

Rural Health Research NEWS

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Expect An Outstanding Scientific Meeting

by **Yvon Cormier**
Department of Medicine, Université Laval

The October 27-29 joint scientific meeting of the Canadian Rural Health Research Society and the Canadian Society for Circumpolar Health is taking shape. This national conference, *Rural and Northern Health Research: Bridging the Distance*, at the Fairmont

Le Château Frontenac in Quebec City promises to provide learning and networking opportunities not to be missed. Organizers are very excited about the large variety of scientific presentations, the keynote speakers and planned social events. Two pre-conference workshops extend the benefits to be gained by attending this scientific meeting.

Dr. David Butler Jones, Chief Public Health Officer, Public Health Agency of Canada and

other local dignitaries will open the Thursday reception at 7 pm. First Nations folk music will create an enjoyable environment for the evening. On Friday and Saturday participants will present over one hundred and eighty original papers and posters covering a wide range of medical, social, and environmental issues related to rural and northern health.

Conference themes include: physical and work environments; challenges in research in rural, northern and remote settings; Aboriginal health; biomedical, clinical, policy, and population issues; delivery of health services; and partnerships and networking.

A mini-symposium on the health impact of dietary exposure to mercury will be a highlight of the conference. Dr. Louis Fortier, a world-renowned marine biologist and professor of microbiology at Laval University, will deliver a keynote presentation to share his outstanding findings on the impact of climate changes on marine life in the far north and potential ramifications for the future.

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CHSRF Funds Rural and Remote Health Services Research

by **Louise Lapierre**
Theme Officer, Primary Healthcare
Canadian Health Services Research Foundation

Since its creation, the Canadian Health Services Research Foundation has always supported researchers and decision makers interested in the question of healthcare in rural and remote areas. In fact, the foundation funded several research projects and programs that examined healthcare in

these communities.

Beyond offering support for research, the foundation also created programs to support capacity-building, to encourage the use of evidence in decision-making, and to recognize the advancement of the health services research community in Canada.

Following are brief descriptions of the foundation's competitions. Their calls for applications will be released in September and October 2005 and will be available on

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Scientific Meeting

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Two pre-conference workshops will be held on Thursday, October 27. The first, a full day program sponsored by the Canadian Centre for Health and Safety in Agriculture, will focus on health issues related to agriculture. The day will include nineteen scientific presentations of original work, and three conferences. Dr. Martha McLeod, Associate Professor in the Nursing Program at the University of Northern British Columbia, will open the workshop with a presentation on building bridges with decision makers. Dr Pierre Ernst, epidemiologist and Associate Member of the Faculty of Medicine at McGill University will present on the impact of farm exposure during the childhood years on the risk of developing asthma and allergy. Breathing air from farm buildings as a child may actually be good for you! Dr. Stephane Lemay, of Trois Rivières Québec, conducts research with the Prairie Swine Center and will discuss the environmental impact of swine production.

The second workshop jointly sponsored by the CIHR Ethics Office and Associated Medical Services, will be held on Thursday from 10 a.m. to 2 p.m. Terry Powell from the Alaska Area Institutional Review Board, Dr. Daryl Pullman from Memorial University and Susan Chatwood from Yellowknife will explore ethical issues related to health research in Canadian northern, rural and Aboriginal communities. Case studies will be used to demonstrate approaches to research ethics and related issues in these communities. This inaugural conference of the CSCH/CRHRS provides a unique opportunity for preview of ethics guidelines in development by the Aboriginal Ethics Working Group (AEWG) of the Canadian Institute for Health Research. Dr. Francine Romero, of the Northern Plains Tribal Epidemiology Centre, well known internationally for her work on research ethics and one of the co-chairs of the CIHR committee, will present the guidelines for discussion and feedback.

Social events will include historic tours of the *Vieux Québec* Friday between 3:30 and 5:30 pm. On Friday evening conference participants will enjoy a ban-

President's Message

"Don't spend time beating on a wall, hoping to transform it into a door."

It is really easy to focus on the walls around us that we wish to break down or change! My message is to identify your goals, "find the doors" and then work in collaboration to have the highest level of evidence at hand to walk through that door fully prepared! Those doors include provincial and national government offices, funding agencies, local community offices such as municipal and town offices, and agencies such as health and social service organizations.

When we consider the mission of the Canadian Rural Health Research Society, it is to "facilitate research and knowledge translation aimed at understanding and promoting the health of people living in rural and remote Canada." There are many ways this can be accomplished as outlined in our goals such as:

- building networks that include researchers and community members
- increasing the capacity of available researchers in Canada who focus on rural health research issues,
- increasing the number of funded projects related to rural health issues of concern to community residents, and
- influencing decision makers to develop policy and programs based upon our research.

Here are some "doors" or highlights of the initiatives we have completed or



are currently working on within the CRHRS to achieve our goals:

- ongoing discussions with an editorial board to devote a section of a peer-reviewed international journal to Canadian rural health research articles that would be sponsored by the Society
- ongoing discussions with Canadian journals to have issues devoted to rural health research
- plans to attend the National Rural Research Network in October, 2005 at Twillingate, NL to present information about the Society and solicit interest while encouraging collaborative work with those present at the Network meeting
- participation in the National Rural Health Association's Rural Women's Health Committee via teleconference and beginning discussion of collaborative research and policy work between their organization and our Society
- completed submission to Standing Committee on Social Affairs, Science and Technology, special study on Mental Illness, Mental Health and Addiction regarding the special concerns and issues of rural individuals and communities

We are making progress on our journey as a Society. We will continue to look for opportunities to strengthen ourselves while informing others about the importance of attending to rural health issues thereby strengthening our country overall.

— Judith Kulig, RN, DNSc
School of Health Sciences
University of Lethbridge
Chair, CRHRS

quet at the Chateau Frontenac with a presentation by Dr. Yvon Cormier *Of Pigs and Men*. A jazz/rock group will provide soft music during the dinner and dance music throughout the evening.

The conference brochure is available at <http://crhrs-scrsr.usask.ca/quebec2005/>. Special rates are available for students. Early bird registration allows participants to save by registering on or before

September 1. Payment of conference registration entitles participants to attend their choice of the pre-conference workshops. Register online at <http://crhrs-scrsr.usask.ca/quebec2005/registration/>. Members of the CRHRS or the CSCH are eligible for reduced registration rates. CRHRS membership information and registration are available at <http://crhrs-scrsr.usask.ca/>.

CHSRF Funds Rural and Remote Health Services Research

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the foundation's web site at www.chsrf.ca.

Research, Exchange, and Impact for System Support (REISS) – This competition is designed to maximize the impact of health services and nursing research on decision-making within the Canadian healthcare system. The focus is on programs that go beyond research to support longer-term, in-depth work in four priority areas:

- management of the healthcare workplace;
- managing for quality and safety;
- nursing leadership, organization, and policy; and
- primary healthcare.

While rural and remote healthcare is not a specific priority theme for the foundation, we encourage applications that are linked to rural and remote concerns.

Postdoctoral Awards – These two-year awards are designed to build capacity through focused development of new

researchers. Emphasis is placed on working with managers and policy makers as well as on acquiring skills that maximize the dissemination and use of their future research.

Career Reorientation Awards – These awards provide established researchers not currently working in the health field — particularly social scientists — with support to work with a mentor for one year to develop the knowledge base and necessary skills to reorient their research toward applied health services or policy research.

Harkness Associate Awards – Through an agreement with the U.S. Commonwealth Fund, the foundation selects two people per year to be associates in the Harkness Fellowship program. The associates participate in the exclusive colloquia planned for the fellows, and they do a health services research project or research use case study related to a health policy issue/system management issue. In addition, the foundation hosts an annual briefing on the Canadian health system for Harkness

fellows and associates.

Executive Training for Research Application (EXTRA) – EXTRA trains health service professionals – nurse, physician, and other health administration executives – to use research in their daily work, with the goal of increasing evidence-based decision-making in the health system. Every year, up to 24 fellows enroll in the two-year program to:

- gain knowledge of research evidence;
- develop capacity to draw on “system thinking;”
- develop collaborative professional relationships; and
- increase their ability to introduce and manage evidence-based change.

Health Services Research Advancement Award – This award is aimed at any individual, team, or organization that has contributed significantly to the advancement of the health services research community in Canada.

For more information, please consult the foundation's web site at www.chsrf.ca.

Did You Know?

International Polar Year from Arctic Human Health Initiative Newsletter

The International Polar Year (IPY 2007-2008) will be an intensive two-year multidisciplinary program of collaborative international science, research and education focused on the Arctic and Antarctic regions. The IPY provides a unique opportunity to focus on human health issues of Arctic communities. The Arctic Human Health Initiative (AHHI) is a project of the Arctic Council, which is an eight nation intergovernmental forum for sustainable development and environmental protection in the Arctic. Circumpolar in scope, the AHHI will expand human health research in the areas of infectious diseases, the human health effects of anthropogenic pollution, the human health impact of climate change, and telehealth innovations. The AHHI is being coordinated by the US Center for Diseases Control and Prevention's Arctic Investigations Program, together with the International Union for Circumpolar Health and the US National Institute of Health's Fogarty International Center. For more information on IPY and progress to date visit www.ipy.org.

Future of Rural Peoples Symposium Publications

by James Dosman

Director, Institute of Agricultural Rural and Environmental Health

A collection of articles from the 2003 Symposium *The Future of Rural Peoples: Rural Economy, Healthy People, Environment, Rural Communities*, held October 19-23, in Saskatoon have been submitted to the *Journal of Agricultural Safety and Health (JASH)* for publication. Twenty-four articles have been reviewed by peers through the *JASH* review process and eighteen have been published in *JASH*, May 2005, 11(2) with an introduction by the editorial committee. The remaining six articles will be probably printed in *JASH*, November 2005, 11(11) or in the first issue of 2006.

Rural “InSites”

by Lisa Roy

New Rural Economy Project (NRE2),
Concordia University

NRE “InSites” are brief information pieces based on findings from the New Rural Economy (NRE2) research project, or work in the 32 rural Canadian communities that make up the NRE2 Rural

Observatory. Rather than formal publications, “InSites” are quick “snapshots” highlighting issues in NRE2 sites and research results presented in a format accessible to a broad audience. In particular, CRHRS members may be interested in the following health related NRE “InSites”:

- “Regionalization of Health Services Across Canada” by Halseth, Ryser, and Durkee
- “Burdening the Overburdened: Understanding the Rural and Small Town Voluntary Sector in Health Care Reform” by Halseth, Ryser, and Durkee
- “Relatively Poorer Health of Rural Canadians Poses Economic Development Challenges” by D. Bruce
- “Elevators, Doctors and Libraries: Fighting the Good Fight in Rural Manitoba” by D. Ramsey
- “Accessing Health Information Important for All Segments of Society” by D. Bruce and M. MacInnis

To access NRE2 “InSites,” additional NRE2 research and publications, or general information about the New Rural Economy project, visit the NRE2 website <http://nre.concordia.ca/>.

More “Did You Know?” items can be found on page 9 of this issue of *Rural Health Research News*.

Updates from CRHRS Member Institutes

Centre for Education and Research on Aging and Health (Lakehead University) by Mary Lou Kelley

The Centre for Education and Research on Aging and Health (CERAH) at Lakehead University, located in Thunder Bay, Ontario, was established in 1991, bringing interdisciplinary researchers and health care providers together to study the aging process and its relation to health and well-being. The goal of CERAH is to provide education and to conduct research about aging and health. While all of the research conducted through CERAH does not focus on the rural environment, our geographic location at Lakehead makes rural aging a priority concern.

Two programs of research currently underway at CERAH relate to caregiving for Seniors with Alzheimer Disease, and End of Life Care for Rural Seniors. The research program on caregiving is being conducted by Dr. Michel Bedard, PhD, Director of CERAH and Canada Research Chair in Aging and Health, Department of Psychology, Lakehead University. The objective of one current study is to examine how gender, behavior problems, and supports, may be related to caregiver burden, physical health, and healthy behaviors. The researchers hypothesize that female caregivers will report more burden, poorer health, and fewer healthy behaviors than male caregivers, that behavior problems will be more prevalent and problematic among male care recipients, and that female caregivers will have fewer supports than male caregivers. The study is gathering data from 100 spousal caregivers in both rural and urban communities.

A second program of research at CERAH is End-of-Life Care for Seniors. This research is being lead by Mary Lou Kelley, Associate Professor of Social Work/ Associate Director of CERAH, for a CIHR funded New Emerging Team on End-of-Life Care for Seniors. Co-researchers on the research are Dr. Marg McKee of Lakehead University and Dr. Manal Guiguis-Younger of St. Paul University. The goal of this research is to investigate how to improve end of life care for Seniors and others who are

dying in rural or remote communities. Two projects currently underway are an exploratory study of the role of the hospice volunteers in providing end-of-life care for rural Seniors, and an evaluation of the palliative care service and palliative care education needs of Elders and caregivers in First Nation communities in the northwestern Ontario. The First Nations project is being coordinated by Holly Prince, MSW.

Please check our website at www.lakeheadu.ca by typing CERAH into the search box.

For information on this research or CERAH, please contact:

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Centre for Rural and Northern Health Research (Laurentian University) by Raymond W. Pong & Denis Heng

CRaNHR researchers continue to be very active on several fronts. Officially opening this fall, the Northern Ontario School of Medicine (NOSM) offers a once-in-a-life-time opportunity to conduct research on rural/northern medical education in Canada. Thus, CRaNHR is working closely with NOSM to institute a program of research on various aspects of rural medical education. For instance, it is studying how the new medical school selected its first cohort of 56 students from 2,100 applicants. It will also initiate a multi-year tracking study, which will follow the students and (in future years) graduates of NOSM over a number of years to track changes in academic interests, career aspirations, practice location decisions, practice profile, and so forth.

CRaNHR is conducting a number of studies at the request of the Ontario Ministry of Health and Long-Term Care with a view to providing research evidence to support policy- and decision-making. These include a study of full-time and part-time nurses working in rural hospitals, an assessment of what is known about the relationship between

where physicians train and where they practise and a literature review of long-term care in rural/northern communities.

Telehealth continues to occupy an important spot on CRaNHR's research agenda. Researchers are evaluating an Aboriginal telehealth program in northern Ontario. In addition, two studies are being conducted on the role of telehealth in supporting informal caregivers and how telehealth can enhance the provision of mental health services in the context of primary care reform in Ontario, particularly in rural or remote communities.

Lastly, CRaNHR has been active in supporting the effort by Laurentian University to establish a Canada Research Chair in rural health and a doctoral program in rural health. The latter, if successful, will be the first program of its kind in Canada.

Centre for Rural and Northern Health Research (Lakehead University) by Bruce Minore

Researchers at the Centre for Rural and Northern Health Research (Lakehead Site) and Centre of Excellence for Children and Adolescents with Special Needs recently released the results of a Canadian Health Services Research Foundation/Ontario Ministry of Health and Long-Term Care funded study that compared alternate ways of providing services in rural areas to children with special health, mental health and educational needs. The study focused on Ontario's Integrated Services for Northern Children Program, which employs a team of health professionals who travel to rural communities to develop plans of care for clients. These plans are then implemented either by unpaid mediators (family members and other volunteers) or paid paraprofessionals who are local residents.

Continuity of care and provider satisfaction were explored using data from 327 client charts and semi-structured in-person interviews with 100 individuals, both clients and providers, involved with the program. While both the mediator and paraprofessional approaches work, clients prefer the latter because they

deliver services in a constant and consistent manner. Moreover, regulated health professionals monitor their therapeutic work, whereas the efforts of mediators can only be encouraged and supported. While the model of service delivery influences continuity of care, the study shows that staff turnover, referral routes, waitlists and the motivation of clients also affect it.

Maintaining the better approach of using paraprofessionals, however, requires a sustained investment by government. Attracting individuals who are qualified is difficult unless full-time, long-term contracts can be offered. Nonetheless, rural residents place a premium on being able to access care in or near their home communities. As long as they can have professionally guided care, the benefits of staying home outweigh the possible advantages of direct professional therapy, if the latter is only available in a city. Further details from this study are available on the Canadian Health Services Research Foundation website at www.chsrf.ca under the title, *Managing Continuity of Care for Children with Special Needs in Rural and Remote Parts of Northern Ontario* by Bruce Minore, Margaret Boone, Alison Arthur and Julia O'Sullivan.

Rural Development Institute (Brandon University)

by Marian Beattie & Ryan Gibson

The Rural Development Institute's (RDI) *Community Collaboration: Empowering Communities and Building Capacity* project (CCP) is an innovative approach to community economic development and capacity building in rural areas. The vision of CCP is to encourage communities to explore and develop processes to increase their ability to address change and work toward becoming more sustainable. The CCP model brings community representatives together to participate in regional round tables (RRTs), working with members of a steering committee to identify regional socio-economic challenges, find common solutions, and implement programs and projects that address regional needs. The CCP model places an emphasis on a community-up approach to decision-making. It is an operational model of cross-government, collaborative horizon-

tal management that supports regional community development.

The purpose of the project is to test the applicability and replicability of the CCP model, which has been implemented in four regions of Manitoba. Through the Government of Canada's Rural Secretariat, RDI has funding to support the development of three new regional round tables in two other provinces/territories. Provincial/territorial Rural Teams, which are teams of federal and provincial government representatives, community serving organizations and community representatives who have an interest in rural and northern Canada, will be involved in the formation of the RRTs, and will create RRT steering committees from their memberships to support the RRTs.

Primary beneficiaries of this project will be the communities who collabo-

rate to form regional round tables to achieve their collective goals. Steering committees and Rural Teams within the selected provinces/territories will benefit as they experience in "real time" the opportunity to apply horizontal management processes within and across governments and non-government organizations. Outcomes from this project will be new collaborative partnerships and trusting relationships between communities and governments; increased leadership capacity; an exploration of new decision-making and governance models; and information and data for policy development.

For more information contact Dr. Robert Annis, Director, Rural Development Institute, Brandon University, 204-571-8513 or rdi@brandonu.ca or the Rural Secretariat at www.agr.gc.ca/policy/rural/rsmenue.html.

CIHR Funded RURAL Centre

**by Judy Guernsey & Jenny Daw
Dalhousie University**

The Atlantic RURAL Centre was established in 2004 with the awarding of \$2.4 million dollars as one of seven CIHR Centres for Research Development supported by the Institute of Population and Public Health Research and the CIHR Rural and Northern Health Initiative. The Atlantic RURAL Centre is a mutually-supportive and multi-institutional collaborative initiative involving Dalhousie University, Memorial University, Mount Allison University, Nova Scotia Agricultural College, Nova Scotia Centre for Geographic Sciences, Saint Mary's University, University of New Brunswick, and the University of Prince Edward Island. The Centre is based in the Department of Community Health and Epidemiology at Dalhousie University. It aims to:

1. Enhance our understanding of the physical and socio-economic environmental influences on the health of rural Atlantic Canadians and the capacity of rural Atlantic Canadians to respond to these challenges.
2. Provide a locus for exchange of ideas

between researchers, government agencies, concerned citizens, and rural Atlantic Canadians.

3. Foster trans-disciplinary research interactions and initiatives in Atlantic Canada.
4. Create enhanced training opportunities for students and rural health professionals in Atlantic Canada.
5. Include research on innovation uptake and implementation by policy makers and health service providers in Atlantic Canada.

Current partners include Environment Canada's Atlantic Environmental Sciences Network, the Atlantic Network for Injury Prevention, and the Canadian Agricultural Safety Association. The Centre's research themes include: resource-reliant communities, social cohesion and community resiliency, rural occupational and environmental health hazards, and special rural populations. More information about the Centre is available on the website, www.theruralcentre.com. If you would like more information, email info@theruralcentre.com or contact Dr. Judy Guernsey, principal investigator at judy.guernsey@dal.ca.

Publications

Names of members of the CRHRS are **in bold**.

by **Dorothy Forbes**,
School of Nursing,
The University of Western Ontario

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Summer Institute 2005

“Rural and Remote Health, Health Services and Health Policy Research: Rhetoric and Reality”

by **Angela Drake**

**Coordinator – Summer Institute,
Memorial University of Newfoundland**

On June 5 - 10 in the small rural community of Rocky Harbour, Newfoundland, over fifty of the country's top graduate students and postdoctoral fellows met for an intensive five-day training session with some of the country's leading academic and governmental experts in rural health issues.

From the outset the Summer Institute was based on an approach that would involve trainees and trainers in developing a practice research grant application related to rural and remote health issues in Western Newfoundland in response to the issues identified by community leaders and in response to the range of research interests and concerns represented at the Institute.

Opportunities for trainees to explore research issues and approaches with other trainees and trainers were provided through morning presentations and afternoon small group work sessions. Daily presentation themes and small group work included framing the research question, selecting methodology, finding the study population, identifying ethical and legal issues through to developing knowledge translation strategies for the research. The culmination of this work was the presentation of seven separate research proposals on the final day of the Institute.

The end result of the Summer Institute has been an enrichment of the students' knowledge base on a wide, multi-disciplinary range of topics as pertinent to the special challenges of rural and northern contexts and a valuable net-



working opportunity for the development of linkages for future knowledge exchange.

Each year the Summer Institute is hosted by key agencies that determine the program focus, secure funding and manage the details of coordination for the five-day event. The East Coast Consortium on Workplace Health and Safety, SafetyNet and

the Newfoundland and Labrador Centre for Applied Health Research at Memorial University, the RURAL Centre for Research Development and the Atlantic Network for Prevention Research at Dalhousie University and the Atlantic Regional Training Regional Centre based in all four provinces jointly hosted this year's Institute.

Funding was provided by the CIHR – Institute of Population and Public Health (IPPH) and the CIHR Institute of Health Services and Policy Research (IHSPR), the CIHR Institute of Aging (IA), the Canadian Health Services Research Foundation (CHSRF), the Canadian Population Health Initiative of the Canadian Institute for Health Information (CIHI-CPHI), the Public Health Agency of Canada (PHAC) and the CIHR – Knowledge Translation Branch. For further information see www.safetynet.mun.ca/summerInstitute.htm.

Summer Institute with a Rural / Northern Theme

by **Raymond W. Pong and Dana Cudney**
**Centre for Rural and Northern Health Research,
Laurentian University**

Sudbury was the location of the 2005 Summer Institute of the Ontario Training Centre in Health Services and Policy Research. With a theme of *Health Human Resources Research and Policy: A Focus on Rural and Northern Issues*, this week-long event was held from June 12 to 17 and attended by students from six Ontario universities (Lakehead, Laurentian, McMaster, Ottawa, Toronto and York) and some health officials from the federal and Ontario governments. The Centre for Rural and Northern Health Research at Laurentian University was responsible for organizing the event.

The 2005 Summer Institute was intended to foster research and analytical skills in relation to health workforce issues and policies. It was also hoped that some of the students would

develop a research interest in this important field. Over 20 presenters and mentors with varied expertise and backgrounds from Ontario, other provinces and other parts of the world discussed topics ranging from health human resources planning and policy to practitioner recruitment and retention in rural, northern and remote areas. As part of their Summer Institute experience, the students visited a nursing station in a small, isolated community and prepared mock “letters of intent” on a variety of health workforce-related research topics.

The students had an opportunity to gain a deeper understanding of health human resources issues, particularly concerning the unique challenges facing Canadians and health care practitioners living and working in rural and northern communities. Students, presenters and mentors found the 2005 Summer Institute experience most enjoyable and valuable. One of the few complaints was that the weather in Sudbury was too hot!

Research Grants & Awards

Names of members of the CRHRS are **in bold**.

by **Dorothy Forbes**,
School of Nursing,
The University of Western Ontario

Allard, P., Brajtman, S., Brazil, K., Guirguis-Younger, M., **Kelley, M.L.**, Legault, F., McKee, M., McPherson, C., & Wilson, K. (2003-2008). *End of life care for seniors*. \$1,267,000. CIHR – New Emerging Team.

Armstrong, H., **Gfellner, B.**, Corenblum, B., Corrigan, S., Maylon, S., Deer, F., Hasinoff, S., Horton, K., McKay, L., Peden, S., Ranville, B., Kniskern, J.A., Stoneman, V., Westasecoot, B., Cyr, E., Eagle, N., Foy, A., Kejkick, D., McDonald, G., Michaels, D., Prefontaine, D., Woodbury, J., Abigosis, B., Blackbird, E., Kopitz, N., Mattes, C., McCorrister, K., Nepinak, G., & Painter, F. (2005-2010). *Community-based Aboriginal curriculum initiatives: Implementation and evaluation*. \$1,000,000. SSHRC/CURA.

Forbes, D.A., Anderson, M., Hawranik, P., Henderson, S., Leipert, B., Markle-Reid, M., Morgan, D., & Parent, K. (2005-2007). *The role*

of home care in dementia care. \$177,455. Alzheimer Society of Canada, Canadian Nurses Foundation, Nursing Care Partnership of Canadian Health Services Research Foundation, CIHR Institute of Aging, & CIHR Institute of Gender and Health.

Kelley, M.L., & Prince, H. (2005-2006). *Palliative care in First Nation communities*. \$69,920. Ontario Ministry of Health and Long Term Care – Kenora Chief's Advisory.

Pickett, W., **Dosman, J.**, Biem, H.J., Brison, R.J., Crowe, T.G., Day, L.M., Hagel, L.M., Marlenga, B., & Pahwa, P. (2005-2010). *Saskatchewan farm injury cohort study*. \$1.08 million. CIHR, Institute of Population and Public Health.

Liberte Rudman, D., Klinger, L., **Leipert, B.**, & Spafford, M. (2005-2006). *Dismantling barriers to service use: Understanding the experiences of older adults with low vision in urban and rural settings*. \$22,455. Canadian National Institute for the Blind.

Graduate Student Opportunities

Exciting graduate student opportunities working with a diverse interdisciplinary team at Dalhousie University and the Nova Scotia Agricultural College studying rural women's health. Women's Health in Rural Communities (WHIRC) research focuses on three interconnected research themes: Mental and emotional health with an emphasis on initiating new approaches, rural safety and education, and resiliency and change in community structures. Students may choose a research project within one of the themes working with researchers in extension education, history, occupational therapy, psychology, sociology and health promotion.

Applicants should have a Bachelor's degree in a relevant discipline and an interest in women's health and rural issues. To apply, forward curriculum vitae including the contact information for two references, a copy of academic transcripts and a statement of research interests to the address below. Competitive financial support is available for the selected candidates. For more information contact:

Megan Whitehead
Research Coordinator
Women's Health In Rural Communities (WHIRC)
Centre for Research on Early Intervention in Child Health
IWK Health Centre, 8th Floor
5850/5980 University Avenue
P.O. Box 9700
Halifax, NS B3K 6R8
Phone: 902-470-7241
Email: megan.whitehead@iwk.nshealth.ca

Advancing Rural Women's Health: A New Chair in Rural Women's Health Research

by **Beverly D. Leipert**
Chair, Rural Women's Health Research
University of Western Ontario,
London, Ontario

It has been estimated that approximately 20% of women live in a rural area in Canada, yet the health of rural women has been seriously compromised by lack of knowledge regarding their needs. To change this situation and advance rural women's health, in 2003 the University of Western Ontario and the Ontario Women's Health Council established the Chair in Rural Women's Health Research at the University of Western Ontario. Endowed with two million dollars, the Chair is the first and only research position in North America to focus exclusively on rural women's health.

The purposes of the Chair position are to 1) help establish a solid body of knowledge and expand the focus of rural women's health research; 2) develop and support leading research

in rural women's health; 3) facilitate curriculum development across disciplines regarding rural women's health; 4) raise the profile of rural women's health research; and 5) enhance rural women's voice in and empowerment through research.

The first occupant of the Chair, Dr. Beverly D. Leipert, PhD, RN, appointed in July, 2003, holds undergraduate degrees in Nursing and Psychology from the University of Saskatchewan, and graduate degrees in Nursing from the University of British Columbia and the University of Alberta. She grew up on a grain and cattle farm and practiced for 10 years as a public health nurse in rural and remote Saskatchewan. These experiences coupled with her research in northern BC on the health of northern women and northern community health nursing practice provide a solid foundation for research that advances rural women's health throughout the country.

Dr. Leipert has presented and pub-

lished extensively in the areas of rural and remote women's health and community health nursing and holds positions in several national and international rural health and research organizations. Her program of research uses feminist community-based collaborative approaches to focus on the social determinants of rural women's health and influences upon these determinants, access issues of rural women, rural women's mental health issues, and empowerment of rural women. To support research in rural women's health and to build research capacity in this area, Dr. Leipert has established Research Awards for Masters and Doctoral students whose research focuses on rural women's health issues. For further information about these Awards and the Chair position, please see: www.fmd.uwo.ca/ruralwomenshealth/index.htm.

Dr. Leipert can be reached at bleipert@uwo.ca.

Did You Know?

Rural Tourism

by Ray Bollman

Agriculture Division, Statistics Canada

Two recent **Rural and Small Town Canada Analysis Bulletins** by Roland Beshiri looked at rural tourism. In terms of tourism employment, he noted that, somewhat surprisingly, tourism's share of total employment in predominantly rural regions was about equal to the national share, 3%. Thus, the intensity of tourist employment in predominantly rural regions was about the same as predominantly urban regions. Over the 1996- 2003 period, rural metro-adjacent regions took advantage of their close proximity to urban markets and had the greatest percent increase of tourism employment. Rural tourism jobs were more likely to be in the accommodation sector whereas urban tourism jobs were more likely to be in the food and beverages services sector.

In terms of the characteristics of tourists to rural areas, Canadian tourist-visits were made by somewhat

younger tourists and USA tourist-visits were made by tourists that were somewhat older. Importantly, tourist-visits divided into tourist age groups exhibited different patterns in terms of their choice of tourism destination. Younger Canadians were marginally more likely to visit a predominantly rural region than older Canadians. However, older visitors from the USA were more likely to visit a predominantly rural region than a younger visitor from the USA. When these different patterns were sorted out two highlights emerged. Among tourist-visits by younger tourists in predominantly rural regions, 95 percent were Canadians; however, among tourist-visits by older tourists in rural northern regions, 44 percent were from the USA. Thus, somewhat small differences in the choice of tourism destination can cause a relatively large difference in the mix of tourist-visits seen in the receiving region. For more information on rural tourism see *Rural and Small Town Canada Analysis Bulletin*, 5(8) and 6(5) available at www.statcan.ca/english/freepub/21-006-XIE/free.htm. (Ottawa: Statistics Canada, Cat. no. 21-006-XIE)

Social Engagement in Rural Communities

by Ray Bollman

Agriculture Division, Statistics Canada

Martin Turcotte has presented Canada's first country-wide assessment of rural-urban differences in social engagement. The differences between individuals living in rural areas and those living in large cities were smaller than they are often perceived to be. For example, there was no evidence that the prevalence of social isolation from friends or relatives was lower in more rural places or greater in large cities. Also, levels of political involvement were very similar in all community sizes. Finally, levels of trust toward other people were similar in both urban and rural places. The greatest differences observed across the rural-to-urban gradient related to: 1) the proportion of individuals who knew all or most of their neighbours; 2) the extent to which individuals trusted their neighbours; 3) the incidence of volunteering; 4) participation in a service club or fraternal organization; and 5) the sense of belonging to the local community.

For these 5 items, the differences between the residents of larger metropolitan areas and residents of smaller places were quite important, and could not be explained by the fact that individuals living in more rural areas had different socio-economic and demographic characteristics than individuals living in more urban areas. In other words, to paraphrase Putnam, residents of rural areas were more engaged "because of where they are, not who they are."

But on the issue of whether levels of social engagement or "social capital" are higher in small towns and rural areas, results from the 2003 General Social Survey do not allow us to provide a straightforward answer to that question. On some aspects, the level of social engagement was greater in smaller places. On other aspects, large cities and small towns were very similar. Overall, the perceived advantages of rural society appear to exist for only a limited number of dimensions of social life in rural Canada. For more information see *Rural and Small Town Canada Analysis Bulletin*, 6(4) at www.statcan.ca/english/freepub/21-006-XIE/free.htm. (Ottawa: Statistics Canada, Cat. no. 21-006-XIE)



Coming Events

An overview of *Canadian Rural Research*, the inaugural conference of the **National Rural Research Network (NRRN)**, will take place October 12, 2005 in Twillingate, NL. The full day event will highlight the breadth and diversity of applied rural research in Canada today. For more information visit www.crrf.ca or contact the Network Coordinator Sally Rutherford at srutherford@monachus.com.

**OCT.
12
2005**

Big Lessons from Small Places, a forum on governance in Rural North America and the North Atlantic Rim, will be held October 13-15, 2005 in Twillingate, NL. The conference is co-hosted by the **Canadian Rural Revitalization Foundation** and the **North Atlantic Islands Program** in cooperation with the **Twillingate-New World Island Development Association** and the **Twillingate Island Tourism Association**. For more information visit www.crrf.ca.

**OCT.
13-15
2005**

Forum 2005 Building a Healthier Atlantic Canada through Health Promotion & Prevention Research will take place October 25-26, 2005 in Halifax, NS. The conference is hosted by the **Atlantic Networks for Prevention Research (ANPR)**. For more information visit www.ahprc.dal.ca.

**OCT.
25-26
2005**

Rural & Northern Health Research Bridging the Distance, Sixth Conference of the **Canadian Rural Health Research Society** and the First Conference of the **Canadian Society for Circumpolar Health**, will take place October 27-29, 2005 in Québec City, QC. For more information visit <http://crrhs-scrrs.usask.ca/quebec2005/>.

**OCT.
27-29
2005**

contact us / submissions



Please forward submissions to Sylvia Henry at the Rural Development Institute, Brandon University at rdi2@brandonu.ca. **Deadline for the next issue is November 4, 2005.**

This newsletter is available on the CRHRS website at <http://crrhs-scrrs.usask.ca/>.

Rural Health Research NEWS

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