



AWARENESS TO ACTION



A Health Strategy for Women and Islanders Who Are Gender Diverse 2022-2027

Department of
Health and Wellness

Awareness to Action will shape work **over the next five years - 2022 to 2027** to **improve the health and wellbeing of** women and Islanders who are gender diverse.

The Strategy identifies principles, priority areas, initiatives, indicators and a governance model. It is intended to have impact across multiple settings and demographic groups.

The Strategy was informed by extensive engagement activities as part of a larger information gathering process.

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Endorsement from Minister

This Strategy represents an effort to reach out to Islanders who may have found themselves overlooked or underserved by traditional approaches to service delivery in Prince Edward Island, including health service delivery.

For years, our public services have fallen into patterns that did not recognize the true diversity of the people who come through the door.

In preparing this Strategy, staff of the Department of Health and Wellness reached out to women and to gender diverse residents of Prince Edward Island to: learn from their experiences, hear about their needs, understand what is and isn't working in our health system, hear about services that impact their overall wellbeing and identify solutions.



Through engagement activities with women's groups, Indigenous Peoples, people identifying as 2SLGBTQIA+, members of BIPOC communities, researchers and many others, we have learned of the experiences within health care and other public settings, and of the strengths and weaknesses of services within PEI.

The authors of this Strategy have strived to remain open to both suggestions and criticisms and to come forward with recommendations that will improve how health care and other public services that impact a person's overall health and wellbeing deals with every individual regardless of their gender.

I want to thank the authors of this Strategy for their work, and I want to thank staff and the members of the public who took the time to meet with our team and to share their insights and stories.

The goals of the Strategy are forward-thinking and the work is being undertaken in a dynamic and evolving context. During its five-year span, progress will be monitored, and the Strategy will be adapted and refined as needed. Upon its completion, new targets will be set and further actions will be taken to promote the health and wellbeing of women and Islanders who are gender diverse.

This Strategy represents the next steps toward a more welcoming, responsive and accessible health care system for women and Islanders who are gender diverse.

A handwritten signature in black ink, appearing to read "Ernie Hudson".

Ernie Hudson, Minister
Department of Health and Wellness

Steering Committee members include:

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Deborah Bradley, Assistant Deputy Minister, Health and Wellness

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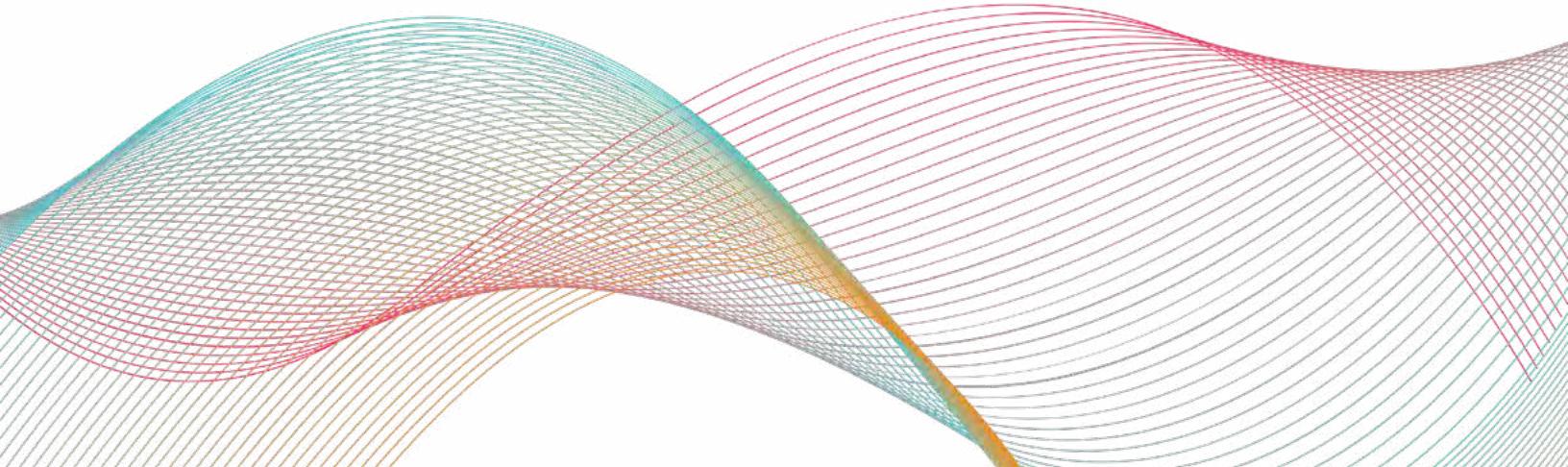
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We would also like to thank former Steering Committee members for their contributions, including Dr. Krista Cassell, Maria MacAulay, Sherri MacKinnon, Dr. Katherine McNally, Rachelle Pike, Carol Sellar



Strategy Overview

SUMMARY: Awareness to Action will shape work over the next five years – 2022 to 2027 – to improve the health and wellbeing of women and Islanders who are gender diverse.

DEVELOPMENT PROCESS: Multi-sectoral Steering Committee oversaw extensive information gathering and engagement process to identify priorities.

GOAL: Optimal health and wellbeing for women and Islanders who are gender diverse, at every stage of their lives.

PRINCIPLES

Equity: Changes will be designed to contribute to health equity.

Evidence-informed: We will use the best available research, data, and knowledge from lived experience and practice to guide the design and implementation of initiatives under this Strategy.

Cultural Safety and Humility: All spaces must make women and people who are gender diverse feel welcomed, accepted, respected and safe.

Awareness: Understanding of people's life situations, social determinants, and identities will help meet needs as fully and equitably as possible.

Diversity of Voices: There must be deep and ongoing involvement by a broad range of partners, including those with lived health experience, experts, and community organizations.

Whole Person Approach: Services must be designed to consider the whole person.

Confidentiality: Information will be treated in an ethical, confidential manner.

Safety: Women and people who are gender diverse, as well as care providers, should feel safe when accessing/ providing services.

PRIORITY AREAS AND INITIATIVES

Create Welcoming Settings

Apply a Gender and Diversity Analysis lens to programs, services, and policies. Embed cultural safety and trauma-informed practices to create safe, welcoming spaces.

Expand Available, Accessible Services

Expand supports for reproductive and pelvic floor health.
Expand access to gender affirming care.
Expand gender sensitive supports for mental health.

Integrate and Coordinate Services

Reorganize services into a community of excellence to create an integrated model of care.

Build and Share Knowledge

Establish a Women and Gender Research Network to enhance collaboration, generate locally relevant evidence, and integrate data collection and analysis into the Strategy.

SAMPLE INDICATORS

Changes to policies, programs and services as a result of GDA

Clients perceive less stigma and bias

Women and gender diverse people accessing services that meet needs

Improved health outcomes

Increased integration of health care services for women and people who are gender diverse

Initiatives designed using evidence related to sex and gender

Number of collaborative, cross-sectoral, multi-disciplinary, community-based participatory research initiatives

GOVERNANCE An Implementation Council with members from government, health services, community partners and the public will oversee the implementation of the Strategy, monitor and evaluate progress, engage with stakeholders, link with other work, and report to the public.

Think about little incremental steps; start with the right information and open the door for discussion.

- (Focus group participant)

Let's consider mental and physical health, and do better.

- (Survey respondent)

Compassion is at the root.

- (Focus group participant)





CONTEXT

To achieve the goal of health and wellbeing for all Islanders, our health system must recognize and understand the varied forces influencing the health of individuals and groups, and respond to their distinct needs. Research from across Canada and on Prince Edward Island indicates that women and people who are gender diverse experience inequities and differences with regard to health outcomes, interactions with health care services and professionals, and experiences with other social services that impact health and wellness. Many of these inequities have been exacerbated by the global COVID-19 pandemic.

This five-year Strategy aims to address those challenges in order to improve the health and well-being of women and Islanders who are gender diverse. Throughout this document the term ‘women’ is used. It is meant to be inclusive of all women (cisgender and transgender) throughout their lifespan. The term ‘gender diverse’ is used as an umbrella term for individuals whose gender identity is different from their assigned sex at birth. The Strategy sets out measures to make health care settings and services more welcoming and culturally sensitive; to strengthen services that meet the health needs unique to these two populations; to build better, more navigable

pathways to health services and care; and to carry out research on how health services can better contribute to the health of women and Islanders who are gender diverse. It also sets out indicators to measure progress and a governance approach to support further improvement during and after the Strategy.

Language is important and how you ask questions.

- (Key informant interview participant)

To achieve optimal care and outcomes, services and settings must be welcoming, and aware of and sensitive to the factors and forces shaping people’s health. Stigma can deter women and people who are gender diverse from seeking services, and bias and lack of awareness can negatively influence the availability, nature and quality of treatment and services provided. These challenges may be compounded for Islanders who are Black, Indigenous, or people of colour. This Strategy sets out measures to make services and settings across PEI more welcoming, gender sensitive, trauma-informed, and culturally safe.

Some health needs and services are unique to women and people who are gender diverse, including services

related to women's sexual and reproductive health, and to gender-affirming services for Islanders. Much progress has been made in recent years to expand and integrate those services. Examples of work within Health PEI include the Women's Wellness Program and Sexual Health Services, Obstetrics and Gynecological Services, PEI Breast Screening Program, the Provincial Cervical Cancer Screening Program, and the Gender-Affirming Clinic temporarily funded at the Four Neighbourhoods Centre. This Strategy proposes a number of additional measures to meet health care needs specific to women and Islanders who are gender diverse.

Not being understood is huge barrier.

- (Key informant interview participant)

For optimal health and well-being, Islanders must be able to access the right services or combination of services at the right time. Women and Islanders who are gender diverse face some particular challenges in this regard. They may face more barriers or different barriers to access than men and Islanders who are cisgender respectively. They may also have more complex and multifaceted needs due to external social determinants and/or intersectionality factors.

This Strategy proposes initiatives to expand specialized supports and to create better pathways and navigation

supports to ensure accessibility of both specialized and universal services.

More broadly, recognition is growing that all health services can provide better care and achieve better outcomes if they are aware of and responsive to the impacts of sex and gender differences on both health and illness. Women have differing incidences and patterns of disease than men. These may arise from physiological differences in how diseases manifest, such as cancer, heart disease, and aging, and/or from socially constructed differences in life course and circumstances. Islanders who are gender diverse also face such factors, as well as additional pressures including discrimination, bias and stigma. More recently, there is growing awareness that intersectionality – overlapping social identities and the related systems of oppression, domination and/or discrimination – has major impacts on health and well-being. These factors, and their consequences, are explored in a companion document to this Strategy.

No one is looking at the big picture.

- (Key informant interview participant)

This Strategy proposes research to strengthen the evidence base, to better understand those forces, and to generate findings that can contribute to more responsive, person-centred care throughout various health services and settings.

Women's Wellness Program

pandemic has necessitated the temporary closure of the travel clinics in Souris, O'Leary and Alberton as well as the after-hours clinics.)

Reproductive health services include initial fertility assessment for couples without a primary care provider; prenatal care for individuals without a primary care provider; menopause counselling and care for individuals without a primary care provider; maternal (perinatal and postpartum) mental health services; pregnancy loss counselling; and pap/pelvic exams. Sexual health services include sexual health education and counselling; sexually transmitted infection screening and treatment; birth control counselling and prescriptions; pregnancy counselling, testing and support; and medical and surgical abortions. The program staff also works to foster better public understanding of sexual and reproductive health through presentations at libraries, junior highs, and community organizations.

Launched in 2017, the Women's Wellness Program provides person-centred reproductive care to women and sexual health services to Islanders of all genders, ages, and orientations, on a self-referral basis. The program began in Charlottetown and Summerside, and includes travel clinics in Eastern and Western PEI. (The COVID

The areas to be addressed by the Strategy are wholly or partially within the control of the health system. It is well understood, however, that the health system is only one contributor, and not the largest, to the health of Islanders.

Addressing issues of stigma, transphobia, access and timeliness are core issues.

- (Key informant interview participant)

Canada's decades of policy leadership have built recognition that the social determinants of health, taken together, have a far greater influence. More recently, awareness is growing of the additional or compounding impact of intersectionality. External factors such as poverty, early childhood experiences, education, living environment, and others interact with individuals' life circumstances to shape their health and wellbeing, for better or for worse.

Although direct responsibility for many of the social determinants of health falls to other sectors of government, the health system can make an important contribution by leveraging its valuable knowledge to provide insight and direction to other social and economic sectors and initiatives seeking to improve the social determinants of health. This Strategy establishes linkages and governance approaches to enable the health system to share its knowledge about the factors

shaping the health and needs of women and Islanders who are gender diverse with other departments and organizations. In this regard, the *Health Strategy for Women and Islanders Who Are Gender Diverse* builds on a strong foundation of existing work and capacity. Within government, examples include a wide range of work from the Interministerial Women's Secretariat, the Public Service Commission's Diversity Policy, and the Department of Agriculture and Land's Gender and Diversity Policy.

Agencies such as the Office of the Child and Youth Advocate and the Human Rights Commission help to create environments that support positive change for women and people who are gender diverse across the lifespan.

Outside government, many dedicated and effective community organizations are working to improve the health and wellbeing of women and people who are gender diverse – including the Aboriginal Women's Association, Actions Femmes, Advisory Council on the Status of Women, Blooming House, Chief Mary Bernard Women's Shelter, East Prince Women's Information Centre, Family Violence Prevention Services, PEERS Alliance, Rape and Sexual Assault Centre, Transgender Network and PEI Women's Network. Their voices have helped to shape this Strategy, and will continue to provide valued direction as it is implemented.

Preventing Cervical Cancer

1990s, to less than five in recent years. The human papillomavirus (HPV) plays a role in almost 80% of cervical cancer, the fourth most common reproductive cancer in women, as well as a number of other cancers and health conditions. In 2007, PEI introduced free vaccination for girls, and in 2013 expanded it to boys. Today, Gardasil is offered to all children in Grade Six and to adults in several risk categories – one of Canada's strongest programs.

Cervical screening with Pap tests also has a major impact, identifying abnormal changes in cells that may lead to cancer. Early detection can help prevent cervical cancer and improve chances for successful treatment and recovery. In recent years, PEI has expanded access to cervical screening in communities across PEI. Women can access testing through their primary care provider, or can self-refer to Pap clinics across PEI by calling 1-888-561-2233 or requesting an appointment online. Additionally, Pap testing is offered through the Women's Wellness Program and Sexual Health Services and Dr. Christine Hoffman's Women's Clinic. Further enhancements are planned later in 2022 via a change in testing, using an HPV approach to generate results that are faster, more sensitive and more accurate.

HOW WE GOT HERE

The Health Strategy for Women and Islanders Who Are Gender Diverse was developed through extensive engagement – workshops, focus groups, key informant interviews, surveys – with Prince Edward Island community leaders, experts, health professionals, advocacy groups, and individuals. This engagement has enabled this Strategy to identify best practices and to incorporate the advice, expertise, lived experiences, and concerns of women and people who are gender diverse, health care professionals, and community service providers.

The work began in the fall of 2020 with the establishment of a Steering Committee with representation from health and diversity policy makers, health clinicians and practitioners, university researchers, and community advocacy and service groups. Research was carried out in early 2021, yielding a review of strategies and research on the health of women and people who are gender diverse, in the context of the social determinants of health. This research made it clear that this work is breaking new ground: to date, only two other Canadian provinces, BC, and Manitoba, have created women's health strategies, and no other province has released a strategy on the health of its citizens who are gender diverse.

The research formed the foundation of a progressively broader, multi-step engagement process. The work began with a first phase during the summer of 2021, to profile current health services and approaches for women and Islanders who are gender diverse and to begin identifying gaps. Key informant interviews were conducted with representatives of a range of health services to women and Islanders who are gender diverse. To gain further insight, focus groups were held with staff of the Women's Wellness Program and Sexual Health Services and of the Charlottetown Obstetrics and Gynecology Office. In addition, two workshops were held, drawing together policy makers, care providers, and community organizations:

- The first workshop, on July 21, 2021, reviewed the information gathered on stigma and navigation, and explored opportunities to address issues identified by the work.
- The second workshop, on September 10, 2021, considered the data and research gathered to that point, identified gaps, and discussed ways to address those gaps.

This phase provided insight into which areas of services were seen as working well for women and Islanders who are gender diverse and which areas were

perceived to be posing challenges for those client groups and/or service providers. As well, it yielded a number of potential solutions and directions for change.

We need more communication and education regarding new service models, scope of practice, gender inequities and access starting now and in plain language.

- (Key informant interview participant)

In the fall of 2021, a second phase of engagement was held to gather input from other sectors of government and from community organizations representing women, people who are gender diverse, and Islanders with intersectional identities. Through key informant interviews and focus groups, insights were gained into the overlapping issues faced by youth, seniors, Islanders who are Indigenous or racialized, mothers, persons with disabilities, newcomers, and Islanders who are 2SLGBTQIA+.

This second phase also included two online surveys of the public and of service providers during the fall of 2021. The public survey garnered 677 responses from women and 62 replies from people who are gender diverse. This survey was complemented by a second online survey of service providers, which drew 217 responses.

Taken together, these engagement activities have provided comprehensive, inclusive input and insights into the health needs of women and Islanders who are gender diverse and how they can be better met. The Steering Committee thanks all those who participated for their contributions to this Strategy.

PEI Breast Screening Program

toll, and breast screening is the key.

Mammograms are X-rays of the breast and can detect changes in breast tissue before they can be felt by women, making them the best tool available for early diagnosis and long term survival. PEI's Breast Screening Program, established in 1998, provides women with access to mammograms at the Queen Elizabeth and Prince County Hospitals on a self-referral basis, supported by reminders and follow-up information. The program offers screening every two years for asymptomatic, average-risk women aged 50-74, and annually for average risk women aged 40-49 and for all women at higher risk due to past health conditions and/or family history. PEI is one of only three provinces to provide women aged 40-49 with self-referral access to annual mammograms. In 2020, PEI enhanced its program to notify women of their breast density after a mammogram. PEI always provided yearly mammograms for women with dense breasts, a higher risk group. Looking forward, the Queen Elizabeth Hospital Foundation is raising funds for two new mammography machines that will detect smaller lumps and increase precision, enabling earlier and more accurate diagnoses.

Breast cancer is the number one cancer in Island women and the second leading cause of cancer death for Island women. During their lifetimes, one in eight women can expect to be diagnosed with breast cancer. Survival rates are improving, and in 2021, PEI has among the lowest incidence and mortality rates in Canada – but more can be done to bring down this



PRINCIPLES

Equity

The World Health Organization defines health equity as “the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.” Systemic changes which provide tailored approaches that meet the needs of women and people who are gender diverse will be designed to contribute to health equity.

I feel women are dismissed and their health concerns are minimized.

- (Survey respondent)

Evidence-Informed:

Research and knowledge gained from lived experience and practice, disaggregated by sex and gender, provide evidence to help us best understand what actions will have the greatest impact on the health and well-being of women and Islanders who are gender diverse.

Cultural Safety and Humility:

Women and people who are gender diverse experience stigma in multiple ways. In all sectors and at all levels of the health system, services and settings must be spaces where women and people who are gender diverse feel welcomed, accepted, respected and safe in every way – spiritual, social, emotional and physical. Health care providers must be guided by cultural humility, acknowledging that they are learners about the experiences of those to whom they provide services and care, and working to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust.

We need spaces where people feel safe; and understand people's comfort with speaking about issues.

- (Focus group participant)

GOAL

Optimal health and wellbeing for women and Islanders who are gender diverse, at every stage of their lives.

Diversity of Voices:

Historically, societal and cultural norms have resulted in the perspectives of some groups being heard more clearly than those of other groups. To design and implement initiatives that have maximum impact, advance health equity, and are meaningful to those they serve, it is essential to have deep and ongoing involvement from a broad range of partners, including those with lived health experience, experts, and community organizations. Where voices have not been fully heard up till now, they may need to be amplified.

Confidentiality:

Women and people who are gender diverse have experienced discrimination and judgment based on accessing health services, such as contraception or treatment for sexually transmitted infections. Women and people who are gender diverse, including children and youth, have the right to have their information treated in an ethical, confidential manner when seeking services. This is foundational to creating an environment of respect.

Women need to be their own advocates for health.

(Survey respondent)

I can't imagine how difficult our healthcare system would be to navigate for a woman who doesn't speak English well.

- (Survey respondent)

Safety:

Clients and service providers have experienced risks to their personal safety for accessing or performing services, such as abortion services and leaving situations of domestic violence. Access to health services is a basic right. Women and people who are gender diverse, as well as those providing services, should feel physically and emotionally safe when accessing/performing services.

211 PEI

website, searchable by topic, location, name or keyword. Delivered by the United Way of PEI, the service was established in mid-2020 as a key element of Belonging and Thriving, PEI's poverty reduction action plan.

211 PEI helps people find services related to COVID-19, employment and training, addictions and mental health, food resources, housing, education, financial assistance, legal, transportation, violence and abuse resources, and more. It assists not only people in crisis, but also those who do not know where to turn and those who struggle to find the time or resources to access supports. By directing people to the right services quickly, it increases the efficiency and impact of those services and reduces burden on service providers. As well, the continuously updated 211 website is a valuable resource for service providers, community organizations, advocates and policymakers, providing clear, current information on the resources available to Islanders and facilitating collaboration and service improvements.



Awareness:

Women and people who are gender diverse have varied life situations, experiences of the social determinants of health, and intersectional identities. As those factors interact and evolve throughout their life cycle, they reshape individuals' health needs and support needs. Awareness of these changing circumstances and needs, and an understanding of the supports needed at each stage of life, will help meet those needs as fully and equitably as possible.

Whole Person Approach:

In the past, there has been limited consideration for the intersecting biological, behavioural, cultural, social and environmental factors that determine the overall health and wellbeing of women and people who are gender diverse. Over time, prevention has moved to a greater focus on the whole person – physical, mental, emotional and spiritual – and this must become the case throughout the health system. Health services must also be designed to consider the whole person across their lifespan and how person-centred factors can collectively prevent disease and promote health.

I am a young, healthy, woman working in a well-paying salaried job with flexible hours and English is my first language. This is a very privileged position to be in and certainly makes it easier for me to spend a significant amount of time and effort trying to ensure some of my healthcare needs are met and advocate for myself within the system. I can only imagine how impossible it would be for someone in less fortunate circumstances to try and do the same. We have to do better!!!!

- (Survey respondent)

Interministerial Women's Secretariat

responsible for funding the Advisory Council on the Status of Women, and liaises with its sister federal, provincial, and territorial counterparts.

The Secretariat has developed a number of resources for both government and the public to support gender equality. It has developed guidelines for the use of Gender and Diversity Analysis (GDA) in government policy work, and works internally to promote greater use of GDA and assist in its application. Secretariat personnel contribute their knowledge and expertise to bring gender equality insights and perspectives to a wide range of government policy initiatives, including this strategy. The Secretariat is responsible for supporting family violence response and prevention work within government and provides supports for efforts in the community. The Secretariat has developed a range of resources to prevent family violence and violence against vulnerable people, to develop supportive workplaces for affected women, to assist people in abusive relationships, and to keep children safe online.

Reporting to the Minister Responsible for the Status of Women, the Interministerial Women's Secretariat works within government to promote the equality of women. The Secretariat also partners with women's organizations and the community to develop projects, programs and services that benefit Island women, and offers grant funding for selected projects and initiatives. The Secretariat is also



PRIORITY AREAS AND INITIATIVES

Pillar One:

Create Welcoming Settings

Each Islander's health and mental wellbeing is shaped by a unique mix of personal and societal factors. Compared to cisgender men, women and people who are gender diverse are more likely to encounter challenges such as violence in the home and the community; bullying and harassment in schools and workplaces; inequitable labour market outcomes and resulting high rates of poverty; and caregiver burden. For many of those women and people who are gender diverse, those challenges are compounded by intersecting factors such as age, presence of disability, and race.

Consider the sensitive nature of health exams and information gathering of a person with a disability's background and experiences by not making assumptions and judgments.

- (Survey respondent)

These varied factors have profound implications both for the health of women and Islanders who are gender diverse, and for the care and services they

receive. Some health needs are specific to women and people who are gender diverse. For health issues facing all Islanders, women and people who are gender diverse are likely to face different levels and patterns of chronic diseases and mental illness due to a mix of physiological and social factors, and some of these differences may be poorly understood and managed by the health care system.

I was not taken seriously.

- (Survey respondent)

Circumstances of poverty, marginalization, violence, and racism, and the inequity and trauma resulting from those forces worsen the health of women and Islanders who are gender diverse, both directly and indirectly. They make individuals less well, and they diminish their resources and capacity to manage and improve their health and to identify and access the services they need. In addition to creating those barriers to health for women and people who are gender diverse, these life circumstances and identities can also create invisible but powerful barriers within the services that should provide help – barriers of stigma, discrimination, and bias. In short, women and Islanders who are gender diverse are often less able to pursue health services; the

services may also be less available to them, less suited to their needs, and less welcoming. These factors may discourage or even prevent women and Islanders who are gender diverse from seeking the health care they need.

Women (particularly BIPOC and young women) experiencing pain are not believed.

- (Survey respondent)

The broad circumstances that affect the health of women and Islanders who are gender diverse are the responsibility of society as a whole, and all of government must play a role. The health system is a vital part of this effort. The first step in any strategy must be, at a minimum, to do no further harm by removing system-created barriers – and to go beyond that by actively providing safe, respectful, informed settings and services that promote healing and health.

Objective:

Reduce stigma experienced in various settings by women and people who are gender diverse, and create welcoming environments.

Advisory Council on the Status of Women

Established in 1975, the PEI Advisory Council on the Status of Women operates at arm's length from government to promote gender equality for all Islanders and to support women's full and active

participation in the social, legal, cultural, economic and political life in the province. The Council's nine members are appointed by government, selected from among Island women who have demonstrated a commitment to gender equality and who represent regional, cultural, and ethnic diversity. Throughout its history, the Council has advocated for changes to improve the lives of women and women-identifying people and promote social justice.

Today, the Council pursues its goals through several key activities. The Council publishes resources and coordinates annual initiatives to build public awareness and promote gender equality, including the annual Purple Ribbon Campaign against Violence each November-December, and International Women's Day every March 8. To promote policy change, the Council provides submissions to government hearings and commissions on a wide range of issues affecting women. At a system level, since 2007, the Equality Report Card provides a comprehensive assessment every two to three years of government's progress towards gender equality, in areas spanning health care, justice, economic status, violence prevention, caregiver support, education, decision-making, and inclusion. A new Report Card was released in March 2022.



1

Apply Gender and Diversity Analysis Lens

A Gender and Diversity Analysis lens will be applied to new and existing government and health programs, services and policies serving women and Islanders who are gender diverse, with consideration given across the lifecycle and various settings.

Gender and Diversity Analysis (GDA) is foundational to all initiatives outlined in the Strategy. It builds an understanding and acceptance of how the distinct circumstances and experiences shape the health of women and people who are gender diverse, including children and youth. Applied at the policy level, GDA promotes better, fairer decisions and investments.

Applied to programs and services, GDA promotes better care and better outcomes. GDA can show where there are gaps in current programs and services, identify unintended implications and impacts, and offer approaches that maximize impact and results.

Government will expand the application of GDA. This will include creating an overarching policy about applying gender and diversity analysis more

consistently. Additional supports will be put in place to support government to carry out GDA and to take action to address shortcomings. There is also the opportunity to work with certain health care settings to be champions for this work or act as demonstration sites to highlight how to conduct the analysis, implement findings and show the impact.

Indicator:

- Number of new or updated health system and government policies, programs, and services modified as a result of GDA*

Please consider using more gender expansive language in signage and written information.

- (Survey respondent)



2

Create Culturally Safe Spaces

Cultural safety and trauma-informed practices will be embedded across multiple settings, starting with health care settings, to eliminate bias, build awareness and create psychologically safe spaces.

Creating spaces where women and Islanders who are gender diverse feel safe and valued is another foundational piece of work. This is especially true for Indigenous people and racialized groups who face additional barriers to health and wellness stemming from a history of colonization. The Truth and Reconciliation Commission Report Call to Action 23-c calls for cultural competency training for all health care professionals. Additionally, the high rates of trauma for women and people who are gender diverse also need to be factored in when considering how to create safe spaces.

Action is needed to create spaces where people consider these factors and further build understanding among health care providers and other service providers. A number of government and health workplaces have undertaken training to

Women need to feel safe and heard in all aspects of healthcare and all aspects of their health.

- (Survey respondent)

Healthcare professionals trained in minority groups and how to best treat them and the best approach to understanding how they are most comfortably cared for.

- (Survey respondent)



reduce stigma and bias. Now, these practices need to be embedded, and more consistently applied across multiple settings. A focus will be placed on building knowledge around cultural safety and trauma informed practices:

- Cultural safety is an outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care.
- Trauma-informed practices involve an overall approach to service provision rather than a specific treatment strategy or method, in which an understanding of trauma is applied in all aspects of service delivery and priority is placed on an individual's safety, choice, and control.

Investments will be required for training, and for a social marketing campaign to build awareness of the ongoing stigma experienced by women and people who are gender diverse and how it impacts their health.

Indicator:

- Clients perceive being treated in a more inclusive/less discriminatory manner when accessing services



Pillar Two:

Expand Available, Accessible Services and Care

Most Islanders place importance on having access to primary care providers and specialized health services, and may face some challenges in navigating the health care system. Access to mental health supports, addiction support, shelters, walk-in clinics, women's clinics, help for people suffering from gender-based violence or partner violence, and other specialized services is critically important for women and people who are gender diverse. Barriers to access may become even greater with more severe or more specialized needs, more complex needs, more difficult life circumstances, language barriers, and/or intersectional identities.

Better communication is needed to inform the public of what services are available to them and how and where to access them.

- (Survey respondent)

It is important to identify, understand, and remove barriers to access so far as possible. Many groups and organizations in the community, as well as individuals, can contribute to this, and their involvement is important and should be valued. Access has many dimensions and all must be taken into consideration.

In addition to providing welcoming settings free of stigma and bias, access needs to take into account considerations such as:

- Is the service offered within PEI at all? If so, in what geographic locations? Are those locations accessible to people with disabilities?
- Is access direct, or must a referral be obtained? If so, how accessible is the referral?
- Are there financial barriers to accessing the service, either direct through a fee, or indirect such as caregiving backfill or loss of work income?
- At what times is the service offered?
- Does the service have multiple aspects that are fragmented, requiring the individual to assemble supports, meet varying eligibility criteria, and/or tell one's story many times?
- Do individuals not speaking an official language have access to translation services?
- Does the service offer confidentiality and security for people whose safety might be at risk?
- Is the service accessible to children and youth?

In short, the system needs to become more person-centered, and not call on people to navigate complex systems and requirements when they may already be struggling with their health and their life situation.

To begin the work of improving access to health services:

- Four initiatives will be undertaken to expand supports for reproductive and pelvic floor health to better meet the needs of women and people who are gender diverse throughout their lifespan.
- Action will be taken to enhance the capacity for gender-affirming care and health services.
- Gender sensitive mental health supports will be expanded.

Objective:

Increase the availability and accessibility of health services and supports that respond to the health needs of women and Islanders who are gender diverse.



Women's Network PEI

For almost four decades, Women's Network PEI has worked to improve the status of women in our society through feminist analysis and practice. Launched in 1981 and incorporated in 1984, from its inception Women's Network has provided a range of information, skills training, resources and services to women throughout Prince Edward Island. Through the publication Common Ground, workshops, seminars and events, Women's Network has enabled Island women to express and discuss views and ideas to meet their needs and concerns and to foster communication and understanding.

Today, Women's Network continues to work with a broad range of partners to advocate for positive changes in society, especially those that reduce inequalities among genders and marginalized communities. It also delivers a number of programs and services that help women to improve their lives and better secure their futures. Trade HERizons is a career exploration and college prep program that gives women three months of hands-on exposure to trades and technology careers. Propelle is a ten-week life skills and employment readiness program that builds community connections and essential skills. Still Visible is creating a peer support network of self-identified women aged 55 and up to strengthen their leadership skills. Other programs engage and support male allies in violence prevention, youth, and front-line careers. Looking to the future, the Strengthening our Feminist Foundations project is working to build Women's Network's internal processes and approaches, share promising practices with other organizations, and create a community of practice that strengthens the sector in PEI.



Women's Network
Prince Edward Island

3

Support Access to Contraception

Supports will be provided to enhance access to effective contraception.

Unintended pregnancy and access to contraception have been flagged as key issues in women's health. 30-40% of pregnancies in Canada are unintended, creating significant costs, both personal and societal. While unintended pregnancies take a toll on the mental health and wellbeing of all affected women and their families, the impacts are greatest among youth. In 2014, unintended pregnancies accounted for over 80% of all pregnancies and over 70% of live births among Canadian youth under 20, and almost 60% of pregnancies and over 40% of live births among youth aged 20 to 24. Youth parenting is associated with lower lifetime educational achievement, lower income, and increased reliance on social support programs.

Timely access to effective contraception reduces the incidence of unintended pregnancy. However, cost is a significant barrier to using contraception for many Islanders, especially those who are in low income or young. Many must pay out-of-pocket

because they have no pharmaceutical insurance, or their insurance does not cover or only partially covers the contraceptives they desire. The most effective contraceptives with the lowest lifetime costs – intrauterine devices – have the highest upfront costs, and are used by only a tiny fraction of women. Confidentiality may also be a factor, especially among youth, who may be reluctant to access contraception at clinics or via their parents' health insurance, if available.

This Strategy will invest in supporting the cost of effective contraception for Island women. Consideration will be given to how to best support women experiencing financial barriers to recognize the need for affordable, effective contraception.

Indicators:

- *Percentage of women accessing the offered supports*
- *Percentage of pregnancies that are unplanned*

4

Promote Infant Feeding

Information and supports will be expanded to promote infant feeding practices, including breastfeeding / chestfeeding.

Breastfeeding (also known as chestfeeding) has a number of benefits for both the child and the parent – providing high quality nutrition and boosting the immunity of the baby; protecting the parent from cancer, diabetes, and heart disease; and building a close bond between parent and child. PEI's exclusive breastfeeding rate is lower than the national average, suggesting that scope exists to increase breastfeeding rates among Island parents who are able to and wish to breastfeed / chestfeed their babies, by providing information and supports. It is also recognized that formula feeding is another

They also need more support and assistance with breast feeding. - (Survey respondent)

healthy choice for infants and there are many factors that impact feeding practices, including things that are beyond a parent's control. Investments will be made to advance infant feeding policies – including the promotion of breastfeeding / chestfeeding – and to coordinate with community-based programming. There is also the opportunity to encourage allied health professionals to consider training as lactation consultants.

Indicators:

- *Proportion of people exclusively breastfeeding/ chestfeeding*
- *Proportion of parents reporting that they felt supported in their choice of infant feeding method*

5

Expand In-Province Treatment of Infertility

In-province services will be expanded to support people seeking out-of-province treatment of infertility, building on the provision of supports in 2021 for IVF and IUI fertility treatments.

Up to one in six women encounter problems with fertility. Identifying and treating infertility can be a long and expensive process, and can often have negative impacts on a person's mental health. In 2021, the PEI Department of Health and Wellness launched a funding program to support Islanders seeking intrauterine insemination (IUI) and in-vitro

fertilization (IVF) treatments. This Strategy will build on that investment by expanding in-province supports for people seeking out-of-province treatment of infertility. This may include additional staff and services supporting access to out-of-province infertility treatment.

Indicator:

- Percentage of people accessing the expanded in-province supports for people seeking out-of-province fertility treatments*

6

Enhance Pelvic Floor Health

Supports for pelvic floor health and non-surgical treatment will be expanded.

Pelvic floor health is an issue of relevance to all women. The pelvic floor muscles at the base of the torso act as a foundation, holding lower abdominal organs in place. Over time, various factors such as injury, pregnancy, and high body mass index can weaken the pelvic floor, causing issues such as bladder and bowel incontinence, pain, infections, and pelvic organ prolapse. There is possibility to help women maintain and improve their pelvic floor health by expanding prevention and promotion measures and by increasing the use of non-surgical

methods such as pessary devices and physiotherapy to treat problems.

Investments will be made to broaden the number of supports for maintaining pelvic floor health and treating issues related to pelvic floor dysfunction.

Indicator:

- Number of people accessing non-surgical pelvic floor supports*



7

Expand Access to Gender-Affirming Care

Action will be taken to enhance the capacity of healthcare providers to support access to gender-affirming care, including access to specialized services.

People who are transgender or gender diverse have specialized medical needs that currently are not being met in PEI, including the needs of children and youth. In particular, access to hormone replacement therapy has been identified as a challenge and a roadblock to accessing gender-confirming surgeries. As a result, trans patients are often profoundly uncomfortable seeking health care and may avoid health care altogether.

There needs to be better communication and sensitivity towards the needs of gender diverse people.

- (Survey respondent)

Progress was made during 2021. A Gender-Affirming Clinic was established at Charlottetown's Four Neighbourhoods Clinic with temporary funding. Since its founding, the Clinic has addressed a significant gap in service, serving approximately 40 Islanders with assessment, referrals, consultations and follow-up visits (including referral to out-of-province surgical treatments). This work has been supported through establishing a regular base of physicians, nurse practitioners, a social worker, and clinical psychology students, as well as an out-of-province specialist.

Primary care providers also play an important role that can be enhanced. Primary care providers can support clients with their initial steps on their

gender-affirming care journey, including hormone replacement therapy. To fulfill this potential, they need more support to develop their capacity in understanding navigation and care planning for clients seeking gender-affirming care.

Healthcare workers need to be versed and educated on LGBTQ+ healthcare needs.

- (Survey respondent)

Establishing the Gender-Affirming Clinic as a permanent program will strengthen the commitment to this underserved, vulnerable population and strengthen the competencies of the primary care team working at the clinic, as well as other primary care providers who support transgender clients. Additional social worker supports are required to address the high rates of mental health issues in this population, including gender dysphoria which negatively impacts children, youth and adults. Consideration also needs to be given to future growth of services covered through the Gender-Affirming Clinic.

In addition to the services at the clinic, gender-affirming care needs to be strengthened through primary care platforms across PEI. Additional training is required to increase the capacity of primary care providers outside of the Gender-Affirming Clinic.

Indicator:

- *People seeking gender-affirming care have access to care due to enhanced capacity of health system, including access to specialized services*

8

Expand Gender Sensitive Mental Health Supports

Investments will be made in training and staffing to expand gender sensitive mental health supports.

There are limited supports targeting gender sensitive mental health needs. Government needs to build capacity on an ongoing basis around gender sensitive mental health supports to address the broad spectrum of mental health needs experienced by women and people who are gender diverse throughout their lifespan. Examples raised during the engagement process specific to gender diverse people included gender dysphoria in children, youth and adults and the practice of deadnaming (referring to someone's birth name, or the name they used before socially transitioning). Other examples include female youth coping with anxiety; the interconnections between mental health issues and addictions experienced by women; post-traumatic

stress disorder related to gender-based violence and sexual assault; depression related to reproductive issues; caregiver strain; mood issues during perimenopausal and menopause years; managing pain, and loneliness for older women.

These needs for expanded supports can be met through a combination of training of current providers offering service to children, youth and adults, as well as additional staffing.

Indicators:

- *Percentage of women and Islanders who are gender diverse receiving gender-sensitive mental health services that meet their needs*
- *Percentage of care providers trained in gender sensitive mental health*

Women are also usually the ones looking after the family's health issues. Having to remember which family member takes which medication or their medical history by heart every time there is an emergency is exhausting and an added stress.

- (Survey respondent)

PEI Transgender Network

health care providers and the public. Information and peer support is provided through both online platforms and in person.

The Transgender Network works on a number of fronts to fulfill its mission. It connects trans Islanders by providing individual and group peer support through various channels, and by hosting events and engaging with the community. The Network assists trans Islanders to navigate health care, legal, social and other systems, and provides or liaises with training or education opportunities. It provides resources to the trans community, their families, professionals and the public. And it advocates for the trans community of PEI in support of its vision: an inclusive PEI where people of all gender identities can live and thrive.

The PEI Transgender Network is a supportive network of people who are allies to the PEI transgender community, created in 2017 to strengthen the supports and resources available to the PEI trans community and their families. The Transgender Network seeks to improve the experiences of trans people on PEI by providing resources to them, their families and friends,





Pillar Three:

Integrate and Coordinate Services

Jurisdictions across Canada and around the world are realizing the positive impacts on health and wellness of better integrating and coordinating care across all health and social services sectors. This can include integration and coordination among health services, gender-based violence supports, income and housing supports, mental health supports, addictions supports, and child care, to name only a few examples. To achieve this, it is important to both modify systems and structures, and to build effective working relationships and communication between health care services and other social and community services.

Services are poorly coordinated and there is much room for improvement!

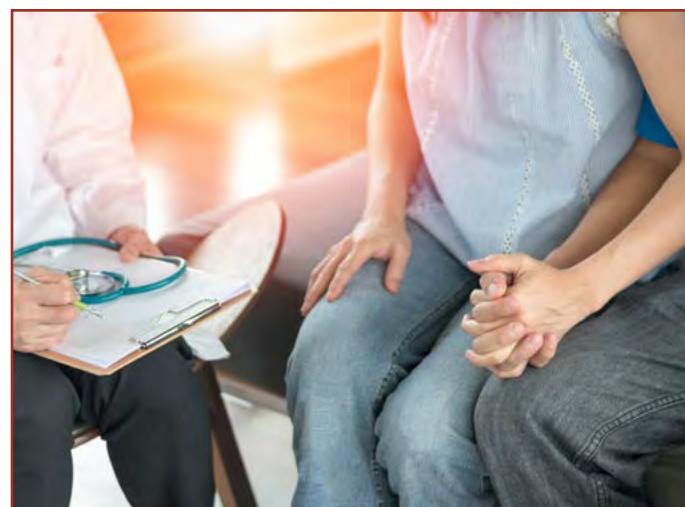
- (Survey respondent)

The complexity of health care needs faced by many women and Islanders who are gender diverse makes integration and coordination even more imperative. This is especially true for vulnerable women and those with intersectional identities. Islanders who are gender diverse have reported extremely varied experiences receiving both physical and mental healthcare and a discrepancy in how they are treated and supported by healthcare professionals.

Compounding these challenges, the COVID-19 global pandemic has caused disruptions in health care delivery that have affected all Islanders seeking health services, and has left pregnant women and new mothers with fewer services and supports during an already trying time. With these disruptions, it is especially important that the *Health Strategy for Women and Islanders Who Are Gender Diverse* seeks to improve the coordination, integration, and collaboration of services.

Objective:

Women and Islanders who are gender diverse are able to access networked pathways of care for health services



9

Create an Integrated Model of Care

27

Services will be reorganized to create a community of excellence for health services to women and Islanders who are gender diverse.

Many of the services needed to address the health of women and Islanders who are gender diverse are already available. However, if they are to achieve their full potential, people must be able to access the right service or combination of services at the right time. For this to happen, those services and the navigation pathways to them and among them may need to be restructured to enable people to access appropriate services in a timelier manner.

The reproductive and sexual health program will be reorganized to further support the health needs of women and people who are gender diverse. This reorganization process will involve acute care and community health providers and community partners to build an integrated model of care. This will help optimize current services (where available and how to access) and inform future steps to address gaps.

Indicator:

- *Increased integration of health care services for women and people who are gender diverse*

The mammogram, Pap smear and fit test programs are good, they allow women to take ownership and action on their own for prevention.

- (Survey respondent)



Aboriginal Women's Association of PEI

Since 1985, AWAPEI has supported women and girls who identify as First Nation, Métis and Inuit residing in Prince Edward Island. Recognizing indigenous women as significant agents of positive change in their communities and society, AWAPEI has worked to promote wellbeing and foster leadership of indigenous women through capacity building,

prevention, awareness, and equal opportunities. AWA gathers, creates, and shares knowledge to provide leadership and guidance on cultural, social, economic, and political issues and changes.

In support of its mission, AWAPEI also delivers programs and projects to build capacity and connect indigenous women to supports and resources. In partnership with the Native Women's Association of Canada, AWAPEI delivers the Indigenous Skills, Employment and Training program (ISET), including help with tuition, childcare and other employment related costs, as well as upgrading and short-term training. An Urban Navigator works full-time to help women transitioning from living on reserve, by addressing barriers and providing transition services and other supports. The Violence against Women Prevention project works with indigenous women to facilitate healing through cultural knowledge and sharing circles. AWAPEI is also working to honour the lives and legacies of missing and murdered indigenous women and LGBTQ2S individuals through a commemorative gathering, educational activities, and the creation of an information toolkit.



Pillar Four:

Build and Share Knowledge

Better locally relevant research and education for policy makers and health care professionals are needed to address gaps and improve existing services and supports for women and Islanders who are gender diverse. In particular, very little historical or current research and data exists for Islanders who are gender diverse with regard to their health needs and experiences with the health system, and their wider social support systems that affect the other determinants of health. Health research and data gaps also exist for women on Prince Edward Island and across Canada. An important part of this Strategy is identifying these gaps and putting forward a plan to address them.

Objective:

Create local knowledge about sex- and gender-based health determinants, differences, needs, and experiences and apply that knowledge to improve services to women and Islanders who are gender diverse.

This is wonderful, but research needs to be done on BIPOC women, who are so underrepresented.

- (Survey respondent)



10

Establish a Women and Gender Research Network

Action will be taken to establish a Research Network to prioritize and facilitate collaborations among researchers from government, academia, and community partners, and to expand and integrate data collection and analysis into the Strategy.

The province needs to collect race-based data – another huge opportunity missed. I have faced more discrimination as a person of colour than as a woman.

- (Survey respondent)

Evidence from research, data analysis, lived experience, and practice is fundamentally important to guide the continuous improvement of existing services and the design of new services to promote the health and wellbeing of women and of Islanders who are gender diverse. This is recognized in this Strategy's identification of evidence-informed approaches as a guiding principle. It is also recognized by Government, given the clear direction in the Minister's mandate letter to establish funding for research as part of this Strategy. Lastly, it is clearly recognized by the people to be served by this Strategy: the lack of local research and data related to the health of women and people who are gender diverse arose repeatedly during the Strategy development process, including input from representatives of racialized groups.

Can't improve without knowing what's going on.

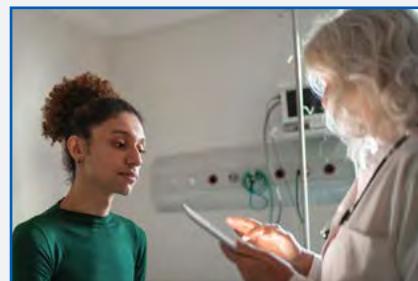
- (Focus group participant)

A Research Network will be established to prioritize and facilitate collaborations among researchers from government, academia, and community partners. Government and health system administrative data holds enormous potential for insights and must also be leveraged. To do this, action is also needed to ensure that data is collected in a way that can be better mined and analyzed, while ensuring special consideration on how data on vulnerable population groups is collected and managed, including children and youth. Community-based participatory research is an approach that can be used to achieve these goals.

The Research Network will support work to coordinate data collection about health outcomes and health determinants of women and Islanders who are gender diverse, expand the use of qualitative research methods, leverage existing survey and health administrative datasets, establish accountability measures and raise awareness of emerging issues in multiple settings. Funding for research will be established as part of the Research Network.

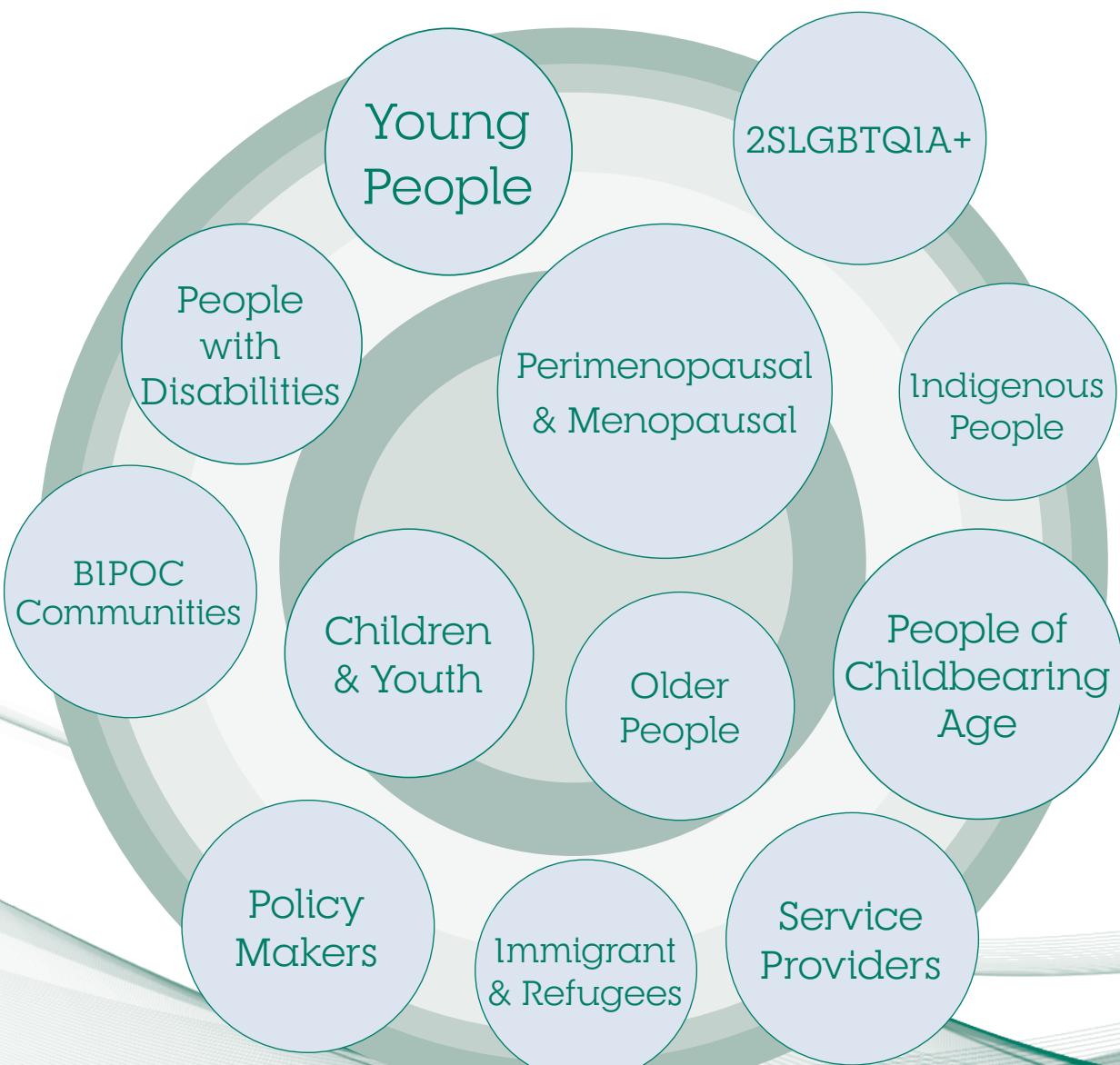
Indicators:

- *Number of research or evaluation findings related to sex and gender in the design and implementation of programs and services*
- *Number of research collaborations between and among government, universities, and community partners exploring the health experiences and outcomes of women and people who are gender diverse*



SETTINGS AND GROUPS

The *Health Strategy for Women and Islanders Who Are Gender Diverse* is intended to have impact across multiple settings. All initiatives will impact health care settings, but some initiatives could impact other government-funded settings, including learning institutions, libraries, recreation facilities, social services, and more. Multiple demographic groups will be impacted by the different initiatives, such as:



IMPLEMENTATION AND GOVERNANCE

The implementation of the *Health Strategy for Women and Islanders Who Are Gender Diverse* will be overseen by an Implementation Council, with representation from government, health services community partners and members of the public. The Implementation Committee will ensure that progress is made on carrying out the commitments made in this Strategy. The Implementation Committee will also be responsible for accountability by putting monitoring and evaluation measures in place regarding the indicators outlined in the Strategy.

The Implementation Committee will continue to engage with key stakeholders on an ongoing basis, with special consideration given to amplifying the voices of marginalized and vulnerable groups across the lifespan.

The Implementation Committee will make regular contact with other initiatives addressing the social determinants of health, to ensure there are formal linkages with work that is advancing the health and wellbeing of women and Islanders who are gender diverse.

Regular reporting on the progress and impact of implementing the Strategy will also be part of the Implementation Committee's mandate.

There needs to be accountability mechanisms in place.

- (Survey respondent)

Closing Statement

Create Welcoming Settings

Each Islander's health and mental wellbeing is shaped by a unique mix of personal and societal factors. Compared to cisgender men, women and people who are gender diverse are more likely to encounter challenges such as violence in the home and the community; bullying and harassment in schools and workplaces; inequitable labour market outcomes and resulting high rates of poverty; and caregiver burden. For many of those women and people who are gender diverse, those challenges are compounded by intersecting factors such as age, presence of disability, and race.



Be brave! Be evidence-based! Be the change!

- (Survey respondent)

Glossary

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2SLGBTQIA+ – Two Spirit, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Additional non-heterosexual/cis-gender person <https://egale.ca/awareness/glossary-of-terms/>

Chestfeeding – a term used by many transmasculine and non-binary parents to describe how they feed and nurture their children from their bodies. Some prefer the term nursing instead, while others prefer breastfeeding. <https://www.llc.ca/joint-statement-use-term-chestfeeding>

Cisgender – A person whose self-defined gender identity matches the gender associated with their sex assigned at birth (i.e. Gender identity of “woman” for someone who was assigned female at birth) Source: (Department of Education and Lifelong Learning’s Guidelines for Respecting, Accommodating and Supporting Gender Identity, Gender Expression and Sexual Orientation in our Schools)

Cultural humility – A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another’s experience.

Cultural safety – An outcome based on respectful engagement that recognizes and strives to address power imbalances inherent in the health care system. It results in an environment free of racism and discrimination, where people feel safe when receiving health care. (First Nations Health Authority - <https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>

Gender diverse – An umbrella term for individuals whose gender identity is different from their assigned sex at birth. Gender Creative is typically used for younger children exploring their gender identity or expression. Source: (Department of Education and Lifelong Learning’s Guidelines for Respecting, Accommodating and Supporting Gender Identity, Gender Expression and Sexual Orientation in our Schools)

Gender and Diversity Analysis (GDA) – the process of giving attention to how gender and diversity affect the experiences, behaviours and needs of our population. Further, it looks at how to accommodate these differences and needs. <https://www.fnha.ca/Documents/FNHA-Creating-a-Climate-For-Change-Cultural-Humility-Resource-Booklet.pdf>

Health equity – Is the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically. (World Health Organization)

Intersectionality – Intersectionality refers to overlapping social identities and the related systems of oppression, domination and/or discrimination. The idea is that multiple identities intersect to create a whole that is different from the component identities. (UNICEF)

Islander – Anyone living in Prince Edward Island (Women and Gender Diverse Islanders’ Health Strategy Steering Committee)

Action Femmes

well-being and the empowerment of women from the island Francophonie, in all spheres of their lives.

The association aims to:

1. Welcome and support women in all their diversity, in order to advance the cause of women and to work together for a more egalitarian society.
2. Raise awareness and educate members, the community and island partners on the issues facing Acadian and francophone women.
3. Develop and execute programming to enhance women’s leadership and development in all spheres of their lives.

Actions Femmes is a non-profit organization that represents Acadian and Francophone women in PEI. Proud of their role as holistic leaders in the Acadian and Francophone community, their vision is for every woman to take her rightful place in society, thanks to programming focused on the



HEALTH STRATEGY FOR WOMEN AND ISLANDERS WHO ARE GENDER DIVERSE

Man – Gender identity includes cisgender and transgender men

Reproductive and sexual health care in the context of primary health care – Should include a range of family planning; obstetrical and gynecological care; prevention, care and treatment of STIs and HIV/AIDS; education and counselling on human sexuality and reproductive health; prevention and surveillance of violence against women and elimination of traditional harmful practices. (UNICEF)

Social determinants of health – A group of social and economic factors within the broader determinants of health. These relate to an individual's place in society, such as income, education or employment. Some of the determinants of health include income and social status; employment and working conditions; education and literacy; childhood experiences; physical environments; social supports and coping skills; healthy behaviours; access to health services; biology and genetic endowment; gender; culture; and race/racism. <https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

Transgender – A term that may be used to specifically refer to people who have gone, or who are going through a process of gender transition. It is also used as an umbrella term for people whose gender identity differs from the sex

they were assigned at birth, whether binary or non-binary; sometimes abbreviated to trans. Source: (Department of Education and Lifelong Learning's Guidelines for Respecting, Accommodating and Supporting Gender Identity, Gender Expression and Sexual Orientation in our Schools)

Trauma-informed practice – An overall stance to service provision rather than a specific treatment strategy or method. Trauma-informed services apply an understanding of trauma in all aspects of service delivery and place priority on an individual's safety, choice, and control. (BC's Centre of Excellence for Women's Health: <https://bccewh.bc.ca/webinars-and-courses/courses/impart-addiction-research-training/integration/#4.1>

Woman – Gender identity includes cisgender and transgender women.

Key references used in the development of the Strategy include:

Canadian Women's Foundation - <https://canadianwomen.org/>

The Health Gap by Women's College Hospital - <http://thehealthgap.ca>

Trans Pulse Canada - <https://transpulsecanada.ca/results/report-1/>

Women in PEI: A Statistical Review: The Fourth Edition - https://www.princeedwardisland.ca/sites/default/files/publications/women_in_pei_a_statistical_review_2020.pdf

PEERS Alliance

They work to prevent the transmission of HIV, Hepatitis C, and all sexually transmitted and blood-borne infections, and to engage and support Islanders living with those conditions. PEERS Alliance mission is to work towards a stigma-free, sex positive, inclusive Island, free from drug-related harm.

PEERS Alliance carries out its work through a number of programs. The 2SLGBTQ+ community is supported through programs for youth, adults, and parents/caregivers. They are also partnered with the community outreach centre to provide harm reduction support to people struggling with homelessness, housing insecurity, and street involvement. Throughout its work, PEERS Alliance strives to create opportunities for partnerships, community engagement, and systemic change.



PROMOTE. EDUCATE. EMPOWER. RESPECT. SUPPORT.



A Health Strategy for Women and Islanders Who Are Gender Diverse 2022-2027