

WOMEN AND HEALTH FOCUS GROUP REPORT FORT ERIE

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Community Health and Wellness,
Women's Health Day Committee
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“It generally agreed that difference in health status between individuals – and between men and women – are determined by factors beyond biology. Global forces, including cultural, political, and ecological change have a powerful effect on health. Against this global set of factors - such as socio-cultural and transition experiences, education, income, social status, housing, employment, health services, personal health practices, and the physical environment – comes into play. For example, in developed countries, cultural and economic shifts in attitude toward women’s participation in the labour force and control over reproductive decisions have led many women to delay childbirth”

Women’s Health Surveillance Report, Health Canada, 2003

“Women’s health involves women’s emotional, social, cultural, spiritual and physical well being and is determined by the social, political and economic context of women’s lives as well as by biology. The broad definition recognizes the validity of women’s life experiences and women’s own beliefs and experiences of health. Every women should be provided with the opportunity to achieve, sustain and maintain health as defined by that woman herself to her full potential”

Fourth World Conference on Women (the Beijing Conference, September, 1995)

“Women’s health issues are different from men’s in a number of ways. Failure to acknowledge these differences has led, in the past, to biases in the health system”
These biases are further classified as follows

1. **Narrowness of focus** – concentration on issues concerning women’s reproductive processes (leading in some cases to over-medicalization of normal processes).
2. **Inappropriate grouping of women with men** – the assumption that the course of disease and the consequences of treatment are the same in both sexes (e.g. drug trials and epidemiological studies using only male subjects).
3. **Exclusion** – women’s exclusion from policy-making, research, and medical specialties and thus from positions of power.

Health Canada’s Women’s Health Strategy (1999)

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ABSTRACT

This is a report of the focus groups organized by Community Health and Wellness – Women’s Health Day Committee regarding **women and health** in Fort Erie, Ontario. Over 70 women participated in 11 small focus group discussions for an hour and one half duration. The focus groups discussions were scheduled on 4 separate occasions to be able to involve as many women as possible:

- A group made up of women in Fort Erie who were also engaged in delivering services to women
- A mixed group of community women who attended the Women’s Health Day afternoon session
- A mixed group of community women who attended the Women’s Health Day evening session
- A group of 12 women engaged in services of the Canadian Mental Health Association

ACKNOWLEDGEMENTS

- *To the Women’s Health Day Committee who planned the April 4th, 2006 Women’s Health Day, and who will review the results and proceed with action plans, follow up and recommendations with the citizens of Fort Erie.*
- *To the women of all ages for their sharing their input and for caring about shaping health for their community.*
- *To the service providers and stakeholders who offer services and programs for and with women in the community and are interested in improving health for themselves and others.*
- *To Town Council for their ongoing commitment to health promotion for all their citizens.*
- *To the leaders of Community Health and Wellness for their vision and for seeking information to make informed decisions and priorities based on evidence and community participation.*

BACKGROUND

Rationale for this study:

The Town of Fort Erie and its citizens have been engaged in community capacity building and developing a model of health promotion and wellness over many years. They have also continued to conduct a variety of research studies and community consultations to aid in gathering evidence for their informed planning. They established Community Health and Wellness with community representation and adopted a Precede-Procede Model of planning. Two early research projects were approved by Town Council and Community Health and Wellness and were conducted by Brock University. A Social Capital telephone survey (Kilty, 2003) and a Health Status mail-in survey (Kilty, 2003; Tries, 2004) included participants in Fort Erie who were over 18 years of age. The findings were reported at a large community forum in April 2003 along with the reports and recommendations of the various sub-committees (i.e. Health of Youth Interim Report, 2003). Priorities were developed and a follow up community focus group shaped the structure of Health and Wellness governance and several projects and teams proceeded with action plans for establishing a Community Health Center, youth health initiatives, securing funding for a Primary Care Nurse Practitioner, addressing transportation needs and looking at the health of specific populations (youth, older adults, women, refugees). The Youth Team of Community Health and Wellness conducted a youth study (Kilty & Tries, 2004) to gather perspectives from two target populations: the providers of youth services through interviews and a survey and the youth of Fort Erie through focus groups.

Within the overall planning context background a Women’s Health Team was convened to look more closely at the health experiences and needs of women in Fort Erie.

Purposes of this study:

- To yield information about the health experiences that encourages and prevents women from being healthy.
- To understand the experiences Fort Erie women have with access to health services.
- To solicit the opinions, and suggestions for improvement from the perspective of the women in Fort Erie.

As part of the commitment to increasing social capital and community capacity building this study was also designed to engage and involve women in shaping their community and their health. The results are intended to be used to help plan priorities and further initiatives by including women's leadership, voices and input into the process.

Research questions:

The women discussed their own health and women's health with the aid of semi-structured questions designed to guide the dialogue (Appendix A):

- 1a) On a daily basis what prevents you from being healthy?**
- 1b) On a daily basis what encourages you to be healthy?**
- 2. Tell us about your experiences when accessing services related to your health.**
- 3. Do you have a suggestion about what can be done to improve the health of women in Fort Erie?**

LITERATURE REVIEW

In developing the focus groups and key questions for Fort Erie, the Women's Health Day group reviewed the literature and research available on women's health. Community Health and Wellness prepared *The Health of Women Interim Report (2003)*. *The Women's Health Surveillance Report: A multidimensional look at the health of Canadian women (2003)* was circulated to the planning team for background and discussion. That report reviewed the determinants of women's health; the health status of Canadian Women; and the utilization of health care by Canadian women. The report also provided a synthesis of the research and literature available and identified gaps, recommendations and implications for policy.

A comprehensive review of the literature is not presented in this report on the summary of results. However, a full analysis of the results will need to be examined in the context of a full review of the literature, demographics, theoretical frameworks (social capital, feminist planning models, health promotion, empowerment models, transtheoretical model, social learning theory, humanist theories), determinants of health and research available on women's health.

METHODOLOGY

In order to provide a maximum opportunity for women to voice their health experiences and to give input and at the same time to provide a structure for input, CHW adopted small focus groups as the approach to generate initial data for planning purposes.

The sample included in the women's focus groups was partially a convenience sample of women ranging in age from their late teens into their 70's who responded to public invitations to attend focus group meetings and to participate in a study. CHW leaders arranged the meeting dates and facilities. They also explained the purpose of the focus groups and invited women of Fort Erie to voluntarily participate and to give input. Group leaders/facilitators were engaged to assist in conducting the focus groups. Participants received verbal explanations about the voluntary and confidential nature of the study and its purpose and signed a consent form to participate. The data and information is reported in summary form to maintain individual confidentiality.

The CHW team developed the focus group questions. The facilitators received training for consistency; a Research Assistant collected and handled the information recorded by each of the facilitators. Dr. Heather Lee Kilty of Brock University summarized the major themes and recommendations received from the focus groups and written reports.

The list of semi-structured questions was developed by the Women's Health Day Committee that were used with each group so that the data and responses could be collected, collated and summarized in a consistent fashion. Information was gathered at facilitated small focus groups by volunteer group facilitators who led the groups through a discussion of each of the questions and prepared a written summary of the key points shared in the group attached to each question. Any additional points were also added.

During the Women's Health Day (Invitation, Appendix B) the background and ground rules for the focus group discussions were introduced and reviewed by the Coordinator of CHW and the researcher (Appendix C). Smaller groups, mostly of 6-8 people were clustered as much as possible around common age groupings so that participants might share in a discussion with others who might have similar concerns. The mental health group had 12 participants and the stakeholder group had 8 participants. Data was collected and recorded by the facilitators. No identifying names were on the recorded data.

Qualitative Data Analysis:

Qualitative data analysis was done using open, axial and selective coding and triangulation methods to find common themes and categories from the overall discussions and responses. Individual comments and input were recorded by the group facilitators and were later typed and analyzed. Common themes and relationships between ideas were analyzed. To ensure the confidentiality and credibility of the data, a separate person analyzed and summarized the results.

Overall information on the focus groups:

The members of the Women's Health Day Committee arranged the focus groups. Over 70 women aged from their late teens to over 70 years of age participated in the focus groups. An attempt was made to reach women of all ages and to get opinions from a variety of socio-economic backgrounds. The 11 small focus groups in sessions convened at 4 different times were led by facilitators who received consistent orientation as to their role, how to facilitate discussion, the research questions, and how to record the results. The Coordinator of Community Health and Wellness trained the group facilitators and was available for assistance.

FOCUS GROUP FINDINGS AND KEY THEMES

This section will review the input from women in all of the focus groups. It will be presented around the major responses to the questions posed. The main themes and points are arranged for review based on the overall themes. Occasionally, some comments are made about some of the specific groupings, but for the most part this is a summary report and was not intended for comparative purposes by age or background.

QUESTION # 1A: “On a daily basis, what prevents you from being healthy?”

KEY THEMES	SAMPLE SUB-POINTS RELATED TO THE THEMES
1. Problems with time and being too busy	<ul style="list-style-type: none"> • Time constraints, not enough time, busy days, too tired • Shift work – just have time to work and sleep and have no energy for exercise and activities • Long hours at work and at home • Pressure to stay involved; get good grades as a student • Lack of time to do all that is required • Feeling rushed so no time to shop and prepare good food - eat fast food • Stressed and do not take enough moments for health and self • So many things to do, not enough time, fast-paced lives • So busy, can’t even go for appointments or get blood work done • Even time to go out of town for diagnostics, specialists takes a lot of time • Long time to wait in offices to see someone
2. Taking care of others and not taking care of themselves	<ul style="list-style-type: none"> • Responsibilities for family, children, parents • Take care of everyone else, no time to take care of “me” • Socialized to believe our needs are below on the list of others
3. Personal things that prevented health	<ul style="list-style-type: none"> • Inertia, laziness and procrastination • Watch TV, computers too much • No self-discipline or motivation • Dealing with depression and anxiety that prevents/interferes with overall health • Dealing with pain and specific health issues and problems that make it hard to feel healthy and to exercise or walk • Must make a personal commitment to be healthy • Don’t like other people watching me exercise • Afraid to fall or hurt myself • Use food to reward myself • Get confused and go back to my old ways • Addiction to carbs and bad sugars
4. The lack of availability of and health services and supports	<ul style="list-style-type: none"> • Need services for diagnosis, treatment and support in Fort Erie • Not enough health services in town or close • Limited access to physicians, and those who have time to listen • No resource guides and information to know what is available and how to access services • No support and encouragement groups • No cancer care or follow-up support • Need more child care • Need better transportation
5. Practical Issues	<ul style="list-style-type: none"> • Walking paths not lit; have skunks; not safe • No sidewalks for walking • Lack of grocery stores and nutrition places • Winter is cold and it is hard to get outside and walk and get around • Costs of health care and to deliver services
6. Other	<ul style="list-style-type: none"> • Working in fast food industry – it is hard to stay away from fast foods • Not knowing people in the area to walk with • Stress from reading the paper and politicians spending tax dollars for only a few

The main themes that emerged from the focus group discussions related to the question about what prevented them from being healthy on a daily basis were:

1. Problems with having time to attend to their health; having responsibilities to take care of the health of others and not themselves; no time to go for tests
2. Personal issues (inertia, no self-discipline, no motivation, specific health problems and challenges, liking sugars, afraid to fall, old habits)
3. The lack of availability of health and supportive services and day care
4. Practical issues (walking trails not lit, etc.)
5. A collection of other individual and political points of view made by group members

All groups identified themes #1 and #2 as the major areas preventing them from taking care of their health. This is in keeping with the multiple care giving roles of women and lack of time to attend to their own health needs. The women in the age and stage most likely to be caretakers of family members (children and/or parents) particularly identified these themes. Many also felt that time constraints also interfered with them making health appointments and getting diagnostic tests and blood work done. Younger women and family care givers felt more rushed and busy and felt that the fast pace of life made them stressful and prevented them from exercising or eating well. Working women felt that the long hours, shift work, time constraints and work at home made them tired. Many of the older women identified specific health issues (depression, pain and other issues) as preventing them from being healthy on a daily basis.

QUESTION 1B: “On a daily basis, what encourages you to be healthy?”

KEY THEMES	SAMPLE SUB-POINTS RELATED TO THE THEMES
<p>1. Relationships and responsibilities for others</p>	<ul style="list-style-type: none"> • Taking care of the family and others helps me to take care of myself • Want to stay healthy so we can take care of our families • When I am healthy it benefits others • Healthy kids, family and husbands help us to be healthy too • Want to be a healthy grandmother and role model • Buddies, friends, accountability partners, Mentors, good examples • Being able to lift each other up as a society and a community • Knowing you have contributed to the community and to make it better
<p>2. Benefits to self</p>	<ul style="list-style-type: none"> • Feel better • Sense of accomplishment • To be able to do the activities I like and stay healthy • Different benefits for each of us (reading, walking, computer, on the phone, on the couch) • To live to 80; to get my pension; to be as independent as I can
<p>3. To avoid negative consequences</p>	<ul style="list-style-type: none"> • Don't want to have to see doctors • To be free from taking pills or being hospitalized • Don't want the cost of being sick • Don't like the health system; fearful of health system • Get headaches and pain if I don't take care of myself • To see the health problems of other family members (family history) motivates me to be different • Seeing negative impact of leading sedentary lives encourages me not to do this
<p>4. The availability of good health services and activities</p>	<ul style="list-style-type: none"> • The “Y”, Friendship Trail, Holiday Inn, Leisureplex, seniors activities, slim and Trim club, organized activities ... • Great walking trails • Great walk-in clinic, • Good access to Nurse Practitioner • Mayor and leaders who have a vision of a positive inclusive, healthy community
<p>5. Media and information sources on health</p>	<ul style="list-style-type: none"> • Ads re: health on TV and encouraging good eating and fitness • Health magazines, women's magazines and books available • Personal knowledge and stories of others
<p>6. Other</p>	<ul style="list-style-type: none"> • Eating breakfast and good impact on studies, concentration, sports • Vitamins • Living in the moment, go do what you preach • Talking to others about their ideas • Where we live, no flooding, feeling safe • Need info fairs, blood pressure clinics, home visits, prevention • Not to complain ... learn to be satisfied • Saying "no" and not feeling guilty to take care of yourself • To be able to travel

By far, the main theme that emerged from the focus group discussions related to the question about what encouraged them to be healthy on a daily basis had to do with relationships with others. Some of the very responsibilities and relationships that were identified as preventing them from being healthy in question #1 also were seen to encourage their health in #2. Many identified that they wanted to remain healthy; to be able to take care of their families and to be a good role model and this encouraged them. Others felt that when other family members were healthy and fit that they encouraged these women in their family to be healthy also. Many identified that they received encouragement from buddies, friends, accountability partners, mentors and good examples. Others felt that by contributing to creating health society and helping others that this encouraged them also to be healthy.

Some women identified personal benefits that encouraged their health, such as; to feel better, to have a sense of accomplishment, to live longer, to be independent and to be able to engage in activities that were encouraging.

Many identified that avoiding negative consequences motivated them to remain healthy so they didn't get sick, didn't get headaches or have to see a doctor or to be hospitalized. Family members and others who were not healthy or sedentary often encouraged them to take care of their health more.

Some identified that the availability of health services and activities encouraged them. Many named some of those services and activities in the Fort Erie area that they felt encouraged their health and women's health.

Women, especially in the younger groups, identified the role of media, women's magazines and success stories of other women as encouraging them to be healthy. Younger women in their late teens and early twenties said that having breakfast encouraged their overall health more on a daily basis.

QUESTION #2: “Tell us about your experiences when accessing services related to your health.”

THEMES	SAMPLE SUB-POINTS RELATED TO THE THEMES
<p>1. Problem experiences with access to services</p>	<ul style="list-style-type: none"> • No access to doctors; or doctors who do not have time to listen and be personable; different doctors all the time and no one who knows you and your history; doctors don't know all services available; no complete examinations • Little access to specialists (obstetrics, pediatrics, mental health) • Long waiting lists (e.g. for cataract surgery) • Transportation inaccessible, costly or a logistical nightmare • No services in town; hard to get around • Finding access to quality care • “Y” and other activity places are crowded • Need services and access for youth and elders
<p>2. Positive experiences with access to services</p>	<ul style="list-style-type: none"> • Great Nurse Practitioner • Great palliative care • CNIB helpful • Sexual clinic good, staff kind, but hours not good • Lots of activities in the community and for children • Good hospital • Chiropractor - found them to be compassionate • EAP though work is good, need more plans to cover costs
<p>3. Identification of specific needs related to access</p>	<ul style="list-style-type: none"> • Need better information on services and how to access should be in print and in the media • Access to and funding for complementary and alternative health and homeopathy and Naturopathy • Need more doctors available in the community with time to listen and not overbooked • Revamp info system so you don't have to repeat over and over again • Mental health needs - waiting time long; don't call back • Not enough home care support and services • Need more alternatives during menopause • More convenient if some services are local hard, to travel and access out of town • Why do other communities have more than we do?

In answer to this question, participants first recounted negative and then positive personal experiences with access to services related to their health. Negative experiences not only had to do with access to a physician, but to physicians who had certain abilities: who could listen, had time, are personable and who knew their history and what services were available. Many expressed that services for younger and older women particularly needed improved access. Access to physicians, specialists, transportation, and quality care were mentioned along with long waiting lists.

Positive access experiences recounted had to do with appreciating the Nurse Practitioner, palliative care, the clinics, specific services, and lots of activities available in the community and for children.

In response to this question, women also identified the need for good information on what is available. They also wanted increased access to complementary and alternative practitioners, doctors who listen and give women sensitive care, and more support services and mental health services.

QUESTION 3: “Do you have a suggestion about what can be done to improve the health of women in Fort Erie?”

THEMES	SAMPLE SUB-POINTS RELATED TO THE THEMES
1. Education & information approaches for women’s health	<ul style="list-style-type: none"> • Have a yearly FORUM, for women and for agencies who deliver services to women • Have a WOMEN’S HEALTH DAY each year or a WOMEN’S CLINIC to get cholesterol, BP taken, Mammogram • Have ongoing SEMINARS and WORKSHOPS on topics re specific women’s health issues • Have more info readily available re: services and access to them • Have a weekly column on women’s health issues • Connect women to each other for consultation and support • Have a focus on health promotion, education and prevention • Telehealth, 211, Info Niagara as partners
2. Services needed	<ul style="list-style-type: none"> • Have doctors available with time and sensitivity to women’s health issues • Have a Central place for health screening, diagnostics, services, doctors and women’s health • Have better communication between existing agencies • More services in town
3. Need for support approaches	<ul style="list-style-type: none"> • Encourage women supporting women and coming together to discuss common issues • Set up places to tell their story • Need to be advocates for each other when needed, go for appointments etc
4. Special women’s health needs	<ul style="list-style-type: none"> • Adolescent services, clinic for young girls, sexual health, self defense, anger management etc • Poor women’s health issues • Refugee women need connectors re: health needs and access • Cancer treatment closer • Clinic on health of young girls, family health, sexual health • Info available in other languages • Need more mental health services
5. Bigger picture suggestions	<ul style="list-style-type: none"> • Look at policy changes and political changes related to women • Have more funding through the workplace for women’s health

The main theme for responses to this question had to do with approaches for education, health promotion and health information for women. They suggested hosting a yearly WOMEN’S FORUM OR HEALTH DAY to educate service providers and women. Most felt that providing a yearly CLINIC or SCREENING DAY would also be good to offer for such things as blood pressure testing, cholesterol testing, Pap tests and mammograms. Other ideas had to do with workshops, and seminars on health topics of interest and current needs of women. In addition, many felt that a means for connecting women to each other so they could share stories and help each other with health would be a good idea.

The second theme had to do with having women-sensitive, coordinated health services that are well communicated were important. Again the suggestion of having physicians available with sensitivity for women’s health issues was suggested. The need for support services, women connecting with women and advocating for each other and attending with appointments was described.

Specific women’s health needs were also identified to explore and take action on such as the health needs of poor women, refugee women, women with cancer, young women, women raising families.

SCOPE AND LIMITATIONS:

This study engaged a good sample number of women from across the community and a variety of age groups, socio-economic backgrounds and a variety of health care experiences. It was a volunteer, convenience sample and while not representative from a research perspective, yielded some helpful common and unique themes that will be helpful for planning purposes. The strength of the use of focus groups to gather data lies in the participation and engagement of members in small group discussion that assist in stimulating personal ideas and experiences. The limitation lies in the possibility of a groupthink that does not yield individual perspectives. From the recorded information it would appear that both common experiences and individual, unique experiences and perspectives were collected. Having many group recorders who also facilitated the groups provides a challenge. Attempts were made to provide consistent training and orientation and consistent questions, process of collecting input and ground rules. There is always the potential that the facilitator screens and selects from the verbal discussion through their own personal filter in preparing the final summary points. However, across all groups, common themes and some variations emerged from the recorded data.

RECOMMENDATIONS

These are presented as preliminary recommendations for review and discussion. They do not represent all ideas that would be helpful, but are some suggestions that flow from the focus group input only. A review of other models, studies and Fort Erie demographics also need to be considered in making final plans. Many of the focus group members indicated they would be willing to work with Community Health and Wellness on developing the strategies to improve women's health in Fort Erie further.

A) YEARLY EDUCATION, AWARENESS & SCREENING PLAN RE: WOMEN'S HEALTH

- ✓ That a yearly Women's Health Forum/Health Day be conducted for education and awareness of women's health issues for women and health care providers to women
- ✓ That a yearly Screening and Clinic Day be organized for women in Fort Erie
- ✓ That workshops and seminars be developed on an ongoing basis on specific women's health topics and to bring more women's health expertise to Fort Erie
- ✓ That a system to connect women with each other regarding health issues be established so women can share, support and advocate for one another
- ✓ That the media and local press be encouraged to offer more education and awareness regarding women's health
- ✓ That information on available health services and activities are more available so that women can know what is being offered and how to access services and activities
- ✓ That healthy eating strategies and programs be offered for all ages of women
- ✓ That time management and stress management strategies and programs be offered for women

B) HEALTH CARE SERVICE ACCESS & DELIVERY FOR WOMEN

- ✓ That physicians and other health care providers with a sensitivity and understanding of women's health issues and how to deliver services be made available to Fort Erie women in a variety of ways
- ✓ That physicians and health care professionals be trained in more gender and cultural sensitivity in delivery of care
- ✓ That needs for child care, transportation, support groups, and mental health be addressed from a gender perspective
- ✓ That more access to complementary, alternative, and naturopathic care be made available

C) PRACTICAL SUGGESTIONS

- ✓ That walking and cycling trails/ paths be increased, be well lit and made safer
- ✓ That places that offer activities and exercise be examined for issues of access hours, crowding, engagement approaches and privacy issues related to women's involvement

D) EXPLORE THE SPECIAL HEALTH CARE NEEDS & ISSUES OF THE FOLLOWING WOMEN'S GROUPS

- ✓ Women who have multiple care giving roles
- ✓ Working women
- ✓ Refugee women and English as a second language women
- ✓ Poor women
- ✓ Younger women and students
- ✓ Older women
- ✓ Menopausal women

E) OVERALL

- ✓ That policy reform and political changes be examined that affect women's health and advocacy strategies to engage women more be explored
- ✓ That funding for specific women's health care needs be explored
- ✓ That further studies be conducted using a variety of quantitative and qualitative methods to continue to map the health needs of women on a continuous basis and to create further evidence-informed planning and community capacity building
- ✓ That women be engaged as active participants and leaders in planning strategies to improve women's health in Fort Erie

APPENDIX A: FOCUS GROUP QUESTIONS

On a daily basis what prevents you from being healthy? What encourages you to be healthy?



Tell us about your experiences when accessing services related to your health?



Do you have a suggestion about what can be done to improve the health of women in Fort Erie?

Appendix B



On Tuesday March 28 the Town of Fort Erie's Community Health and Wellness, Peace Bridge Newcomer Centre, and the Fort Erie YMCA is hosting a Women's Health Day. The goal of this project is for stakeholders like you to highlight the areas of women's health and wellness that are important to the women of Fort Erie who are your clients or members.

The information gathered at the March 28 stakeholder session, combined with the April 4 community session (described below), will be compiled for the use of the entire community. We expect that the results may be used for such things as: policy recommendations, drawing services to Fort Erie, enhancing existing services, increasing funding, etc. This will NOT be another report that sits on a shelf!

For that reason we invite your organization to send a representative that is most familiar with and sensitive to the needs of the women in Fort Erie that are serviced by your agency or are part of your organization.

The event will take place March 28 at the Fort Erie YMCA from 1:00 – 3:00 p.m.

As mentioned previously, we are holding a similar event for all women in Fort Erie age 14 and up on Tuesday, April 4 at the Leisureplex Banquet Hall. There will be one session from 1:00 p.m. – 3:00 p.m. and another from 6:30 p.m. – 8:30 p.m. We ask that your organization promote this event to your clients and members from the Fort Erie area. We can provide more flyers and registration forms if you would like to distribute them to your clients or members. Please feel free to forward the attached flyer and registration form labelled "Community" to your contacts. A unique feature of this event is the advanced registration allows for the women of Fort Erie to request day care services, which will be provide by the Fort Erie YMCA, or help finding transportation to the event.

Please complete the attached registration form and fax to 905-871-1577 by March 23. Your timely response is appreciated.

We look forward to your attendance at this event.

Deanna Bryant

Community Health and Wellness Coordinator

Women's Health Day Stakeholder Registration Form

PLEASE PRINT

NAME (AS YOU WISH IT TO APPEAR ON BADGE):

TITLE: _____

ORGANIZATION:

ADDRESS:

CITY: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

EMAIL:

REGISTRATION BY MARCH 23, 2006 IS REQUIRED

(E)Mail/Fax Completed Registration Forms To:

Community Health & Wellness Fort Erie

Municipal Centre

1 Municipal Centre Drive

Fort Erie, ON

L2A 2S6

Phone: 905-871-1600 ext533

Fax: 905-871-1577

info@communityhealth.forterie.ca

APPENDIX C

GROUND RULES FOR FOCUS GROUP DISCUSSIONS

1. Adhere to the agenda timelines.
2. Value the diversity of participants.
3. Maintain **positive group dynamics**.
4. Everyone speaks once before anyone speaks twice.
5. No interruptions or side conversation distracting from what is being said.
6. No editorializing.
7. Take individual responsibility for speaking honestly and frankly, and for helping create an environment where others feel comfortable speaking honestly and frankly.
8. Respect the confidentiality of other participants.
9. Listen and have an open mind.
10. **Enjoy yourself!**