

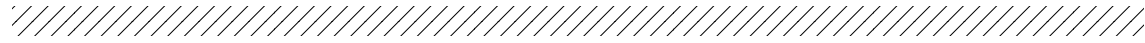
# Downtown Eastside Women's Health and Safety Strategy

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The vision of the Downtown Eastside Women's Health and Safety strategy is women who are healthier, safer and empowered to be full and equal participants in their care.

February 2019

# Why a women's health and safety strategy?



“EMPOWERING WOMEN AND GIRLS...IS ONE OF THE FASTEST AND MOST EFFECTIVE WAYS TO BREAK THE CYCLE OF POVERTY AND POOR HEALTH.” – Amie Batson, PATH Chief Strategy Officer

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## 1. WOMEN IN THE DOWNTOWN EASTSIDE ARE UNDER-SERVED.

BC Ministry of Health data shows that adult women consistently utilize roughly twenty percent more MSP services than adult men in British Columbia (Office of the Provincial Health Officer, 2011). By contrast, although women make up approximately 40% of the Downtown Eastside (DTES) population, only 26% of VCH Primary Care clients in the DTES are self-identified women. Similarly, just 28% of Vancouver Coastal Health (VCH) funded Mental Health and Substance Use supported housing units in the DTES are occupied by women. In fact, women are under-represented in every VCH-operated mixed-gender service in the DTES with the exception of Home Health.

## 2. WOMEN IN THE DTES LIVE WITH EXTREME LEVELS OF VIOLENCE AND TRAUMA,

both from their childhood experiences and their everyday adult lives. A 2014 survey of women in the DTES found that of 160 respondents, 48% had experienced sexual and/or physical violence in the last two years alone (Women's Coalition, Nov 2014). An estimated one-third of women in the DTES have lost a child to the care of the Ministry (Duff P, et al, 2015). These experiences of violence and trauma have significant health consequences. They also make it more difficult for many women in the DTES to trust our services and get the care they need.

## 3. HEALTHIER, EMPOWERED WOMEN MEAN A HEALTHIER DTES COMMUNITY.

The field of international development has long recognized women-centred approaches as a key mechanism for shifting outcomes at a community level (Varkey P, Kureshi S, Lesnick T., 2010)

# DTES women's health and safety strategy – plan on a page

Our Vision: Women in the DTES are healthier, safer, more connected and empowered to participate fully and equally in their own care.

## Gender-Specific Services

- Women's Night Coordination
- Access to gender-specific trauma therapy
- Trans Speciality Care strategy

## Partnerships and Collaboration

- Healthy City Strategy Gender Subcommittee
- DTES women's community of practice
- DTES Women's Coalition
- MCFD and VACFSS Liaison
- Reduce barriers to substance use services for parents

## Safer and Accessible All-Gender Services

- Safer Spaces demonstration project
- Withdrawal Management Centre gender-specific space
- Indigenous Employee Recruitment and Retention
- Elders-in-Residence

## Education and Culture Change

- Intersectional gender lens
- Trauma Informed Care Strategy
- Education in Trans 101, Gender Based Violence and Child Protection Duty-to-Report

## Data, Research and Engagement

- Evaluate Women's ICMT
- Necamat Women's Village of Wellness



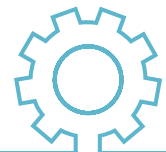
## What we'll do:

### Five priority areas:

1. **Improve women-centred clinical care**
2. **Respond to gender based violence**
3. **Help keep families together**
4. **Ensure Indigenous cultural safety**
5. **Improve access for trans women and non-binary people**

## How we'll know we're making a difference:

- Number of Vancouver Community projects/ plans implementing an intersectional gender lens
- Percent of female-identified DTES clients in relation to total female-identified population of DTES
- Percent of female, trans and Indigenous women clients reporting quality of care was good, very good or excellent
- Percent of female, trans and Indigenous women clients reporting they felt safe receiving care
- Percent of female, trans and Indigenous women clients reporting they were treated with dignity and respect
- Percent of VCH staff in DTES reporting they feel prepared to assess and appropriately support a client experiencing gender based violence
- Number of trauma therapy and violence prevention programs available in the DTES
- Percent of VCH staff in DTES who feel confident they know how to appropriately approach concerns related to child welfare
- Number of VCH leaders and staff in the DTES who identify as Indigenous



### Four ways of working that under-pin everything:

- Indigenous cultural safety
- Trauma-and-violence informed practice
- Peer engagement
- Inclusion of trans women and non-binary people

For more information visit: [dtes.vch.ca/2nd-generation-planning-documents](https://dtes.vch.ca/2nd-generation-planning-documents)

# About the women's strategy

WE GRATEFULLY ACKNOWLEDGE THAT THE WORK OF THE DTES WOMEN'S STRATEGY TAKES PLACE ON THE TRADITIONAL, ANCESTRAL AND UNCEDED HOMELANDS OF THE MUSQUEAM, SQUAMISH AND TSLIEL-WAUTUTH NATIONS.

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The DTES Women's Health and Safety Strategy is a two-year plan to lay the foundation for improving access to VCH community care for women living in the DTES. This strategy is inclusive of all self-identified women in the DTES, with the recognition that trans women and non-binary people also have unique needs that necessitate an area of special focus within this strategy.

Although the focus of this strategy is the DTES of Vancouver, most of the issues we address here are not confined to the DTES. Meaningful, sustainable change on issues such as gender-based violence require action and partnerships at a Vancouver-wide and even regional level. While this document identifies the geographic scope of each action in the near term, the ability to scale-up every initiative beyond the DTES has been considered in our decisions around implementation.

## STRATEGY PROCESS

The DTES Women's Health and Safety Strategy grew out of community response to the DTES 2nd Generation Strategy Design Paper. Leaders of women's organizations in the DTES pushed VCH to do more to meet the unique needs of women. These conversations culminated in the release of *Women's Health and Safety in the Downtown Eastside: Companion Paper to the Second Generation Strategy Design Paper*. From there VCH set out to create a strategy that would move the issues identified through the Companion Paper into an actionable plan for change.

THE PROCESS TO CREATE THE STRATEGY INCLUDED THE FOLLOWING STEPS:

- **Literature review**  
With a focus on reports and participatory research done with/by women in the community
- **22 key informant interviews**  
10 with external stakeholders and 12 with key VCH staff and clinicians
- **Community Advisory Committee**  
Made up of an Elder, women's service providers and peers, it provided ongoing input, feedback and held us accountable to our priorities and principles
- **Staff engagement**  
54 VCH staff from DTES teams helped identify the opportunities for change and set the priorities for action

The strategy focuses on five priority areas, each with its own goals for change.

Women-Centred Clinical Care
Responding to Gender Based Violence
Keeping Families Together
Ensuring Indigenous Cultural Safety
Access for Trans Women and Non-Binary People

Across those priority areas, actions fall into five types of work:



Partnerships and Collaboration



Gender-Specific Services



Data, Research and Engagement



Education and Culture Change

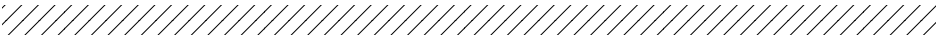


Safer and More Accessible All-Gender Services

Four ways of working must be mainstreamed in all planning and implementation of the strategy:


Indigenous cultural safety	Our actions must begin by understanding the different experiences of Indigenous women, both historically and individually, and shift the power-imbalances at the structural and inter-personal level.
Trauma-and-violence informed practice (TVIP)	Our practices and policies must strive to create a sense of greater safety for those who have experienced trauma and violence and must prevent further harm.
Peer engagement	We must include the voice of self-identified women in the community in planning and implementation of our actions and seek opportunities for greater empowerment of women as we go forward.
Inclusion of trans women and non-binary people	Our planning must consider how people who are transgender or gender variant are impacted differently and aim for greater inclusion and safety of trans women and non-binary people in all we do.

# The foundation: implementing an intersectional gender lens



AN INTERSECTIONAL GENDER ANALYSIS IS A SYSTEMATIC WAY OF EXAMINING THE DIFFERENT IMPACTS OF GENDER, AGE, RACE, SOCIOECONOMIC STATUS, ABILITY, AND SEXUAL ORIENTATION ON PEOPLE'S LIVES, AND CONSIDERING THESE FACTORS WHEN MAKING DECISIONS.

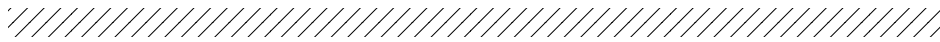
Implementing an intersectional gender lens tool inside VCH is the foundation for long-term change in the DTES and beyond.

Approach	Action	Scope	Timeline
<p><b>EDUCATION AND CULTURE CHANGE</b></p> 	<p>Implement an intersectional gender lens in Vancouver Community decision-making</p> <ul style="list-style-type: none"> <li>Educate VCH senior leaders on why and when to apply an intersectional gender lens. Reinforce education with an organization-wide communications strategy on gender impacts on health.</li> <li>Train Project Management teams in VCH-Vancouver Community to apply an intersectional gender lens process as part of project planning. Explore opportunities to train PM teams outside of Vancouver Community.</li> <li>Trial an intersectional gender lens tool within two key project management, contracting and/or reporting processes in Vancouver Community.</li> </ul>	Vancouver Community	Two pilot projects underway by July 2019

**How will we know we've made a difference?**

**Measure 1:** % change in VCH Leadership's awareness of why, when and how to apply a gender lens to decision-making

**Measure 2:** # of projects/processes implementing an intersectional gender lens



TO MEET OUR VISION OF HEALTHIER WOMEN IN THE DTES, VCH MUST INCREASE ACCESS TO CARE FOR WOMEN IN THE COMMUNITY WITH A FOCUS ON MEETING THE NEEDS OF MARGINALIZED WOMEN WHO ARE NOT ACCESSING CARE AT ALL.

**Our goals:**

- VCH offers a continuum of women-only services.
- VCH all-gender services feel safer and more welcoming.

***Women-only services – an important part of the continuum:***






Some stakeholders have told us that there are enough women-only services in the DTES. However, others, including our own staff, report that mixed-gender services in the DTES are typically dominated by male clientele. For many women, especially those who have experienced physical violence, these spaces can be intimidating and so they avoid visiting or fully engaging in these services. For some, women-only services also offer an important guarantee of women-only care providers.

However, we’ve also heard that many women do not like women-only spaces and women-only spaces can be unwelcoming for trans women and non-binary people. Some women want to receive care alongside their male partner, and some women’s male partner will not allow her to receive care without his presence. For these reasons, providing all-gender services that are safer and accessible to all women is of equal importance.

**What we’ve done since the Companion Paper was published:**

- Implementation of a women-only Intensive Case Management Team (ICMT) and Mobile Health Unit van to proactively connect very marginalized women to care
- Funded for SisterSpace Women-Only Overdose Prevention Site including overnight hours
- Expanded “Women’s Night” women-only clinic times to new Heatley Community Health Centre
- “Women in the Overdose Crisis” engagement process with women service providers and peers to shape the OD crisis response
- Foundational education on trauma-informed practice now required for all DTES community health centre staff
- Established the Rice Block pre and post-stabilization housing program for women wanting to reduce or stop problematic substance use

OBJECTIVES:

Approach	Action	Scope	Timeline
<p><b>GENDER SPECIFIC SERVICES</b></p> 	<p><b>Enhance Women's Night Coordination</b></p> <ul style="list-style-type: none"> <li>• Work with women in the community and VCH staff to enhance and promote Women's Night (existing women-only clinic times at three DTES community health centres) and improve access to Women's Night for marginalized women.</li> <li>• Explore opportunities to expand Women's Night clinic times to VCH Primary Care sites outside of DTES.</li> </ul>	DTES	Start Fall 2018
<p><b>SAFER AND MORE ACCESSIBLE ALL- GENDER SERVICES</b></p> 	<p><b>Safer Spaces Demonstration Project</b></p> <ul style="list-style-type: none"> <li>• Starting with one mixed-gender VCH waiting room/client space in the DTES – incorporate design and staffing/peer elements that promote Indigenous cultural safety and a sense of welcome and safety for women (cisgender and trans) and non-binary people and elders. Evaluate the impact and lessons learned, then scale to other sites.</li> </ul>	DTES	Start Spring 2019
	<p><b>Improve sense of safety in in-patient Withdrawal Management (Detox)</b></p> <ul style="list-style-type: none"> <li>• Create a new Withdrawal Management Centre – include flexible women-only and trans-only spaces. Ensure all rooms are private. Include individual washrooms and shower rooms. Engage women, trans and non-binary peers in the design process.</li> </ul>	Vancouver	In process Estimated completion 2021
<p><b>EDUCATION AND CULTURE CHANGE</b></p> 	<p><b>Begin implementation of a regional Trauma and Violence Informed Practice (TVIP) strategy</b></p> <ul style="list-style-type: none"> <li>• Work with VCH staff and leaders to embed a culture of trauma-and-violence-informed practice across the organization, including staff well-being as a key component.</li> </ul>	Regional	Implementation planning begins Spring 2018
<p><b>PARTNERSHIPS AND COLLABORATION</b></p> 	<p><b>Create a DTES Women's Community of Practice</b></p> <ul style="list-style-type: none"> <li>• Establish a community of practice for DTES women's service providers and peers to improve communication and coordination of care for the most marginalized women in the community.</li> </ul>	DTES	Start January 2019
	<p><b>Participate in the DTES Women's Coalition</b></p> <ul style="list-style-type: none"> <li>• Leadership from VCH, City of Vancouver and BC Housing will continue participation in conversations with key DTES women-serving organizations regarding funding for women's services and improving safety for women in the community.</li> </ul>	DTES	Ongoing
<p><b>DATA, RESEARCH AND ENGAGEMENT</b></p> 	<p><b>Evaluate the Women's ICMT</b></p> <ul style="list-style-type: none"> <li>• Partner with UBC School of Nursing to evaluate the effectiveness of a women-only approach to Intensive Case Management to build a case for more women-only services, drive quality improvement in women-centred care and support replication of the model elsewhere.</li> </ul>	DTES	Completed by October 2019

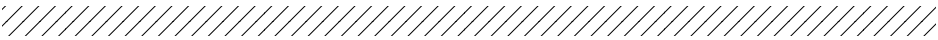
**How will we know we've made a difference?**

**Measure 3:** % female and trans identified VCH DTES clients in relation to total female and trans identified population of DTES

**Measure 4:** % female and trans identified clients reporting quality of care and services were good, very good or excellent

**Measure 5:** % female and trans identified clients reporting they felt safe receiving care





THE LINKS BETWEEN WOMEN'S EXPERIENCES OF VIOLENCE WITH POOR MENTAL HEALTH AND SUBSTANCE USE DISORDER ARE WELL-ESTABLISHED IN THE LITERATURE, AS ARE THE LASTING NEGATIVE HEALTH EFFECTS ON CHILDREN WHO WITNESS INTIMATE PARTNER VIOLENCE

(Wathen, N. & MacMillan, H., 2012).

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Emotional/psychological abuse can also limit a woman's ability to access the care she needs (BWSS, 2018). It is important to acknowledge that gender variant people, Indigenous and other racialized women are disproportionately affected by violence and ensure that all our strategies to address violence reflect this. Simply put, gender-based violence is a public health issue and VCH, alongside our partners, has an important role to play in shifting the culture of violence in the DTES and across Vancouver.




**Our goals:**

- VCH recognizes and responds to gender-based violence as a public health issue.
- VCH services provide women, cisgender and trans, experiencing violence with appropriate care and connection to community supports.

**What we've done since the Companion Paper was released:**

- One-time funding provided to the MAP Van (outreach to street-based sex workers) via the Overdose Crisis Response

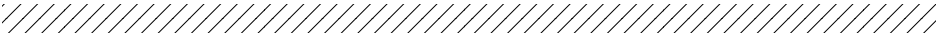
**OBJECTIVES:**

Approach	Action	Scope	Timeline
<p><b>PARTNERSHIPS AND COLLABORATION</b></p> 	<p><b>Establish a gender-focused subcommittee of the Healthy City Strategy</b></p> <ul style="list-style-type: none"> <li>Establish a gender-focused subcommittee of the Healthy City Strategy, to work with municipal partners to establish common strategies and policy approaches.</li> </ul>	Vancouver	Committee established by mid 2019
<p><b>EDUCATION AND CULTURE CHANGE</b></p> 	<p><b>Build staff competencies for supporting women experiencing violence</b></p> <ul style="list-style-type: none"> <li>Provide staff and physicians at each of our DTES sites with training and tools to sensitively and safely assess and refer a woman (cisgender and trans) experiencing violence to appropriate supports in a trauma-informed and culturally safe way.</li> </ul>	DTES and Region	Begin training sessions Spring 2019
<p><b>SAFER AND MORE ACCESSIBLE GENDER-SPECIFIC SERVICES</b></p> 	<p><b>Prevent violence by supporting men</b></p> <ul style="list-style-type: none"> <li>Conduct a current state analysis of the availability of gender-specific trauma therapy for all genders in the DTES and improve access to violence prevention programming for men in the DTES.</li> </ul>	DTES	Begin planning Spring 2019

**How will we know we've made a difference?**

**Measure 6:** % VCH DTES staff reporting they feel prepared to assess and appropriately support a client experiencing violence

**Measure 7:** # trauma therapy and violence prevention programs available in DTES






AN ESTIMATED ONE-THIRD OF WOMEN IN THE DTES HAVE LOST ONE OR MORE CHILDREN TO THE CARE OF THE MINISTRY. THE TRAUMA OF THIS EXPERIENCE NOT ONLY FURTHER ENTRENCHES THE CYCLE OF MENTAL ILLNESS AND SUBSTANCE USE DISORDER FOR MANY FAMILIES, IT MAKES IT VERY DIFFICULT FOR MANY WOMEN, PARTICULARLY INDIGENOUS WOMEN, TO TRUST HEALTH CARE PROFESSIONALS (Thibodeu, S., North Peigan, F., 2007).

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**Our goal:**

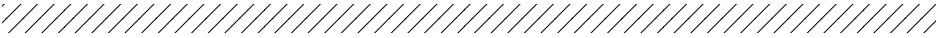
Women/families that are pregnant or parenting can access VCH services, including Mental Health and Substance Use services, with supports in place to help families stay together safely.

OBJECTIVES:

Approach	Action	Scope	Timeline
<p>SAFER AND MORE ACCESSIBLE ALL GENDER SERVICES</p> 	<p>Redesign VCH Vancouver Public Health Services</p> <ul style="list-style-type: none"> <li>Redesign VCH Public Health services to better serve complex families by reducing barriers to Public Health services and improving integration with VCH Primary Care and Mental Health and Substance Use services.</li> </ul>	Vancouver	Redesign implementation complete Spring 2020
<p>PARTNERSHIPS AND COLLABORATION</p> 	<p>Seek to establish MCFD and VACFSS child protection liaisons for Vancouver Community</p> <ul style="list-style-type: none"> <li>Liaisons would consult with VCH staff and physicians, support them to advocate for clients and provide education.</li> </ul>	Vancouver	Initiate conversation with partners early 2019
	<p>Reduce barriers to substance use disorder services for parents/guardians of children</p> <ul style="list-style-type: none"> <li>Work with partners to expand options for parents/guardians engaging in substance use disorder services.</li> </ul>	Vancouver	Initiate conversations with partners early 2019
<p>EDUCATION AND CULTURE CHANGE</p> 	<p>Educate staff on a trauma-informed, approach to reporting child protection situations</p> <ul style="list-style-type: none"> <li>Support roll out of new trauma-informed clinical practice guidelines on “duty-to-report” through education with DTES staff.</li> </ul>	DTES	Begin education winter 2019

How will we know we’ve made a difference?

**Measure 8:** % of VCH DTES staff who feel confident they know how to appropriately approach concerns related to child welfare



INDIGENOUS WOMEN IN THE DTES ARE LEADERS, CAREGIVERS, AND CHANGE-MAKERS. TO ACHIEVE OUR VISION, VCH MUST MAKE OUR SERVICES MORE WELCOMING, COMFORTABLE AND EMPOWERING FOR THE DIVERSITY OF INDIGENOUS WOMEN IN THE COMMUNITY.

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Indigenous cultural safety is not only a stand-alone priority, it is also a way of working that must underpin all of our strategy actions.

**Our goals:**

- More Indigenous women are in leadership roles in all areas of our work in the DTES including clinical care, research and peer engagement.
- VCH spaces, services and events are explicitly welcoming and safer for Indigenous women.



**What we've done since the Companion Paper was released:**

- VCH Indigenous Cultural Safety education required for all VCH DTES staff and leadership
- Created Sacred Spaces for traditional healing and ceremony at Heatley Community Health Centre and Downtown Community Health Centre (DCHC)
- Annual Necamat Women's Village of Wellness events, organized by and for Indigenous women living in the DTES
- Established an Indigenous Women's Health Research Network – including initiation of two research projects by Indigenous women staff

# PRIORITY 4

## Ensuring Indigenous cultural safety

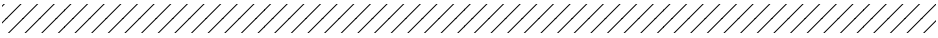
### OBJECTIVES:

Approach	Action	Scope	Timeline
<b>SAFER AND MORE ACCESSIBLE ALL-GENDER SERVICES</b> 	<b>Fully implement the Elders-in-Residence program</b> <ul style="list-style-type: none"> <li>Offer regular times for clients and staff at each DTES community health centre, including Women's Nights, to meet with Elders for traditional medicine, ceremony and support.</li> </ul>	DTES	Implementation currently underway
	<b>Incorporate Sacred Spaces in all new facilities</b> <ul style="list-style-type: none"> <li>Ensure all new VCH facilities in the DTES include Sacred Spaces for traditional medicines and ceremony.</li> </ul>	DTES	Ongoing
	<b>Implement the VCH Indigenous Employee Recruitment and Retention Strategy</b> <ul style="list-style-type: none"> <li>Ask all VCH job applicants if they identify as Indigenous. Establish supports for application process, e.g., coaching for resume writing and interviewing.</li> <li>Give preference to Indigenous applicants for positions working with a large proportion of Indigenous clients.</li> <li>Hold an annual event for Indigenous staff to come together and connect in person.</li> </ul>	Regional	Implementation planning currently underway
<b>DATA, RESEARCH AND ENGAGEMENT</b> 	<b>Continue to host the Necamat Women's Village of Wellness</b> <ul style="list-style-type: none"> <li>Led by Peers and Elders – this event connects women to services, celebrates their contributions to community, and engages women about their ideas and priorities.</li> </ul>	DTES	Ongoing

### How will we know we've made a difference?

**Measure 9:** # VCH leaders and staff in the DTES who identify as Indigenous

**Measure 10:** % Indigenous women (cisgender and trans) and two-spirit clients reporting they were treated with dignity and respect



ALTHOUGH TRANS WOMEN AND NON-BINARY PEOPLE REPRESENT A SMALL PROPORTION OF THE VANCOUVER POPULATION, THEY ARE DISPROPORTIONATELY AFFECTED BY HOMELESSNESS, POVERTY, UNEMPLOYMENT, DEPRESSION, AND SUBSTANCE USE DISORDER. SOCIAL STIGMA MEANS MANY TRANS AND NON-BINARY PEOPLE MAY AVOID HEALTH AND SOCIAL SERVICES DUE TO FEAR OF VIOLENCE OR DISCRIMINATION FROM OTHER CLIENTS AND STAFF (Lyons et al, 2016).




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While VCH has established itself as a leading provider of trans speciality care at Raven Song and Three Bridges Community Health Centres, availability of these services is limited and can be difficult to access for those who live in

**Goals:**

- Trans women and non-binary people feel welcomed and safer when accessing VCH services in the DTES
- VCH care in the DTES is trans competent

OBJECTIVES:

Approach	Action	Timeline
<p>EDUCATION AND CULTURE CHANGE</p> 	<p><b>Provide Trans 101 education</b></p> <ul style="list-style-type: none"> <li>• Ensure all DTES staff and leadership receive Trans 101 education through VCH's Prism program.</li> </ul>	Ongoing
<p>SAFER AND MORE ACCESSIBLE ALL-GENDER SERVICES</p> 	<p><b>Safer Spaces Demonstration Project</b></p> <ul style="list-style-type: none"> <li>• Beginning with one mixed-gender VCH waiting room / client space in the DTES – incorporate design elements and practices that promote Indigenous cultural safety and a sense of welcome and safety for women (cisgender and trans) and non-binary people and elders. Evaluate the impact and lessons learned, then scale to other sites.</li> </ul>	Start Winter 2019
<p>GENDER-SPECIFIC SERVICES</p> 	<p><b>Implement a Trans Speciality Care Strategy</b></p> <ul style="list-style-type: none"> <li>• Working with Peers, develop and implement a Trans Specialty Care Strategy for Vancouver that includes increasing the competency of Integrated Care Teams in the DTES to provide care for their trans clients.</li> </ul>	Begin implementation Fall 2018

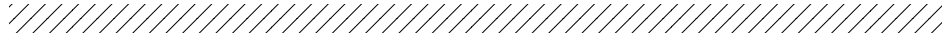
**How will we know we've made a difference?**

**Measure 11:** % trans, two-spirit and non-binary identified clients reporting they feel safe receiving care

**Measure 12:** % trans, two-spirit and non-binary identified clients reporting the quality of care and services they received were good, very good or excellent



# Moving forward



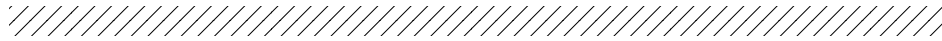
IMPROVING THE WAY VCH CARES FOR MARGINALIZED WOMEN IS NOT AN OVERNIGHT PROCESS. THE ACTIONS OUTLINED FOR THE NEXT TWO YEARS ARE MERELY A STARTING PLACE FOR CHANGE.

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It is important to acknowledge the limitations of this strategy. The unique needs of older adults are not adequately represented in this strategy. Neither are the needs of undocumented women who often struggle to get timely access to safe care. Our intent is that through the implementation of an intersectional gender-based analysis tool the needs of these populations will emerge in all future planning.

But by laying a foundation through education, partnership, and key quality improvement initiatives, we expect further opportunities will emerge to help us achieve the vision of healthier, safer, more empowered DTES women.

# Acknowledgements



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THE VGH/UBC HOSPITAL FOUNDATION.

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## **DTES Women's Health Strategy**

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