RURAL WOMEN'S HEALTH WORKSHOP
Meetings One and Two

Noreen Johns

Project #110

RURAL WOMEN'S HEALTH WORKSHOP
Meetings One and Two

July 2005

Facilitation and Report by Noreen Johns

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.

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This is project #110 of the Prairie Women's Health Centre of Excellence
ISBN # 1-897250-00-2

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RURAL WOMEN'S HEALTH WORKSHOP

1ST MEETING
November 17, 2004
Young, Saskatchewan

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PRIORITY RECOMMENDATIONS FOR SASKATCHEWAN COMMUNITIES

INTRODUCTION

In June 2004, the Prairie Women's Health Centre of Excellence (PWHCE) and the Centres of Excellence for Women's Health released the report *Rural, Remote and Northern Women's Health: Research and Policy Directions* (see description next page). 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. This document is a record of the first community workshop.

In September 2004 PWHCE began working with rural women to develop a process to carry forward the Report's recommendations. The Rural Women's Health Workshop was held from 9:30 am to 4:30 pm on 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. Eighteen women participated in the event. Some of the women had participated in focus groups held in Young and in Yorkton with rural and farm women conducted as part of the research for the *Rural, Remote and Northern Women's Health* Report. New participants included other rural women, Métis women and Francophone women.

Rural Remote and Northern Women's Health National Project

In 2001 the four Centres of Excellence for Women's Health (CEWH) and Health Canada started a two-year national study on rural, remote and northern women's health. The final Report was released June 2004.

The purpose of the study was to develop a policy framework and a research agenda on rural and remote women's health in Canada. The Centres had noticed that although there was new interest in doing research on rural peoples' health, and there was endless discussion about health care and health care reforms in the media and elsewhere, there did not seem to be much understanding at all of the needs and concerns of women. Although 30% of Canada's population live in rural and remote locations and most rural residents are female, rural women in Canada have largely been invisible to researchers and policy makers.

The study was funded by the Women's Health Bureau of Health Canada with assistance from the Office of Rural Health (Health Canada) and the Institute for Gender and Health of the Canadian Institutes for Health Research. A research steering committee, composed of the CEWH directors and seven other academic and community-based researchers, and a representative from Health Canada, directed the study.

Rural women were deliberately consulted so that they could contribute their knowledge to help develop better policies and programs and to create effective research and program agendas for rural women's health. All the work was done in both French and English.

The study included a number of steps:
1. A roundtable discussion involving rural residents and health researchers in October 2001.
2. A thorough review of Canadian literature in English and French on topics relating to women, health and rural living.
3. Twenty-eight focus groups, video and teleconferences from coast to coast to coast (including remote communities and the high Arctic) involving over 200 women between November 2001 and January 2003.
4. A second roundtable for rural health policy makers in November 2002.
5. A national consultation in March 2003 at which 50 researchers, participants, policy makers and managers from all parts of Canada addressed the question: "What are the challenges and opportunities for ensuring the best state of women's health in your community?"

Members of the steering committee analyzed the data at various points, with all the findings synthesized in a final ***Summary Report, Rural, Remote and Northern Women' s Health: Policy and Research Directions***.

Women who were involved in the national study asked that a plain-language kit be developed to help share and disseminate the research findings more widely. The ***Community Kit*** provides summaries and background information about the national research project, as well as information for local communities to use in advocating for change.

The Report is written in sections that can be used together or separately. The Report and the Community Kit are on the PWHCE website and available from:

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PRIORITY RECOMMENDATIONS FROM THE WORKSHOP

Following an overview of the Report and its recommendations, three small discussion groups ranked the most important recommendations for their communities and Saskatchewan. Creating the rationale for the priorities led the discussion to action planning. The rankings and notes are provided here:

Recommendations are taken from Appendix A.

Group One

Ranking	Recommendation
1	Improved access to health care services
2	Define health policy as more than health care services
3	Factor gender, place and culture into health policy

Group Two

Ranking	Recommendation	Comments from group
1	Define health policy as more than health care services	Health is more than health services. The primary goal should be to keep people healthy (i.e. preventative approaches). Don't 'medicalize' things that are common sense and take away responsibility for our own health. Health of women is affected by their family and community. The new Public Health Agency is highlighting the 'determinants of health'.
2	Improved access to information.	Information is needed in appropriate languages. Not everyone has Internet. Moving from information to healthy habits is the difficulty.
3	Improved access to appropriate care	Have female providers for gynecology, but understanding of cultures and a respectful attitude is most important for all practitioners.
4	Improved access to decision-making	Empower women and have formal structures with responsibility for women's health.

Group Three

Ranking	Recommendation	Comments from group
1	Improved access to appropriate care	If this recommendation were effective it would take care of other issues. Discussion included nurse practitioners and LPN's (licensed practical nurses).
2	Improved access to decision-making	Women's vested interest is health and community – not *status quo*, power and remuneration. It's action time. How can a group of women be formed to command a presence with the power brokers of health? The power structure needs to be attacked and changed. Participatory action and community-based research is best.

Summary

All of the recommendations were seen as important by at least one of the groups. The number of votes were:

Recommendation	Votes
Factor gender, place and culture into health policy	1
Define health policy as more than health care services	2
Improved access to information	1
Improved access to health care services	1
Improved access to appropriate care	2
Improved access to decision-making	2

Votes are listed as they appear in the Report

ISSUES AND ACTIONS

Next, the workshop facilitator provided a quick summary list she had developed of the recommendations from the *Rural Remote and Northern Women's Health* Report and participants referred to this summary in their discussions. These summarized recommendations and actions are contained in the in text boxes below. (A full list of the recommendations and actions is included in Appendix A.)

Current issues in Saskatchewan were identified to ground the national level Report recommendations in the current Saskatchewan situation. Issues identified by workshop participants have been grouped under the Report recommendation headings. Participants broke again into small groups and started to determine what actions would be most appropriate for the issues they identified as most important.

FACTOR GENDER, PLACE AND CULTURE INTO ALL HEALTH POLICY

Action #1 from Report
Use gender/place/culture lenses in policy development, health planning and programming, at federal, provincial and municipal levels, so that the impacts of policy outcomes are systematically considered and more accurately assessed for effectiveness.

Action #2 from Report
Involve women in rural, remote or northern Canada in gender/place/culture based analyses as a primary means of more accurately assessing impact and effectiveness of policies and practices designed to increase social and economic capital in these regions.

Issues identified by workshop participants:

- Need to ensure health departments use the population health approach and recognize gender as a health determinant.
- Women need to be linked to decision-making processes; women's issues need to be raised in a formal way.

Actions:

- Need to involve local, existing women's organizations in getting the message across.
- Use the health district Community Advisory Networks as they were meant to operate. Without contact we can't be advocates for our communities and we can't question the bureaucracy when we can't find out what they are doing.
- Decision-makers must also be educated as to the needs of rural communities.

DEFINE HEALTH POLICY AS MORE THAN HEALTH CARE SERVICES

Action #3 from Report
Invest in women's health and community health through the Rural Health Access Fund and other sources to provide stable, longer term operational funding for community-based organizations to catalyse women's engagement in and coordination of economic, political and social services in rural, remote and northern communities.

Action #4 from Report
Implement federal, provincial and territorial policies that will stabilize household incomes and reduce the stress of women's lives in rural, remote or northern communities.

Issues identified by workshop participants:

- Women in poverty → poor health.
- Provide tax recognition or pay for health care/home care for family members.
- Need more affordable, government senior's housing.
- Safe water is a basic need.

Actions on seniors' housing:

- Better seniors' housing is needed to maintain a quality of life in rural communities where lifestyle is already familiar.
- Need two Aboriginal seniors' housing facilities in Saskatchewan with sensitive staff.
- Need to lobby governments for seniors' housing throughout the province with levels of care available progressively in the same facility.
- Requirements for education for health professionals/care providers looking after seniors need review.

- Closed schools in rural areas could be retrofitted to become affordable independent living opportunities for seniors.
- Need to educate health professionals to look outside the box (i.e. house calls).
- Government/community could cost share local initiatives that contribute to healthy living (e. g. exercise equipment).
- Make sure everyone can afford a phone.

Actions on water safety:

- Need to educate (e.g. farmers & chemical use).
- Need for consumer education – bottled water is not the answer.
- Need better government structures re: policy – water monitoring groups must be more representative of people interested in watershed (not economic interest enterprises).

Improve health by improving access

IMPROVED ACCESS TO INFORMATION

(WOMEN AWARE OF WHAT SERVICES ARE AVAILABLE)

Action #5 from Report

Create and support a Centre of Excellence for Women's Health that conducts women's health policy research in the Yukon, Northwest and Nunavut Territories and increase resources of the existing Centres of Excellence for Women's Health so that women's community organizations in rural, remote and northern Canada are engaged in Centres' research, development and dissemination of locally appropriate information and education and advocacy materials.

Action #6 from Report

Reduce professional and jurisdictional boundaries that impede women's access to health care and information by coordinating health information access points for rural, remote and northern users throughout Canada, for example through local libraries, telephone information lines, interactive websites, or community health centres.

Issues identified by workshop participants:

- Education needed about:
  - differences between men's and women's health (e.g. different heart attack symptoms)
  - patient education on testing procedures for:
    - enzymes, stress and the liver
    - diabetes
    - upper respiratory infections due to smoking

    - parenting, nutrition and food preparation, how the body works (through Home Economics classes in high schools). A part of this education program could be Child Care programs in schools and seniors' centres.
    - drug and substance abuse especially Crystal Meth as well as the dangers of double doctoring and mixing prescriptions
    - driver training should include driving on gravel roads.
- 'Education means power'
- Promote on-line/distance education for rural women including support services.
- Women need to be empowered/educated to be in tune with their own bodies.
- What women's organizations are active to get the message out?
- Just having presentations by educators is often boring and doesn't encourage 'buy in'.
- Educate the trainer re: sex education, decision-making processes.
- Decision-makers need to understand rural communities.

Actions on access to information:

- Educate, Educate, and Educate!
- Start young – in compulsory home economics school curriculum that teaches healthy and economical eating, for example – this is the time to create healthy habits and it will benefit parents through their children.
- Locate professionally supervised childcare in a sufficient number of high schools to teach boys and girls how to give proper care to infants and small children.
- Promoting nutrition policies in schools would lead to removal of unhealthy food dispensers.
- Online education would allow women to remain in community and share that knowledge.
- All medical practitioners must be taught to talk in plain, understandable language so their instructions and information are not misinterpreted.
- Resources and human resources must work together.
- Need for a Health Wellness Coordinator.
- Use existing local women's organizations to receive and disseminate information re healthy living. Provide funding for them to host informational sessions.
- Health professionals (including alternative practitioners) could provide panels of speakers, videos.
- Engage motivational speakers so that people will act on the good information they receive.
- Use other government mail to enclose health information and save postage.

Improve health by improving access

IMPROVED ACCESS TO SERVICES INCLUDING NEW APPROACHES FOR DELIVERY

Action #7 from Report
Expand coverage for health services currently excluded from most provincial and territorial health insurance plans, such as prescription drugs and complementary therapies, and include coverage of all costs related to travelling away from home for necessary care.

Action #8 from Report
Coordinate the supply of physicians and other health practitioners to ensure balanced distribution of services and practitioners well-suited to meeting the needs of diverse rural populations.

Action #9 from Report
Establish education and training program incentives for students in all the health professions to specialize in appropriate health services directed at under-served rural, remote and northern populations, particularly Aboriginal and other historically disadvantaged groups.

Issues identified by workshop participants:

- Need easy access to competent doctors in rural Saskatchewan – foreign doctors come, they go. Some take their exams but do not pass. Were they really qualified?
- More localized birthing.
- Closures of medical care centres in rural areas create needs for improved emergency response.
- Better diagnosis and understanding re: rural women's health: especially depression, appropriate prescriptions (often over-medicated), every symptom isn't PMS or Fibromyalgia.
- Health professionals need to work together and respect each other's disciplines.
- Increase and enhance home care and respite services.

Actions to increase and enhance Home Care:

- Home Care services needed for care for seniors, handicapped children and adults, temporary illness, baby and elder respite for short term (e.g. evening).
- Find out whether there is a separate program Home Care for palliative patients.
- Find out whether there are there standards provincially or nationally in regards to training and service.

- Find out whether Home Care policies honour the person and their needs while keeping them independent (e.g. letting them do their own choosing while shopping).
- Find out whether Home Care networks with seniors' groups to have input into needed services.
- Find out whether Community Meals are a good option for seniors so they can have a social time at a seniors' centre once a month or more.
- Many need transportation to social events.

Improve health by improving access

IMPROVED ACCESS TO APPROPRIATE CARE

Action #10 from Report
Implement strategies to increase the recruitment and retention of primary care physicians, medical specialists and non-medical health practitioners in rural, remote and northern areas, such as a) acceleration of accreditation for foreign-trained practitioners and, b) facilitation of health professionals' involvement in integrated community health centres with mobile service delivery capabilities.

Issues identified by workshop participants:

- Access to support services that influence health (e.g. social services).
- Consumer Complaint pathway is needed:
  - Need to communicate a clear protocol for consumer complaints.
  - Need Patient Advocates (e.g. Alzheimer patients.)
  - Patients and caregivers need knowledge of institutional rules.
  - People need education to advocate for themselves (especially seniors).
- People need to be able to judge "Who is a hoax?" and "How accurate is medical testing?"
- There is need for female practitioners or males that can deal with female issues (e.g. nurse practitioners for gynecology).
- Timeliness in getting onto specialists.
- Language/terminology barriers between doctors and patients.
- Accessibility to health facilities - especially transportation for seniors requiring regular trips to services. (Participants acknowledged STC discounts, but what about very ill patients?)

Actions on consumer complaints/advocacy:

- Need for patient advocates in rural Saskatchewan.
- 1-800 number for complaints and questions.
- Ability to call client representative if there are problems with system (bouquets, too).
- Inform patients they can ask for information and a second opinion without repercussions.
- Find a way to assess how Medicare money is spent.
- Do quality assessments on facilities providing the same services (e.g. blood collecting) and go with the best value for quality service.

Actions on transportation:

- Maintain lifestyle at home with ability to access specialty care in cities.
- Seniors may also require transportation to and from local health care.
- Include costs as part of Medicare.
- Educate local groups on life skills and sensitivity in dealing with clients for drivers of vans supplied for transportation.

Improve health by improving access

IMPROVED ACCESS TO DECISION-MAKING

Action #11 from Report:
Create a "GPA—Gender Place Analysis" policy change network of collaborative, equitable, mutually respectful partnerships between Canadian women in rural, remote and northern Canada and policy makers, at every level of government. Achieve this priority through increased funding to build upon the social capital of women community leaders in rural, remote and northern Canada, including funding leadership training, travel, networking, proposal writing, honoraria and childcare, as well as ongoing liaison with the Centres for Excellence in Women's Health, the Canadian Women's' Health Network and other supportive partners.

Issues identified by workshop participants:

- Lack of support groups.
- Gender-based analysis is important.
- Need women in politics, on boards and commissions – they better understand women's health.
- Women need to support women.

- Recognize the increased demands on women's time, and the increased stress dealing with economic situations (e.g. farm stress).

Action on women in politics:

- Need an organization behind lobby in order to be effective/challenge the power structure and the status quo.
- Find women who care/have the passion/can be prepared for meeting (i.e. read the board packages).
- Need to support, encourage, and train them.
- Need someone not afraid to speak out/need a least one person in the group who can't be hurt.
- Mentors important at every step.
- Use the media/know the media.
- Start out by volunteering/get on local health advisory networks.
- Need patient advocates in rural Saskatchewan.

WHERE DO WE GO FROM HERE?

In the discussion the group was looking for the most effective way to promote the recommendations of the *Rural, Remote and Northern Women's Health* Report and address health issues of women in Saskatchewan. PWHCE is committed to seeing that this work goes forward and has some access to funding of its own. However, PWHCE is funded by Health Canada, so would not necessarily be eligible for all helpful sources of funding to address women's issues or health issues. The options for other organizations that could also be involved in raising the issues were discussed. Farm and rural women's organizations have little or no funding and only the Saskatchewan Women's Institutes and the National Farmers Union Women's Committee are currently moderately active. The Francophone women attending from the Assemblée communautaire fransaskoise and Métis women from Métis locals and the Métis women's groups felt they had some structure in which to work. It was generally felt that a rural women's health group/network across all groups would keep the Rural, Remote and Northern Women's Health research Report 'off the shelf' and actively being used to promote rural women's health issues.

Status of Women Canada has indicated an interest in supporting capacity-building for rural women's groups. There is also a Rural Team of government departments (federal and provincial) that is interested in supporting rural initiatives. Questions arose as to what structure would be required to receive funding to allow women to meet: Would we need to be incorporated? Would we need to be non-profit or a charity? We need to identify all the players on the "rural team".

It became evident that the current workshop had identified many issues, but it would be unrealistic to try to act on all of them at once. We would need to meet to set a maximum of three priority areas to focus on in a funding proposal and a work plan. The group often had questions about what current policies and programs actually were in place compared to our perceived practices and our own experiences. We would need to gather information on those areas to inform our strategies.

One member of the group pointed out we can also help ourselves in monetary ways. We need to inspire others and light a spark. This

would not be letting government off the hook, but actually beginning work in ways to put them more on the hook.

A committee was struck to plan for further work by the group, including contacting potential funders such as the Status of Women Canada. Committee members include Gloria Borg, Joanne Havelock, Noreen Johns, Diane Martz and Lillianne Sabiston.

Noreen Johns will be compiling the information from the workshop and sending it to all participants as well as to the Prairie Women's Health Centre of Excellence.

FURTHER INFORMATION

Initiatives Affecting Saskatchewan

Joanne Havelock was able to share both an outline of numerous initiatives related to the issues of this day and a list of government and non-governmental organizations who would benefit from hearing of the workshop recommendations. We need to explore these further as we move into action. Hopefully, at some point we may meet in person with them to benefit all.

Rural, Remote and Northern Women's Community Kit

Joanne introduced the community kit created to accompany *the Rural, Remote and Northern Women's Health* Report. She asked the group to read through the kit and provide comments to the PWHCE regarding its format and material in December.

WORKSHOP EVALUATION SUMMARY

At the end of the workshop, the women were invited to provide an evaluation of the workshop. Participants appreciated the opportunity to meet in a rural location, and provide some economic activity to a rural community. They found the workshop informative and it helped them overcome their sense of isolation, realizing that other communities have the same problems or similar problems. "*I appreciate the time and work that was put into organizing and putting on this workshop. Much energy has come out of this meeting of women! ! I certainly will take the kit to my community."*

They commented that they needed more time to discuss the issues. "*Too short of a day. …We need to get together to discuss further in depth issues in the future. We need to take an aggressive step forward, no longer sitting on the side or taking a backseat."* Participants recommended having more workshops, of two days in length to cover all issues. "*Should have more workshops like this one. Glad to see so many women speak out."*

The need for action was stressed. "*Don't let the Report get shelved. Continue to insist on action with the Report as the basis to justify the action."* And the need for a group to carry forward the action was identified.

APPENDIX A – POLICY RECOMMENDATIONS FROM THE RURAL REMOTE AND NORTHERN WOMEN'S HEALTH SUMMARY REPORT[1]

Recommendations for policy makers are clustered under three policy priorities, with eleven accompanying actions:

1. Factor Gender, Place and Culture into All Health Policy

One way of ensuring that gender, place and culture are taken into consideration is to use specific "lenses" or "filters", to take gender, culture and place systematically into account when considering policy alternatives. Gender-based analysis helps to identify and give priority to those areas where gender-sensitive interventions will lead to improved health. A rural lens offers a way of viewing issues through the eyes of Canadians living in rural, remote and northern areas. Both lenses should be systematically applied to any health-related policies to examine the impacts on rural, remote and northern women.

Actions:

• Use gender/place/culture lenses in policy development, health planning and programming, at federal, provincial and municipal levels, so that the impacts of policy outcomes are systematically considered and more accurately assessed for effectiveness.

• Involve women in rural, remote or northern Canada in gender/place/culture based analyses as a primary means of more accurately assessing impact and effectiveness of policies and practices designed to increase social and economic capital in these regions.

2. Define Health Policy as More than Health Care Services

Despite clear evidence otherwise, health care services still dominate thinking, media coverage, decision making and budgeting for health. Women's experiences of healthy living extend far beyond visits to health care providers, just as barriers to good health often have little to do with the provision of health care services. Many women praised the health benefits derived from the social capital in their communities, including service clubs, community spirit, proximity to family and supportive interpersonal relationships.

Yet many others reported poor access to supports such as transportation, recreation and childcare. They spoke of experiencing poor mental health due to social and geographic isolation. They talked about being limited by traditional role expectations for women in small communities.

Women were clear that many of the policies outside the "healthcare silo," including finance, labour, social services and transportation, can have as much influence on health and health status as those deliberately targeting health.

Actions:

• Invest in women's health and community health through the Rural Health Access Fund and other sources to provide stable, longer term operational funding for community-based organizations to catalyse women's engagement in and coordination of

economic, political and social services in rural, remote and northern communities.

• Implement federal, provincial and territorial policies that will stabilize household incomes and reduce the stress of women's lives in rural, remote or northern communities.

3. Improve Health by Improving Access

There are four types of access that affect health care utilization: access to information, services, appropriate care and decision-making.

a) Access to Information

In order to be able to access health care services, rural women must be aware of what services are available, particularly in contexts where that availability is frequently changing. Currently, information points are limited and poorly coordinated.

Actions:

• Create and support a Centre of Excellence for Women's Health that conducts women's health policy research in the Yukon, Northwest and Nunavut Territories, and increase resources of the existing Centres of Excellence for Women's Health so that women's community organizations in rural, remote and northern Canada are engaged in the Centres' research, development and dissemination of locally appropriate information and education and advocacy materials.

• Reduce professional and jurisdictional boundaries that impede women's access to health care and information by coordinating health information access points for rural, remote and northern users throughout Canada, for example through local libraries, telephone information lines, interactive websites, or community health centres.

b) Access to Health Care Services

One of the "Directions for Change" cited in Romanow's "Building on Values: The Future of Health Care in Canada" includes funding "to support new approaches for delivering health care services and improve the health of people in rural and remote communities." The community leaders, residents and rural health specialists involved in this study contributed many such new approaches.

Actions:

• Expand coverage for health services currently excluded from most provincial and territorial health insurance plans, such as prescription drugs and complementary therapies, and include coverage of all costs related to travelling away from home for necessary care.
• Coordinate the supply of physicians and other practitioners to ensure a balanced distribution of services and practitioners well-suited to meeting the needs of diverse rural populations.

• Establish education and training program incentives for students in all the health professions to specialize in appropriate health services directed at under-served rural, remote and northern populations, particularly Aboriginal and other historically disadvantaged groups.

c) Access to Appropriate Care

Participants reported overall shortages in rural health care services, but even more dire scarcity of what they would consider "appropriate care," including female

practitioners, complementary practitioners, or those trained in cross-cultural care provision.

Actions:

• Implement strategies to increase the recruitment and retention of primary care physicians, medical specialists and nonmedical health practitioners in rural, remote and northern areas, such as a) acceleration of accreditation for foreign-trained practitioners and, b) facilitation of health professionals' involvement in integrated community health centres with mobile service delivery capabilities.

d) Access to Decision-making

Family well-being remains the responsibility of women, while political power over resource allocation still rests largely in male hands. Women's previous attempts at "political inputs" as stakeholders have seldom been successful in producing "policy outputs" readily accessible to women in rural, remote or northern Canada. Women as a group seldom fit the description of an acknowledged "policy community," yet to be effective, policy needs to look at differences between genders and differences within each gender. Only by making it possible for rural women to be engaged directly and actively in the policy-making process can such differences be fully brought to light.

Action:

• Create a "GPA—Gender Place Analysis" policy change network of collaborative, equitable, mutually respectful partnerships between Canadian women in rural, remote and northern Canada and policy makers, at every level of government. Achieve this priority through increased funding to build upon the social capital of women community leaders in rural, remote and northern Canada, including funding leadership training, travel, networking, proposal writing, honoraria and childcare, as well as ongoing liaison with the Centres for Excellence in Women's Health, the Canadian Women's' Health Network and other supportive partners.

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[1] Centres of Excellence for Women's Health, ***Rural, Remote and Northern Women's Health. Policy Recommendations and Research Directions, Summary Report****, "Executive Summary"*, pages 8-10. Available at www.pwhce.ca.

RURAL WOMEN'S HEALTH WORKSHOP

2ND MEETING
March 15, 2005
Young, Saskatchewan

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"The Cure For Half-baked Strategies Is ACTION DETAILING"

INTRODUCTION AND BACKGROUND

On November 17, 2004 the first Rural Women's Health Workshop was held at the Christ Lutheran Church in Young, Saskatchewan. Prairie Women's Health Centre of Excellence (PWHCE) provided organizational and financial support to the event. The workshop offered participants the opportunity to become familiar with the recommendations of the Report *"Rural, Remote and Northern Women's Health: Research and Policy Directions"* and to determine follow-up actions for Saskatchewan. At that workshop 17 women identified a wide range of factors that affect the well-being of rural women and their communities, and began determining actions to address these factors. It was evident that more time was needed to move from ideas to actions. A committee was formed from among meeting participants to determine how this group might meet again and also, how to involve other rural women. The committee has become known as the *Rural Women's Issues Committee of Saskatchewan (RWICS).*

The *RWICS* planned a second workshop at Young for March 15, 2005, again supported by PWHCE.

Fifteen women attended the March workshop. All except one had attended the November workshop. Each participant introduced herself, her organization and main reason for participating in the workshop.

Members of the RWICS outlined their activities since the November meeting. They reported that there had been considerable interest in the project from women and government policy-makers. Information had been shared with a number of federal ministers as well as members of the Rural Team (federal/provincial government officials).

A discussion was held about an application to Status of Women Canada. The grant proposal submitted includes plans to host other workshops in several southern Saskatchewan locations, no response had been received to date. The committee was planning to proceed with spring and fall activities when the funding was secured.

Joanne Havelock, PWHCE, walked the group through the *Rural, Remote and Northern Women's Health Community Kit,* encouraging its use to make women "Champions for Change" in their local communities. The kit offers facts, consistent messages, and methods to inspire actions through many avenues. The final kit with a CD would be available shortly.

Rural Remote and Northern Women's Health National Project

In 2001 the four Centres of Excellence for Women's Health (CEWH) and Health Canada started a two-year national study on rural, remote and northern women's health. The final Report was released June 2004.

The purpose of the study was to develop a policy framework and a research agenda on rural and remote women's health in Canada. The Centres had noticed that although there was new interest in doing research on rural peoples' health, and there was endless discussion about health care and health care reforms in the media and elsewhere, there did not seem to be much understanding at all of the needs and concerns of women. Although 30% of Canada's population live in rural and remote locations and most rural residents are female, rural women in Canada have largely been invisible to researchers and policy makers.

The study was funded by the Women's Health Bureau of Health Canada with assistance from the Office of Rural Health (Health Canada) and the Institute for Gender and Health of the Canadian Institutes for Health Research. A research steering committee, composed of the CEWH directors and seven other academic and community-based researchers, and a representative from Health Canada, directed the study.

Rural women were deliberately consulted so that they could contribute their knowledge to help develop better policies and programs and to create effective research and program agendas for rural women's health. All the work was done in both French and English.

The study included a number of steps:

1. A roundtable discussion involving rural residents and health researchers in October 2001.
2. A thorough review of Canadian literature in English and French on topics relating to women, health and rural living.
3. Twenty-eight focus groups, video and teleconferences from coast to coast to coast (including remote communities and the high Arctic) involving over 200 women between November 2001 and January 2003.
4. A second roundtable for rural health policy makers in November 2002.
5. A national consultation in March 2003 at which 50 researchers, participants, policy makers and managers from all parts of Canada addressed the question: "What are the challenges and opportunities for ensuring the best state of women's health in your community?"

Members of the steering committee analyzed the data at various points, with all the findings synthesized in a final ***Summary Report, Rural, Remote and Northern Women' s Health: Policy and Research Directions***.

Women who were involved in the national study asked that a plain-language kit be developed to help share and disseminate the research findings more widely. The ***Community Kit*** provides summaries and background information about the national research project, as well as information for local communities to use in advocating for change.

The Report is written in sections that can be used together or separately. The Report and the Community Kit are on the PWHCE website and available from:

Prairie Women's Health Centre of Excellence
56 The Promenade, Winnipeg, Manitoba, R3B 3H9,
ph: 204-982-6630, fax: 204-982-6637. Website: http://www.pwhce.ca

REVIEWING AND VISIONING

Following a review of the multitude of actions suggested at the November meeting, participants were challenged to *imagine each set of suggested actions a victory complete – what would they expect to see?*

(The relevant recommendation from the *Rural Remote and Northern Women's Health Report* is noted for each action area.)

SENIORS' HOUSING

Recommendation from Summary Report:
Health policy is more than health care services.

November Actions

- Better seniors' housing is needed to maintain a quality of life in rural communities where lifestyle is already familiar.
- Need two aboriginal seniors' housing facilities in Saskatchewan with sensitive staff.
- Need to lobby governments for seniors' housing throughout the province with levels of care available progressively in the same facility.
- Requirements for education of health professionals/providers for seniors need review.
- Closed schools in rural areas could be retrofitted to become affordable independent living opportunities for seniors.
- Need to educate health professionals to look outside the box (i.e. house calls).
- Government/community could cost-share local initiatives that contribute to healthy living (e. g. exercise equipment).
- Make sure everyone can afford a phone.

Visions: March 15[1]

1. Rural communities would have seniors more content in their own environment. We would employ more people rurally.
2. We would have more understanding of seniors, so hopefully, more productive and happy seniors.

[1] Facilitator's note: These are directly quoted from the workshop and thus in some cases, points are repeated.

3. Seniors would have a sense of security that they have a familiar place to go, and staying in their own community they would be happier.
4. Seniors being able to live in their own communities with an adequate level of care and an educated, sensitive staff.
5. Need to be located in rural communities with medical services at hand.
6. Making seniors happy living in their own community.

INCREASE AND ENHANCE HOME CARE

Recommendation from Summary Report: Access to health care services

November Actions

- Home care services needed for care for seniors, handicapped children and adults, temporary illness, baby and elder respite for short term (e.g. evening).
- Is there a separate program Home Care for palliative patients?
- Are there standards provincially or nationally in regards to training and service?
- Do Home Care policies honour the person and their needs while keeping them independent (e.g. letting them do their own choosing while shopping)?
- Does Home Care network with seniors' groups to have input into needed services?
- Would Community Meals be a good option for seniors so they can have a social time at a seniors' centre once a month or more?
- Many need transportation to social events.

Visions: March 15

1. Seniors would be better looked after. Community meals now and again and occasional shopping and outings would be great.
2. Help to preserve rural communities.
3. Home care services – high level, sensitive care.[2]
4. More seniors visible in our communities, not the forgotten generation. Seniors would know they are valued and can still contribute to society.
5. A society where we see more mingling of all groups.
6. Create more employment, in the rural areas providing the services, less depression among seniors and more contentment.

[2] Facilitator's note: no further explanation provided.

TRANSPORTATION

Recommendation from Summary Report:
Access to appropriate care

November Actions
- Maintain lifestyle at home with ability to access specialty care in cities.
- Seniors may also require transportation to and from local health care.
- Include costs as part of Medicare.
- Educate local groups on life skills and sensitivity in dealing with clients for drivers of vans supplied for transportation.

Visions: March 15
1. Keep seniors in community, content and healthier, and depression would be down somewhat.
2. More mobile seniors, getting out of their homes.
3. A heightened sense of worth with more independence.
4. Transportation systems allowing people to access services in community and city.
5. Seniors would have no worry about being looked after and when arriving in the city they would be looked after.

WATER SAFETY

Recommendation from Summary Report:
Health policy is more than health care services.

November Actions
- Need to educate (e.g. farmers & chemical use).
- Need for consumer education – bottled water is not the answer.
- Need better government structures re policy – water monitoring groups must be more representative of people interested in watershed (not economic interest enterprises).

Visions: March 15
1. Do away with chemicals and go back to the old ways of farming.
2. Help to save our planet.
3. People becoming knowledgeable and active around safe water issues.
4. The result would be less concern on water quality because it would be safe.

5. Certainly we would see less polluted ground water. Rural residents could have better water for drinking.
6. Watershed groups must not be just economically or politically driven; it is for our environment not just to benefit private sector.

ACCESS TO INFORMATION

Recommendation from Summary Report: Improved access to information

November Actions

- Educate, Educate, and Educate!
- Start young – in compulsory home economics school curriculum that teaches healthy and economical eating, for example – this is the time to create healthy habits and it will benefit parents through their children.
- Locate professionally supervised childcare in a sufficient number of high schools to teach boys and girls how to give proper care to infants and small children.
- Promoting nutrition policies in schools would lead to removal of unhealthy food dispensers.
- Online education would allow women to remain in community and share knowledge.
- All medical practitioners must be taught to talk in plain, understandable language so their instructions and information are not misinterpreted.
- Resources and human resources must work together.
- Need for a Health Wellness Coordinator.
- Use existing local women's organizations to receive and disseminate information re healthy living. Provide funding for them to host informational sessions.
- Health professionals (including alternative practitioners) could provide panels of speakers, videos.
- Engage motivational speakers so that people will act on the good information they receive.
- Use other government mail to enclose health information and save postage.

Visions: March 15

1. Hope for future rural employment.
2. Less illness with better nutrition education.
3. We would have an overall healthy society. Adults are set in their ways- it must start in school so that future generations (and present) will benefit.

4. A better future.
5. We would know what is wrong if the doctors spoke in plain English.
6. Removing unhealthy food dispensers is a great thing.

GENDER, PLACE AND CULTURE

Recommendation from Summary Report:
Factor gender, place and culture into health policy

November Actions

- Need to involve local, existing women's organizations in getting the message across.
- Use the health district Community Advisory Networks as they were meant to operate. Without contact we can't be advocates for our communities and we can't question the bureaucracy when we can't find out what they are doing.
- Decision-makers must also be educated – as to the needs of rural communities.

Visions: March 15

1. Spreading the word to persons in the community.
2. Wealth is in information pertinent to the area.
3. Vibrant provincial/national/international networks of rural women.
4. Honesty, empowerment
5. Honesty in spreading news.

CONSUMER COMPLAINTS AND ADVOCACY

Recommendation from Summary Report:
Improved access to appropriate care.

November Actions

- Need for patient advocates in rural Saskatchewan.
- 1-800 number for complaints and questions.
- Ability to call client representative if problems with system (bouquets, too).
- Inform patients they can ask for information and a second opinion without repercussions.
- Find a way to assess how Medicare money is spent.

- Do quality assessments on facilities providing the same services (e.g. blood collecting) and go with the best value for quality service.

Visions: March 15

1. Accountability and dollars spent more wisely.
2. More information and accountability.
3. Accountability and responsibility for doing proper work.
4. A health system that is responsive to consumers and delivers quality care.
5. Accountability.

WOMEN IN POLITICS

Recommendation from Summary Report: Improved access to decision-making.

November Actions

- Need an organization behind lobby to be effective/challenge power structure and status quo.
- Find women who care/have the passion/can be prepared for meeting (i.e. read board information packages).
- Need to support, encourage, and train them.
- Need someone not afraid to speak out/need a least one person in the group who can't be hurt.
- Mentors important at every step.
- Use the media/know the media.
- Start out by volunteering/get on local health advisory networks.
- Need patient advocates in rural Saskatchewan.

Visions: March 15

1. Speaking out / Listening to.
2. We would be able to control and make decisions because we feel in control.
3. Women participating as equal partners in decision-making at all levels.
4. Woman to woman to woman (circle): voice & sense of empowerment would be an important start.

PRIORITIES AND ACTION-DETAILING

"The Cure for Half-baked Strategies is ACTION DETAILING"

Participants were directed into a process of ranking the action plans they would tackle at this workshop. Each woman made three choices and groups formed around the priorities to begin action detailing. The groups (or individuals) were provided with forms to document their planning sessions in detail. They named and described the measurable accomplishment, outlined specific step-by-step actions, established timelines for each step, designated members to specific actions, suggested slogans and costs for their projects.

Please refer to the Action Chart that summarized these plans.

"The Cure for Half-Baked Strategies is Action Planning"
Rural Women's Health Workshop
March 15, 2005 - Young Saskatchewan

GOAL	APRIL/MAY/JUNE	JULY/AUGUST	SEPTEMBER/OCTOBER/NOVEMBER	FUTURE
Improve Community Nutrition - Nutrition in Schools	Research regional & provincial consistency re policies, who decides what food and drink are available in schools. Check school curriculums. Speak to nutritionists.		Make suggestions to schools on how to promote nutrition locally.	
- Community Collective Kitchens	Study existing kitchens (startup, funding, design, implementation).		Create template for Collective Kitchens for use in info packages for all ages.	
Compulsory Home Economics K - 12	Check curriculum K-12. Gather info from health regions personnel, Home Economics teachers, health advocacy groups (e.g. Heart & Stroke). Letter to provincial Education Department. Letter to Editor.		Public meetings on compulsory Home Economics.	
Patients Advocates & Self Advocating	Ask personal physicians if patient advocates exist: who, where, how to contact, how advertised? Check for brochures.		Lobby health districts & department: . for 2 patient advocates per district . one must understand rural situation . 1-800 number . advertise hospital Client Reps to families . better Communication between family doctor, specialists, patients' families. Research existing & desirable materials. Develop outline workshop re women advocating for themselves.	1 - 1 1/2 hour sessions network for local speakers/audiences.
Presentation: Women's Health "Be a Champion for Change" (communication kit for local groups)	Identify audiences - women's groups, health boards, men's groups. Review RRNWH Kit, identify material to include, revise presentation.		Presentations to groups.	
Home Care	Read "Caring For - Caring About" book on home care. Hold local meeting in Watrous area to answer questions.			

"The Cure for Half-Baked Strategies is Action Planning"
Rural Women's Health Workshop
March 15, 2005 - Young Saskatchewan

GOAL	APRIL/MAY/JUNE	JULY/AUGUST	SEPTEMBER/OCTOBER/NOVEMBER	FUTURE
Web-based network of rural women "Connecting Rural Women" costs: $500 initial ongoing $3000/year	Design RWICS website. Determine contents, collect material. Add relevant links.	Set up list serve, publicize, get participants.	Maintain & enhance website. Expand contacts provincially, nationally internationally.	
Effective Community Advisory Network (C.A.N.) in each Health District	Research intent for establishing C.A.N.'s responsibilities & membership, budget, consultation methods. Contact local C.A.N. members. Contact Minister of Health to require regions implement a C.A.N. Letters to the editor if necessary.		Discuss C.A.N.'s as part of "Women's Health" presentations. Research structure.	
Health Resources Distribution - Sask Health, RHA Boards	Start to investigate where Medicare dollars are spent, efficiency, accountability of personnel, results. Research utilization fees, costs & number of procedures. Check out Canadian Health Network.		Suggest Sask 1-800 number for government - sanctioned health information, if needed.	
Million Women's Foundation	Research other foundations.		Clarify purpose of MWF. Apply for charitable status.	Publicize and seek $100 from 1 million women. Funds in ethical investments, attend shareholders attend shareholders Live off interest. Set up/organize/pay just wages. Fund projects to empower women.
Senior's Housing	TBA			
Water Quality	TBA			

WORKSHOP EVALUATION SUMMARY

Women acknowledged the leadership and work of their *Rural Women's Issues Committee of Saskatchewan,* welcoming the opportunity to complete their action strategies from the November workshop. Once again the rural location was appreciated. They felt that the workshop format "*employed some good techniques to get commitments*" and offered *"an excellent way to develop a shared action plan*." They were invigorated by the prospects of things to come. *"This will be exciting."* At the bottom of the evaluation form each participant was challenged to outline one action item they would personally commit to as a result of the day's discussions:

I will…

- *"I will actively pursue the research & follow-up on the Nutrition for Youth/Collective Kitchens."*
- *"I will pursue website development and listserv, and follow-up on kitchen stuff."*
- *"I will be in contact with my groups and pass on some stuff locally."*
- *"I will write letters and gather information."*
- *"I will help on actions on consumer complaints/advocacy, and actions on access to information."*
- *"I will act on patient advocacy and consumer complaints."*
- *"I will write the letter our group approved of. Also, think about the purpose of the Million Women's Foundation."*
- *"I will bring our concerns to the women's (and men's?) organizations in my community. I will explore the possibility of talking to senior girls in our school about women's health. I will cooperate in working on the Million Women's Foundation."*

WHERE DO WE GO FROM HERE?

This large group may not meet again formally, but individually or as small group will report to Noreen Johns (via email, telephone or Canada Post) as they make progress on their research and action items. She will transmit the information to the full group. Participants were invited to offer assistance to the work plans of others. The participants at the Young workshop may attend their local workshop in the next round of workshops to be hosted in various locations, as proposed in the Status of Women grant application. Some may attend the Provincial Action forum, when it is organized.