

Provincial Election Priorities

On behalf of the Women's Health Coalition of Ontario, we are pleased to present our key priorities for the 2025 Ontario Provincial Election. This document highlights critical gaps in women's health and outlines actionable recommendations under three key themes: Equitable Access; Service Delivery and Efficiency; and Clinical Research.

Investing in equitable access will ensure all women, regardless of their circumstances, can receive the care they need. Improvements in service delivery and efficiency will enhance patient outcomes and ease pressures on the healthcare system. Advancing clinical research will address gaps in knowledge and foster innovative solutions to improve health outcomes across the province—not just for women, but for all Ontarians.

By prioritizing these areas, Ontario's next government has the opportunity to build a more inclusive, effective, and innovative healthcare system. The Women's Health Coalition of Ontario is committed to working alongside policymakers, healthcare partners, and communities to ensure these priorities are acted upon. We urge all parties to recognize that investing in women's health is essential to building a stronger, healthier, and more resilient Ontario.

Equitable Access

1. Improving Healthcare Services in Rural and Northern Communities

Access to healthcare in rural and Northern Ontario remains a challenge, especially for women who face geographical barriers, leading women in remote areas to report worse physical and mental health statuses¹. We recommend further developing local and regional-specific healthcare services, such as gynecological care and maternity services, to reduce reliance on travel to urban centers. While recent initiatives, such as funding an Indigenous primary care health center are a step forward, we must expand these efforts to address women's health needs comprehensively. This aligns with the federal Call to Action to improve healthcare access for Indigenous women.

2. Healthcare Solutions for New Canadians

New Canadians often face challenges accessing culturally competent healthcare services² and have been shown to be at risk for under screening of cervical cancer³. We urge the provincial government to encourage collaboration with federal partners to develop healthcare

¹ Statistics Canada. (2022). *Health outcomes and access to healthcare services in rural, remote and northern populations in Canada*. Retrieved January 25, 2025, from <https://www150.statcan.gc.ca/n1/pub/45-20-0002/452000022022002-eng.htm>

² Higginbottom, G. M., Morgan, M., Alexandre, M., Chiu, Y., Forgeron, J., Kocay, D., & Barolia, R. (2015). Immigrant women's experiences of maternity-care services in Canada: a systematic review using a narrative synthesis. *Systematic reviews*, 4, 1-30.

³ Bacal, V., Blinder, H., Momoli, F., Wu, K. Y., & McFaul, S. (2019). Is immigrant status associated with cervical cancer screening among women in Canada? Results from a cross-sectional study. *Journal of Obstetrics and Gynaecology Canada*, 41(6), 824-831.

solutions tailored to immigrant women's unique needs. This includes creating culturally responsive programs and language-accessible resources to ensure equitable healthcare access.

3. Digital Health Hubs for Low-Resource Settings

Non-internet connectivity solutions, such as digital health hubs in community clinics or systems like Zambia's SMS- and USSD-based telehealth programs that allow patients to access healthcare advice using basic mobile phones without requiring smartphones or data plans, can address barriers in low-resource settings. Investments in technology and tech support in these hubs can ensure equitable access to health services for women in rural and underserved communities.

4. Expanding Menstrual Product Access

A 2023 survey of Canadian women who menstruate found that nearly 25% of respondents⁴ have had to choose between purchasing menstrual products or purchasing other essentials like food or rent. The July 2024 announcement mandating free menstrual products in schools and construction sites was a significant step. We recommend expanding this initiative to include other public spaces, such as libraries, community centers, and public transit hubs, to ensure broad access to these essential items. Menstrual products must no longer be treated as luxury goods but as a basic healthcare necessity.

5. Comprehensive IVF Support

Infertility affects many individuals and couples across Ontario, yet the high costs of fertility treatments create significant barriers. While OHIP covers one cycle of in vitro fertilization (IVF), essential components such as fertility drugs, genetic testing, and embryo storage remain out of pocket. These additional costs make IVF inaccessible for many who need it. We recommend the next provincial government expand funding to cover these critical aspects of fertility care, ensuring equitable access to treatment and supporting families across the province.

Service Delivery and Efficiency

6. Equipping General Practitioners with Specialized Training

Many communities lack specialists, forcing patients to endure long wait times or travel long distances for care. Additional training for family physicians in women's and obstetrical health has been shown to improve skills and confidence in this clinical area⁵. We propose supporting additional training to provide general practitioners and family physicians with specialized training in obstetrical and gynecological care, enabling them to deliver appropriate care locally⁶. This will help alleviate backlogs and ensure timely interventions. The recent announcement to add 100 family doctors in rural and Northern areas should

⁴ Plan International Canada. (n.d.). *Period poverty in plain sight*. Retrieved January 24, 2025, from <https://plancanada.ca/about-us/media-centre/period-poverty-in-plain-sight>

⁵ Biringer, A., Abells, D., Boro, J., Permaul, J. A., Sinha, S., & Graves, L. (2019). Enhanced skills training in family medicine maternity care: cross-sectional study of graduates' experiences. *Canadian Family Physician*, 65(12), e531-e537.

⁶ Women's Health Coalition (2024). *Under Valued - Under Served Report*. Statement on structural reform and enhanced training for Gynecological care in Canada. Retrieved on January 27, 2025, from <https://thewhc.ca/download/under-valued-under-served-may-2024/>.

include training focused on women's health, particularly gynecological and reproductive care.

7. Streamlining and Modernizing Billing Codes

Administrative burdens on physicians reduce the time available for patient care. Streamlining and modernizing billing codes, especially for women's health services, will improve service delivery efficiency. Simplified processes can enhance healthcare providers' capacity to focus on patient care rather than paperwork.

8. Accelerating HPV Self-Screening

HPV self-screening improves access to cervical cancer testing, especially in rural and underserved areas, and has been found to be the preferred method of cervical cancer screening among women in Ontario⁷. This approach allows individuals to swab at home and send samples for testing, with follow-up care if HPV is detected. British Columbia has successfully implemented this program, and Ontario is transitioning to adopt it. We urge the next provincial government to prioritize accelerating the rollout of HPV self-screening to reduce barriers, enhance early detection, and save lives.

9. Increasing Endocrinology Support

Numerous endocrinological disorders, such as Polycystic Ovary Syndrome (PCOS) and thyroid conditions, disproportionately affect women. We recommend increased support for endocrinology services, including specialist training and resources for early detection and management of these disorders. This is critical as the prevalence of these conditions continues to rise.

10. Supporting Patient-Centred Care Practices

We urge the government to support the implementation of patient-centered care practices, such as counselling patients on⁸, and providing funding for, pain management options during IUD insertions and other minor gynecologic procedures to ensure that reproductive health services are trauma-informed, gender-affirming, and culturally responsive. This approach will enhance the quality of care and foster trust between patients and healthcare providers.

11. Workforce and Technology for Mammogram Access

With the lowering of self-referral eligibility for mammograms to age 40, it is imperative to ensure that the healthcare workforce and imaging technology are adequately equipped to meet the increased demand. Investments in hiring and training imaging technicians and upgrading diagnostic equipment will ensure this policy is implemented equitably.

12. Increased Funding for OBGYN Residency Training

A shortage of OB-GYN specialists exacerbates delays in care for women. We recommend funding to increase OB-GYN residency seats in Ontario's medical schools. This initiative will address both immediate and long-term service delivery gaps.

⁷ Claudia Turco, PhD, Women's Health Coalition (2024). CERVICAL CANCER PREVENTION: Implications of HPV Testing & Self Sampling. Statement on how self-sampling improves access, equity, and effectiveness of testing. Retrieved January 25, 2025, from <https://thewhc.ca/download/hpv-report-november-2024/>.

⁸ Society of Obstetricians and Gynaecologists of Canada. (n.d.). *Statement on intrauterine devices*. Retrieved January 25, 2025, from https://sogc.org/common/Uploaded%20files/Latest%20News/Statement_on_Intrauterine_Devices-E.pdf

Clinical Research

13. Improving Women's Health Studies

Reproductive, hormonal, menstrual, and sexual health research remains underfunded. Allocating funds to study issues such as endometriosis, menstrual disorders, and gynecological cancers (e.g., endometrial and cervical cancer) will ensure these conditions receive the attention they deserve. Despite the high mortality rates⁹, uterine and ovarian cancers remain vastly underfunded in research in comparison to breast cancer. While breast cancer research has advanced significantly, other gynecological cancers require similar focus and resources.

14. Representation of Women in Health Studies

Women's representation in clinical research has historically been inadequate. We advocate for supporting initiatives that prioritize the inclusion of women in health-related studies, particularly for conditions like heart disease and stroke, where symptoms and outcomes differ significantly between sexes. Physicians also describe feelings unprepared to assess cardiovascular disease because of a lack of training unique to women's presentations. Improved representation will lead to better-informed healthcare interventions for women.

15. Person-Centered Research Approaches

Research initiatives must adopt person-centered approaches that are safe, trauma-informed, and culturally sensitive. This includes ensuring the perspectives of diverse women—including those from Indigenous, racialized, and LGBTQ+ communities—are represented in research design and implementation. These communities face significant barriers to readily accessible care including: a history of mistrust, ongoing covert racism, and a lack of provider knowledge. Funding should support community-led research initiatives to ensure findings are relevant and actionable.

16. Ensuring Funding Allocations Reflect Women's Perspectives

When allocating healthcare research funds, the provincial government must consider the perspectives and priorities of women. Establishing advisory committees with diverse representation, spanning age groups, cultural backgrounds, neurodivergencies, physical abilities, and socio-economic statuses, will ensure funding decisions align with women's healthcare needs and drive meaningful progress. These committees can offer valuable insights into under-researched areas such as reproductive health, mental health, and chronic conditions that disproportionately affect women like rheumatoid arthritis and osteoporosis.

Conclusion

The Women's Health Coalition of Ontario strongly believes that addressing the gaps in equitable access, service delivery, and clinical research is essential to building a healthcare system that meets the needs of all women in the province. By prioritizing these areas,

⁹ Canadian Cancer Statistics (2023). Statistics on cervical cancer having the highest increase in female cancers (3.7% increase per year since 2015). Retrieved January 27, 2025, from https://cdn.cancer.ca/-/media/files/research/cancer-statistics/2023-statistics/2023_PDF_EN.pdf.



Ontario's next government can demonstrate its commitment to improving women's health and creating a more inclusive and efficient healthcare system.

We urge all political parties to recognize the importance of these priorities and commit to meaningful action. We appreciate the opportunity to share our insights and recommendations and look forward to collaborating with policymakers, healthcare partners, and communities to advance women's health initiatives in Ontario.