

Rural, Remote and Northern Women's Health:
Policy and Research Directions

The National Consultation

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The National Consultation

Introduction

The original proposal for the Centres of Excellence for Women's Health project, *Rural, Remote and Northern Women's Health: Policy and Research Directions*, included plans for a National Consultation. The intent was to convene a meeting of women from various communities, institutions and governments to strengthen the understandings of living in rural, remote and northern communities and how these circumstances affect the health of women who live there. In March 2003 a successful meeting of more than 50 women from across the country was held for two days in Saskatoon, Saskatchewan, as the final phase of this project.

Citizen engagement and participation was a primary and significant component of the

National Consultation. The Centres of Excellence are grateful for the generous contributions made to the event by the Women's Health Bureau, the Rural Health Office, Health Canada, and the Institute for Gender and Health of the Canadian Institutes for Health Research. Their additional support made it possible for women from isolated coastal communities and the high Arctic to contribute to the discussions and outcomes.

Because the number of focus groups had increased since the original plans, one member of each focus group was invited, as well as all the focus group facilitators. The women came from very diverse circumstances including fishery, forestry and farming-dependent areas, francophone,

Dene, Métis, and Inuit women. For some women, it was their first-ever opportunity to participate in a meeting of this size. Despite, in some cases, having to spend more days getting to and from the Consultation than at it, the women stated repeatedly that they appreciated the chance to attend and the real interest in what they had to say once they got there.

The National Consultation benefited as well from the participation of government and policy officials who could provide expertise from their departments. Finally, members of the National Management and Research Committees attended, providing their own expertise from personal and research related experience.¹

A Draft Summary Report was prepared in English and French for the women who attended the Consultation. It included the completed literature reviews and some early findings from the focus groups. In a non-traditional conference format, the women who came to the National Consultation discussed the findings, but also collaborated to provide new insights. Particularly important to the women was the work they did together to outline possible policy changes and steps to make those changes effective, to improve women's health in rural, remote and northern Canada.

The Format for the Consultation: Open Space

To ensure effective discussions among the women who came to the National Consultation, Open Space was used as the facilitation process². Open Space is an intentional leadership practice in which all participants are invited and encouraged to engage in discussion equitably. Instead of a more traditional format in which there are presenters and then respondents, in Open Space meetings all participants take part in discussion groups (parallel working sessions) around a central theme. "Experts" from all backgrounds, community activists, formal researchers, and policy-makers can feel at ease and contribute to discussions. The process requires participants to consider their commitment to the outcomes and follow-up.³

The goals for the meeting were:

- A strong consensus among participants, and in particular among rural and remote women, about the priorities for them in policy changes and legal changes needed;

- An achievable agenda with a set of shared conclusions;
- A feeling of comfort among the groups that all topics of interest get discussed;
- A sense of the political context within which they are working;
- A clear idea of key changes needed to bring about in health policy and research, and ideas about where and how participants could become involved.

Open Space begins with having participants sit in a large circle, for introductions ("to promote equality for all")⁴. Participants are then asked to suggest topics to discuss. The topics are given schedule times and participants then choose which discussions they want to lead or join. Discussions last for up to one hour and a member records them. Notes from each discussion are entered in computers made available to the participants. At the end of the day, every participant receives a record of all the discussions. After some time for reflection,

the participants reconvene the following day and begin by ranking the topics in order of importance. The facilitator encourages some consolidation of the many topics into

broader categories. Finally, participants consider strategies for the next steps of action. The meeting formally concludes with a closing circle for final comments.

The National Consultation

The National Consultation was held at the Delta Bessborough in Saskatoon, Saskatchewan on March 17-19th, 2003. Simultaneous interpretation was available for all aspects of the two-day meetings. The meeting opened on the evening of the 17th, with introductions and welcomes in both official languages from the co-directors of the study, Margaret Haworth-Brockman and Marilou McPhedran. Barbara Neis, chair of the National Research Steering Committee described the importance of the national project, the Consultation and the goals.

Guest speaker, Marie DesMeules, Health Canada, presented early results from a forthcoming Health Canada project which includes quantitative data on the health profile of women living in rural and remote areas⁵.

Facilitator Kim Martens spoke in both French and English throughout the Consultation. The question posed at the outset of the first full day of the Consultation was, *“What are the challenges and opportunities for ensuring the best state of women’s health in your community?”*

Areas of Priority for Improving Women’s Health

The women suggested 24 topics for working sessions held over the course of the day. Each woman then moved from session to session (held in either language), to participate in any discussion. The discussion notes were recorded on lap-top computers provided, and copies were distributed to all the women at the Consultation at the end of the day⁶. (There was a short disruption after lunch when a burst pipe above the ceiling brought water pouring down over reports and computers. Fortunately, quick thinking and action saved all but one of the session documents.)

- Strategies to increase participation and decisions making of women in rural and remote communities
- Literacy and culture in health service delivery

- Caregiving and Women: How can we help?
- Poverty as a health issue
- Promotion of research in complementary therapies
- Access to health care in Inuit communities
- How to be heard
- Positive aspects of living in rural Canada
- Making policy recommendations
- Diversity
- Advice about the final report
- Education
- Increase access to primary care by non-physicians
- Health—girls and young women in all of their diversity
- Northern/Remote Centre of Excellence
- Empower rural communities to look after their diversity

- Building in the next step
- Mental health of women living in rural and remote communities
- Aboriginal women's health—holistic, cultural specific models
- Mental health and its relationship to illness: the connecting link
- How do we define the value of women in our society
- Women's occupational health.

The following day the women ranked the topics they felt were most critical to address within the next six to 12 months to ensure the best state of women's health. Table 1 illustrates the top ten topics chosen by the participants. ***It is important to note that the issue of greatest concern to the women at the National Consultation was poverty among women, and its effects on women's health.***

The group then proceeded to bring together related topics. The six, consolidated areas of prime concern for the women, and initial steps for change are summarized below. The comments and key remarks included here come from both the initial working sessions and from the consolidation reports. The recommendations the women made for policy change or new action are also part of the discussion in Section L of this report.

Better Primary Health Care

Women at the National Consultation discussed ways and means to achieve better primary health care with the resources available to their communities, including considering community health centres, improved preventative and promotional health, and alternative practitioners.

Complementary therapies need to be integrated into our present primary care system to allow patient input, choice of treatment and more responsibility for their own health.

(We need) community contributions and investment in finding and implementing strategies to increase access and availability to midwives, nurse practitioners, social workers, health promoters, traditional healers and community-development workers and complementary therapists

Use the Aboriginal Health Centres in Ontario as (a) model... These Centres use a holistic approach on health, under the same centre there are physicians, nurses, mental health counsellors. They provide workshops on managing anger, family violence, suicide prevention, also cooking groups, grieving support groups.. yoga and thishi courses.

Next steps include:

- Making use of existing resources to improve education and understanding about community-health centres;
- Encouraging the Centres of Excellence to evaluate primary care and primary-health care models for women;



- Making alternative (non-medical) therapies more affordable;
- Increasing research in complementary therapies.

Concrete Steps to Influence Policy

The women of the National Consultation emphasized the value of this national rural and remote women's health project to developing strategies for the future.

Don't assume the existence of a voluntary sector that has time to communicate this message... [work with] others who will endorse and accept this message—who else owns pieces of the story?

There is an urgent need for policy makers to reach down to the roots of the community—to ask women what they need and not to tell them what they need. We need to work with the [policy-makers] to ensure they see issues at the community level.

[Give] examples of where things are working well. Policies need to be linked, effective and accountable to communities and include an action plan for implementation.

Clarify messages, identify audiences, use alternative formats, develop specific dissemination plans.

Bring together both the qualitative and quantitative evidence for policy makers.

Women agreed that good dissemination of the results of this Study and the community discussions will require adequate resources and funding. "Core groups could work in partnership with the Centres of Excellence to develop future policy proposals at various government levels."

Next steps include:

- Creating lobbying strategies for recommendations identified by the research;
- Developing a final report [this Summary Report] which is as specific in its recommendations as possible;
- Producing user-friendly information and dissemination kits for local advocacy and education;
- Disseminating and communicating the policy recommendations from this report

through some form of central coordination;

- Enlisting the support of appropriate provincial government representatives.

Empower Local Communities

Participants at the National Consultation highlighted the need to work from the grass-roots level to improve women's lives in rural, remote and northern communities.

The women emphasized the need to find for themselves and provide for others the necessary skills and platforms to encourage greater participation by women in decision-making.

Women's groups in rural, remote and northern areas are less connected than they used to be and have fewer resources, if they even still exist. "We need information about how our tax money is being spent—what portion benefits women and how? ... Get our elected leaders to respond.

Find ways to involve the community, especially young people.

Next steps include:

- Training for women;
- Educating and supporting women for decision-making and involvement in the health-care system;
- Developing models for mentoring, design community workshops and create awareness about them;
- Recruiting and supporting women to take part in political activities;
- Providing federal support for community training in gender based analysis;
- Providing new resources for rural women to fund community based research projects.

Health Services and Systemic Issues

Although now part of this final topic heading, **women at the National Consultation were clear that the most overriding systemic issue affecting women's health is poverty.** Enfolded with poverty issues, the women at the National

Consultation also included their earlier discussions of violence against women, women's value and diversity within the health system. In doing so, the women highlighted the inter-connections of these in women's health.

One of the determinants of health is the social and economic level, but we are not answering to the basic needs of women and families for food, housing, access to education and training, and a decent quality of life... There is an enormous reluctance to address poverty in a holistic way, and there are not strategies to make necessary changes to improve the lives of poor women and their families.

Women's contributions to the care of their families, volunteer work in their communities is not valued in a wage-based community

Women routinely ignore their health needs to go back to work in order to provide for their families.

When [government-funded] projects are successful, there is no longer term funding to make a difference to women and their health. ... Services are devolved to the local level without the financial support to uphold high levels of services.

Need to have a national and public review of income support programs and minimum wage policies to examine how they can meet basic needs, and how these programs can fit effectively with other social support programs.

Issues other than region and language need to be built into the analysis in order to really avoid the "one size fits all" approach to policy making. If we don't ask appropriate questions and approach diverse groups of women, we run the risk of perpetuating misconceptions, .. of helping to formulate policies that help some women in rural, remote and northern locations while exacerbating the disadvantages facing other women.

There is a lack of mental-health services in rural areas and those that do exist have been greatly affected by "cut-cut-cut backs" (sic). What impact do these cuts have on the community: petty crime increase? Increased addictions? Increase in violence and abuse?

The prevention of violence towards children and women is a priority-health issue, as is proper identification and support for victims.

Health care providers have a critical role to play, but require much more education and protocols on how to respond.

Access to health promotion and disease prevention in a user-friendly format and in Inuktitut is still a problem in Inuit communities... Often health-care personnel cannot explain medical issues and problems in an understandable language to Inuit women.... Inuit women want more birthing centers in their communities, which would integrate traditional Inuit practices and modern-health care services.

To make sure that these systemic issues are given sufficient attention, the women proposed the dissemination of the information at local, provincial and federal levels by using a social-justice platform. Next steps include:

- Lobbying governments to raise awareness about the direct link between systemic issues and health;
- Establishing long-term funding for programs and preparing communication materials for media campaigns and training sessions.

Northern/Remote Centre of Excellence

The last group discussed the possibility of a Northern or Remote-based Centre of Excellence for Women's Health. The women felt there is a need to better represent the women and issues from the Territories and to expand the existing centres' mandate to include remote, rural and northern communities. This would make the Centres more accountable and responsive and have the Centres include accountability and responsiveness to northern, First Nation, Inuit and Métis women in their mandate. The goal would be to strengthen partnerships between organizations that were doing similar work, and use to develop networks to share information.

There is a need for Inuit specific services for women and children and for abusers, who in most cases are members of the community

Research the effectiveness of Aboriginal community-health centres.

There is currently no Centre of Excellence [for Women’s Health] serving the North or in the North. There is no central depository for research findings, resources and materials. The people of the North are tired of being researched especially research that is done without their consultation, without their involvement and never comes back for comment or discussion. Policy makers are removed from the realities, barriers, of the

communities, clients/patients, culture and language. For example there are communities in the North that are 99% francophone, the government is totally oblivious to their language issues. The perception is that the francophones live in Quebec.

The next steps discussed were:

- Initiating discussion for a new centre;
- Establishing working groups to provide status updates;
- Creating strategies, and develop a contact list for new partners to be involved.

Conclusion

The National Consultation concluded in the afternoon of March 19th, following a closing circle in which women expressed their pleasure in attending and participating, their appreciation of new information and their optimism that the rural, remote and northern women’ health project can develop further. The National Consultation was a clear demonstration of diverse women working together to create strategies for

changing the health system for the future. The participants were able to draw from their own experiences and knowledge when developing priority areas for rural, remote and northern women’s health. The information shared over the two days gave women the chance to be involved in developing the methods to change the status of rural women’s health.

Table 1 Top Ten Ranked Topics from Highest Priority

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| <ol style="list-style-type: none">1. Poverty as a health issue2. Strategies to increase the participation in decision making of women in R&R areas3. Making policy recommendations4. Mental health of women living in rural and remote communities5. Aboriginal women’s health—holistic, cultural specific models6. Increase access to primary care by non-physicians7. Healthy girls and young women in all their diversity8. Education9. Caregiving and women: How can we help?10. How to be heard. |
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Appendix

Participants at the National Consultation, Saskatoon, March 2003

Julia Allen	Chandra Hovde
Colette Arsenault	Noreen Johns
Deborah Barron-McNabb	Catherine Kulisek
Madeline Boscoe	Glenna Laing
Aline Bourgeois	Guylaine Leclerc
Nancy Caron	Lisa McCallum
Francine Chenier	Molly McCracken
Amanda Chirico	Carolyn McDonald
Aimée Clark	Edith McPhedran
Barbara Clow	Marilou McPhedran
Rose Colledge	Marielee Nault
Christine Dallaire	Barbara Neis
Marie DesMeules	Wendy Nelson
Bernice Dubec	Mary (Mae) O'Hagan
Janet Dumaresque	Madeleine Paquette
Marie Dussault	Ann Pederson
Gail Erickson	Colleen Purdon
Mary-Anne Gauthier	Charline Roy
Avis Gray	Lilliane Sabiston
Lorraine Greaves	Lynn Skillen
Winnie Greenland	Lana Sullivan
Faye Grose	Rebecca Sutherns
Paule Giguere	Helle Tees
Karima Hashmani	Sylvie Thauvette
Joanne Havelock	Annette Willborn
Margaret Haworth-Brockman	



Endnotes

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- 1 See the Appendix for a list of the National Consultation participants.
 - 2 Salters, M. Mega Space Consulting. November 17, 2002.
 - 3 Ibid.
 - 4 Starfield Consulting. Leaderships tips for the event. March 2003.
 - 5 DesMeules, M., C. Lagace, R. Pitblado, R. Bollman and R. Pong 2003. Assessing rural women's health as part of the national research program "Canada's Rural Communities: Understanding Rural Health and its Determinants".
 - 6 Copies of the original reports from the discussions are held at the National Network on Environments and Women's Health.