

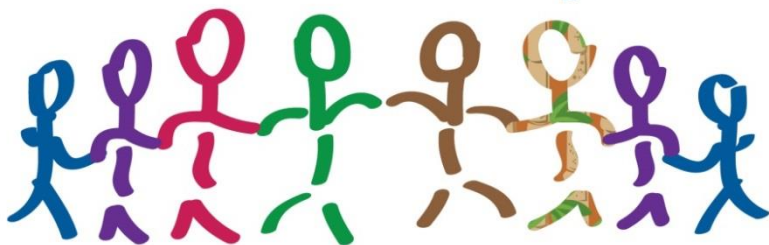


Rural Links

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A NEWSLETTER OF THE CANADIAN RURAL HEALTH RESEARCH SOCIETY
JULY-AUGUST 2015

14th Conference OF THE Canadian Rural Health Research Society



Better Health for Rural Canadians: from Evidence to Practice

September 20th - 22nd, 2015 Edmonton, Alberta

<http://crhrs-scrsr.usask.ca/edmonton2015/>

Canadian Rural Health Research Society Conference Exciting Pre-Workshops

Sunday, September 20, 2015

Community-Based Health Research with Rural and Northern Communities

This workshop is intended for researchers, practitioners and policy makers who are interested in learning about the fundamentals of community-based research directed at moving research findings to action. During this interactive session we will: highlight key components of community based research to integrate into research proposals and plans; identify strategies for implementing effective community-based research and identify the successes and challenges from the perspective of both academic researchers and community research partners. The presenters will highlight specific strategies and approaches through case examples of current research with rural and northern communities.

E-Health Delivery of Services for Rural and Northern Populations

This interactive workshop will provide an introduction to e-health and its use in rural and northern settings. The session will cover the basic concepts of e-health and present several case studies examining the uses and limitations of delivering various types of health services electronically to patients in rural and northern communities in Canada and elsewhere. The presentations and the discussion will be of interest to researchers, graduate students, clinicians and policy makers interested in the implementation of technology-based solutions to the challenges of rural and northern health care.

The Canadian Rural Health Research Society

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Factors Influencing Suicide of Aboriginal People in Rural Canada

By Suraj Chavda

Suraj is a graduate student at the University of Alberta. He is currently completing a Master of Public Health (MPH) in Health Policy and Management. He has a keen personal and academic interest in mental health, rural and aboriginal issues as these are so often overlooked areas in health and social policy. Suraj is currently working at the Canadian Cancer Society as part of his practicum for his Master's degree.

Canada's aboriginal rural population is disproportionately a victim to higher suicide rates than Canada's non-aboriginal population. First Nation males and females are respectively 2.6 and 4-6 times more likely to commit suicide versus non-aboriginals in Canada¹. Ninety percent of these individuals who commit suicide have a diagnosable mental illness or substance abuse disorder². For example, Alberta's First Nation men have been found to be 2.5 times more inclined to contact, and 1.4 times more likely to see a physician for anxiety and depression, in comparison to non-aboriginal residents³. Mental illness is also twice as likely to occur in cases of addiction⁴.

There are several factors influencing suicide risk in Canada's aboriginal rural population. Health Canada has shown that alcohol (73%) and drug abuse (59%) were considered problems in First Nation Communities⁵. Looking specifically at youth, 1 in 5 Canadian aboriginal youth have reported using solvents, half of which started before age 11⁶. Mental illness and substance abuse are major health-related risk factors that contribute to suicide.

Residential schools are a historical contributing factor to health problems within the Canadian aboriginal community⁷. Over 64% of residential school survivors have suffered through diagnosable depression or mental illness as a result of residing in this environment⁸. Residential schools were designed to assimilate aboriginals into Euro-Christian culture and they were physically, mentally and sexually punished for speaking their native language and were forcefully removed from their families, their primary source of culture⁹. Most of these schools were in rural areas throughout the country significantly affecting the above mentioned health issues of rural aboriginal people's cultural identity. The actions of these schools have disrupted aboriginal cultures, which are crucial in developing individual identities and promoting good mental health¹⁰.

High rates of income inequality and poverty have further increased stressors among these communities^{11 12}. The median income of aboriginal people in Canada is 30% lower than non-aboriginals¹³. The unemployment and high school dropout rates among aboriginal youth are much higher, which magnifies this income gap^{14 15}. Low income, poor housing, and over crowding can attribute to family tensions and domestic abuse¹⁶. Additionally, those in lower socioeconomic statuses are more likely to engage in suicidal behavior due to financial difficulty¹⁷.

Solutions that address aboriginal rural suicide focused have focused on community or cultural factors rather than developmental factors (income and poverty). For example, the Aboriginal Youth Suicide Prevention Strategy funded by Alberta Health Services (2008) was a community-focused intervention¹⁸. Support workers worked with aboriginal

¹ Alberta Centre for Injury Control & Research. (2000). A summary of the Alberta Suicide Data Report: Suicide and self inflicted injury among Albertans. Edmonton.

² Moscicki, R. (1999). Epidemiology of Suicide. Harvard Medical School Guide to Suicide Assessment and Management. 40-51.

³ Cardinal, J., Schopflocher, D., Svenson, L., Morrison, K. and Laing, L. (2004). First Nations in Alberta: a focus on health service use. Alberta Health and Wellness.

⁴ National Institute on Drug Abuse (NIDA). (2011). DrugFacts: Comorbidity: Addiction and Other Mental Disorders Retrieved 14 June 2015, from <http://www.drugabuse.gov/publications/drugfacts/comorbidity-addiction-other-mental-disorders>

⁵ Health Canada (2003). A Statistical Profile on the Health of First Nations in Canada. Ottawa, Ontario.

⁶ IBID

⁷ Robertson, L. (2006). The Residential School Experience: Syndrome or Historic Trauma. Pimatisiwin, 4(1).

⁸ IBID

⁹ IBID

¹⁰ Chandler, M. and Lalonde, C. (1998). Cultural Continuity as a Hedge against Suicide in Canada's First Nations. *Transcultural Psychiatry*, 35(2), pp.191-219.

¹¹ Van Hal, G. (2015). The true cost of the economic crisis on psychological well-being: a review. *Psychol Res Behav Manag*, 8, 17-25. doi: 10.2147/PRBM.S44732

¹² Bagley, C. (1991). Poverty and Suicide Among Native Canadians: A Replication. *PR*, 69(5), 149. doi:10.2466/pr0.69.5.149-150

¹³ Wilson, D. and Macdonald, D. (2010). The Income Gap Between Aboriginal Peoples and the Rest of Canada. Canadian Centre for Policy Alternatives. [online] Available at: <http://www.policyalternatives.ca/sites/default/files/uploads/publications/reports/docs/Aboriginal%20Income%20Gap.pdf> [Accessed 14 Jun. 2015]

¹⁴ Statistics Canada. (2011). Aboriginal peoples. Retrieved 15 June 2015, from <http://www.statcan.gc.ca/pub/11-402-x/2011000/chap/ap-pa/ap-pa-eng.htm>

¹⁵ Ogilvie, K., & Eggleton, A. (2011). Opening Doors: Reducing Barriers to Post-Secondary Education in Canada. Standing Committee on Social Affairs, Science and Technology. Retrieved 15 June 2015, from <http://www.parl.gc.ca/content/sen/committee/411/soci/rep/rep06dec11-e.pdf>

¹⁶ Pauktuutit Inuit Women of Canada. (2007). 'Strong Women, Strong Communities'. In *National Aboriginal Women's Summit*. <http://www.laa.gov.nl.ca/laa/news/pdf/AbuseIssues.pdf>.

¹⁷ Qin, P., Agerbo, E., & Mortensen, P. (2003). Suicide Risk in Relation to Socioeconomic, Demographic, Psychiatric, and Familial Factors: A National Register-Based Study of All Suicides in Denmark, 1981-1997. *AJP*, 160(4), 765-772. doi:10.1176/appi.ajp.160.4.765

¹⁸ Alberta Health Services, (2008). Aboriginal Youth Suicide Prevention Strategy: Summative Evaluation. Edmonton.

rural communities to develop strategies to help reduce youth suicide in the manner they each felt was best. The strategies were specific and culturally informed. An increase in youth admitted to being proud of their culture (87% from 73%)¹⁹. There was also a 33% increase in individuals who stated to having plans for the future (83% from 50%) and 60% of youth participants said they now have useful problem solving skills (up from 55%)²⁰. Ninety percent of the set activities from the Strategy were completely or partially achieved²¹. The Strategy was renamed the Aboriginal Community and Youth Empowerment Strategy to capture its empowerment focus.

Aboriginal rural suicide is multi-faceted with health, cultural, developmental influencing factors. These observations are evidence of a systemic health inequity that should be of national concern. Health Canada provides support to those affected by Canada's residential schools. The program is called the Indian Residential Schools Mental Health Support Program²². The program provides, cultural, emotional and psychological support to those affected. The program recognizes that there are intergenerational impacts on these communities and thus families of former students and anyone else remotely impacted by the schools are eligible for support²³. The outcomes of this program are not yet known. An evaluation would be useful since it is a diverse program which has great potential if executed properly. Further solutions and research need to focus on such developmental factors such as income and poverty as these are potent suicide risk factors²⁴.

A Comparison of Closed Rural Hospitals and Perceived Impact

from: <https://www.ruralhealthresearch.org/alerts/archive/67>

From 2010 through 2014, forty-seven rural hospitals ceased providing inpatient services in 23 states across the country ("closed"). Among the 47 closed hospitals, 26 no longer provide any health care services ("abandoned"), and 21 continue to provide a mix of health services but no inpatient care ("converted"). These closures have affected approximately 800,000 people in the markets with abandoned hospitals and 700,000 people in the markets with converted hospitals. This policy brief compares selected characteristics of abandoned rural hospitals and their markets to those of converted rural hospitals. More specifically:

- How do abandoned rural hospitals compare to converted rural hospitals?
- What has been the perceived impact of rural hospital closures?

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Additional Resources of Interest:

More information about the North Carolina Rural Health Research and Policy Analysis Center:

<http://www.shepscenter.unc.edu/programs-projects/rural-health/>

More information from the Rural Assistance Center, [Critical Access Hospitals \(CAHs\)](#), Rural Health [Policy Topic Guide](#)

Member Updates | Publications and Current Research

Emami E, Tikhonova S, Loten G, Booij L. Interdisciplinary approach to caries disparity: a workshop summary. *Journal of Canadian Dental Association*. 2015 May;81:f9. <http://www.ncbi.nlm.nih.gov/pubmed/26030603>

Sharifian N, Bedos C, El-Murr IJ, Charbonneau A, Emami E. (in press) Dental students' perspectives in regard to rural dental practice: A qualitative study. *The Journal of the Canadian Dental Association*.

Emami E, (Spring 2015) The Integration of Oral Health in Primary Care: Interdisciplinary Research Initiative. *Mosaic. Canadian Association of Public Health Dentistry*. Spring 2015, issue 7.

Emami, Elham: Salary Award: Fostering Oral Health Through Interdisciplinary Research: Intervention, Access and Impact/ FRQS – Clinician Research Scholar (2015-2018)

Emami, Elham: Fostering Oral Health Through Interdisciplinary Research:

Rural Resources:

Gateway Rural Health Research Institute: <http://www.gatewayresearch.ca/>

The Office of Rural Health and Primary Care: <http://www.health.state.mn.us/divs/orhpc/>

Canadian Journal of Rural Medicine: <https://mail.google.com/mail/u/0/#inbox/14e87d4475c09225>

¹⁹ IBID

²⁰ IBID

²¹ IBID

²² Health Canada. (2015). *Indian Residential Schools Resolution Health Support Program*. Hc-sc.gc.ca. Retrieved 9 July 2015, from <http://www.hc-sc.gc.ca/fnihah-spnia/services/indiresident/irs-pi-eng.php#a3>

²³ IBID

²⁴ Qin, P., Agerbo, E., & Mortensen, P. (2003). Suicide Risk in Relation to Socioeconomic, Demographic, Psychiatric, and Familial Factors: A National Register-Based Study of All Suicides in Denmark, 1981–1997. *AJP*, 160(4), 765-772. doi:10.1176/appi.ajp.160.4.765

²⁴ Qin, P., Agerbo, E., & Mortensen, P. (2003). Suicide Risk in Relation to Socioeconomic, Demographic, Psychiatric, and Familial Factors: A National Register-Based Study of All Suicides in Denmark, 1981–1997. *AJP*, 160(4), 765-772. doi:10.1176/appi.ajp.160.4.765

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Neufeld, E., Viau, K., A, Hirdes, J.P., and Warry, W.(2015) Predictors of frequent emergency department visits among rural older adults in Ontario using the Resident Assessment Instrument-Home Care. *Australian Journal of Rural Health*.

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Whitfield, K. Y. and Williams, A.M. (2015) The tensions and benefits of regionalizing palliative care services: Considerations for city-regionalism. In Jones, Kevin E., Alex Lord and Rob Shields (eds.) *City-Regions in Prospect? exploring the meeting points between place and practice*. McGill-Queen's University Press, Montreal. <http://www.mqup.ca/city-regions-in-prospect--products-9780773546035.php>

Whitfield, K.Y. and Labrie, M.(in press) Community capacity in end of life care: Can a community development model address suffering and enhance well-being? in Phillips, R. and Wong, C. *The Handbook of Community Well-Being*. International Handbook of Quality of Life Series. Springer Publications.

Whitfield, K.Y. (in press) A Comparison of Cross-Alberta and Cross-Canada Health Initiatives. In Thomas, R. (Ed.), *Planning Canada: A Case Study Approach*. Toronto: Oxford University Press Canada. (Anticipated publishing date is 10/2015)

Whitfield, K.Y. and LaBrie, M.: Current Research: Community capacity development to enhance hospice palliative care in Alberta communities: What is the evidence to demonstrate the value of a community engaged model? (\$23,500.00, Donation from an Alberta Palliative Care Physician)



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