

# Rural Health Research NEWS

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## Taking Action Together: Recent CRHRS Conference a Success!

by **Donna Bentham**  
**University of Northern British Columbia**  
and **Tanis Hampe**  
**Northern Health Authority**

Rural and Remote Health: Taking Action Together was the theme for the 7th annual conference of the Canadian Rural Health Research Society held in Prince George, October 19-21, 2006. Taking action together was abundantly evident in the people, the knowledge shared and the fun had by all.

The Planning Committee, comprised of health providers, researchers, and educators along with the collaborating partners, planned three days filled with opportunities for networking and learning for the 180 participants. Thanks to a number of collaborating partners, students from across the

country received financial support to attend the conference.

The pre-conference workshops focused on successes in building research teams and effective knowledge translation of research. Through case examples and group discussions participants gained insights on how to work and take action together.

The keynote speakers opened our eyes to new ways of understanding health issues. Dr. Brett Finlay dazzled us with a microbial star wars show, and challenged us to think differently not only in our approach to research questions but also in how we can work together. Warner Adam and Mary Teegee offered us a profound understanding of cultural identity among Aboriginal peoples in Northern BC.

*continued on page 3*

## Building Successful Teams Research Workshop at the Recent Canadian Rural Health Research Society Conference in October 2006 in Prince George, BC

by **Dr. Stefan Grzybowski**

The British Columbia Rural and Remote Health Research Network (BCRRHRN) organized a one-day workshop to encourage the building of rural health research teams. The workshop was facilitated by Patrick McGrath, Neil Hanlon and Stefan Grzybowski who collectively represented three of the four successful CIHR funded rural and northern New Emerging Teams.

These teams were funded in the summer of 2004 for five years; therefore the opportunity to present progress and challenges to date was timely. The objectives of the workshop were:

1. To explore strategies for successfully building research teams and consider challenges to these strategies;
2. To review the experiences of several funded New Emerging Teams (NETs);

*continued on page 3*

## In this issue

President's Message . . . . .	2	Usage of the Nunavut Kamatsiaqtut	
Newsletter Outlook . . . . .	2	Telephone Helpline . . . . .	5
New Projects . . . . .	3	The <i>Need to Know</i> Project: Facilitating the	
Culture, Clan Systems and Colonialism:		Translation of Knowledge for Manitoba's	
Impacts on Today's Health and Social Issues	4	Rural and Northern RHAs. . . . .	6
Coming Events . . . . .	4	Tracking the CRHRS Membership:	
Publications . . . . .	5	How Are We Doing? . . . . .	7

## President's Message Unexpected Gifts!

*"Anything that has real and lasting value is always a gift from within."*

—Franz Kafka



At the University of Lethbridge, one recently recognized distinguished researcher has focused on agricultural economics; the study of technological changes in agriculture, environmental issues and international trade with an emphasis on beef and hog marketing in Japan. Academic circles have acknowledged his work through awards, inducting him as a fellow in specific societies, and using his research to develop their own studies. Interestingly, and not surprisingly, his work was followed by Mr. John Prentice, an agricultural entrepreneur from Central Alberta. Fortunately for the University of Lethbridge, Mr. Prentice's interest has led to an \$8 million endowment and the unveiling of the Prentice Institute for Global Population and Economy. The Prentice Institute will focus on long-term demographic and economic cycles;

recruiting researchers that can focus on global population change, demographics and economics. Top-tier researchers, post-doctoral fellows and graduate students will all have the opportunity to work within the Prentice Institute.

So what does this have to do with the Canadian Rural Health Research Society (CRHRS)? This unexpected gift to the University of Lethbridge affords opportunities to look at both urban and rural demographic and economic changes and to track their impacts on social, cultural and environmental well-being. There are many research questions that we can ask including; "How will rural communities remain economically and socially viable given the aging of the working farm population? What are the social ramifications for these communities in the face of a host of changes including falling birth rates, continued out-migration of youth and increased numbers of older, healthy individuals who have chosen to relocate and retire in rural areas? What are the impacts on local political leadership and governance?" These persistent questions, as well as many others may be addressed

through the Prentice Institute. At the same time, the capacity of researcher's working in the area of rural and remote health will be promoted. In addition, such enhanced understanding of intersecting issues may lead to the development of better policy at the regional and national levels.

The CRHRS can work with the Prentice Institute (and other institutes like it) to *pose questions*, become *partners in research*, and assist with the *use and translation of the information* that is generated. Working with researchers, being advocates, and knowing the pulse of the rural landscape is what members of the Society excel at. Thus, this unexpected gift to The University of Lethbridge offers a lesson about the importance of, and opportunity for, much wider engagement and connectivity between the Society and other like-minded rural and remote health researchers. We should all be encouraged to look for unexpected "gifts" in the areas where we work.

My final message for those who have been busy with their own research and wonder if "others are watching," is that the answer is yes! There is no better accolade than Mr. Prentice noticing one University of Lethbridge Professor and his exemplary work. For members in the Society, the message is to carry on, others are watching you!

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

## Newsletter Outlook

by **Denise Cloutier-Fisher**  
**University of Victoria**

The CRHRS is always looking for submissions and for individuals to work as contributors on any given edition of our newsletter. In general, this newsletter is viewed as a vehicle for members to communicate, work with each other, learn about one another's activities, and highlight conferences and activities relevant to rural and remote health researchers across the country. We are now beginning our third successful year, mostly due in large part to the strong leadership provided by Fran Racher at Brandon University. The current newsletter committee membership includes Denise Cloutier-Fisher (U of Victoria) in the role of editor (for this edition), with the aid of Judith Kulig (U of Lethbridge and President

of the CRHRS), Margaret Boone (Lakehead), PhD student Silvia Vilches (UBC) and with tremendous support from Sylvia Henry (Brandon) and a range of other student and academic contributors.

At the last annual meeting of the CRHRS it was decided that the editorship of the newsletter should rotate among members of the Board of Directors with the support of interested members. Ultimately, we depend upon your interest and your submissions. Keep your eyes out for news items, reminders about upcoming conferences, publications and so forth for future newsletter editions. The next set of deadlines for submissions should be around mid-May 2007. To contribute to newsletter development, please feel free to contact Sueli de Freitas at [crhrs-scrsr@usask.ca](mailto:crhrs-scrsr@usask.ca). And, as always we thank you for your strong support of the newsletter as both readers and contributors. We couldn't do it without you!

## Rural Health Research NEWS

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## New Projects

by Lesley Carruthers  
National Coordinator

### A Cohort Study of the Impact of Prion Disease on Farm Family Community Health, Wilfreda E. Thurston & Carol Amaratunga, Principal Investigators

We are pleased to announce a new project to explore the issues faced by Canadian farm families. "A cohort study of the impact of prion disease on farm family community health" is a national project primarily funded by PrioNet Canada and the Alberta Prion Research Institute (APRI). Sharing the lead on the project are co-principal investigators Dr. Carol Amaratunga at the University of Ottawa and Wilfreda (Billie) Thurston at the University of Calgary. Our research team consists of 14 co-investigators from nine universities and Centres of Excellence across Canada.

Bovine Spongiform Encephalopathy (or BSE) and related prion diseases have been called social disasters in "slow motion." Little research has been directed at the health impacts of BSE on individuals, families and communities. We need to understand these effects to form and evaluate programs and policies to promote the health of Canadian farm families. The goal of this research is to examine how the health of farm families and the surrounding communities has been affected by the discovery of BSE in Canadian cattle. Investigators plan to recruit and survey farm families in British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, and Nova Scotia. Surveys will include questions about health status, social support, health service use, farm management systems, food security, and beliefs and practices related to managing threats to health. Two complete surveys are planned over the two years of the project, to facilitate comparisons over time. The hope is that those agreeing to participate will form the core of a national cohort of farmers (men and women) who are willing to participate in longitudinal research about the effects of BSE on farm family community health. In addition to the survey, the

## Building Successful Teams

*continued from page 1*

3. To initiate and support the growth of new rural health research teams.

In the morning, the 45 participants shared in the stories of the New Emerging Teams as they explored the strategies that underpinned the development of the three successful NET proposals in the first two years of implementation. While each of the teams faced similar challenges in team building, different strategies were used to address them. One of the key axes that differentiated the teams was how centralized the core team was. Drs. Grzybowski and Kornelsen's team focused on rural maternity care, and built a centralized team based at the University of British Columbia. The team from Nova Scotia led by Dr. McGrath focused their proposal on women's health in rural communities and was based at two institutions: The Nova Scotia Agricultural College and Dalhousie University. They initially pursued three themes: mental health, farm safety, and community resilience, and then added a fourth theme on

nutrition and dietary decision making. The other team from British Columbia, led by Aleck Ostry and Clyde Hertzman is the most diversified. They proposed examining the social determinants of health in an integrated fashion through study set in small community settings. The team included representation from the University of British Columbia, Thompson Rivers University, University of Northern British Columbia and the University of Victoria.

In the afternoon, three different groups of participants coalesced around themes that have the potential of leading to new emerging teams. The three groups were facilitated by Drs. Grzybowski, McGrath, and Patricia Martens (who kindly stepped up from the audience to take on the role of facilitator). To spur interest in developing new emerging teams, BCRRHRN announced an opportunity to apply for a new Collaborative Team Building Award through the BCRRHRN. Grant applications have now been received by BCRRHRN and will be adjudicated in January 2007. We hope to see the fruits of this workshop at subsequent CRHRS meetings.

## Taking Action Together

*continued from page 1*

We were entertained throughout the conference, from the stunning performance of M'Girl, an Aboriginal women's ensemble, at the opening reception to the energy of the young dancers from Performers North at the evening banquet.

The outstanding quality of the research and collaborative projects highlighted in the 80 oral presenta-

tions and the 23 poster presentations demonstrated the tremendous diversity that we know as a key part of rural and remote health. Topics ranged from hazardous exposures affecting how we live and breathe to the need for health care services and providers attuned to the health and illness of the people living in rural and remote communities. The opportunity to learn from health care providers and researchers in a relaxed and open environment is always key to this successful conference.

team plans to complete institutional ethnographies in several locations in order to enrich the understanding of farm community experiences around BSE, from the individual level (farm families) all the way to the policy level. Other important aspects of this multi-phase project include a study of food provisioning and an analysis of media

coverage of the BSE issue.

We invite you to visit the Social Determinants of Farm Community Health Network website (<http://fchnet.ucalgary.ca/>) for more information on this project, the team, and related projects or contact Lesley Carruthers, National Coordinator, [carruthl@ucalgary.ca](mailto:carruthl@ucalgary.ca) or 403-220-5330.

# Culture, Clan Systems and Colonialism: Impacts on Today's Health and Social Issues

**Keynote address by Mary Teegee and Warner Adam at the 7th Annual Canadian Rural Health Research Society Meeting, Prince George, BC, October 2006**

**A summary by Anders Erickson, Masters Student, Community and Population Health, UNBC**

*By a kind of perverse logic, [colonialism] turns to the past of an oppressed people, and distorts, disfigures, and destroys it.*

— Frantz Fanon

*The Wretched of the Earth*

On the concluding day of the 7th Annual Canadian Rural Health Research Society National Conference, the plenary speakers Mary Teegee and Warner Adam gave their keynote address: Culture, Clan Systems and Colonialism: Impacts on Today's Health and Social Issues. Their talk focused on the wide-ranging impacts colonialism has had on Aboriginal populations across Canada. They focused in particular on the role of residential schools in fragmenting community membership and identity. Mary Teegee spoke solemnly about villages being void of children's laughter, void of

stories and reducing the opportunities for cultural practices to continue to be taught. The prohibited use of Indigenous languages, coercive religious conversion and other abuses further disenfranchised Aboriginal youths from their communities. Often referred to as the "lost generation", residential schools had an impact that appears to have transcended multiple generations as

***"These stories need to be told"; the stories of pre-contact organization and political structures, the stories of loss and tragedy, and the stories of perseverance and the reluctance of an occupied people to be silenced."***

described by Joelle McKiernan in her presentation at the conference entitled, *The Effects of Unexpressed Generational Grief on First Nation Community Health*. At the same time, the appropriation of cultivated lands such as camas fields and the eradication of crab apple orchards magnified the loss of Indigenous food security and food sov-

ereignty, in favour of European style cultivation. *"And this whiteman he immediately put a fence around the place [in Kingcome River estuary] enclosing the place where our women used to get the food..."* (Chief Cesaholis, address to Royal Commission on Indian Affairs for the Province of B.C., June 4, 1914).

The opening pipe ceremony statements made by Chief John French at the Kemess North Environmental Assessment hearings on October 30th, 2006, in Prince George continues to speak to the magnitude of this impact; "There were things set up within government back then that took our language, took our spirit, took our way of life, took our rolling land that we used to roam on, and stuck us on a little tiny reserve... It is sad being a leader" (Tse Keh Nay media release, December 1, 2006). The legacies of colonialism continue in Canada today, from Caledonia Ontario to the Kemess North mining project, to what is left of Spaet Mountain (also known as Bear Mountain on southern Vancouver Island). The process of Indigenous land alienation from white settler society continues. As a white male graduate student concerned about and involved with Aboriginal environmental health, these preceding acknowledgements are a prerequisite to any meaningful solidarity building and collaboration toward improvements in community health. As Mary Teegee concluded regarding the atrocities of residential schools, "These stories need to be told"; the stories of pre-contact organization and political structures, the stories of loss and tragedy, and the stories of perseverance and the reluctance of an occupied people to be silent. As the myth of a "gentle occupation" remains part of official Canadian history, the need for such narratives to be challenged is important in working towards anti-oppressive practice and politics. I thank the CRHRS for inviting Mary Teegee and Warner Adam to speak at the conference, thus allowing the process of decolonization to continue.



## Coming Events

The Northern Ontario School of Medicine's **Second Annual Northern Health Research Conference** will take place at Algoma University College in Sault Ste. Marie. For more information please contact Rita Campbell at (705) 671-3835 or [rita.campbell@normed.ca](mailto:rita.campbell@normed.ca).

**JUNE  
1-2  
2007**

**Health Statistics Data Users Conference 2007.** Statistics Canada and the Canadian Institute for Health Information will co-host this conference. The conference aims to promote the exchange of information between providers and users in the health statistics field. The call for papers deadline is February 28, 2007. For more information check [www.statcan.ca/english/conferences/health\\_sante2007/index.htm](http://www.statcan.ca/english/conferences/health_sante2007/index.htm).

**SEPT  
24-25  
2007**

The next **Canadian Rural and Remote Health Research Society Conference** will be held in conjunction with the Canadian Rural Revitalization Foundation. This conference will be held in Vermilion, Alberta. The title of this conference is: *Connecting Communities: Rural and Urban*. The call for abstracts will be coming out very soon. We hope you will be able to join us for this meeting!

**OCT  
11-13  
2007**

# Usage of the Nunavut Kamatsiaqtut Telephone Helpline

by Josephine Tan, Amanda Marazan (Lakehead University) and Margaret Boone (Centre of Excellence for Children and Adolescents with Special Needs), John VanderVelde and Sheila Levy (Nunavut Kamatsiaqtut Helpline)

Nunavut Kamatsiaqtut Helpline (NKHL) is a telephone helpline, based out of Baffin Island that is staffed by trained volunteers. It operates three local lines in Iqaluit plus one toll-free line to service communities outside of Iqaluit. It also operates a toll-free AIDS Information Line upon the request of the Nunavut Department of Health and Social Services. Since its inception, it has been developing a considerable database of anonymous telephone calls that were received on the lines. In order to provide the most appropriate services, the NKHL and the Centre of Excellence for Children and Adolescents with Special Needs (CECASN) carried out a collaborative project to determine the characteristics and needs of the callers and the pattern of use from the database. Given that three of the crisis lines were based in Iqaluit it was also possible to examine the pattern of calls in accordance with the months of the year, the photoperiod (hours of daily sunshine) and the moonphase.

Research questions focused on determining the demographic characteristics of the callers, the pattern of use and services delivered by the lines, and the association between the pattern of use of local lines with the lunar phase and photoperiod in Iqaluit. Anonymity of the callers and the volunteers was protected by adopting a numerical code to track calls and grouping them on a regional rather than a community basis.

Analysis of the data yielded findings that should be viewed with three important caveats in mind. First, the data collection over the years has not been consistent because the NKHL call sheets were not designed with a particular research project in mind; consequently the type of information that is collected varied across the lines, and over the years, according to administra-

tive purposes. Second, there was considerable variation in the type of information and level of detail kept by volunteers. Third, it must be recognized that the content of the calls is filtered through the perceptions of the volunteers and not obtained directly from the callers themselves.

Results show that the crisis lines were used primarily by females and by adults for discussing personal problems. The AIDS line was used more by males and by adults to obtain information and to disclose personal problems. Most of the personal problems discussed involved relationship difficulties and loneliness/boredom. The lines were also used by younger callers; however, among this group a number of prank calls and abusive calls were made, perhaps out of boredom. The

NKHL volunteers provided a gamut of helpful interventions that ranged from empathetic listening to providing referrals and intervening actively when appropriate, for example, calling the police when it seemed warranted.

The results of the study indicate that the crisis lines are serving an important purpose in providing community-based social and emotional support for people in the North. However, given that suicide among young people in Nunavut is a significant social problem, the paucity of calls from youth suggests that further research is needed to determine how the help line could more effectively reach young people.

For those who are interested in learning more about this study, the complete report is available at [www.coespecialneeds.ca](http://www.coespecialneeds.ca).

## Publications

by Dorothy Forbes  
School of Nursing  
The University of Western Ontario

Names of members of the CRHRS are in bold.

Allan, D., & **Cloutier-Fisher, D.** (2006). Health service utilization among older adults in British Columbia: making sense of geography," *Canadian Journal on Aging*, 25, 2, 219-232.

**Cloutier-Fisher, D.**, Penning M., Zheng C., & Druyts E. (2006). The devil is in the details: trends in avoidable hospitalization rates by geography in British Columbia, 1990-2000, *BMC Health Services Research*, 6:104 (doi: 10.1186/1472-6963-6-104) (URL: <http://www.biomedcentral.com/content/pdf/1472-6963-6-104.pdf>).

**Cloutier-Fisher, D.**, & **Skinner, M.** (2006). Leveling the playing field? Exploring the implications of managed competition for voluntary sector providers of long-term care in small town Ontario. *Health and Place*, 12, 97-109.

**Forbes, D.A.**, Morgan, D., & Janzen, B (2006). Rural and urban Canadians with dementia: use of health care services. *Canadian Journal on Aging* 25, 3, 321-330.

**Leipert, B.** (2006). Rural women's health issues in Canada: an overview and implications for policy and research, In A. Medovarski and B. Cranney (Eds.) *Canadian Women's Studies: an introductory reader* (2nd edition, p552-564). Toronto: Inanna Publications.

**Leipert, B.**, Matsui, D., & Rieder, M. (2006). Women



and pharmacologic therapy in rural and remote Canada. *Canadian Journal of Rural Medicine* 11(4) 296-300.

**Leipert, B.** (In Press). Invited commentary on rural women walking for health. *Western Journal of Nursing Research*.

**Skinner, M.W.**, & Rosenberg, M.W. (2006). Managing competition in the countryside: non-profit and for-profit perceptions of long-term care in rural Ontario. *Social Science and Medicine*, 63, 2864-2876.

See also: Statistics Canada for access to the free newsletter of the Health Analysis and Modelling Group. Search for "au Courant" on their website [www.statcan.ca](http://www.statcan.ca). This newsletter is published three times a year, each issue highlights a policy-relevant study or subject area through a two-page summary article including charts, references, and a methods box. Shorter articles inform readers of upcoming studies, papers and events related to the group's research projects. Articles are available in HTML and PDF format.

# The Need to Know Project:

## Facilitating the Translation of Knowledge for Manitoba's Rural and Northern RHAs

by Elaine Burland  
Research Coordinator  
Manitoba Centre for Health Policy

*The Need to Know* Project, a “text-book example of knowledge translation in action” was awarded the 2005 Knowledge Translation Award from the Canadian Institutes of Health Research (CIHR). This CIHR-funded project is a collaboration of the Manitoba Centre for Health Policy (MCHP), the ten rural and northern Manitoba regional health authorities (RHAs) and Manitoba Health.

The overall goal of the project is to facilitate knowledge translation, which is an essential component of evidence-informed decision-making. Academics must understand the information needs of health care planners and decision makers, and research evidence about population health needs must be in a form that is useful for those planning and making health care decisions. To this end, the three main project objectives are: (i) to create new knowledge that is directly relevant to the rural and northern RHAs; (ii) to develop useful models for health information infrastructure, training and interaction that increase the capacity for collaborative research; and (iii) to disseminate and apply health research that influences decision making and increases the effectiveness of health services and the health of RHA populations.

New knowledge is being created via the completion of research reports that have been selected through consensus, and these reports address issues faced by RHA decision makers. A regional indicators atlas<sup>1</sup>, a mental illness report<sup>2</sup> and a sex differences report<sup>3</sup> have been completed. A fourth project is currently underway, which examines “what works” in terms of the effectiveness of regional health program/policy interventions at a population-level (rather than at the program participant-level). Indicators such as teen pregnancy, hysterectomy and polypharmacy rates are examined for long term trends.

Collaborative research capacity is built in several ways, including regular Team meetings. These provide an opportunity for Team members to discuss research results-to-date, to learn techniques for accessing and using research evidence, and for networking with one another.

The research that is produced is disseminated in various ways including distribution of printed reports, a project website and newsletter, and presentations (e.g. briefings, conferences, etc.). As well, an MCHP Rural and Northern Health Care Day is held in the fall each year. This Day attracts RHA Chief Executive Officers (CEOs), board members and other representatives from across the province. Several RHA-relevant research reports are highlighted, one of which is examined in detail — in a roundtable format, attendees have the opportunity to review and discuss their region's results with colleagues from their own RHA.

Feedback from Team members and non-Team members alike continues to be overwhelmingly positive. The project has been credited for outcomes such as helping to build relationships, bolster confidence when using research, and providing invaluable planning information.

### References

1. Martens, P.J., Fransoo, R., *The Need to Know* Team, Burland, E., Jebamani, L., Burchill, C., Black, C., Dik, N., MacWilliam, L., Derksen, S., Walld, R., Steinbach, C., Dahl, M., & Bogdanovich, B. *The Manitoba RHA Indicators Atlas: Population-Based Comparisons of Health and Health Care Use*. Winnipeg, MB: Manitoba Centre for Health Policy, June 2003. Available on the web at <http://www.umanitoba.ca/centres/mchp/> and then proceed to “Reports” or to “Data Extras”.
2. Martens, P.J., Fransoo, R., McKeen, N., *The Need to Know* Team, Burland, E., Jebamani, L., Burchill, C., De Coster, C., Ekuma, O., Prior, H., Chateau, D., Robinson, R., & Metge, C. *Patterns of*

*regional mental illness disorder diagnoses and service use in Manitoba: A population-based study*. Winnipeg, MB: Manitoba Centre for Health Policy, September 2004. Available on the web at <http://www.umanitoba.ca/centres/mchp/> and then proceed to “Reports” or to “Data Extras”.

3. Fransoo, R., Martens, P.J., *The Need to Know* Team, Burland, E., Prior, H., Burchill, C., Chateau, D., & Walld, R. *Sex differences in health status, health care use, and quality of care: A population-based analysis for Manitoba's Regional Health Authorities*. Winnipeg, MB: Manitoba Centre for Health Policy, November 2005. Available on the web at <http://www.umanitoba.ca/centres/mchp/> and then proceed to “Reports” or to “Data Extras”.

### Publications in peer-reviewed journals related to the Need to Know (NTK) project:

Martens P.J., *The Need To Know* Team, Fransoo, R., & Burland, E. Health status and healthcare use patterns of rural, northern and urban Manitobans: Is Romanow right? *Healthcare Policy* 2006; 2(1):108-127.

Bowen, S, Martens P.J. A model for collaborative evaluation of university-community partnerships. *J. Epidemiology Community Health* 2006; 60: 902-907.

Martens, P.J., & Roos, N.P. When health services researchers and policy-makers interact: Tales from the tectonic plates. *Healthcare Policy* 2005;1(1):72-84.

Bowen, S, & Martens, P.J. *The Need To Know* Team. Demystifying “Knowledge Translation”: Learning from the community. *Journal of Health Services Research & Policy* 2005;10(4):203-211.

Martens, P.J. *The Need to Know* Team. Health and health care services use of rural Manitobans: Do they differ from urban rates? Published on the Canadian Population Health Society website: [www.canpopsoc.org](http://www.canpopsoc.org) ; 2004.

# Tracking the CRHRS Membership: How Are We Doing?

by **Silvia Vilches, PhD student,  
School of Community & Regional  
Planning, University of British Columbia**

Following a discussion at the last Annual General Meeting of the CRHRS in October of 2006, members were curious to have a better understanding of the membership breakdown and interests. According to current figures, there are 11 universities or institutions across Canada represented within the Society. In addition, there are 16 non-faculty members who list professional positions ranging from statistician to research associates or coordinators to practitioners. Among this group are two coordinators of community-based Aboriginal health organizations, and several who are involved in policy/research institutes. There are approximately 50 faculty registered as members, including 3 Deans and 7 Directors. A total of 15 graduate students are members and they represent 7 provinces and one territory. (Note: Readers are advised that these numbers may be somewhat misleading in that data on position/roles is not consistently captured or indicated in this listing.) Furthermore, some memberships are institutional or collective, rather than individual memberships.

The overall membership of the CRHRS reflects breadth and diversity and depicts a wonderful "who's who" in rural and remote health research in Canada. A wide range of interests are captured within the membership. Topics that students expressed an interest in included: community capacity development, knowledge translation, underserved areas, health behaviours, and rural practice, whether related to family

medicine or rural nursing. Over half the students expressed specific interests in Aboriginal health issues. General interest was also expressed in research methods, both broadly interpreted as well as being specific to rural and remote health. It may well be that the Society will want to play a bigger role in future in examining how well we are doing in Canada in terms of building substantial rural health research skills among students.

Among the non-academic members of the society, there is perhaps more interest in specific areas such as telehealth, recruitment and retention of rural health professionals, primary health care, program evaluation, health information systems, policy applications and population health research. Similar to academic members, interest was also expressed in community engagement and capacity development and participatory methods. There are fewer indications of specific sub-discipline areas such as "gerontology" and more general expressions of interest in topics such as "quality of life." As was true for students, Aboriginal health was a common area of expressed interest.

The interests of faculty members overlapped with areas of mental health, occupational health, rural practice education, population health studies, maternal health, healthy environments for aging and Aboriginal health. Compared to students and non-faculty members, there is not as much interest in methods, nor were there expressed interests in areas of specialization such as HIV/AIDS, diabetes, youth or nutrition. In contrast, there were expressions of interest in cardiovascular health, addictions,

and immigrant health, governance issues relative to rural health restructuring, models of health service delivery, volunteerism, and Aboriginal and social health policy. Additionally, there is interest in rural clinical education including nursing preceptorships, evaluation of practice outcomes, development of distributed learning models, and models of service delivery from other countries.

To summarize, we are a diverse and wide-ranging membership reflecting the importance of work on public policy issues like occupational health, the aging rural population and practice issues for rural service providers.

Interests in the far North are also represented, with some specific interests in Inuit health and health services delivery in Nunavut. What might be missing are some of the specific rural issues outside of agricultural communities (mining or fishing occupations), more on environmental health including climate change related impacts, and more on rural/urban differences, which only one person expressed interest in. Both students and practitioners expressed a high level of interest in cross-cultural work, but this leaning was not as evident among current faculty members. The interest in outcome evaluation on the part of practitioners is matched by interest in governance among faculty members, and this suggests a fruitful area of future collaboration around policy analysis and knowledge translation.

In the future, the Society may wish to collect information on interests in a more systematic way. It may also be productive to ask how many members are acting in multiple roles such as on behalf of a department or institution, Board or Foundation, etc. Such information is useful in its own right and also to better reflect the scope of the readership. Ultimately, these insights into the membership testify to the richness and diversity within rural and remote health research across this country.

Additionally such wide-ranging interests and skill sets can help to ensure that rural health research remains high on the list of public priorities.

## contact us / submissions



Please forward submissions to Sueli de Freitas at The Canadian Rural Health Research Society at [crhrs-scrrs@usask.ca](mailto:crhrs-scrrs@usask.ca). **Deadline for the next issue is May 15, 2007.**

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