

BC WOMEN'S
HEALTH
FOUNDATION



PACIFIC
BLUE CROSS®

IN HER WORDS

Women's Experience with the
Healthcare System in British Columbia



The BC Women's Health Foundation gratefully acknowledges the generous support of our Pillar Partner, Pacific Blue Cross.

At Pacific Blue Cross, women make up 75% of their staff, and over half of their membership. We are so proud to partner with an organization that truly recognizes the unique importance of women's health in their quest to improve the health and well-being of *all* British Columbians.

We are honoured to work together with Pacific Blue Cross towards our shared goal – a healthier province.

Over the next few years we will partner on research and innovation projects dedicated to uncovering and addressing the key health issues and priorities for the women of BC. We will continue to shed a light on the misperception that universal healthcare means universal access.

By joining forces, we have the potential to affect real change right here at home. There is still so much to be discovered. And we're just getting started.

Sincerely,

Genesa M. Greening
President + CEO
BC Women's Health Foundation

Pacific Blue Cross is a Health Benefits Society with a mission to improve health and well-being for all British Columbians.

Together with BC Women's Health Foundation, we are working to address health inequities by ensuring women of all ages and life stages have access to the highest quality healthcare.


With this report, we aim to highlight the experience of women in the healthcare system to reflect on our Pacific Blue Cross health plans to help close the gap and improve health outcomes for women in British Columbia.

We will also engage our clients in recognizing that workplace benefits should consider the unique needs of women as an opportunity to reduce absenteeism, improve overall engagement, and recruit and retain top talent.

We hope this report inspires you to lead the way for change; the health of our businesses and the health of our society depend on it.

Healthy wishes,

John Crawford
President and Chief Executive Officer
Pacific Blue Cross



When it comes to healthcare in British Columbia, women are **experiencing serious inequities** that are impacting their physical, mental and emotional well-being, just because they are women.

Despite decades of progress in health research, policy, and practice, **women still face many barriers accessing the high-quality healthcare they deserve.** They experience gender-based barriers that do not impede men.

In response, this BC Women's Health Foundation report examines how women experience healthcare across the province, and will deliver this information to policy makers, healthcare providers, and women themselves. The aim is to drive changes within the system that will lead to **healthy women everywhere, capable of anything.**



WHY FOCUS ON WOMEN'S HEALTH?

Historically, women's health has been sidelined. Male physiology has served as the baseline for health research, education, and practice. If something was known about men's health, it was assumed the same applied to women.

But this assumption is intrinsically flawed. Women and men differ in biology (the cells and organs that make up their bodies) and social factors (culture, income, where they live, level of education, etc.). Both contribute to their health and well-being.

For decades, the healthcare sector has not considered the need for different approaches to prevention, diagnosis, treatment, or drug dosing for men and women. **The result? Our understanding of women's specific health needs is lacking and the impact of this is only starting to become clear.**

DID YOU KNOW?

- Women metabolize medications differently than men, so the correct doses, results, and side effects can vary. Women experience 50-75% of adverse drug reactions,¹ yet many medications prescribed to women have often been tested only on men.
- 70% of patients with "medically unexplained symptoms" are women and these symptoms are frequently and incorrectly linked to a psychological origin.²
- Endometriosis affects one in ten women, and approximately 176 million worldwide.³ In the majority of cases, it takes several years to be diagnosed, which exacerbates the debilitating impact of this condition, and leads to considerable deterioration in quality of life and high rates of mood and anxiety symptoms.⁴
- Doctors are more likely to diagnose women's pain as psychological, are less likely to admit women for testing, and are inclined to give women less pain medication than men.⁵
- The prevalence of mental health issues during reproductive life stages (such as the start of the menstrual cycle, pregnancy, postpartum and menopause) adds to the complexity of care for women. Yet most mental health therapy is based on the male experience.⁶
- The Aboriginal Maternity Experiences survey found that Aboriginal women are more than four times more likely than non-Aboriginal women to travel more than 200 km to give birth.⁷
- Women are more likely to die prematurely from largely preventable illnesses such as lung cancer and cervical cancer. Cervical cancer is the fourth most common cancer in women,⁸ yet it is almost entirely preventable.

These statistics show there is an **urgent need for a greater focus on women's health** to understand distinctions between men and women in presentation, diagnosis, treatment, medication and management, and ensure the healthcare needs of women and girls are met.

LISTENING TO THE WOMEN OF BC

We believe in the **importance of women having a voice in their own healthcare**. So we asked women across the province to tell us about their experiences. We listened to what women had to say via surveys, focus groups, consultations, and existing research.

WOMEN'S OVERALL HEALTH AND HEALTH PRIORITIES

While many women in BC rated their overall health as “excellent” or “very good” (42%), 15% rated it as “fair” or “poor”, and 25% rated their emotional health as “fair” or “poor” — particularly those under age 35.

A large proportion of women (43%) reported having a chronic condition that requires ongoing care, ranging from 20% of those 16-24 years of age, to 64% of those aged 65 and over.

Women most commonly reported chronic conditions (26%) as a top health concern, as well as access, preventative care, mental health, chronic pain, and reproductive health.

WOMEN'S EXPERIENCES WITH HEALTHCARE

Almost one third of women (31%) reported their needs were not being met by the healthcare system. Women with chronic conditions were 1.4

times more likely to say this. Women with no extended health benefits were also more likely to indicate they were receiving inadequate care.

Nearly one third (30%) also reported challenges accessing healthcare. This is despite living in a country where “persons must have reasonable and uniform access to insured health services, free of financial or other barriers”, according to the Canada Health Act.⁹

For younger women and Indigenous women, this situation was worse, with 34% of women aged 16-24 struggling to access healthcare, and 70% of Indigenous women under 45 reporting challenges. The most common reason women gave was **long wait times** (74%), followed by **no access to a family doctor** (45%).

Half of all women (51%) said they felt a physician had diminished their symptoms. This was more common among women under 45 (54%), women with chronic conditions (58%), and Indigenous women of all ages (60%). A variety of reasons were given as to why, including **communication challenges** or a **lack of empathy** from the healthcare provider, speculation that the healthcare provider was **overworked** or too busy, or because of **discrimination**. One in 11 of

those who reported being overlooked believed it happened simply **because they were a woman**.

Their voices make it clear: **Far too many women in British Columbia are dissatisfied with their healthcare**. No woman should feel dismissed or overlooked by her healthcare provider simply because she is a woman. Women in BC should have equitable access to the highest-quality healthcare when, where, and how they need it.



Almost 1/3 of women did not feel their needs are being treated effectively by the healthcare system.



Women with chronic conditions are **1.4x** more likely to report unmet healthcare needs.



30% of women reported challenges accessing the healthcare services they needed; **1 in 2 women** said they felt a physician had diminished or overlooked their symptoms.

A CLOSER LOOK

In addition to different healthcare needs existing between women and men, women themselves are unique. Ethnicity, culture, sexuality, ability, location, education, and income – all affect how women interact with the healthcare system. In this way, each woman's experience is as individual as she is.

In our research, women under 45, women over 45, and Indigenous women stood out as having notably different experiences. Additional research in BC demonstrates that marginalized populations and women in maternity care also have unique healthcare experiences.

WOMEN UNDER 45

We saw diversity across a woman's lifespan in terms of experiences. Younger women aged 16-45, who make up 19% of BC's population,¹⁰ reported greater difficulties getting the care they needed. More than one third of women (38%) under 45 indicated challenges accessing care, and 20% of women aged 16-24 cited the lack of a family doctor as the reason. More than half of women under 45 (54%) had symptoms diminished or overlooked by a practitioner.

IN HER WORDS:

"It took me three years to receive a Lyme Disease diagnosis. I was misdiagnosed by my doctor, and then dismissed by seven doctors after that, each only recommending anti-anxiety medication. I knew deep down there was something seriously wrong, and I'm glad I didn't give up on finding answers."

Overall, younger women rated their emotional health lower than mature women did (34% rated it "fair" or "poor"), and when asked about their top health priority, one in 10 young women said it was mental health. This parallels Canadian data which shows the incidence of depression to be significant among young women, with rates highest among those aged 15-24.¹¹

Additionally, 14% of young women cited reproductive health as a top concern. Across Canada, nearly half of all pregnancies are unintended,¹² which can drastically affect a woman's mental and physical well-being.¹³ Unplanned pregnancies can impact multiple generations, by limiting education and employment opportunities, and affecting family finances through childcare and other costs.

WOMEN OVER 45

Mature women, those over the age of 45, compose 25% of BC's population¹⁴ and reported a higher proportion of chronic health conditions (54%), with that number growing to 64% for those over age 65. National data confirms that while women tend to live longer than men, they are more likely to experience a number of chronic health conditions.¹⁵

While mature women reported better access to healthcare than younger women, 56% of those aged 45-54 reported receiving less-than-quality care, and 59% said they had symptoms overlooked by a healthcare

provider. Healthcare providers who were too busy or had no interest in listening to the woman's concerns were the most common reasons. Some mature women suggested they were dismissed when presenting symptoms that could be associated with menstruation or menopause.

IN HER WORDS:

"My doctor told me I was too young for menopause. But I knew what I was experiencing wasn't normal – the sore breasts, sleep deprivation, moments of rage. I felt dismissed, like it was all in my head."

A number of women highlighted the additional burden of caregiving responsibilities. Women aged 45 and older comprise 51% of the country's family caregiver population,¹⁶ and caregiving is known to have significant impacts on health.



1 in 3 young women struggled to access the healthcare they needed; 1 in 3 young women rated their emotional health as "fair" or "poor."



3 in 5 mature women reported having had their symptoms diminished or overlooked by a healthcare professional.

INDIGENOUS WOMEN

Indigenous women rated their overall health, emotional health, and their experience with the healthcare system, lower than non-Indigenous women. More than one-quarter (26%) of Indigenous women said their health was “fair” or “poor”; 33% described their emotional health as “poor”; 54% reported chronic healthcare issues; and 43% did not feel their needs were being met.

Further, 83% of young Indigenous women aged 16-24 reported challenges accessing the medical services they needed.

Both the attitude of the healthcare provider and feeling their health concerns were ignored were key reasons reported by Indigenous women as to why the healthcare system was not meeting their needs. Many Indigenous women have experienced high levels of racism with practitioners making assumptions about their life experiences — an illustration of the ongoing impacts of colonization.

IN HER WORDS:

“I have recurring pancreatitis. They stigmatized me as an alcoholic, but I don’t drink. I was hospitalized, my levels went up while I was in the hospital, and then they apologized for accusing me of drinking.”

Previous and ongoing traumas, and whether care feels safe, are also contributing factors. Because of negative experiences related to the impacts of colonization, many Indigenous women do not trust healthcare providers.

IN HER WORDS:

“I know many elders who will absolutely refuse to go to health-care. They [would] rather die than access care... this is because of their past trauma.”

Many Indigenous youth have anxiety and depression, and struggle to find mental health services. One focus group participant shared how hard it was to get help and how that could quickly spiral into negative coping responses.

IN HER WORDS:

“If someone was suicidal you could take them to emergency in Prince George, but there’s only six beds, you can never get them in the door, lots of them are walking around in community, danger to self and others and undiagnosed, and families are stressed. You can’t get a proper diagnosis and can’t get them on proper meds, so they go to alcohol and drugs to quiet the noise and cope.”

Indigenous women spoke about the challenges of providing for themselves and their children on limited incomes.

IN HER WORDS:

“Affordability is a big thing because I’ve had to choose between medication for the baby and food. I’ve had to go without medication to have food in the house.”

While the perspectives of Indigenous women across the province represent clear healthcare inequities, the focus groups also highlighted the resiliency of Indigenous women who shared their stories with the hope the situation will improve.



83% of young Indigenous women aged 16-24 reported challenges accessing the medical care they needed.



1/3 of Indigenous women rate their emotional health as “poor.”

ADDITIONAL PERSPECTIVES

Some populations have additional obstacles to accessing healthcare, such as women living in rural and remote areas, those with language barriers, a lack of finances or extended health benefits, a history of trauma or violence, mental health issues, or those living with HIV/AIDS. These perspectives reveal gaps in healthcare and often speak to wider systemic issues.

IMMIGRANT WOMEN

Research on newcomer immigrant women by the BC Women's Hospital + Health Centre highlights that this population experiences a decline in health over time and may under-report their healthcare needs.¹⁷ In order to access services, these women must learn how to navigate the healthcare system in BC, be able to communicate their concerns, and have the resources to access care and social supports.

IN HER WORDS:

"I have a family doctor but I worry because English is my second language, so I have difficulties describing my symptoms and where they are occurring on my body. So if I got in an accident or if I got very ill, I worry about how to explain this to the doctor."¹⁸

Refugee women may have come to Canada from war-torn countries and have experiences of trauma and abuse that pose significant challenges to accessing and accepting healthcare.

IN HER WORDS:

"It affects you mentally. It affects you physically. When they come here, everything is changed. The air we need, the water, and the basic things have changed. That itself will have [a] bad effect on the body."¹⁹

WOMEN LIVING WITH HIV/AIDS

Research on women living with HIV/AIDS in BC indicates inequity accessing the necessary treatment remains, due in part to the fact that services are mostly located in urban centres, women's diverse identities, and marginalization related to stigma surrounding HIV/AIDS.²⁰

IN HER WORDS:

"I can tell you from being a heterosexual woman, you end up with a huge stigma and there is a barrier to getting support...because you don't fit into any cubby hole...I think for a couple reasons you isolate more, so you back yourself off even more, and you hide it even more."²¹

WOMEN IN MATERNITY CARE

Research conducted with more than 4,000 women in BC showed one in five struggled to find a doctor or midwife for their maternity care.²² The main reasons were no midwives or doctors that deliver babies in the community, and midwives and doctors not accepting new clients.

IN HER WORDS:

"Our current system, specifically in more remote regions, is severely lacking in this regard. A pregnant woman should never feel 'lucky' to have 'at least' found a doctor."

Women from certain populations, such as recent immigrants, refugees, or those with a history of incarceration, homelessness, poverty, or substance use, were almost twice as likely to report they were not able to access maternal care (37% versus 20%).

In many rural communities, women have to travel to access birthing services, more than 4% of respondents had to travel more than 60 minutes for care during labour.

IN HER WORDS:

"During my last pregnancy, I spent seven nights in hotels waiting for my labour to begin, as I live two hours away from a community that offers birthing services."

Research²³ has shown that having to give birth in a different community causes a sense of separation and financial burdens,²⁴ as well as high levels of stress. These consequences can be especially severe in Indigenous communities, where birth is historically a community event. A lack of local access to maternity care has been linked to increases in complications and infant mortality.²⁵



Immigrant women experience a **decline in health** over time and may under-report their healthcare needs.



1 in 5 women struggled to find a doctor or midwife to care for them during pregnancy.

HAVE THINGS IMPROVED?

There are signs of change in women's healthcare, but the question remains: Is this enough to bring gender equity to the system?

SIGNS OF POSITIVE CHANGE

Greater governmental focus on gender equity, federally with the creation of the Department for Women and Gender Equality, and provincially with the appointment of a Parliamentary Secretary on Gender Equity.

Promising developments in **funding organizations**, such as the Michael Smith Foundation for Health Research, which is fostering greater gender equity in their programs. In addition, the Canadian Institutes of Health Research (CIHR) has recommended the inclusion of sex and gender in its funded studies and has announced a number of new grants in women's health research.

Increased **focus on gender differences for specific diseases**, such as campaigns by the Heart and Stroke Foundation of Canada, which highlight women-specific disease risk factors, prevention, symptoms, and diagnosis.

Significant progress in women's health research, for example, studies of cervical cancer in BC has informed national and international guidelines on prevention, and has created an innovative screening program that saves women's lives.

Continued government investment in BC Women's Hospital, western Canada's only dedicated women's hospital. With over 40 world-class clinics and over 80,000 clinical visits annually, it supports the unique healthcare needs of women across all life stages.

BUT THESE DEVELOPMENTS ARE NOT ENOUGH.

Sadly, **the story represented in this report is not new.** Inequities occur across many aspects of women's lives, including employment remuneration, harassment, domestic violence, and sexual assault. Twenty-four years ago, a BC survey highlighted a similar picture of health discrepancies for women in our province, including barriers to access and women's health concerns not being legitimized.²⁶

Women's health research is still drastically underfunded. More than 85% of top Canadian university-affiliated, hospital-based research institute professors are men.²⁷ In 2016, mid-career women investigators were half as likely to receive CIHR funding as their male counterparts.²⁸

Furthermore, when it comes to health research funding, there are no mandated requirements to separate data for publication, to determine why there may be differences between sex and gender, or to understand what this might mean for diagnosis or treatment.

Similar to the need to bring equity to the 22.6% pay gap²⁹ for women in BC, **incremental change will not deliver results** to address the inequities in women's health in our lifetimes. Until we make significant commitments to women's health, we will not move the needle. **We need transformational change.**



WHAT'S NEXT?

Women deserve equity in their healthcare experiences and it will take **steadfast commitment to make this happen**. We have opportunities to make a difference now in the lives of women in BC — our friends, partners, sisters, mothers, and daughters.

WHAT IS BC WOMEN'S HEALTH FOUNDATION DOING?

Our vision at the BC Women's Health Foundation is to ensure all women in BC have equitable access to the highest-quality healthcare when, where, and how they need it.

At the BC Women's Health Foundation, we bridge the gap between what governments provide and what women need.

Our donors fund programs, equipment, resources, and health information for women and the public through our investment in facilities, equipment, and programs at BC Women's Hospital + Health Centre to match their world-class model of care.

We ensure women and their health needs are validated through the funding of solutions-focused research and innovation at the Women's Health Research Institute (WHRI).

We facilitate discussion to help women understand how their bodies are different, how to advocate for themselves, and how to navigate the healthcare system.

We galvanize voices to inspire government and stakeholders to facilitate transformational investment in equitable healthcare and research, allowing for change in policy and practice.

ACKNOWLEDGEMENTS

The BC Women's Health Foundation would like to thank contributors to this report, including:

The many women who shared their experiences through the online survey, consultations and story collations.

Mustel Group, which delivered high-quality research insights into the experiences of women throughout the province.

Reciprocal Consulting, an Aboriginal-run firm that ensured Indigenous women were surveyed in a culturally safe, trauma-informed manner and were engaged in participatory consultation throughout the process.

The Birth Place Lab at UBC, which strives to ensure respectful and equitable maternity and childbirth care.

Staff members at BC Women's Hospital + Health Centre, who are dedicated to delivering best practices in caring for the health and well-being of women in BC.

Staff and researchers at the Women's Health Research Institute, who are making unrelenting strides to drive developments for women's health policy and practice.

Members of the Board of Directors and the staff at the BC Women's Health Foundation, who work tirelessly to inspire transformational investment in women's health.

And donors to the BC Women's Health Foundation, who are improving the health of women through their dedication and generosity.

DATA SOURCES

The survey of women across BC was conducted by Mustel Group. A total of 1,000 women aged 16 and up completed an online survey in November 2018. The results were weighted in accordance with Statistics Canada census data. Methodologies and data were analyzed with the support of the WHRI to ensure accuracy.

Qualitative consultations with Indigenous women were performed by Reciprocal Consulting to understand the experiences of Indigenous women in accessing healthcare. Ten focus groups were conducted across all five regions of BC, with a total of 62 Indigenous participants. Discussions were facilitated by two women researchers. All transcriptions, including quotes, were validated by the women present in a collaborative documenting process and all women provided their consent for material to be used. Summaries of each discussion have been shared directly with communities.

Research on maternity access and experiences in BC was conducted by the Birth Place Lab at the University of British Columbia in partnership with Perinatal Services BC, and published as *Changing Childbirth in British Columbia*. This community-based research examined the experience and outcomes of maternity care in BC through a survey of 4,083 women and 20 focus groups in 2014. Consent was provided by the Birth Place Lab to use data and quotes.

Research regarding newcomer immigrant women was conducted

by BC Women's Hospital + Health Centre. Five group interviews were conducted in November and December of 2013 with newcomer immigrant women in four languages. Results were published in a report, *Addressing Newcomer Immigrant Women's Health Needs and Experiences in the Context of Settlement in British Columbia*; a booklet, *Bridging Settlement and Health: Supporting Newcomer Immigrant Women's Health in British Columbia*; and a health information video, *Getting Started: An Introduction to Health Care in British Columbia for Newcomer Immigrant Women*. Fact sheets were also generated and are available at bcwomens.ca. Consent was provided by BC Women's Hospital + Health Centre to use data and quotes.

Supplementary academic literature was obtained through literature reviews of health research databases and through consultations with women's health researchers and clinicians.

REFERENCES

Available at inherwords.ca/references

RECOMMENDED CITATION

In Her Words: Women's Experience with the Healthcare System in British Columbia

BC Women's Health Foundation, October 2019

For support interpreting or using this report please complete the contact form at: <https://www.bcwomensfoundation.org/contact/>.

WHAT CAN YOU DO?

As **donors** to the BC Women's Health Foundation, support the work we do to ensure all women in BC have access to the highest-quality healthcare when, where, and how they need it.

As **followers and influencers**, share women's health stories, and speak to your networks about the future you'd want to see for our healthcare system.

As **healthcare providers**, practice non-judgemental support, and continue to educate yourself on unconscious bias so you can provide the best possible healthcare.

As **health researchers**, go beyond including sex and gender. Determine why there may be differences, investigate implications, and collaborate with knowledge brokers so your findings translate into meaningful change.

As **academic institutions**, recognize the importance of women's health with your staff and in your syllabi by delivering training on sex and gender, historic biases, and present-day implications.

As **funders, including provincial and federal governments**, invest in women's health policy, clinical services and research — increasing capacity at all levels of the system.

As **employers**, recognize women's unique health needs in your workplace environment, policies and benefits' packages.

As **media**, raise awareness through the publication of women's health stories and question the consideration of sex and gender in journalistic endeavours.

And as a **woman**, share your experiences. The more we talk about health inequities, the more it will become an issue that can't be ignored.

