genetic endowment, gender, and culture.<sup>1</sup> What kind of society we live in has a huge impact on our health. That's why this health fact sheet isn't just about eating apples, it's about changing the world. It's about women taking control of our own health and our society's health.

## Why do we talk about women and health?

For thousands of years, women have been the guardians of health for their families and have tended to be more concerned about health than men.<sup>2</sup> Women also make up the vast majority of health sector workers.<sup>3</sup> Women have been in the forefront of activism on health issues.

Although women and men have health issues in common, there are also differences. Canadian women have a longer life expectancy than men, which was not always the case. In the past, many Canadian women died in childbirth. Deaths due to complications in pregnancy and childbirth are still common in most parts of the world. More Canadian men than women die in car accidents and by suicide, but more women than men aged 20-44 die of cancer.<sup>4</sup> Women report more depression, anxiety, fatigue and poorer health. More women attempt suicide, but more men are successful,<sup>5</sup> thought to be due to the effectiveness of the methods they tend to choose (drugs versus firearms). Some women are more prone to ill health and early death than others: Gender interacts with race, disability, income, environment, genetics and a number of other characteristics.<sup>6</sup>

The continuing unequal social and economic status of women and men in our society has direct consequences on women's health. For example, women are vulnerable to HIV/AIDS because we sometimes lack power in negotiating safe sex, and are more prone to infection through sexual violence, facts that many education campaigns about HIV/AIDS do not take into account. As well, much research on HIV/AIDS has been done on men, even though in developing countries, an equal number of women and men are affected, women have a lower survival rate than men, and women are at higher risk than men from infection through intercourse.<sup>7</sup>

This fact sheet does not discuss what most people view as women's health concerns: birth control, breast cancer and menopause. There are plenty of resources out there on these topics. Women's

health is far more than breast health. In 1994, lung cancer surpassed breast cancer as the leading cancer killer of women. Heart disease and stroke kills more women than cancer of any kind.<sup>8</sup> Despite the fact that heart disease is the number one killer of Canadian women, most of the research has been done on men. The result is that heart disease in women is sometimes misdiagnosed by doctors because the symptoms can be different and the disease is associated with men.<sup>9</sup> It is important to look at women's whole health, pay attention to gender factors in all matters of health and wellness, and not just view women as walking reproductive systems. Also, health isn't just about disease, it's about well-being. We want to look at some of the other key factors in health, those that aren't talked about much, and what we can do about them.

## Income, paid and unpaid work, and health

According to the *British Medical Journal*, wealth is "the single most important driver of health worldwide, even more important than smoking."<sup>10</sup> Study after study finds that your income is the best predictor of your health and life expectancy.<sup>11</sup> Even so, the focus of governments has been on the health care system and on changing individual health practices. While these things are important, we also must pay attention to income inequality in order to build a healthy society.

It's easy to see how poverty makes you unhealthy: living in overcrowded and dilapidated conditions in which disease is easily spread; the stresses of poverty and uncertainty leading to unhealthy coping mechanisms and addictions; not having enough money for nutritious food; having no health coverage for prescription drugs and dental care; having to take unpaid time off from a low-paying job to get to the doctor by public transit and then wait for hours because the doctor has overbooked; working at a high-stress, badly paid job in which you have very little control. For example, a fast-growing area of underpaid, stressful employment mainly for women is call centres/telemarketing. A new study found employees run a significant risk of health problems due to psychosocial and work organization stressors at these low-paid, insecure jobs.<sup>12</sup>

Canadian  
Research  
Institute for the  
Advancement of  
Women (CRIA W)/  
Institut canadien de  
recherches sur les femmes  
(ICREF) 408-151 rue Slater  
Street, Ottawa (Ontario)  
K1P 5H3, Tel.: (613) 563-0681,  
Email: [info@criaw-icref.ca](mailto:info@criaw-icref.ca) Web: [www.criaw-icref.ca](http://www.criaw-icref.ca)  
Ce feuillet d'information est aussi  
disponible en français.

According to studies, the more income you have, the more likely you are to be healthier and live longer.<sup>13</sup> The average income for a Canadian woman was \$19,800 in 1997, compared with \$32,100 for a man,<sup>14</sup> which probably contributes to women's poorer health status.<sup>15</sup> Many women must also deal with the stresses of having two jobs - one underpaid job at the shop, restaurant or office and one unpaid job at home doing the child care and housework.<sup>16</sup> Studies also show that if you live in a society that has a great deal of income inequality (a wide gap between rich and poor), you are likely to be sicker and die sooner than someone making the exact same amount of money or less in a more egalitarian community.<sup>17</sup> For example, after decades of growing economic inequality, the rich in Britain now have higher mortality rates for male adults and infants than the poorest Swedes, even though the absolute incomes of the well-off Britons are higher.<sup>18</sup> There is something about inequality in societies that kills people.<sup>19</sup> In particular, greater gender equality in political participation, economic autonomy, employment and earnings, and reproductive rights is linked to higher life expectancies for both women and men.<sup>20</sup>

### **Racism and the health of immigrant, refugee and racialized women**

Racism itself can cause illness.<sup>64</sup> Racism can invoke feelings of powerlessness and low self-esteem,<sup>65</sup> which have health consequences. Some groups of women face particular health problems, such as women who are survivors of female genital mutilation (FGM). Sometimes race itself can predispose people to certain illnesses, such as the higher breast cancer risk for Black women<sup>66</sup>, and diabetes for Aboriginal women.<sup>67</sup>

Sometimes a complex interaction of race, gender, income, education, language and cultural barriers and access to services puts some women at much greater risk of ill health than others. For example, immigrant women from China living in BC have cervical cancer rates that are twice as high as white women in that area. Only 56% (compared with 67% of all BC women) reported having had a Pap smear in the last two years, and 26% had never had one. Those least likely to have this simple test were women from Mainland China, those who never married, had the lowest levels of formal education, no fluency in English, those with the lowest income, and those having spent the least amount of time in North America.<sup>68</sup> The availability of services in your own language from someone who respects you can be a matter of life and death.

Immigrant, refugee and racialized women will not have the same access to health and health care until racism is eliminated and immigrants and refugees have access to the resources they need to become full participating citizens in control of their health.

strategies alone can't be effective: For example, when controlled for cholesterol, smoking, nutrition, and all sorts of other risk factors and lifestyle contributors for heart disease, lower-income people are still far more to die younger of heart attacks.<sup>21</sup> We need to realize that anti-poverty programs are also a health policy. Affordable housing policies are health policies. Better access to education, pay equity, and any policy that seeks to eliminate inequality is a health policy too.<sup>22</sup>

### **Self-Esteem**

Self-esteem (feeling good about yourself) is one of the cornerstones of taking care of your health. Another is having the resources to do it. If you don't care about yourself, you are unlikely to take care of your health. People with low self-esteem are more likely to do things that harm their health, like smoke, drink too much, abuse drugs, and so on. Low self-esteem also has implications for society, and has been identified as a major factor in crime and violence, teen pregnancy and poor school achievement.<sup>23</sup> Self-esteem is often related to how you were treated as a child, as well as since then - by your family and by society.

In our society, the self-esteem of women and girls is eroded by conflicting and unrealistic expectations about how we're supposed to look, pressure to be perfect wives and mothers, and at the same time give 100% to our kids and 100% to paid work.<sup>24</sup> Particularly at risk are women and girls who experience racism and other forms of hatred, poverty, and structural barriers. Babies are not born with low self-esteem - they are made to feel unworthy, sick, different, defective, bad, stupid, ugly, by the world around them. Some men also suffer from low self-esteem, and this can turn into cruelty and violence.<sup>25</sup>

Like all health issues, self-esteem is not only an individual issue, but an issue for all of society. It requires not only individual action to recover from the experiences that made us not accept ourselves, but to join with others to change society so that no one is made to feel less than what they are.

### **Nutrition, health, weight and body image**

Sixty percent of high school-aged females are dissatisfied with their bodies. This climbs to 80% for university-aged women. Eating disorders can lead to: loss of menstruation, irregular heartbeats, osteoporosis (a painful disease leading to easily broken bones), depression, kidney and liver damage, heart attack, and death.

Profits of the weight loss industry are estimated at

\$3 billion in Canada.<sup>26</sup> Poor body image and destructive dieting practices are not limited to young women. As the title of a book once said, fat is a feminist issue.

On the other hand, the high-fat, low-fibre, junk food, fast food North American diet is literally killing us. Interestingly, although the pressure is mainly on women to lose weight, a greater percentage of Canadian men than women are considered overweight by World Health Organization standards (42% versus 24%).<sup>27</sup> Excess weight is related to heart disease, Type 2 diabetes, certain cancers and stroke.<sup>28</sup> Industry tries to make us fat and then sell us harmful and ineffective weight loss plans. Fast food chains are the new colonialism. For example, the elders on the island of Okinawa, Japan have the longest and healthy life expectancy in the world, due to their diet of mainly vegetables, rice and fish, daily physical activity, strong spiritual sense of interconnectedness, and positive attitudes toward life, despite experience of war and hardship. The younger people of the island are now showing rates of heart disease and cancer approaching North America's, due to the export of North American fast food chains and ways of life.<sup>29</sup>

The challenge for feminists is to find a way to promote the respect and acceptance of all people no matter what they weigh or how they look, while continuing to fight against the multibillion dollar food industries that are clogging our arteries with hydrogenated (trans) fats and stripping nutrients and fibre out of foods by refining and overprocessing.<sup>30</sup> We wouldn't dream of selling cigarettes in schools, but unhealthy foods that contribute to cancer, heart disease, diabetes and other health problems are routinely marketed to young people and sold in schools.<sup>31</sup> The calcium consumption of girls around puberty has a direct effect on whether they will develop osteoporosis after menopause,<sup>32</sup> and soft drinks, for example, keep calcium from being absorbed properly.<sup>33</sup> Unhealthy eating habits start in childhood.

Industry also spends billions of dollars getting you to think that you can make up for eating poor-quality "low-fat", high-sugar processed foods all day by taking vitamins and supplements. Although certain vitamin pills and supplements can be useful, researchers are still in the process of identifying how nutrients interact, and nothing can replace the amount, quality and balance of nutrients that nature provides in vegetables, fruits, whole grains, beans and soy products.<sup>34</sup> Good nutrition is one of the best medicines, but a medicine lower-income people have less access to.

Instead of blaming people who weigh more than the average for individual lack of self-control, we can work together to inform ourselves and others about good nutrition; eliminate snack bar and soft drink vending machines, particularly in schools, or at least make sure there also contain healthy choices such as real juices and fruit; work

### **9<sup>th</sup> international Women's Health meeting**

Women's health is a world-wide issue, with many women around the world still dying from preventable illness resulting from poverty, lack of social status and power, and lack of access to basic health care. The IWHMs are an international grassroots forum for women who work locally, nationally and globally to deliver and advocate for essential health services and rights for women and girls,

based on the recognition that women continue to be marginalized from the mainstream of economic and social life. The 9<sup>th</sup> International Women's Health Meeting will be held in Toronto from August 12-17, 2002, co-chaired by CRIAW and the Riverdale Immigrant Women's Centre. Two other key partners are the Canadian Women's Health Network and the Réseau québécois d'action pour la santé des femmes.

so that all publicly-funded places such as schools, hospitals and government offices have cafeterias that serve healthy foods; make healthy foods more affordable; and lobby, tax, or sue the companies that market foods that contribute to cancer, diabetes and heart disease.

### **Physical activity**

Physical activity is essential to physical and mental well-being. Physical activity gives you more energy, less stress, better self-esteem, fewer aches and pains, and fights disease. In particular, being active reduces the risk of: heart disease, falls and injuries, obesity, high blood pressure, adult-onset diabetes, osteoporosis, stroke, depression, colon cancer, and premature death. According to Health Canada, inactivity is as harmful to your health as smoking.<sup>35</sup> Despite the effect of weight on health, some research shows it may be better to be fat and fit than thin and inactive.<sup>36</sup>

Most women are working long hours of unpaid and underpaid work and it's hard to make the time for our own health. Federal and provincial government policies that do not adequately support women who care for children or other dependent relatives are affecting women's health.<sup>37</sup> As well, there are not enough services for people with disabilities, so they can become as physically active as possible too. Girls are often not encouraged as much as boys to do sports and physical activity, and there are fewer resources for them.

Our cities and culture are not designed for inexpensive physical activity. Sure, gym clubs try to sell you memberships and infomercials try to get you to buy outrageously expensive exercise equipment. But we need cities that are friendly to walkers and cyclists, workplaces where exercise breaks are routine, and

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a culture that fosters daily physical activity.

We can work together to ensure equal money is spent on girls' and women's sports and recreation in our local schools and community; encourage local shops, schools and workplaces to offer bicycle racks; lobby local government for green spaces, walking trails, bicycle lanes, curbs with ramps for wheelchairs and baby buggies so everyone can get around; build exercise breaks into meetings at work; and lobby for more, not less, physical activity in schools; and invest in our own health and well-being by walking, gardening, dancing or engaging in any affordable or free physical activity we enjoy.

**Tobacco and health protection**

Smoking causes many health problems, more so for women than men. Some of the major diseases for men and women caused by smoking are: heart attacks and strokes, lung cancer, peripheral vascular disease (leg pain that can lead to gangrene and even loss of limbs), cancer of the mouth, kidney and bladder, cataracts (an eye disease that can lead to blindness), allergies, and asthma. On top of this, women face particular health risks from smoking: cervical cancer, osteoporosis, early menopause, increased risk of heart attacks and stroke (especially if you're taking birth control pills), more difficulty getting pregnant, complications in pregnancy (problems like miscarriage or delivering too early), low birth-weight babies, who often experience health problems of their own.<sup>38</sup>

**Ab-original women**

Aboriginal women face much greater rates of heart disease, cancer, suicide, diabetes, tuberculosis, and HIV/AIDS than other women in Canada.<sup>69</sup> Racism, higher rates of poverty, loss of self-determination, and the residential school experience combine to affect every aspect of health. From the 1800s to the early 1980s, Aboriginal kids were often forcibly separated from their families and sent to residential schools where many were physically and sexually abused, and beaten for speaking their own language or practicing their spiritual traditions. This resulted in generations who were taught to hate themselves, and who did not learn parenting skills from their own parents, or whose parents were also damaged from the system.<sup>70</sup> The effects of loss of control over your political, legal, linguistic, religious, family, and economic systems cannot be underestimated. A recent study showed that Aboriginal teen suicides were highest in communities with little control over their own management, and lowest in communities with self-government.<sup>71</sup> Many Aboriginal communities are in the process of healing and retaking control of their destinies. Aboriginal women will not have the same access to health and health care until these issues are resolved.

This is another area in which

transnational corporations have made billions of dollars by marketing a product that harms health. Canada's federal health protection system has come under fire in recent years for not doing enough to protect the health of Canadians, for example in the contamination of the blood system, the safety of breast implants, and the approval of pharmaceutical drugs later found to be dangerous. The issue of toxins and pollutants in certain cosmetics is an international concern.<sup>39</sup> Women are taking action on health protection issues<sup>40</sup> - check the resource section for more info.

**Environment**

The World Health Organization estimates that poor environmental quality is directly responsible for around 25% of all preventable ill-health in the world today.<sup>41</sup> Activists in Canada and around the world are looking at the link between environmental toxins and breast cancer, reproductive and immune disorders.<sup>42</sup> We know there is direct relationship between air pollution and premature death from respiratory and heart diseases.<sup>43</sup>

Many popular household cleaners such as bleaches, oven and drain cleaners, toilet bowl cleansers contain chemicals that are poisonous, catch fire easily, and eat away at your skin. Many of these products have not been tested for how they can affect our health over the long term.<sup>44</sup> Guess who does most of the cleaning in most households: women.

Garbage, sewage and toxic messes such as the Sydney tarponds are often located around low-income neighbourhoods, where people can't afford to leave.<sup>45</sup> There are particular effects on women of poor physical and social environments around the world.<sup>46</sup> A clean environment is a good health policy that saves money and saves lives.<sup>47</sup> Everyone deserves fresh air, clean water, and an environment free of pollutants, and these are crucial to long-term health.

**Social support, sense of community, spiritual beliefs**

Social isolation and loneliness are as great a predictor of disease and premature death as smoking, obesity, lack of exercise and high blood pressure.<sup>48</sup> In our society, women do most of the caregiving, both on an underpaid and an unpaid basis: Mothers, wives, nurses, child care workers, home care workers.<sup>49</sup>

Instead of viewing this work as essential, our society does not value this work and largely sees it as a frill. Without this work, more people would be mentally and physically sick, as being cared for is a basic human need.

We don't know for sure why spiritual beliefs and practices have a positive impact on health: Perhaps it is the

sense of community and social support, perhaps the calm and connectedness that comes from meditation or prayer, or from exposure to the values of care, compassion, generosity and leading a healthy life that are prevalent in most religions and mystic traditions.<sup>50</sup> These values are also essential at a societal level, for a peaceful, happy and healthy world. Women have criticized major religions for entrenching an unequal status between women and men, and religions have also harmed some people.<sup>51</sup> Some are working for change within their spiritual traditions, and others are seeking their own spirituality.

There are actions we can take to build healthy and caring communities. The Healthy Communities Movement works toward communities that provide a clean, safe physical environment; meets the basic needs of all its residents; has residents that respect and support each other; involves the community in local government; promotes and celebrates its historical and cultural heritage; provides easily accessible health services; has a diverse, innovative economy; rests on a sustainable ecosystem.<sup>52</sup>

### Health care systems

Women are the majority of paid workers in the health care system, users of the system, and unpaid family caregivers on whom caring work gets dumped when hospitals shove people out the door and home care services are inadequate.<sup>53</sup> Not surprisingly, health care privatization “affects women more and differently from men because of their unique relationship to the health care system.”<sup>54</sup> The federal government years ago took a huge chunk of money out of health care, replaced only a fraction of it, and a number of provinces followed.<sup>55</sup> Now, instead of considering real reinvestment in the system and expanding health and social services to better promote well-being, the government is moving toward privatization and other options that have failed miserably elsewhere.<sup>56</sup> Women also make up the majority of low-income people in Canada.<sup>57</sup> Any move toward user fees and privatization, which has led to the highest health costs in the world, poor access, poor health and higher death rates in the US,<sup>58</sup> may affect women and low-income people most. What we need is more equality, not less.

There has been a shift in the health care system in Canada, toward shorter hospital stays and more drug therapies. As a result, more health care is paid for privately than ever before, leading to huge differences in access, particularly to prescription drugs, dental care and services such as home care.<sup>59</sup> Lower-cost natural and alternative health therapies that some people find helpful are also not covered. The consideration of direct marketing of pharma-

### Women with disabilities

Women with disabilities are often assumed by doctors and others to be asexual, and not asked questions about reproductive health or fertility. Doctors and others often talk past them to their attendants or family members, as if they are not there or unable to understand. Women with disabilities are often assumed to be unhealthy, when disability is not necessarily due to a chronic disease.

Women and girls with mobility impairments are often left out of physical activity, when there are activities that could be beneficial to their health. Being disabled and female also skyrockets your chances of being low income and vulnerable to violence,<sup>72</sup> both of which have direct health impacts. Women with disabilities will not have equal access to health and health care until we

deal head-on with the ignorance, prejudice, hatred and structural barriers faced by people with disabilities.

centicals to consumers is another issue: Drug companies want to spend billions of dollars to try to convince you that you need their products, instead of adopting health habits that will cut down your risk of disease in the first place, or addressing issues like economic inequality that is at the root of much ill health. Women are taking action on these issues - check out the resource section.

### Violence

Violence is a major cause of injury to women, ranging from cuts and bruises to permanent disability or death. In Canada, 43% of women injured by their partners had to receive medical care, and 50% of those injured had to take time off work.<sup>60</sup> Women who have experienced physical or sexual abuse, as kids or adults, are at greater risk of health lifelong problems, such as injury, chronic pain, gastrointestinal disorders, anxiety and clinical depression. Violence also undermines health by increasing self-destructive behaviours, such as smoking, and substance abuse.<sup>61</sup> Women who have been sexually assaulted and/or battered are significantly more likely than other women to commit suicide.<sup>62</sup> Women with disabilities are particularly vulnerable to abuse.<sup>63</sup>

In addition to experiencing violence as women, some women have experienced violence because of their race or sexual orientation. Poverty can keep women trapped in abusive relationships, as they do not have the money to get their own place. Refugees have often escaped the violence of war, torture or persecution, and this can have a profound impact on their mental and physical health.

## Resources and opportunities for action

### ORGANIZATIONS

**Canadian Women's Health Network** 1-888-818-9172 TTY: 1-866-694-6367 [www.cwhn.ca](http://www.cwhn.ca)  
Woman-centred health resources, networking opportunities, an e-mail news list and a print magazine.

**Canadian Health Coalition** (613) 521-3400, ext. 219 [www.healthcoalition.ca](http://www.healthcoalition.ca)  
Dedicated to enhancing Canada's public health system, stopping the privatization of medicare and cutbacks to health care and health protection, opposing genetically engineered foods, and more.

#### Lesbian and bisexual women

Many health practitioners assume their clients are heterosexual, and don't ask the right health-related questions. Because of the stigma still associated with being gay, some lesbians and bisexual women avoid getting health care altogether, or go along with the health practitioner's assumption. If they do reveal their sexual orientation, they may not receive appropriate treatment - lesbians are less likely to receive regular pap smears to test for cervical cancer, because doctors assume they are not at risk for sexually transmitted diseases (STDs).<sup>73</sup> Stigmatization and social marginalization also means some lesbians and bisexual women may be more likely to engage in behaviours that endanger their health,<sup>74</sup> and may be at a disproportionately high risk for obesity and substance abuse, perhaps because food and drugs are used as compensations for the stress and low self-esteem that can accompany having to lead a double life. This marginalization also means a greater risk of violence and suicide. Some physicians even refuse to treat lesbian, gay, bisexual or transgendered people, or tell someone coming in for a medical problem to go home and pray for forgiveness for being gay. Some lesbians and bisexual women may also not have the same coverage as straight people through their partner's private or employer health insurance.<sup>75</sup> Lesbian and bisexual women have less access to health and health care because of homophobia.

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

One of the goals of the Centres

of excellence program is to carry out research in collaboration with community agencies, with particular attention to the social and economic determinants of health.

*Maritime Centre of Excellence for Women's Health* (includes Black Women's Health Project): 1-888-658-1112 [www.medicine.dal.ca/mcewh](http://www.medicine.dal.ca/mcewh)

*Centre of Excellence for Women's Health--Université de Montréal*: (514) 343-6758 [www.cesaf.umontreal.ca](http://www.cesaf.umontreal.ca)

*National Network on Environments and Women's Health*: (416)736-5941 [www.yorku.ca/nnewh/](http://www.yorku.ca/nnewh/)  
*Prairie Centre of Excellence for Women's Health*:  
Winnipeg: (204) 982-6630, Regina: (306) 585-5727, Saskatoon: (306) 966-8658 [www.pwhce.ca](http://www.pwhce.ca)  
*BC Centre of Excellence for Women's Health*: (604) 875-2633 [www.bccewh.bc.ca](http://www.bccewh.bc.ca)

**DisAbled Women's Network** (204) 726-1406 [www.dawncanada.net](http://www.dawncanada.net)

National organization comprised of women with disabilities working to achieve control over their lives.

**Pauktuutit Inuit Women's Association** (613) 238-3977 [www.pauktuutit.on.ca](http://www.pauktuutit.on.ca)

A national association representing Inuit women in Canada. Publishes resources on violence, midwifery, Fetal Alcohol Syndrome, substance abuse, HIV/AIDS and other health issues.

**Aboriginal Nurses of Canada** (613) 236-3373 [www.anac.on.ca](http://www.anac.on.ca)

Professional association for Aboriginal nurses. Engages in advocacy and has publications on Aboriginal healing, traditional medicine, First Nations women working on AIDS, surveys and workshop proceedings.

#### Canadian Research Institute for the Advancement of Women (CRIAOW)

(613) 563-0681 [www.criaw-icref.ca](http://www.criaw-icref.ca)  
Fact sheets on  
*Violence Against Women and*

*Girls, and Women and Poverty*. Available in hard copy or on the web site. Published *That Body Image Thing: Young Women Speak Out!*

**National Action Committee on the Status of Women** (416) 932-1718 [www.nac-cca.ca](http://www.nac-cca.ca)

A coalition of more than 700 member groups working for women's equality.

**Women's Health in Women's Hands** (416) 593-7655 [whiwh@web.net](mailto:whiwh@web.net)

A Toronto-based team of health professionals who work from an inclusive, feminist, anti-racist, anti-oppression framework, specializing in working with immigrant and refugee women particularly women from the Caribbean, Africa, Latin America and South Asia. Produces booklets and resources.

**Institute on Race, Health Care and the Law**

[www.udayton.edu/~health](http://www.udayton.edu/~health)

An American organization dedicated to improving the health status of African Americans, Asian Americans, Latino (a) Americans, Native Americans, and Pacific Americans by helping legislators, policy makers, lawyers, health care professionals and consumers examine race, health and human rights. Lots of resources, including on women's health and female genital mutilation.

**Réseau québécois d'action pour la santé des femmes** (514) 877-3189 [www.rqasf.qc.ca](http://www.rqasf.qc.ca)

Fact sheets and resources on health from a feminist perspective.

**Ontario Healthy Communities Coalition** 1-800-766-3418 [www.opc.on.ca/ohcc](http://www.opc.on.ca/ohcc)

Publishes *Healthy Environment, Healthy Communities Tool Kit*.

**Canadian Association for the Advancement of Women in Sport**

(613) 562-5667 [www.caaws.ca/english/index.htm](http://www.caaws.ca/english/index.htm)

Promotes gender equity in sports and physical activity, and publishes many resources.

**Centre for Science in the Public Interest** (613) 565-2140 [www.cspinet.org/canada](http://www.cspinet.org/canada)

A North American non-profit, consumer organization doing research and advocacy on nutrition and health, with particular attention to the nutritional deficiency of fast foods. Publishes *Nutrition Action Healthletter*.

**DES Action Canada** 1-800-482-1DES

[www.web.net/~desact](http://www.web.net/~desact)

Seeks to prevent further tragedies such as the health problems created by the federally sanctioned use of the drug DES to prevent miscarriage, by providing information and lobbying to strengthen Canada's health protection system.

**National Eating Disorder Information Centre**

(416) 340-4156 [www.nedic.on.ca](http://www.nedic.on.ca)

**Institute of Gender and Health** [www.cihr.ca/institutes/igh](http://www.cihr.ca/institutes/igh)

A new virtual institute that finances research on how sex and gender interact with other factors to influence health.

**WEBSITES**

**Women's Health Matters, Sunnybrook and Women's College Health Sciences:**

[www.womenshealthmatters.ca](http://www.womenshealthmatters.ca)

A searchable website, with women's health news.

**Canadian Health Network** [www.canadian-health-network.ca](http://www.canadian-health-network.ca)

An internet-based health information service funded by Health Canada, with links to credible health sources.

**Aspects of Women's Health from a Minority/Diversity Perspective**, paper by Dr. Glenda Simms

[www.hc-sc.gc.ca/canusa/papers/canada/english/minority.htm](http://www.hc-sc.gc.ca/canusa/papers/canada/english/minority.htm)

**Healthy World On-line** [www.healthy.net](http://www.healthy.net)

Extensive health information and links.

**Active Living** [www.hc-sc.gc.ca/hppb/fitness/activeliving.htm](http://www.hc-sc.gc.ca/hppb/fitness/activeliving.htm)

Suggestions about individual and community approaches to increasing physical activity.

**Medscape Women's Health Page**

[www.medscape.com/Home/Topics/WomensHealth/womenshealth.html](http://www.medscape.com/Home/Topics/WomensHealth/womenshealth.html)

The latest in medical journal articles on women's health. Free, but you must register to use this site.

**Nutrition Navigator, Tufts University School of Nutrition Science and Policy** <http://navigator.tufts.edu/>

Rates mainly American and Canadian nutrition web sites for accuracy, and suggests the best.

**Alternative Health News Online** [www.altmedicine.com](http://www.altmedicine.com)

A collection of informative alternative health sites on the internet.

**Caregiver Survival Resources** [www.caregiver.com](http://www.caregiver.com)

Online version of *Caregiver* magazine. Includes searchable archives and a discussion forum.

## PUBLICATIONS

**Women and Health Care Reform** A fact sheet from the National Coordinating Group on Health Care Reform and Women, available at [www.cwhn.ca/health-reform/index.html](http://www.cwhn.ca/health-reform/index.html) or 1-888-818-9172.

**Our Bodies, Ourselves for the New Century**, by Boston Women's Health Book Collective. (New York: St. Martin's Press, 1998) This book created by and for women approaches health from a holistic and political perspective.

**Revolution from Within: A Book of Self-Esteem**, by Gloria Steinem (New York: Little, Brown & Co., 1992)

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<sup>29</sup>. Bradley Willcox, Craig Willcox, and Makoto Suzuki, *The Okinawa Program* (New York: Clarkson Potter, 2001)

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<sup>31</sup>. It is well-established that high-fat, low fibre foods (e.g. french fries, hamburgers, hot dogs, fried chicken, chips) and sugar-laden foods (e.g. chocolate bars, cookies, soda pop, sugar-added fruit drinks) eaten in large quantities over long periods of time can lead to poorer health, not just because they contribute low amounts of nutrients per calorie, but also because they displace the consumption of lower fat, high fibre foods rich in antioxidants (cancer-fighting agents) and nutrients, such as vegetables, fruits, whole wheat pasta and bread, other whole grains, beans, and soy products. The typical North American diet is hazardous to our health: Jane Brody, *Jane Brody's Nutrition Book* (Toronto: Bantam, 1987); US Department of Agriculture, US Department of Health and Human Services, Nutri-

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