

**RURAL WOMEN'S ACTION WORKSHOPS
Nipawin and Swift Current, Saskatchewan**

**Noreen Johns
Joanne Havelock**

Project #117

RURAL WOMEN'S ACTION WORKSHOPS Nipawin and Swift Current, Saskatchewan

January 2006

**Workshop facilitation by Noreen Johns
Report by Noreen Johns and Joanne Havelock**

Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Contribution Program of Health Canada. The PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. The views expressed herein do not necessarily represent the official policy of the PWHCE or Health Canada.

The Prairie Women's Health Centre of Excellence
56 The Promenade
Winnipeg, Manitoba R3B 3H9
Telephone (204) 982-6630 Fax (204) 982-6637
pwhce@uwinnipeg.ca

This report is also available on our website:
www.pwhce.ca

This is project #117 of the Prairie Women's Health Centre of Excellence
ISBN # 1-897250-02-7

Noreen Johns
Zelma GMB #36
Allan, Saskatchewan
S0K 0C0

Joanne Havelock
Prairie Women's Health Centre of Excellence
University of Regina Extension
CB 309 College Ave. & Scarth Street
Regina, Saskatchewan
S4S 0A2

INTRODUCTION

This document reports on Rural Women's Action Workshops held on April 25th and 26th, 2005 in Nipawin, Saskatchewan and on May 17th and 18th, 2005 in Swift Current.

This work began as a follow-up to the *Rural Remote and Northern Women's Health* report, and was moved forward by the creation of the Rural Women's Issues Committee

Rural, Remote And Northern Women's Health Report

In June 2004, the Prairie Women's Health Centre of Excellence (PWHCE) and the Centres of Excellence for Women's Health (CEWH) released the report *Rural, Remote and Northern Women's Health: Research and Policy Directions*. This was a comprehensive, national project on the health concerns of women who live in rural, remote and northern Canada. As requested by the community women involved in the project, a plain language community kit was developed shortly afterwards. PWHCE also committed to providing other follow-up to the research report and its recommendations.

In September 2004 PWHCE began working with rural women in Saskatchewan as one step in carrying forward the *Rural, Remote and Northern Women's Health* report's recommendations.

A Rural Women's Health Workshop was held November 17, 2004 at the Christ Lutheran Church in Young, Saskatchewan. The purpose of the workshop was to offer women the opportunity to become familiar with the national Report's recommendations and determine follow-up action for Saskatchewan. Some of the participants had participated in focus groups as part of the initial research for the national project. New participants included rural women, Métis women and Francophone women.

The women at the workshop identified a wide range of factors affecting the well-being of rural women in their local communities, and began determining actions to address these factors. It was evident that more time was needed to move from ideas to actions. The Rural Women's Issues Committee of Saskatchewan (RWICS) was formed at that meeting, to determine how this group might meet again, and also how to involve other rural women in similar events.

RWICS Workshops

RWICS held a second workshop in Young, Saskatchewan on March 15, 2005, sponsored by PWHCE. To address the issues identified at the November meeting the women produced detailed action plans and made personal commitments to move the actions forward.

RWICS received a grant in April 2005 from the Women's Program of Status of Women Canada. The grant, combined with continued support from the Prairie Women's Health Centre of Excellence, the Centre for Rural Studies and Enrichment in Muenster, Saskatchewan and the volunteer support of its enthusiastic volunteer committee members, enabled RWICS to propel its work.

As a result, workshops were held on April 25th -26th, 2005 in Nipawin, Saskatchewan and on May 17th -18th, 2005 in Swift Current, Saskatchewan.

RWICS Goals

Saskatchewan has a strong history with women and women's organizations leading the way to many policy improvements and important social reforms. In recent years changing demographics, reductions in funding to women's organizations and the triple workload rural and farmwomen carry, have made it more difficult for rural women's organizations to remain active and present their views.

In its work RWICS hopes to link with individuals and organizations working to improve the situation of rural women and to help to bring the recommendations of rural women forward to decision-makers. Our goal is to support and encourage rural women to name their own issues, create their personal action plans and achieve their own visions.

TWO WORKSHOPS

NIPAWIN

The first Rural Women's Action Workshop hosted by the Rural Women's Issues Committee of Saskatchewan (RWICS) was held in Nipawin, Saskatchewan April 25-26, 2005. The workshop was sponsored by Status of Women Canada with planning and organizational support from PWHCE. Gloria Borg, Chair of RWICS and a resident of Nipawin, took the lead in organizing the workshop at the Nipawin Métis Local Business Centre.

Fourteen women attended the Nipawin workshop, as well as five RWICS members. The women were from many backgrounds with farm, business, health care and other work experience. The members of RWICS joined the group work, often acting as a resource to the discussions.

SWIFT CURRENT

The second Rural Women's Action Workshop was held in Swift Current, Saskatchewan May 17-18, 2005. Again the workshop was sponsored by Status of Women Canada with planning and organizational support from PWHCE. Liz Gordon, resident of Webb, Saskatchewan, took the lead in organizing the workshop held at the Pioneer Mall in Swift Current.

Twenty-one women attended the Swift Current workshop, as well as four RWICS members and a representative of Status of Women Canada. The participants were from many backgrounds with farm, ranch, business, health care, education, church, daycare and other work experience and organizational affiliations.

WORKSHOP FORMAT

Each workshop started with an evening supper and session and continued on the following day until 4:00 p.m.

In recognition of the busy schedules and many responsibilities in women's lives, the workshop was designed to accommodate women who could attend only a portion of the workshop. Some women could

only commit to attending either the evening session or the day session, but most attended the full workshop. (At the end of the evening session, participants who could not attend the second day could leave suggestions for actions for consideration the next day. And women who were only able to attend on the second day were given an opportunity at the start of the day to write down their issues and visions.)

At the start of the evening session, participants were asked to give a brief introduction of themselves – their home location, their occupation, if they were representing an organization, and their main reason for attending the workshop.

After supper the meeting reconvened with an overview of the workshop process by facilitator Noreen Johns. Joanne Havelock of PWHCE then introduced participants to the Centres of Excellence for Women's Health (CEWH) and the *Rural, Remote and Northern Women's Health* report that inspired this workshop process. She also introduced the group to the *Rural, Remote and Northern Women's Health Communications Kit*, encouraging its use to make women "Champions for Change" in their local communities. The kit offers facts, messages from the research, and methods to inspire actions through many avenues. The kit and accompanying CD were distributed.

A display of relevant reports from the Prairie Women's Health Centre of Excellence and achievements of RWICS was on hand.

ISSUES AND VISIONS

The main body of the workshop began with the facilitator asking the participants to identify individual issues that affected them, their families and their communities, writing them down on paper. Doing this on their own gave each participant the opportunity to reflect and bring forward her own concerns.

Then, participants were challenged to turn these issues around, to a positive vision - imagining each set of suggested actions a victory complete – what would they expect to see? Again, the women had time to reflect on their own, imagining positively what they would like to see in the future, and writing it down.

Participants then chose the three to five visions most important to them, writing a short phrase describing their vision on a large index card. They were then invited to share their individual visions with the group and place them on the wall. Following a large-group discussion, the workshop wrapped up for the evening. The two sets of visions are listed in the following pages.

NIPAWIN

CONNECTIONS AND LEADERSHIP

Issues	Visions
Isolation from other women. Intergenerational connections. We need women to be connected through a community of intergenerational women.	I see a group of women (intergenerational, interracial) in a centre - they are passing on traditional stories and customs.
Appoint women to boards & commissions.	50% of appointments to boards & commissions are women.
Leadership Funding Pool – How many women struggle financially beyond basic needs?	If accessed they need voice of representation, equitable funds in sector for local access of use, information on opportunities, designated direction for building a foundation.
Affordable leadership skills training.	More affordable, local leadership programs available.
Cross cultural awareness/ De-stigmatization.	Our community is mixed. We are open to other cultures & there’s a lot of cross-cultural training going on.

BUSINESS AND EMPLOYMENT

Issues	Visions
Funding.	Kept younger people in the rural areas.
Better paying jobs for women.	More women who are self sufficient, able to afford children, fewer women in poverty.
More aid or loans for small business opportunities (low-interest & low down payments).	More women’s businesses are a reality in rural Saskatchewan.
Business & Employment/Self Employment: how many women own businesses, work part time, full time, youth? How many women have education readiness? Barriers: experience in management, higher education.	If accessed they need women /young women/entrepreneurial training, training for joint business ventures, network information on opportunities.
Education – keeping small town schools open.	Small schools staying open for rural families, no long bus rides.
Information – communication strategy – Network & knowledge.	If accessed then need Women’s Communication Network Centre, computers for women, training on computer literacy. Barriers – networking for support, education, training.
Access to childcare.	More women working at full time jobs; children with high quality care.

BUSINESS AND EMPLOYMENT (continued)

Care for women who need health care but are primary caregivers for children.	There is affordable and easily accessible daycare available downtown. Can be used in a crisis.
Accessible/available education resources for women including day care and mother care.	If women leave an abusive relationship they have enough money and support until they get their feet on the ground. If they need daycare, education, emotional support, help with kids – it's there.

FARM INCOMES & POVERTY

Issues	Visions
Poverty – rural is different Living wage for farm families.	Agriculture has real rural people making policy changes in Federal & Provincial government. Agriculture has become viable.
Object to the systematic government policies aimed at de-populating rural Saskatchewan. (Canada), including making small family farms obsolete in both physical and emotional aspects (portraying through the media that this model of farming is obsolete). I feel I have the right to continue living on my farm and maintain and enhance my connection to the earth.	
My tax money is spent to promote and invest in mega hog barns and then I volunteer time and money to keep them out of my community.	
I pay taxes to government to supposedly act in the interest of citizens and then donate to organizations like the Council of Canadians to protect my interests in the environment.	Agriculture practices that are environmentally sustainable. More people/farmers, local food production, media that reflects true information rather than propaganda blitz (i.e. A.C.R.E.)

HEALTH AND SELF-CARE

Issues	Visions
More time.	A healthier me.
Education for health care.	
Access to health care for all.	People in rural Saskatchewan have access to the medical teams by internet and teleconferences.
Primary care services in central facility.	One-stop “doctoring”.
Long term doctors.	Doctors committed to staying here for more than 1 or 2 years.
Specialist coming to Nipawin – doctors, orthodontists.	Specialists coming certain days of the month to Nipawin.

HEALTH AND SELF-CARE (continued)

Access to specialist in rural areas.	Visiting specialists to rural areas.
Health care, fitness centre, meals on wheels, visiting the shut-ins, drop-in centre (afternoon tea or coffee).	A school being closed could be used for these things, or a small church.
Alternative health – We need to provide training to rural areas, because usually finances are an issue for time needed to educate in the city.	Nipawin has an alternative Health Centre that works in conjunction with the medical teams of this region/people are learning and using alternative health options.
I am distressed that I pay taxes to a universal health care and have to pay personally for homeopathy – my choice of health care.	Homeopathy/chiropractic/massage included in Medicare. Governments listening to people and proposing policy for the well-being of citizens rather than profit for pharmaceuticals.
Health – “Leading in Health Centre” – alternatives. How many travel for health services 2 + hours? How many women are misdiagnosed?	If accessed, you need business location owned by women, women trained in alternative health and practices/meds, training in business development, HR, and finance. Training programs for female youth. Barriers – transportation, training, network, capacity.
Mental Health education; what/how mental health issues affect/stigmatize/ label women.	We have a drop-in community centre with lots of programs, coffee etc. It’s a warm place of busyness rather than business – very women centered.
Drug/alcohol problems in rural areas. Also in urban, but need to be treated differently.	Treatment centers and health care professionals available.
Funding – health care.	
Post-natal/prenatal for moms & babes.	Midwifery.
Palliative Care – facility for patients and especially support for families/understanding what options are available before and after death of a loved one.	Palliative Care is present but needs to be focused. Staff should be focused in this area and have open communication with the medical team both in this community as well as in urban areas. Families’ needs are dealt with openly and especially children are assisted through this process from Dx to death.

SENIORS

Issues	Visions
Geriatric assessment unit.	Geriatric Assessment unit is established in this health region. Prior to admission to any long-term care facility each client is assessed. Assessment can be initiated by family as well as medical personnel.
Senile parent-care education.	

SENIORS (continued)

Better home care and realization of impact of current system.	Better care for people and lower impact on families.
Home care for seniors.	Additional health care education brought health care for seniors a to a new level at home.
“Senior” affordable housing.	Additional senior’s housing – seniors taking care of themselves, independent longer.
	Senior homes for those who are still independent, but cannot live on their own completely.

SWIFT CURRENT

AGRICULTURE & THE RURAL ECONOMY - A MAJOR CONCERN OF THESE WOMEN

Issues	Visions
Lack of funding to Agricultural Research Station (i.e. development of farming technology). Seeds should be in public domain.	Agricultural research will be publicly funded in Federal Agriculture Research Stations and the universities. Good agriculture seed will be in the public domain.
Local community change re land sales to groups.	
BSE – border closures. BSE – effects on cattle industry. Trading patterns (cattle, crops).	
Everyone seems to be able to take a reasonable profit out of the provision of food except the farmer. (e.g. What is the profit margin the CPR has to have in order to move grain?) The declining farm income is a huge issue.	We will have a lay aside program for agricultural land. Less grains and legumes and oil seeds will be produced and the price of commodities will rise. The end result will be a better agricultural income.
Agriculture and finances. Problems created by lower net farm income. Rising costs (e.g. gas). Economy – industry going under. Farm economy. Declining of farmers – “rural living”. Poverty living. Low income, income tax.	Fair prices for products.
Inability to see the obvious – lack of diversity. Tradition/inability to embrace change.	
Loss of community business.	

AGRICULTURE & THE RURAL ECONOMY (continued)

How to get income generating projects/ small businesses begun in local areas. Processing plants, small enough yet sustainable in local areas.	
Environmental desecration, amount of wastes produced. Sprays.	
People leaving the farm; rented land being dropped.	
Dwindling populations relates back to loss of industry.	
Urbanization – everything must be “bigger” somehow loses touch with reality – the awareness of rural living. Lack of regard for rural life.	Educate all about rural life. Value rural life - through education.

SHIFTING DEMOGRAPHICS AFFECTS HEALTH

Issues	Visions
Rural depopulation. Loss of population – school threatened. Closing of small schools. Rural depopulation – schools, services. Less volunteers. Less people, more working at jobs means less volunteerism. Lack of interest/participation of younger people (40’s to 50’s) in community projects. Loss of community.	

ACCESS GEOGRAPHICALLY

Issues	Visions
Neglect of rural highways. Transportation – need better roads. Better roads in rural areas – dust control. Distances we travel. 911 drivers get lost.	

EDUCATION AND INCOME

Issues	Visions
Emergency services and first aid training. Chronic illness - support and information, 911. Health – personal access to good information/help.	Maintain emergency services and provide first aid training to more rural people.
Education/training/positive role models. Opportunities for adult education. Education costs – high student loans. Training for jobs for 50+ women.	Young women and older taking advantage and creating opportunities – women entering workforce. Community contribution (entrepreneurship). Tuition \$. Online education.
Poverty of minimum wage. Growing number of impoverished women.	

LIFESTYLE ISSUES

Issues	Visions
Access to healthy food/care. Integrating physical fitness/better nutrition into lifestyle – need to improve community infrastructure to make these programs accessible. Too quick to prescribe/medicate without attempting to initiate lifestyle change to support health. Music and drama in school or community.	

ACCESS TO HEALTH CARE SERVICES

Issues	Visions
Health care issues. Healthcare. Healthcare – distance, waiting periods. Centralization of services. Regionalization. Distance to services. Loss of services in rural areas. Loss of medical services and medical facilities – nursing home, doctors. Closing of hospital rooms. Accessibility to doctors – timelines. Waiting for care, surgery, etc.	Healthy vibrant communities with services delivered throughout the region. Sufficient, qualified doctors and nurses are available in small centres. Small town health centres provide emergency, diagnostic, public health nurse immunizations, and physiotherapy in a timely fashion.

ACCESS TO HEALTH CARE SERVICES

Emergency services and first aid training. Chronic illness - support and information, 911. Health – personal access to good information/help.	Maintain emergency services and provide first aid training to more rural people.
Needs assessments are made, but programs are initiated that are superficial and/or short term.	Medical treatment is supplemented with other help/changes.
Lack of specialized care outside Saskatoon and Regina - e.g. cancer treatments, cholesterol measurements.	Traveling specialists for health care.
Recruitment and retention of GP’s and LPN’s. No available women doctors. Need advanced clinical nurses. Nurse practitioners for most rural communities.	
Midwifery needed. Access to prenatal care/specialized care.	
Poor access to publicly-funded, timely physiotherapy. Complimentary medicine along with doctors and nurses.	
Hesitations to utilize health care system – time/lack of efficiency.	
Increase in diabetes and overweight – lack of emphasis on healthy food in diet.	Schools, convenience stores remove junk foods and pop from easy access by population; reduce empty calories; more “in motion” community activities.
The number of cancer patients.	

ACCESS TO MENTAL HEALTH SERVICES

Issues	Visions
Depression – especially men. Stress of farming – losing land, jobs, worry for family life. Burn out. Health – personal access to good information/help. Appropriate mental health services (suicides) for children and seniors	Get help for depression.
Drug and alcohol abuse. Alcohol consumption.	Fun, constructive non-alcoholic activities.
People’s attitude to the mentally handicapped.	

SENIOR CARE AND CAREGIVING

Issues	Visions
Home care limitations (e.g. workers can't change light bulbs to help client manage). Home care deteriorated.	New, low cost housing for senior citizens.
More help for senior's care giving. Population aging – lack of funding for care –some people won't accept it.	
Dealing with elderly parents. Caring for elderly parent.	
Lack of meaningful activities for retired elderly women.	More recruiting elderly women as mentors and volunteers.
Need for support for seniors re transportation.	

CHILDREN AND YOUTH

Issues	Visions
Childcare issues – lack of, costs. Child care. Easier access to funds for childcare – not so expensive for moms. Childcare – lack of standards/pay for workers.	Resources would exist so people would be able to choose daycare or staying home. Affordable. Happy moms/quality childcare at a reasonable price.
Need some validation/economic incentives for mothering. Lack of respect for stay-at-home moms. Validation and economic incentives for stay-at-home moms.	Government programs include paying for stay-at-home moms.
Values we teach kids – stuff, time. Worry about children drinking and drugs. No young people in community and lack of support for kids with needs. Decrease in cross-generations activities – peer stratification with loss of culture and sense of belonging.	Seniors interacting with children and teens. Old time dances involving more families in fun times; quilting, knitting, crocheting groups thriving and meeting in school classrooms.

FACTOR GENDER INTO HEALTH POLICY

Issues	Visions
Recognize the woman’s role in leading the family by example. Increased roles and demands for women - lack of equivalent change in support systems. Recognition/equity and maternity benefits – self-employment. Violence against women. Violence toward women.	Support/recognition of the role woman plays in leading the family. Saskatchewan breaks new ground – “Womicare” is alive and well - maternity leave benefits/EI embraced nation-wide.

ACCESS TO DECISION MAKING

Issues	Visions
Need for farmwomen network locally.	
	Invite the women from Robsart to next event.
Lack of women in leadership. Influence.	Policy makers – rural women need to be involved at a policy level to influence change and help with true understanding of the different needs of rural Saskatchewan.

SETTING PRIORITIES AND PLANNING FOR ACTION

“The Cure for Half-baked Strategies is Action Detailing”

The morning of the second day, participants reviewed the visions on the wall and similar and complementary visions were combined. This process evoked considerable interesting discussion about the intent of each person’s vision. The participants then created a short phrase, slogan or title that described each set of visions.

In the next step of the workshop, women picked which of the grouped visions they would like to start work on. This was done by using the tried and true process of placing coloured dots next to the slogans for the sets of visions on the wall.

Each woman was able to work in two small group situations to begin action detailing. The groups were provided with forms to document their planning sessions in detail. They named and described their vision, outlined specific step-by-step actions, established timelines for each step, and designated members to do specific actions. Major steps were noted on large index cards.

A wall chart was created with three-month time periods and another heading called “the future”. The small groups placed their index cards on the wall time chart. A group spokesperson explained their plans to the larger group. Participants were very enthusiastic about what they hoped to achieve.

The action areas that were not developed were ‘parked’ on the action chart. Some of the women identified ones they would commit to act upon in the future, and suggested they might invite new women to join their action planning session.

Please refer to the Action Charts that summarized these plans for each workshop (Page 18).

WORKSHOP EVALUATIONS

NIPAWIN

Women at the Nipawin workshop provided positive comments on their evaluation forms. They remarked on the opportunities to network and learn from other women, which made them feel that, “It is possible to make a difference in our communities”. They appreciated the “evening session that allowed for overnight processing”.

More women had been registered for the workshop, but were unable to attend due to last-minute circumstances - participants were sorry that more women had not been able to attend so that more ideas might be shared and more actions could be implemented. In the last question participants were challenged to outline an action item they would personally commit to as a result of the day’s discussions. Every woman described her commitments made in the small groups.

SWIFT CURRENT

Generally the participants of the Swift Current workshop were very satisfied with the workshop. The women appreciated the opportunity to meet women from other rural areas and other parts of the province, talk in small groups, share ideas and make connections that will help facilitate future endeavors. They also appreciated learning about programs currently in place that they could tap into. Several commented on the good facilitation and positive approach of the workshop. One participant said, “I liked the process of turning the complaints around to a positive and action planning for it.”

For improvements, participants said they would like to have more advance notice and advertising to invite more women and more time to read workshop material. One participant suggested inviting men to the meeting. Another woman wished the groups had the time to come up with more detailed action plans by the end of the meeting. Another suggested that perhaps by choosing a smaller number of actions more work could be done to make more realistic plans.

As in Nipawin, each woman responded to the challenge to outline an action item she would personally commit to as a result of the day’s discussions.

WHERE DO WE GO FROM HERE?

These groups may not meet again formally as a whole, but individually or by small groups they will continue or add to the action plans. Some individuals committed to forming local groups to tackle other vision areas that time did not allow them to explore at the workshop. Groups will report to Noreen Johns (facilitator) or Gloria Borg (RWICS Chair) via email, telephone or mail as they make progress on their research and action items. Their information will be forwarded to the full group. Participants are invited to offer assistance to the work plans of others. The women who came to these workshops may attend the Provincial Action forum that RWICS hopes to organize for March, 2006.

"The Cure for Half-Baked Strategies is Action Planning"
Rural Women's Action Workshop
Nipawin, Saskatchewan - April 25 - 26, 2005
Report Action Chart

VISIONS	MAY/JUNE/JULY	AUGUST/SEPTEMBER/OCTOBER	FUTURE
<p>RURAL WOMEN'S POWER NETWORK</p> <ul style="list-style-type: none"> • Empowerment/self esteem. • Self sufficient women. • A feeling my voice is heard. • Women on Boards/Commissions. • More women on Town Councils. • Women on Community Advisory Networks. • Affordable leadership training. • A place for intergenerational connections between women, mentorship, pass on traditions. • A Communication network/ IT strategy centre. 	<p>Share motivational book/title/author. Contact Women Entrepreneurs re mandate/rural focus/availability for presentations.</p> <p>Distribute application forms for boards/commissions.</p> <p>Share Regina/Qu'Appelle C.A.N. mandate. Contact Kelsey Trail Health District re C.A.N.</p> <p>Contact SCCD re leadership training information.</p>	<p>Link Women Entrepreneurs to website.</p> <p>Form Red Hat Society in Humboldt Region.</p> <p>Put C.A.N. info on RWICS website.</p> <p>Collect or develop leadership material.</p>	<p>Changing policy as informed by women's views.</p> <p>Next meeting each member bring another woman.</p> <p>Collect women's names for Boards/Commissions. Lobby government to ensure women placed on committees.</p> <p>Ensure there is rural women's representation on effective C.A.N.</p> <p>Provide leadership training for rural women.</p>
<p>PASSAGES WITH DIGNITY</p> <ul style="list-style-type: none"> • Access to geriatric assessment. • Level care facility. • Additional/ affordable senior housing. 	<p>Research geriatric assessment, accessibility to rural, education for rural health professionals.</p>		<p>Geriatric assessment in each health district.</p>

VISIONS	MAY/JUNE/JULY	AUGUST/SEPTEMBER/OCTOBER	FUTURE
<p>PASSAGES WITH DIGNITY (cont'd)</p> <ul style="list-style-type: none"> • Rural Home Care. • Better health/home care for all. • More Level 3/4 beds in rural to keep elderly in home community. • Palliative Care with specialized staff in rural communities. 	<p>Research Home Care: psychological aspects, housekeeping, flexibility.</p> <p>Research what's in place for rural palliative care, focus on support, mentors, support groups.</p>		
<p>RURAL SCHOOLS PLUS</p> <ul style="list-style-type: none"> • Maintain rural schools. • Accessible, affordable, flexible, quality rural day care. 	<p>Research School Plus in Saskatchewan.</p>	<p>Publicize options to save or utilize schools.</p>	<p>Support ways to utilize schools for what's needed in our community: senior housing, IT learning sites, child care, adult education, etc.</p>
<p>A FAIR LIVING FROM FARMING</p> <ul style="list-style-type: none"> • Women participating in decisions re farming. • Farming provides a living wage. • Local food production and consumption/support co-ops. • Neighbours in my farm community. • Land Bank. 	<p>Begin with research.</p> <p>Training on Farm Stress Line/ Family Farm Foundation.</p> <p>Contact those working on mobilizing local food production, APAS, Earth Care.</p> <p>Review ACRE report re land bank section.</p>	<p>Submit names of women to Agriculture Minister to serve on Farm Support Review Committee.</p>	
<p>SAFETY FROM VIOLENCE</p> <ul style="list-style-type: none"> • More safe shelters for women. 			

VISIONS	MAY/JUNE/JULY	AUGUST/SEPTEMBER/OCTOBER	FUTURE
<p>TRANSPORTATION</p> <ul style="list-style-type: none"> • Transportation for seniors. • Transportation for poor health clients. 			
<p>FUNDING POOL FOR WOMEN</p> <ul style="list-style-type: none"> • For education and training. • Aid or loans for small businesses. • Emergency funding. • Communications Network/IT Centre and strategy. • Business development information. 			
<p>SELF-CARING WOMEN</p> <ul style="list-style-type: none"> • A healthier me. 			
<p>HEALTH</p> <ul style="list-style-type: none"> • Access to health care for all. • Access to resources locally. • Access to visiting specialists. • Long term doctors. • Alternative health centre - community centre, operate locally in Nipawin. 			

VISIONS	MAY/JUNE/JULY	AUGUST/SEPTEMBER/OCTOBER	FUTURE
<p>HEALTH (Cont'd)</p> <ul style="list-style-type: none"> • A place of community connecting, education, learning, healing, growth - "Busyness not Business". 			
<p>POSITIVE CHOICES FOR YOUTH</p> <ul style="list-style-type: none"> • A place of community learning and connection: self esteem, sexuality, dealing with violence and bullying. • Youth positively engaged in the world. • Drug and alcohol prevention and intervention. 			

"The Cure for Half-Baked Strategies is Action Planning"
Rural Women's Action Workshop
Swift Current, Saskatchewan – May 15 - 16, 2005
Report Action Chart

VISIONS	1-3 MONTHS (JUNE – AUG.)	4-6 MONTHS (SEP. – NOV.)	7-9 MONTHS (DEC. – FEB.)	FUTURE
<p>WOMEN IN POWER</p> <ul style="list-style-type: none"> • Rural women involved in policy decisions that benefit them. • Women involved at a policy level so as to influence change and help with true understanding of different needs in rural Sask. • Women on decision-making boards 50/50. • There are women pursuing leadership positions across sectors. • Networking & Communication (RWICS website). 	<p>SCCD leadership training info adapted to rural needs.</p> <p>Research appointments available to boards/commissions/advisory committees (Sask. government or Status of Women website).</p> <p>Application forms for provincial boards available & on website - apply.</p> <p>Add pages to website on leadership and power.</p>		<p>"Women in Power" Conference.</p> <p>Student leadership education conference.</p> <p>At conference distribute lists of boards & have working groups mentor people in filling out applications.</p> <p>Public speaking training.</p>	<p>Develop networks to promote women to positions of power.</p>
<p>RECOGNITION/COMPENSATION OF WOMEN'S CONTRIBUTIONS</p> <ul style="list-style-type: none"> • Support/recognition of the role the woman plays in leading the family. • Farm women need wages. 	<p>Obtain further information on how to lobby government and connect with groups working on this cause.</p> <p>Gather information about awards for rural women.</p> <p>Thank a woman that is doing a good job in your community.</p>			

VISIONS	1-3 MONTHS (JUNE – AUG.)	4-6 MONTHS (SEP. – NOV.)	7-9 MONTHS (DEC. – FEB.)	FUTURE
<p>RECOGNITION/COMPENSATION OF WOMEN'S CONTRIBUTIONS (Cont'd)</p> <ul style="list-style-type: none"> • Paid care for the elderly. • Validation & economic incentives for mothering. • Women paid to stay home with children. • Saskatchewan breaks new ground "Womicare" is alive & well: maternity leave /EI nation wide. • 'Real' child care options: stay at home/ day care/ etc. - having choice. • Employment "choices" 	<p>Take steps to initiate government lobbying for compensation for women.</p>			
<p>FUN IN THE SHADE</p> <ul style="list-style-type: none"> • Getting relaxation and enjoying future retirement. 				
<p>INTERGENERATIONAL CONNECTIONS</p> <ul style="list-style-type: none"> • Active youth/seniors program. • Seniors interacting with children & teens. • Elderly women recruited to teach crafts, tell stories, songs in schools or community centres • Pass on culture/tradition/skills. • Give meaning to women's lives. 	<p>Funding/grant contacts.</p> <p>Contact elementary schools re video interviews students did with seniors. Contact regional library to put videos into schedule.</p>	<p>Start planning Grandparents/ Children's camp.</p> <p>Fall event/contact Raging Grannies Intercultural Grandmothers & Seniors Centre.</p>	<p>Intergenerational Event at local seniors' facility - Raging Grannies, Intercultural Grandmothers.</p>	<p>Grandparent/Grandchild Camp Retreat.</p>

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<p>INTERGENERATIONAL CONNECTIONS (Cont'd)</p> <ul style="list-style-type: none"> • Weekly feature in paper about elderly women & their contributions to community. 	<p>Contact Prairie Post re creating regular column featuring active senior women.</p>			
<p>VIBRANT, PROSPEROUS RURAL COMMUNITIES</p> <ul style="list-style-type: none"> • Positive rural economy on farm & in community. • Healthy vibrant communities. • Farmers are paid a fair price for their commodities. • Farm support to take land out of production ... improve farm income. 	<p>Initiate a shop locally campaign.</p> <p>Exchange articles & gather information among group.</p> <p>Research what happens to wheat & barley check-off.</p>	<p>Campaign to shop locally. Your own choices. Letters to the editor. Choose Canadian products.</p>	<p>Campaign "shop local"; know your market.</p> <p>Write letters to MP/ MLA re agriculture & highway conditions.</p>	<p>Shop locally.</p>
<p>FAIR LIVING FOR FARM FAMILIES</p> <ul style="list-style-type: none"> • Establishment of local processing plants. • Improved farm economy for healthier family life. • Farm safety. • Agricultural research funded by federal government to the benefit of farmers. • Rural communities become an inviting place for young people/ professionals. • An average net farm income that allows young people to actually participate in producing valuable good food for the country. 				

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<p>FAIR LIVING FOR FARM FAMILIES (Cont'd)</p> <ul style="list-style-type: none"> • Government funds agricultural & medical research - healthier/economic sense. • Fair price for product. • Educate all about rural life. • Publicly funded agricultural research so seeds are in the public domain. 				
<p>NO INCOME TAX ON LOW INCOME</p>				
<p>INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Better roads in rural areas and dust control. • Provincial road taxes used to fix rural roads. • Improved roads for access to health care & rural living. • Maintenance of buildings that still have viable function - hospitals, nursing homes, farmsteads. 				
<p>ADULT EDUCATION</p> <ul style="list-style-type: none"> • Adult Basic Education solve illiteracy (Regional College). • Community support needed also money for online courses (tuition). • Younger & older women taking advantage of education & training to broaden opportunities. 				

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<p>YOUTH WELLNESS</p> <ul style="list-style-type: none"> • There are fun, positive activities that are non-alcoholic for teens and adults in rural communities. • Appropriate mental health addiction services for youth. • Affordable, appropriate housing for low income youth that fall between university/ college type and group home setting. 				
<p>ELDER CARE & HOUSING</p> <ul style="list-style-type: none"> • More home care; more visiting of shut-ins who chose to remain at home in rural setting. • Graduated health care for seniors. • Affordable senior's housing with progressive levels of care. • Affordable housing for seniors. • Low cost housing for seniors. 	<p>Research reduced Home Care: Why? Duties? Workers?</p> <p>Write to Minister of Health & Health Region.</p> <p>Go to Sask. Housing & find out where funding comes from for seniors' housing? How process happens?</p>	<p>Campaign to various groups and organizations re volunteers to aid seniors.</p> <p>Inquire/ letter writing to Health Region re coordination of volunteers in small communities.</p>	<p>Help for the 'sandwich generation': Financial, Media (TV, radio, papers), MLA's.</p>	
<p>ACCESSIBILITY TO HEALTH SERVICES (RURAL)</p> <ul style="list-style-type: none"> • Maintain emergency services & provide first-aid training. • Subsidized health transportation. • Use of help lines. • Appropriate mental health services for children & seniors. 				

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<p>ACCESSIBILITY TO HEALTH SERVICES (RURAL) (Cont'd)</p> <ul style="list-style-type: none"> • Rural Sask. has necessary access to health care. • Quality health services available in your own community or nearby. • Services accessible across region. • Qualified doctors/nurses available in small centres. • Education funding incentives to recruit & retain GP's & LN's. • Nurse Practitioners to assist & compliment or replace physicians. • Government funded midwifery/natural child birth. • Standardized midwifery choices. • Alternative for Doctors in region (short term). • Small town health centres provide physiotherapy in a timely fashion. • Amalgamations/ centralization of services reversed. 	<p>Research nurse practitioners: Where are they used? How is it working? Training? Funding and hiring?</p>	<p>To explore the possibilities of using more nurse practitioners in our communities. Meet to discuss.</p>		
<p>COMPLIMENTARY HEALTH PRACTICES</p> <ul style="list-style-type: none"> • Alternative & regular medicines combined. • Medical conditions are treated with medication but also support with lifestyle changes. 			<p>Wellness conference - integrate with power conference sessions on role modeling, nutrition, physical activity.</p>	

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<p>COMPLIMENTARY HEALTH PRACTICES (Cont'd)</p> <ul style="list-style-type: none"> • Government funding for exercise classes: yoga, Pilates, gym-time and preventative strategy. • Youth program. • Reduce empty calories; take candy/pop machines out of schools, convenience stores, etc. • Learning to live simply. 			<p>Youth Program: integrate school student leaders into this program - peers teach peers about addictions, physical activity, self-esteem - lifestyle choices.</p> <p>Nutrition Education: integrating parents & students & the school: Bring in a nutritionist and make an evening lunch-packing and meal planning.</p> <p>Public Hallowe'en Campaign: don't give out candy - give out granola, toothbrushes, pencils, juice boxes.</p>	
<p>AWARENESS & ACTION</p> <ul style="list-style-type: none"> • Mentally handicapped are accepted. • End violence against women in rural Saskatchewan. • Education & awareness regarding trafficking of women & children. 				