



# overview

## **The Need for Action on Women's Health: Women's Health Fact Sheets**

May 2000

# Women's Health Fact Sheet

## Future Trends

### Background

- In Canada, 4,000 women reach menopause every day.
- Within 10 years, 40% of women will be over the age of 45 and entering menopause.
- After menopause women face higher risk of heart disease, osteoporosis, and brittle bone disease.
- A recent North American study indicates that at least two-thirds of women do not understand the possible health effects associated with hormonal change.
- Women tend to be greater users of the health care system because they live longer and more often in poorer economic situations than men.
- Women comprise a larger proportion of the seniors population than men (57% for 65 years and older, 60% of those 75-84 years old and 70% of those 85 and older).
- Statistics Canada indicates that 18.2% of all women live in poverty. The figures for senior women jump to 24% for 65 years and older and for single senior women as high as 49%. By comparison only 12% of senior men and 33% of single senior men live in poverty.
- More than two-thirds (67%) of people receiving home care are women.
- Senior women are more likely than men to: suffer a serious injury (7% versus 4%); be hospitalized for a longer period of time (23 days/visit to 17 days/visit); and suffer chronic pain.
- Senior women are far more likely to live in an institution (retirement residences, nursing homes, and hospitals) than men.
- The funding of women's health education is approximately 3% of most provincial budgets.

## Recommendations

- Immediately restore federal health care funding. Institute a national program of health education for women.
- Stop the creeping privatization of health care. Given the high proportion of women living in poverty increased privatization will reduce their access to health care services.
- Improve the quality and quantity of long-term care. Women rely on long-term care services more than men and as such it is of high importance to them that a publicly-funded accessible system is in place. There is also an urgent need to end the quilt of provincial government standards within and across provinces and set national standards of care across the country.
- Include home care services under the *Canada Health Act*. Just as long-term care makes sense as a way to better deliver care to hundreds of thousands of Canadians, home care must be an equal part of the equation. Adding home care to Medicare is the most cost-effective and compassionate public policy response to the reality of an aging population.
- Pharmacare must be part of the *Canada Health Act*. The share of health care dollars spent on prescription drugs is growing each year and as it does, the level of health care disparity grows with it. Women are far more likely than men to both require prescriptions and less able to afford their medication.

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## Lung Cancer

### Background

- More women in Canada die from lung cancer than any other form of cancer.
- While the incidence of lung cancer among women has been historically lower than men, it has seen a significant increase over the past three decades.
- Older women who smoke are more than 2.3 times as likely to get lung cancer than older men.
- Whereas male incidence and mortality rates have been declining over the past decade female incidence and mortality rates have increased. On average lung cancer rates have been going up about 3.4% per year since 1985 among women.
- But when considering the actual age-adjusted incidence for lung cancer the rate has gone up 60% among women.
- Ninety percent of lung cancers are related to the use of tobacco products.
- Current lung cancer rates are largely a reflection of the smoking patterns observed 20 years ago. Declining male rates of lung cancer is related to past reductions in male smokers.
- While the number of women smoking never reached the same levels as men there was a marked increase in the prevalence of female smokers during the 1950s, 60s and 70s. It is expected that the incidence of lung cancer among women will continue to reflect this fact and hence increase for the next decade.
- After a small decline in female prevalence during the 1980s, currently we are seeing dramatic increases in the numbers of young people, especially women, smoking. Among teenagers there are more girls smoking than boys.
- Occupational exposure to airborne toxins is related to the incidence of lung cancer. In female dominated professions this includes laboratory and hospital services workers with some evidence of domestic carcinogens.

- Cure rates are quite high for patients with localized tumours (greater than 70%). Unfortunately, localized tumours are a small proportion of lung cancers.
- Women's death rates from lung cancer have increased by 400% since the early 1970s.
- It is estimated that one in 21 women will develop lung cancer in her lifetime and one in 24 will die from it.
- The five year survival rate for both men and women with lung cancer is less than 10%.
- The Tobacco Act of 1997 restricted but did not ban advertising. Legislated restrictions on the sponsoring of events increases on October 1, 2000 but the ban on advertising has been extended until October 1, 2003.
- Since the passage of the Tobacco Act, companies have been spending MORE on cigarette advertising than they did prior to 1997.
- With no health warnings and with smoking advertising trends moving to 'lifestyle' action, today's ads could be viewed as worse than the ones presented by an unregulated industry in 1996.
- While Direct Health Care Costs dealing with health effects of tobacco use (primarily lung cancer) exceed both related effects of alcohol and drugs , spending on smoking prevention (government and other) is less than half of that allocated to drugs and less than one-tenth for alcohol.
- The evidence is clear – smoking decreases when the costs of purchasing cigarettes increases and where there is a clear public education program for prevention.

## **Recommendations**

- A national anti-smoking campaign should be adopted including:
  - Increased taxes on tobacco products including roll-your own.
  - A dramatic increase in spending on education programs focusing on young people and in particular teenage girls.
  - Improved enforcement of retail outlets selling tobacco products.

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## Breast Cancer

Among Canadian women Breast Cancer is the most frequently diagnosed form of cancer. While in recent years it has been surpassed by lung cancer as the leading cause of women dying from cancer, it remains a vitally important issue for women.

### Background Statistics

- It is estimated that nearly 19,000 women were diagnosed with breast cancer in 1999 with more than 50,000 dying from the disease.
- According to the National Cancer Institute of Canada, in 1995 breast cancer accounted for 97,000 years of potential life lost for Canadian women.
- Since 1984 incidence rates for Breast Cancer have increased steadily overall.
- One in nine women are expected to develop Breast Cancer over her lifetime.
- One out of every 25 women is expected to die from Breast Cancer.
- The risk of developing Breast Cancer increases dramatically with age – a woman's age being the most significant risk factor.
- Incidence rates for women under 50 have remained stable but rates for women over 50 have markedly increased.
- Primarily due to improved prevention and treatment measures, mortality rates for women with Breast Cancer have not significantly increased.
- Early detection of Breast Cancer through screening mammographies of women over 50 can reduce mortality rates by approximately 30%.

- Waiting time to receive treatment for Breast Cancer varies between provinces but can be approximated between 9-10 weeks.
  - Ontario 9.7 weeks
  - Quebec 8-16 weeks
  - Manitoba 6.3 weeks
  - Edmonton 9 weeks
  - British Columbia 12 to 16 weeks
- Lengthy delays in treatment seriously reduces the chances of successful treatment for Breast Cancer.
- The Canadian Association of Radiation Oncologists recommends that cancer patients receive treatment within four weeks of diagnosis.
- Canada's largest cancer treatment hospital is planning to have patients sign waivers if waiting on lengthy lists delays care. Other hospitals, concerned that patients might not be adequately informed about the health risks of long waiting lists, and their legal liability as a consequence, are considering requiring patients to sign waivers.
- Hospitals in several provinces have been sending patients to seek treatment in the United States. Since the spring of 1999, nearly 1,000 cancer patients in Quebec, Ontario and Manitoba have sought treatment in the U.S. The provinces of Alberta and British Columbia warn that they may need to do likewise.
- There has been a serious shortage of radiation therapists in most provinces. Despite vigorous recruiting programs in Ontario and Quebec, waiting lists for radiation therapy remain dangerously long.

## **Recommendations**

- Increased funding to the education of radiation therapists, including the approval of Canadian licenses to those trained in other countries.
- Increased funding to hospital services for cancer treatment.
- A national education program on the need for breast self-examination and mammographies.

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## HIV/AIDS

Initially the HIV/AIDS epidemic in Canada was primarily found among men who have sex with men (MSM). However, over the past ten years the incidence of HIV/AIDS has substantially grown in other segments of the population, most notably injection drug users (IDUs), male heterosexuals and women. A major concern regarding the HIV epidemic among women is the potential for transmission to their infants.

### Background

- Of 16,236 AIDS cases reported in Canada up to December 31, 1998, 1,218 (7.5%) were among women: 1,130 among adult women aged 15 years and over, and 88 among female children less than 15 years old.
- The total number of AIDS cases among adult women has grown from an average of less than 10 cases per year in the early 1980s to an average of 143 cases per year in 1995-97.
- The proportion of women with AIDS has increased from 6.3% of all AIDS cases before 1990, to 7.0% during 1990-1995, and 13% in 1996-98.
- The number of female AIDS cases attributed to injection drug use continues to increase, from 6.4% of AIDS cases before 1990, to 20% during 1990-95, and 28% in 1996-98.
- HIV infected pregnant women can transmit HIV to their infants. As of December 31, 1998, 145/181 (81%) of pediatric AIDS cases (among children 0-14 years of age) had been attributed to perinatal transmission.
- In Ontario, about 8% of new HIV positive test reports prior to 1995 were among women, and this increased to 16% in 1995, 17% in 1996 and 20% in 1997. Similarly, in B.C. women represented about 8% of all positive reports prior to 1995, 22% in 1995, 23.4% in 1996 and 19% in 1997.
- Prior to 1995, women represented 9% of all positive HIV test reports, that included gender identification, in Canada. During 1995, this figure doubled to 19% of all positive HIV test reports. Injection drug use as a risk factor accounted for 10.5% of new positive reports among women before 1995, and 20.5% in 1995.

- HIV prevalence studies among pregnant women indicate a rate in Canada of 3-4/10,000. The provincial rates range from 1.9/10,000 in Ontario to 8.7/10,000 in Newfoundland. Large metropolitan areas tend to have higher rates (4.7 for Vancouver versus 3.4 for the rest of B.C. in 1994, and 15.3 for Montreal versus 5.2 for the province of Quebec in 1990).
- Even those provinces without large metropolitan areas have significant rates (for example, 4.1/10,000 in New Brunswick for 1994-96) with Manitoba showing an increasing trend of HIV infection among women of childbearing age (from 0.7/10,000 in 1991 to 3.2/10,000 in 1994-1995).
- Age-specific death rates for women, aged 25-44 with HIV/AIDS, have gone from 0.4/100,000 in 1987 to 1.9/100,000 in 1994. As a result HIV/AIDS mortality among women appears to be approaching the levels associated with other leading causes of death in the 25-44 age group.
- While condom use has been demonstrated to reduce the risk of contracting HIV, women often lack the power within a relationship to insist on condom use or the resources to abandon relationships that put their health at risk.
- Despite the increase in HIV/AIDS among women, services to this group lag behind those available to other populations at risk.
- Recent research into microbicides, female controlled materials that decrease the risk of contracting HIV during sex, show a great deal of promise but pharmaceutical companies are not investing in research choosing instead more lucrative avenues. Currently there is no federal or provincial money going to support microbicide research.

## **Recommendations**

- The federal government should invest sufficient monies in the study of microbicides as a means of improving women's protecting themselves from HIV and AIDS.
- The federal government must urge the pharmaceutical companies to study the effects of microbicides.
- Funding for a national comprehensive AIDS prevention program focused on young women.

# Women's Health Fact Sheet

## Midwifery

One of the oldest health care professions historically provided by women, midwifery underwent a long period of being excluded by the health care establishment. Over the past 20 years community based activists have regained much of this ground but there still remains much that needs to be done. Midwifery can be an important and valuable component of home care services provided by the public sector.

### Background

- Dramatic changes to the provision of women's health care in Canada brought on by funding cuts and restructuring.
- Recently steps being made to integrate midwifery into the health care system.
- In the 1970s Canada had the dubious distinction of being the only developed nation to not have formal provisions for midwifery care.
- In 1993, Ontario fully integrated midwifery into the government funded system.
- The provision of midwife services in Canada varies from province to province. For example, in Alberta midwives are registered and certified, but their services are not funded by the Alberta health care system. Midwives in Alberta do not have hospital privileges, which means they may attend hospital births only as a "companion" of the mother. The fee for midwife services in Alberta varies by region and practice, but well over \$1,000 is typical.
- Legislation to integrate midwifery has recently been enacted in Alberta, British Columbia, Manitoba and Quebec, with the matter under study in the other provinces.
- The number of practicing midwives has subsequently expanded greatly. In Ontario there were a little more than 60 in 1994 and recent statistics indicate that there were over 120 in 1998.
- The proportion of births attended to by midwives has similarly increased from 1,800 to 3,368 over the same period.

- A majority of these births take place in a hospital setting as midwives are more able to admit and discharge patients – providing improved continuity of care and choice of birthplace.
- Midwifery has been shown to provide safe care for uncomplicated pregnancies and births.
- Midwifery care has been demonstrated to improve birth outcomes and reduce the number of premature and low-birth weight babies.
- Midwifery is a practical and cost-effective means of providing care for uncomplicated pregnancies and births.
- Midwifery services can include: adolescent and well-woman gynecological care; maternal health care, including prenatal education and counselling; prenatal, intrapartum and postpartum care; continuous support during labour; supervision and assistance during childbirth; breast feeding counselling; parenting education; care of the newborn; family planning counselling.

### **Recommendations**

- A national publicly funded Midwifery program could considerably relieve the stress on the acute care system while increasing the range of women's health care options.
- Midwifery should, along with Home Care, be added to the *Canada Health Act*.
- Increased funding for midwife training in Canada.

# Women's Health Fact Sheet

## Heart Disease

- In Canada seven times more women die from heart disease than from Breast Cancer.
- Yet 60% of women believe that Breast Cancer is the leading cause of death versus 17% who identify heart disease.
- Nearly 41% of all deaths of Canadian women are caused by heart disease as opposed to only 37% of men.
- Studies indicate that few women recognize the warning signs of heart disease. This in turn results in a small proportion of women at risk who consult with their physicians.
- In the case of heart diseases like Angina, women will often attribute their symptoms to being overworked and tired. An even greater number of women do not acknowledge the seriousness of their symptoms and will resort to various alternative coping mechanisms and self-treatments.
- At the University of Ottawa's Heart Institute the proportion of patients who are women has risen from 7% in 1972 to more than 30% in 1997.
- Once diagnosed with a coronary disease women are more likely to die from it than a man and less likely to survive surgery.
- In 1993, the direct costs for treating Canadian women with heart disease was \$725 million, and \$777 million for stroke.
- Even though a woman's symptoms for heart disease can be radically different than a man's there is little research being done on the issue.
- Very few physicians recognize the symptoms of heart disease in women. In fact, a high percentage of women indicate that their family physician did not take their concerns about heart disease and stroke seriously. Furthermore, a physician is far less likely to provide a detailed explanation of the disease to a female patient than a male.
- Surveys indicate that 58% of women place their families' health ahead of their own.

- Few women are aware of or take the necessary steps to reduce their controllable risk factors. Most worrisome is that young women are actively adopting many high risk behaviours, most notably smoking, which threatens to reverse the gains made over the past decades. Studies have found that only 51% of Canadian women, aged 18-74 years, identify smoking as a risk factor, with only 19% identifying high blood pressure and 28% elevated cholesterol.
- Some female segments of the population, as a consequence of poverty and lack of education, experience higher mortality rates than the general population of women. For example aboriginal women experience the highest death rate from ischemic heart disease and stroke in Canada.

### **Recommendations**

- The federal government should fund and initiate a public education campaign on women's high risk behaviours, which is targeted at multiple sectors of our society. In particular the focus should be on:
  - young women to prevent future heart disease and stroke;
  - aboriginal women; and
  - health professionals.
- There is an urgent need for research in the area of heart disease and stroke among women. Even modest levels of investment can result in large rewards with regards to women's health and reduced costs to the health care system.