Article

Optimal Health and Well-being for Women: Definitions and Strategies Derived from Focus Groups of Women

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Abstract Women participating in focus groups were asked how they define health and well-being, and what strategies they would suggest for health optimization. Women defined health and well-being largely in terms of relationships. Their strategies for improving health involved enhancement of the quality of relationships with families, partners, and community. These proposed strategies included: creating a context for resilience; valuing and nurturing children, parents, and families; promoting interpersonal connections and community; realizing equality for women; and cultivating relational values. These perspectives can inform clinicians and health policy.

INTRODUCTION

Women are major users of the health care system,[1] yet measures indicate that women's health and health care are suboptimal.[2–4] Although women live longer than men, they have more physical illness, especially acute illness and nonfatal chronic conditions, and use more medication.[5] It has been suggested that women be included as informants in efforts intended to improve the health of women.[6] Therefore, as researchers and academicians, we approached the goal of improving women's health status by asking women about their views of optimal health and well-being. We utilized focus groups to collect these data. Focus groups are a frequently used method for gathering perspectives that may differ from researchers' or mainstream perspectives,[7,8] and have been used for identifying types of services needed, including health services.[9–11] Responses made in focus groups can be analyzed using qualitative methods in which themes are identified from clusters of responses having similar meanings.[12,13] We hypothesized that women could offer definitions of health, and strategies to improve their health, which could be used to inform clinicians and health policy.

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METHODS

The study was approved by the University of Arizona Human Subjects Committee. All participants gave informed consent, and were asked to provide demographic information including their age and ethnic group. Ten focus groups were conducted. Participants were recruited based on their experiences that were relevant to women's health and health services.[9] Specifically, we recruited women receiving one or more community services; women working in agencies that provide services to women; and women in research, educational, or administrative roles, who develop elements of health policy. Sample selection included women occupying different positions within the structure of health and human services in order to allow more diverse responses and to improve generalizability of results.[14]

All focus groups were conducted in southern Arizona. Seven were conducted in Tucson, and three in a town bordering Mexico. Two of the latter groups were conducted primarily in Spanish. Three of the ten focus groups were composed of groups of women receiving community services ($n = 20$). Women in these groups ranged in age from 21 to 38, and received services for substance abuse, health outreach, and parenting support. Their ethnic representation included Caucasian (non-Hispanic) ($n = 9$); Hispanic ($n = 6$); Native American ($n = 2$); African American ($n = 2$); and Jewish ($n = 1$). Three focus groups were conducted with women working in agencies that provide services to women ($n = 23$). These women ranged in age from 36 to 53, and were the providers of services for the groups of women receiving services. Their ethnic representation included Caucasian (non-Hispanic) ($n = 11$); Hispanic ($n = 8$); Native American ($n = 1$); and unreported ($n = 3$). Four focus groups were conducted with women in research, educational, or administrative roles, who had some influence in the development of health programming and policy ($n = 19$). These women ranged in age from 26 to 55 and included program directors, steering committee members, women in academic medicine, and researchers interested in women's health and well-being. Their ethnic representation included Caucasian (non-Hispanic) ($n = 15$), Jewish ($n = 2$), and unreported ($n = 2$).

Four questions were posed to guide the discussion of each focus group. The first two questions were designed to elicit definitions of optimal health and well-being: "What is optimal health and well-being for women; what does it mean to you? If all aspects of women's health and well-being were possible and in existence, what would you see, feel or experience?" Results relating to these questions are presented as Definitions of Optimal Health (Table 1). The third and fourth questions were designed to identify strategies that would help achieve optimal health and well-being: "What can people do to make those pictures and experiences of optimal health and well-being for women a reality? Where would you place resources to improve women's health and well-being; if you had 5 to 25 million dollars what would be your top priority in improving women's health and well-being?" Results relating to these questions are presented as Strategies to Achieve Optimal Health (Table 1). Women from all groups were asked to answer the questions from the perspective of their own health and well-being.

What is optimal health and well-being for women?

A facilitator posed the discussion questions. Participants' responses were summarized and recorded on flipcharts, and reflected back for confirmation ("Is this what you said/meant?"). This method of recording responses is consistent with an inquiry group method designed for identifying community health concerns.[11] Responses were transcribed. Following the method described by Colaizzi,[12] data were analyzed in several steps, including clustering responses with similar meaning, identifying a theme for each cluster, and then aggregating themes into meta-themes. In the first step, researchers indepen-

dently sorted responses into clusters based on similar substantive meaning, then met to compare clusters, negotiate differences in clustering by researchers, and create researcher consensus on the final list of clusters. This team approach increases reliability and validity of results.[9,15] In the second step, researchers identified a theme for each cluster of responses. Each response from the participants ultimately contributed to a theme. In a third step, themes were then further aggregated into meta-themes. Five meta-themes were aggregated from women's definitions of optimal health and five meta-themes were aggregated from women's strategies to achieve optimal health (Table 1). Meta-themes based on definitions were linked with meta-themes based on strategies to create a framework for presenting researchers' proposed applications of these findings in practical implications for clinicians and the health care system in Table 1. This framework creates a movement across Table 1 from the more abstract definitions (based on the women's responses), to the progressively more concrete strategies (also based on the women's responses), and ultimately to the practical implications (proposed by the researchers).

RESULTS

The ten meta-themes derived from responses of the women in our study reflected their definitions of optimal health and perspectives on how to improve it. Table 1 reports meta-themes for both the definitions of health and the strategies to achieve optimal health. For the sake of brevity and emphasis, themes underlying meta-themes are presented in Table 1 only for strategies to achieve optimal health. Meta-themes and themes based on participants' definitions and strategies are further described in the text below together with some examples of women's responses (italicized in quotes) used to develop themes.

Optimal Health Definition #1: A Balance and Integration of Physical, Social, Emotional, and Spiritual Elements of Life

Physical health, emotional health, and resilience set the stage for understanding optimal health and well-being for women. Participants told us that true health is "*beyond the absence of disease, it is feeling fit physically, emotionally, spiritually, and mentally*." Basic physical health included the "*absence of pain and disease*," "*access to basic necessities*" of food and shelter, and "*being able to take care of our physical self*" through diet, exercise, and use of health care services. Women told us that optimal health is "*feeling glad to be alive*," and experiencing "*joy*." Emotional health, seen as an important part of the whole, requires women to have a positive sense of self, to "*know yourself, trust yourself, know talents, and care about self*" and to have a "*sense of meaning, have a place in the universe, and feel important*." Health's social implications were apparent in comments that optimal health is being able to "*walk, talk, eat, and interact with family and friends in a satisfactory way*" and "*do[ing] your job well*." Women said that optimal health would mean having fewer sources of chronic stress, such as the stress that results from helplessness in the face of domestic and social violence.

Participants also defined optimal health in terms of resilience and adaptability. When confronted with daily challenges and change in their lives, healthy women not only meet demands and adapt to change but also have the independence, information, and resources to make choices in their best interest. With sufficient time and resources, women said they could achieve balance and wholeness. They would thereby have increased creativity and capacity to fulfill roles and solve problems—which themselves were seen as

Table 1. DEFINITIONS OF OPTIMAL HEALTH, STRATEGIES TO ACHIEVE OPTIMAL HEALTH, AND PRACTICAL IMPLICATIONS FOR CLINICIANS AND THE HEALTH CARE SYSTEM*

No.	*Definitions* *Meta-themes Based on Participants' Definitions of Optimal Health*	*Strategies* *Meta-themes and Themes Based on Participants' Strategies to Achieve Optimal Health*	*Implications* *Practical Implications for Clinicians and Health Care System*
1	A balance and integration of physical, social, emotional, and spiritual elements of life	Create a context for resilience • Ensure that everyone's basic needs are met • Educate on lifespan health and well-being; self-care and life skills • Fund economic development, training programs • Provide community services, care for the elderly and disabled • Fund geographic, informational, and financial access for all to medical services • Fund family-friendly intervention programs (treatment, outreach, shelters, and other facilities) • Provide user-friendly information, education, training, and support services • Fund improvements and innovations in educational programs that include life skills	☐ Ensure access to, and encourage women to seek, information and education so they can make informed decisions on health and other matters ☐ Ensure access to medical services for women and for all community members ☐ Ask women how other dimensions of their lives might be affecting their physical health ☐ Network with providers of psychosocial services; develop a list of referrals
2	Harmony and stability within family and close relationships	Value and nurture children, parents, and families • Value and nurture children • Support parents' health and well-being to achieve family well-being • Support healthier work/family balance for women • Ensure the availability and quality of child care • Fund a spectrum of programs promoting healthy family relationships and parenting skills • Fund a spectrum of programs teaching life skills and choices, physical and emotional self-care for children and adolescents • Provide for schools to become actively involved in drug prevention	☐ Acknowledge the importance of children, families, and caretaking to women ☐ Recognize that women may respond to needs of children and families before their own health needs ☐ Appreciate the difficulty of balancing work and life responsibilities ☐ Advise women to develop physical health regimes that they can fit with their work and family responsibilities ☐ Encourage counseling in appropriate situations
3	Support, empathy, and connection with friends and within communities	Promote interpersonal connections and community • Cultivate health-enhancing friendships • Promote psychosocial health through education on communication, relationship, and leadership skills	☐ Provide referrals that will assist with acquisition of relational skills ☐ Realize the importance to women of having a network of friends, and feeling they belong in a community

continued next page

Table 1. (CONTINUED)

No.	*Definitions* *Meta-themes Based on Participants' Definitions of Optimal Health*	*Strategies* *Meta-themes and Themes Based on Participants' Strategies to Achieve Optimal Health*	*Implications* *Practical Implications for Clinicians and Health Care System*
		• Promote interpersonal connections through definition of communities • Fund the creation of a safe, supportive, cooperative social environment • Fund community centers, programs for social health, cultural activities that connect people	☐ Acknowledge the importance of the health of friends and the community to women ☐ Realize that safety (physical and psychological) is an issue for most women ☐ Provide referrals to crisis management resources, e.g., domestic violence shelters and emergency child-care facilities
4	Equality, power, and respect	Realize equality for women • Have confidence, take personal responsibility, model and act on personal beliefs • Clarify boundaries with men, shift gender-role expectations for girls and women, and promote gender-role flexibility • Expect acceptance of women in community, recognize women as authorities, empower women to be role models • Take leadership roles, engage in political and social action • Embrace personal responsibility • Fund women to achieve or transition into economic and social self-sufficiency • Recognize the need for "voice" and mobilize financial, technical, political, and media resources in order to be heard • Ensure the ability of women to be involved in decision making and planning • Support choices about cycling and reproduction	☐ Treat women with respect, and as partners in their health care ☐ Advocate for women to be treated with respect ☐ Encourage choice in reproductive and other health matters
5	Living within a society that values people, relationships, and diversity	Cultivate relational values • Change beliefs and behaviors to value people and relationships: less competition, more collaboration • Incorporate integrative and alternative approaches in medical services • Protect resources through harmony with nature	☐ Listen, and let women know their concerns are heard ☐ Allow choice and continuity of providers ☐ Respect women's interest in alternative approaches to health and medical treatment

Table 1. (CONTINUED)

No.	Definitions *Meta-themes Based on Participants' Definitions of Optimal Health*	Strategies *Meta-themes and Themes Based on Participants' Strategies to Achieve Optimal Health*	Implications *Practical Implications for Clinicians and Health Care System*
		• Invest in medical care that is integrative, collaborative, more personal, and community-based • Provide services that are responsive to needs in the community	☐ Indicate an understanding of the importance of relationships to women (family, intimate friends, community) ☐ Appreciate that diversity is valued by women; resist stereotyping into roles

*For the sake of brevity and emphasis, themes (bulleted) underlying meta-themes are presented in Table 1 only for strategies to achieve optimal health.

part of health. Health as resilience and adaptability includes "*a dynamic ability to change and accept change, including responsibility*," "*getting up, going to work, being tired, and coping with all of it*," "*not being dependent on others*," and "*taking care of self and children rather than having men take care of you*." Optimal health was further described as "*having resources, such as financial stability and education, to make the best choices for oneself*," and "*having opportunities for growth. . . challenges that are stimulating*." Included in resilience were a sense of hardiness, humor, and optimism that it would be "*ok to risk, ok to fail*."

Strategies to Achieve Balance and Integration: Create a Context for Resilience

Women consistently advocated the creation of a community where individual women (and men) can take care of their physical, social, emotional, and spiritual selves. Critical to that goal, participants discussed the need for realistic access to basic needs, including food, shelter, safety, and health care for everyone. Participants endorsed programs to nurture competence and self-sufficiency, including education in life skills, vocational training, and economic development programs. Information and education would be user-friendly, and would have verbal, video, electronic, and culturally appropriate forms. Participants would also address the need for "*family friendly*" treatment and outreach programs for vulnerable groups, along with elder daycare and mobile health care clinics for those lacking transportation.

Optimal Health Definition #2: Harmony and Stability Within Their Family and Close Relationships

Positive relationships with children and husbands or partners provided the second component to the definition of optimal health and well-being for women as exemplified in the statement, "*we need to learn physical, emotional, and family-wise stability*." Issues of positive family relationships and family stability emerged through a variety of statements made by the focus group participants. Quality relationships for adults were described as a foundation for healthier babies, children, and families. One participant stated that, "*if mothers were healthier, children and families would be also*."

Participants frequently defined their own health and well-being as "*based partly on whether I am able to take care of my child*." Caring for their children was described as "*having communication with my children*," "*having quality childcare,*

and freedom from worry and stress over my child's safety at school and with others"; quality care meant that children were safe from abuse or neglect.

Strategies to Achieve Family Harmony and Stability: Value and Nurture Children, Parents, and Families

Responses of the women participants emphasized that funding should be provided to support a spectrum of programs for parents and families. The meta-theme Value, Nurture Children, Parents, and Families is based on the idea that we must "*support every single child in their ability to grow and develop*." This theme explicates three funding needs: available and quality child care, teaching children life skills, and cultivating parenting skills.

Women advocated funding to "*provide subsidized child care*" and "*increase training and credentials necessary for people who work with children and families*." To women in our focus groups, valuing children also involved "*teaching grade-schoolers self esteem, self-care, and personal responsibility*." They also suggest that we continue teaching "*life skills in high schools*," including how kids can "*support each other rather than doing gangs*." They further supported funding of educational programs for adults in order to "*provide education and support for new parents*" as well as "*support groups*" for parents and families to improve family relationships.

Optimal Health Definition #3: Support, Empathy, and Connection with Friends and Within Communities

Connection with friends and with others within one's community emerged as an important feature of optimal health and well-being for women in the focus groups. Having close relationships in which to receive respect, support, and empathy and connection with women outside the family were seen as critical for all women, especially for more vulnerable women. Beyond personal relationships, women viewed the quality of their communities as part of their own health. Optimal health meant living in a safe and respectful neighborhood, and feeling "*a sense of community*," which included "*safety to speak my voice*" and a sense of "*belonging, [feeling] welcome at job*." Moreover, optimally healthy women would live in family-friendly, connection-enhancing communities responsive to members' needs through caring, responsible individuals, and community services.

Strategies to Achieve Connection: Promote Interpersonal Connections and Community

Women described strategies to promote interpersonal connections that ranged from personal/individual acts to social programs. Women were encouraged to cultivate health-enhancing friendships for themselves. With a view toward building healthy intimate relationships and interpersonal connections, women advocated funding education in interpersonal skills, such as conflict resolution and the ability to recognize one's own feelings and distinguish among them. Women also advocated funding the creation of safe, family-friendly communities, with more parks, cultural activities, and multi-use sites that would "*host community discussions, workshops, seminars in a safe place to meet and talk*." Their idea of family-friendly communities and centers included the provision of support through "*cooperatives that provide personal support when my kid is freaking out and so am I, and practical support when I need help with carpooling, medical care, child care, and groceries*."

Optimal Health Definition #4: Equality, Power, and Respect

Women stated clearly and repeatedly that being treated as equals, with respect, and being empowered in close relationships and society is part of optimal health. This entails "*freedom from social and sexual repression*." There would be "*less rape, less violence against anyone*." Optimal health included intimate partners sharing parenting and household responsibilities equally. Power and potential would be equally distributed irrespective of gender or gender-based stereotypes, such that "*women would not be at the bottom of the totem pole*." Optimal health included women's being powerful, caring role models and having more choice and opportunity in life. Women reported that optimal health included "*a decrease in lifestyle-related problems such as eating disorders, substance abuse, and unwanted pregnancies*."

Being empowered in close relationships and society is part of optimal health

Strategies to Achieve Equality, Power, and Respect: Realize Equality for Women

Treatment as equals is essential in the achievement of optimal health for women. For women to function as equals requires confidence to assume personal responsibility, to model and act upon personal beliefs. Women were urged to "*use your voice, speak up*" and reminded that "*we are responsible for helping younger women: encourage, share, be honest, mentor*." Women advocated programs to help women achieve or transition into economic and social self-sufficiency. Women endorsed support for choices about the functioning of their bodies and whether they reproduced, adding that "*women should be active agents of their own sexual experience, not simply having sex to fulfill the expectations of others*."

For equality between the genders to be achieved, both men's and women's behaviors and attitudes would have to change. For example, expectations for girls and women would not be based on gender. Roles would be flexible for both women and men. Women would learn to clarify boundaries with men, and men would learn to "*nurture rather than conquer*." Women would "*share information (get ideas out in meetings)*" and would be involved in decision making and planning, and would have a voice in the affairs of the community. They would be recognized as authorities and role models, function in leadership roles, and engage in political and social action. To accomplish these changes, women advocated mobilizing financial, technical, political, and media resources. Women observed that "*the media is out of control in sending messages of 'violence toward women is OK.'*" Women advocated "*using money to market a paradigm shift [in attitudes toward women] through marketing, information, and education*." Acknowledging that "*arts are powerful*," women told us that "*with unlimited resources, we would work with mass media and produce one film with the goal to change attitudes globally*."

Optimal Health Definition #5: Living Within a Society That Values People, Relationships, and Diversity

Optimal health means living in a society that accepts partnership as the basis for social interactions. This includes people's respectful treatment of each other, and the ability to work in partnership with others. For women, health meant people and their connections were valued more highly than material goods. Participants stated that "*our culture is now based on financial profit as the bottom line, but we need business people to know that treating people well will improve the bottom line*." People receiving social services would be treated with respect. Health care would be sensitive to women's needs and would facilitate their ability to be proactive through prevention, personal responsibility, and healthy

lifestyles. There would be more diversity in leadership and decision making because we would have *"leaders who can support differences*." Diversity would be valued and stimulate healthy social processes because "*there would be a different style of leadership that is not ego-driven but is honest, nurturing, supporting, and people are valued*."

Strategies to Achieve a Society that Values People and Relationships: Cultivate Relational Values

Participants advocated a change in social beliefs and behaviors to support the valuing of people and relationships, in which cooperation and interdependence would be fostered. They suggested that we "*unteach the old and teach a new definition of success that would be encouraged and promoted, such as what it means to be well-respected, and how each person contributes to community*." The contribution of relationships to health status would be acknowledged and the successful conduct of relationships would be considered a vital dimension of health. Women recommended "*creat[ing] more personal relationships*."

Views of health would include integrative and alternative approaches, incorporating women's working model of health in which physical, emotional, psychological and spiritual—and family and community—health are integrated. Women also suggested that we "*teach doctors to listen to women*" and "*educate doctors on child health and development and that women are not stupid*." The importance of the contribution of the natural environment would be acknowledged. "*Healthy communities take care of nature*," and "*if we do not destroy it, we can have more benefits of nature for our health*." The community would be a focus in itself of consideration for care, and the community would go beyond local, to the community of communities.

SUMMARY AND CONCLUSIONS

To initiate a process for improving women's health, we turned to women as informants. We asked women in focus groups to define health and well-being and to offer strategies that would improve their health and well-being. In their responses, the women described both features applicable to the current health care system, such as the ability to function independently, and features they perceived as relatively unintegrated and undervalued in the current health care system and in society at large, such as the importance of people, relationships, and diversity. Nearly all strategies offered by the women to improve their health could be considered relational, on either personal or social levels. Women expressed the importance of being in an all-inclusive, diverse, respectful, and nonviolent community, being treated as equal partners, being informed and skilled, continually learning and developing, with opportunities to work, interact, assume a variety of roles, and be creative. For women to be healthy, it was essential that their relationships and their community be healthy as well. The relational perspective in women's health has been described previously;[16] our study provides data consistent with this perspective from the women themselves.

Nearly all strategies offered to improve health could be considered relational

Women's statements about definitions of health, and strategies to improve health, were sorted into related clusters based on similarities of meaning. Themes were identified from these clusters, and the themes were then further aggregated into meta-themes. Five meta-themes were developed for the definitions of health. These were paired with five meta-themes developed for women's strategies to achieve health. In Table 1, the meta-themes for strategies are presented with the themes from which the meta-themes were derived. As expected, there is some overlap among both meta-themes and themes.

The study's limitations include a lack of representation from women identifying themselves as African-American or Asian. The oldest woman was 55, and issues related to potential disabilities in the elderly were not discussed extensively. We did not ask about sexual orientation. We recognize that these results cannot be generalized to all women, nor to all women in the health care system. Our sampling procedures, however, were designed to include women with diverse roles and experiences within the health care system, thus improving generalizability of the results.[14]

Practical Implications for Women's Health Care Programming

In applying the findings of this study, we considered some practical implications of women's views of health and well-being for the clinician and the health care system (Table 1). Clinicians and the health care system may be informed by a general understanding that while the biomedical model, with its emphasis on autonomy, disease, and technology, is important to women, it incompletely addresses women's health and well-being because it fails to consider their social and relational circumstances. The practical implications of the strategy of achieving optimal health by creating a context for resilience (Strategy #1, Table 1) requires that women have means by which to maintain their health and the health of their families: access to information, education, and medical services, and assistance with development of life skills. The complex interdependence of physical health with social, emotional, and spiritual elements should be appreciated. For children and parents to be valued and nurtured (Strategy #2), the importance of family relationships and caretaking to women must be acknowledged, the difficulty of balancing work and personal responsibilities recognized, and the value of consultation with skilled counselors affirmed. Promotion of interpersonal connections and communities (Strategy #3) requires learning to conduct relationships with skill; acknowledging the importance of a network of friends and community, as well as the importance of the health of the friends and the community; and increasing the safety of the environment. Strategy #4 is the realization of equality for women. Women consider themselves treated unequally, and they desire to be treated with respect and as partners. Women appreciate having choices in reproductive and health matters. Finally (Strategy #5), women want to see their values of people, relationships, and diversity modeled in society and the media. This would involve being heard, having choices, and opening gender roles.

The importance of incorporating relational perspectives in women's health care seems warranted by the health problems experienced by women, some of which can be attributed in part to the unskilled conduct of relationships. Health problems with some basis in the conduct of relationships include unintended or uninformed pregnancy, sexually transmitted diseases, cervical dysplasia and cancer, substance and sexual abuse, domestic and social violence, eating disorders, and depression. While the task of addressing the conduct of relationships may seem outside the purview of a health care system, the system is affected by the consequences of relational difficulties. Use of medical services by criminally victimized women increases significantly following the event, an effect that persists for up to three years.[17] Between 22 and 33% of all visits to emergency departments by women are the result of spousal abuse.[18]

Other sorts of health problems argue for the special importance of incorporating a relational approach to women's health. Although divorce, loneliness, and low marital satisfaction are associated with poorer immune function for everyone,[19,20] women's endocrine and immune functions are more adversely affected by hostile marital interactions than men's.[21,22] Moreover, depression is more strongly linked to relationship quality for women than for

men.[23–25] Women in unhappy marriages are three times as likely as men in unhappy marriages to become depressed, and about half of unhappily married women are depressed.[26]

When these health problems are considered alongside definitions of health and strategies to achieve health described by women in these focus groups, the importance of interpersonal and community relationships for women's health becomes clear. The difficulties of addressing the complexities of the relationships should not preclude the consideration of their effects. At present, women's health is suboptimal, and a more appropriate model may serve to improve it. Healthier women in healthier communities could result in decreased utilization of the current health care system for sequelae of social problems, such that technological advances and specialized skills of clinicians may be better directed.

Implications for a Theory or Model of Women's Health

Themes derived from comments made by the women participants suggest that an exclusively biomedical model is inadequate to fully address women's health needs. These data support others' critiques[2] of the biomedical model of the body as a series of separate but interdependent biologic systems, and illness as a failure of one or more of those systems. The appropriateness of the use of a purely biomedical model for understanding women's health can be questioned because it conceptualizes the individual as if in isolation from relational and social contexts. In contrast, our data suggest a model in which health is inseparable from interpersonal and social circumstances. One conclusion is that "health" is actually defined by women as their connection with interpersonal and social environments. This definition of health is consistent with a current relational theory of women's healthy development as increasing capacity for connection, complexity, and mutuality in relationships.[27] The relational approach to development contrasts with a theory of development that emphasizes attainment of independence and autonomy, a theory reflected in many aspects of the health care delivery system currently in place. The relational definition of health reflects the participants' stated importance of being responsible for their own health and well-being, while concomitantly reflecting the need for interdependence and interaction with partners, friends, coworkers, health care providers, and the community in which they live.

The biomedical model incompletely addresses women's health

If the understanding of women's health is broadened to include the complexities of women's relationships with their various contexts, the importance of approaches already familiar to individual clinicians (listening, collaboration, respect) become more apparent. Recognition that women define health in ways that include themselves, their relationships, and their community can inform clinicians and health policy.

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