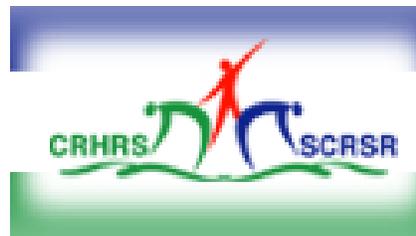


# **Review of the Canadian Rural Health Research Society**

A Need for Promotion  
A Desire for Interaction



Final Report  
Samantha Biggs  
August 2007

## Key Findings

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- The majority of non-member survey respondents were not aware of the CRHRS, and members cited the need to increase the scope of the society beyond academia and beyond the realm of population and public health. Promotion of the CRHRS should be directed to other research societies, research centres, universities, and rural health centres. The CRHRS should have a greater presence at the annual conference.
- The non-member survey respondents were predominantly students. There should be an effort to increase the participation of students in the society through recruitment, the establishment of a student position on the executive board, student discounts for the conference, and student awards.
- The majority of CRHRS members that responded to the survey expressed a desire for more involvement in and ongoing networking within the society. The creation of an online member directory, an online discussion forum, and a mentoring program for new members is recommended.
- Past CRHRS members did not leave out of dissatisfaction, but many forgot or did not know how to renew their membership. The membership status of individuals should be clear and reminders to renew memberships should be sent when expiry is approaching.
- Interviews with key respondents from other societies illustrated interest in collaboration with the CRHRS. Collaboration could be achieved through joint research endeavors, newsletter submissions, and conferences.

# 1.0 Introduction

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Since its establishment in 1999, the Canadian Rural Health Research Society (CRHRS) has aimed to provide opportunities for networking and collaboration among researchers, to encourage knowledge translation, and to promote the health of rural, remote and northern Canadians. In recent years, the number of members has dwindled and the society has experienced financial stresses. As a result, the CRHRS has been unable to expand the services it provides.

With these issues in mind, an evaluation of the services of the CRHRS was undertaken to develop goals for improvement, and to assist in planning for the future of the society. The review had two components. The first, an online survey, was designed to determine the membership status, satisfaction with the CRHRS, and incentives to join the CRHRS. The survey was circulated to past CRHRS conference attendees, individuals affiliated with various rural health research centres across Canada, and executive members of similar societies in the country. The second component was a review of the organizational structures, services, and membership details of similarly focused research networks, societies, and associations. The information was gathered through telephone interviews with key respondents affiliated with the societies.

This report presents the survey results and information provided by key respondents. Recommendations for society promotion, member retention, operational issues, and communication strategies based on these findings are included. It my hope that implementation of these strategies will allow the CRHRS to better meet the needs of Canadian rural health researchers and will advance the field of rural health research in Canada.

Thank you,

Samantha Biggs  
Research Assistant, The Canadian Rural Health Research Society

## 2.0 Methodology

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The contact information for 703 individuals was obtained from past CRHRS conference programs and online searches. These individuals included past CRHRS conference attendees, individuals affiliated with various rural health research centres across Canada, and executive members of similar societies in the country. A survey including multiple-answer multiple choice questions and written comment questions was developed using the Survey Monkey online software. The survey used a skip logic system whereby the response to one question determined the subsequent line of questions. The full question set is included in flow chart and text format (Appendices A and B respectively). The survey results were separated into three groups: current CRHRS members, past CRHRS members, and non-members. The results were analyzed as a summary of all respondents and also according to each respondent group.

The review of networks, societies, and associations included the Rural and Northern Psychology Section of the Canadian Psychological Association, the British Columbia Rural & Remote Health Research Network, the National Rural Health Association (USA), the Society of Rural Physicians of Canada, and the Canadian Association for Rural and Remote Nursing. Information on the goals, membership, funding sources, promotion, communication strategies and services, partnerships, obstacles, and potential for collaboration was collected by website searches and by telephone interviews with key respondents, executive or administrative members of the society.

## 3.0 Results

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### 3.1 Survey Results

The survey was sent to 703 individuals. One follow-up email was sent two weeks after initial contact to individuals who had not yet responded. Of the 703 individuals invited to participate in the online survey, 105 email accounts were expired. Excluding these expired accounts, the response rate for the survey was 23%. This rate is comparable to the response rates of email surveys circulated to university staff and similar employee groups (Schonlau et al, 2002, p. 90). The completion rate of the survey was 94%. Responses are analyzed by group: current members, past members, or non-members. Though all respondents declared a category, some expressed confusion surrounding current membership status. The survey information is summarized below. Appendix C contains the survey information in full.

#### ***All Respondents***

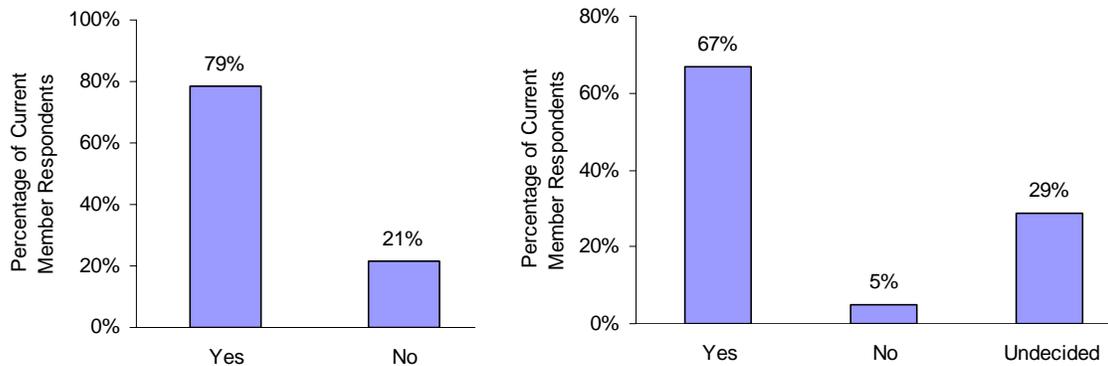
The work focus of all respondents was predominantly academic/research (79%), but 17% of respondents indicated patient care/clinical, 18% indicated policy development, and 9% indicated 'other' work focuses. Of all respondents, 70% worked in university settings, 17% worked in health centres/hospitals, 11% worked in research centres, and 5% worked in the government. The most common job titles of all respondents were associate professor (17%), professor (15%), nurse (15%), student (15%), assistant professor (13%), and director (13%). The highest areas of research interest were Aboriginal health, community engagement/partnerships, models of health service delivery, social determinants of health, and knowledge translation.

#### ***Current CRHRS Member Respondents***

Responses from current CRHRS members composed 31% of the total responses. The work focus of current CRHRS member respondents was mostly academic/research (91%), but also included patient care/clinical (10%) and policy development (10%). Of the current member respondents, 79% worked in university settings, 14% worked in health centres/hospitals, and 19% worked in research centres. The most common job titles of current member respondents were associate professor (31%), professor (19%), nurse (19%), assistant professor (14%), and student (12%). The highest areas of research interest were Aboriginal health, social determinants of health, models of health service delivery, research methods, and knowledge translation.

The CRHRS was meeting the expectations of 79% of member respondents (Figure 1A). Of the 21% who indicated they were unsatisfied, the majority had decided not to renew or were undecided on whether to renew their membership with CRHRS. Of the current member respondents, a total of 29% had not decided whether to renew their membership (Figure 1B).

The feedback from current members specified a desire for more involvement of all society members, more communication from the society, and more networking opportunities within the society. A few members reported feeling intimidated by the more established researchers, and felt that 'cliques' within the society made it difficult for students and less established researchers to make networking connections or to contribute to the society. Current member respondents called for an expanded focus of the society beyond population health and beyond the academic realm to include medical and basic scientists, decision makers, and health practitioners.



**Figure 1.** (A) Graph displaying the responses of current CRHRS member survey respondents to the question 'Is the CRHRS meeting your expectations?' Results are expressed as a percentage of the total current member respondents. (B) Graph displaying the responses of current CRHRS member survey respondents to the question 'Do you intend to renew your membership with the CRHRS?' Results are expressed as a percentage of the total current member respondents.

The current members commented on services currently provided. The annual conference received positive feedback; however, the newsletter was not mentioned in any responses. Current members suggested expansion of services to include more links to literature, advertisement of available grant money, a greater lobbying and advocacy role for the society, and a publication venue for Canadian rural health research.

### ***Past CRHRS Member Respondents***

Responses from past CRHRS members composed 9% of the total responses. The work focus of past member respondents was mostly academic/research (83%), but also included patient care/clinical (8%) and policy development (25%). Of the past member respondents, 67% worked in university settings, 17% worked in research centres, and 8% worked in health centres/hospitals, private companies, and other settings. The top job titles of past member respondents were associate professor (31%), professor (17%), and senior researcher (17%). The highest areas of research interest were Aboriginal health, social determinants of health, capacity development, and community engagement/partnerships.

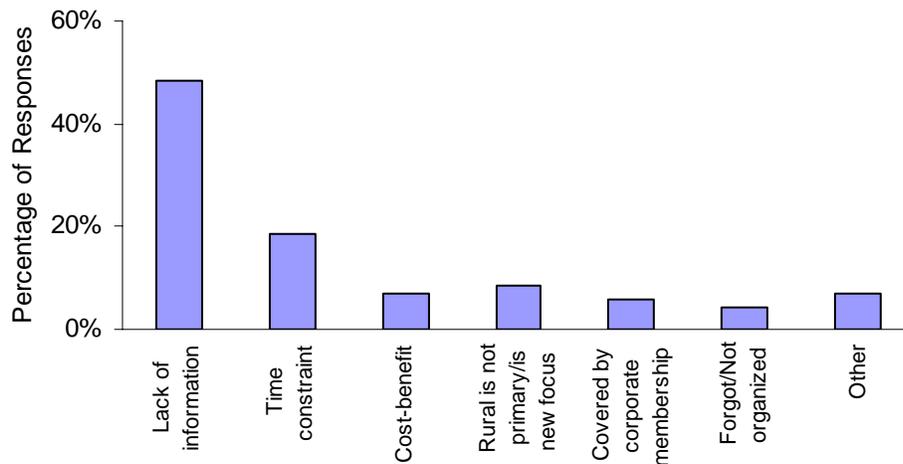
The reasons given by past CRHRS member respondents for not renewing membership included changing priorities in work focus, cost of membership, retirement, and forgetting or not knowing how to renew. Dissatisfaction with the society was not mentioned as a reason for not renewing membership and many past member respondents indicated an interest in rejoining CRHRS in the future.

### ***Non-Member Respondents***

Responses from non-members composed 60% of the total responses. The work focus of non-member respondents was mostly academic/ research (74%), but also included patient care/clinical work (22%) and policy development (22%). Of the non-member respondents, 65% worked in university settings, 23% worked in research centres, 12% worked in health centres/hospitals, and 9% worked in the government. The most common job titles of current non-member respondents were student (19%), research coordinator (17%), nurse (15%), assistant professor (13%), and professor (13%). The highest areas of research interest were Aboriginal health, community engagement/partnerships, knowledge translation, models of health service delivery, and social determinants of health.

Non-member respondents gave several reasons for not joining the society (Figure 2). Forty-nine percent of non-member respondents had not joined the CRHRS due to lack of information. Respondents expressed a lack of awareness of the society, the services provided,

and how to join. More information was the most common incentive to join the society. Other incentives included information sharing, collaboration opportunities, and reasonable cost. Many of the non-member respondents expressed a desire for more information about the purpose, services, and membership information of the society. Five respondents indicated that they intend to join the CRHRS in the near future. As a follow-up, a one page information sheet describing the goals and services of the CRHRS was created (Appendix D). The supplementary information was emailed to 19 individuals who had expressed interest in joining the society or who had requested more information.



**Figure 2.** Graph summarizing the reasons for non-membership with the CRHRS expressed as a percentage of all responses from non-members respondents.

### 3.2 Society Review Results

Information on the goals, membership, funding sources, promotion, communication strategies and services, partnerships, obstacles, and potential for collaboration are presented for each association/society considered. The names, positions, and affiliations of the key respondents are available in Appendix E.

#### **Canadian Psychological Association – Rural and Northern Section**

- **Goals:** Communicate the idea that rural and urban psychology practice and research are different. Promote rural psychological research. Involve students and encourage continued involvement with Canadian Psychological Association (CPA). Promote rural psychological practice and research to students.
- **Membership Information:** The CPA – Rural and Northern Section (RNS) was established in 2006 and has 208 members. Approximately three-quarters of the members are students. All students and approximately 10% of other members are actively involved in research of some kind. The RNS has no membership fee unto itself, but the CPA membership costs between \$52-225.

- *Funding Sources:* None. Administrative costs are paid by the CPA; however, costs for communication strategies of the RNS are covered by the research grant monies of executive members. The majority of work for the RNS is voluntary.
- *Promotion:* The newsletter is sent to potential members as a recruitment tactic. Promotion is mostly through word of mouth and networking at CPA conferences.
- *Communication Strategies/Services:* A biannual electronic newsletter is published. It is hard to attract submissions for the newsletter. The majority of content is student submissions and there are few research articles. There are opportunities to add material to the CPA journal, Psynopsis, but no contributions have been made by the RNS yet. The website is seldom updated and contains little information; however, it is soon to be renovated by a member volunteer. There is interest in developing an award for the best student paper on rural health. The annual conference held by the CPA attracts many psychologists from the RNS. To encourage student participation, the cost for students is minimal and other members carry the costs.
- *Partnerships:* The CPA provides administrative support, organizes the conference and the website. The CPA offers members lobbying opportunities, reduced insurance fees for practicing clinical psychologists, and reduced membership fees with provincial psychological associations.
- *Collaboration:* As a professional association, the CPA is beneficial for rural psychologists because it identifies necessary clinical skills and keeps them in contact with other psychologists. However, rural psychology is inevitably multidisciplinary and most research is collaborative. The CPA does not provide heterogeneous networking opportunities. The key informant highlighted the importance of the CRHRS in developing heterogeneous networks for rural psychological researchers. The key informant has been promoting the CRHRS to RNS. There was a notice about the 2007 CRHRS conference in the latest newsletter.

### ***The British Columbia Rural and Remote Health Research Network***

- *Goals:* Create a self-sustaining searchable online network of rural health researchers by 2008. Facilitate capacity building for universities and communities, offer training and mentoring opportunities, facilitate knowledge sharing and multi-disciplinary research efforts.
- *Membership Information:* Membership with the British Columbia Rural and Remote Health Research Network (BCRRHRN) is free. The network was established in 2004 and there are 629 members. Ninety percent of the members are from British Columbia. The focus and affiliation of 253 members are known. Of these, 50 are researchers, 123 are affiliated with the government or health authorities, and 80 are community members or health practitioners.
- *Funding Sources:* The BCRRHRN is funded by the Michael Smith Foundation for Health Research until 2008.
- *Promotion:* Brochures are printed and circulated at events with a rural lens. The BCRRHRN sponsors health authorities to increase awareness and works on planning committees (i.e. with CRHRS and the Canadian Health Service Research Foundation). Promotion is also by word of mouth. Since research interests of potential members are diverse, many researchers do not classify themselves as rural health researchers. As a result, promotion of the BCRRHRN is difficult.
- *Communication Strategies/Services:* An online searchable database containing name and contact information, research interests, methodologies and projects. A weekly email update advertising job opportunities, conference information, funding availability, services available and research information. There are travel bursaries, training awards, and annual grants provided by the BCRRHRN. WebEx online conferencing software is available for BCRRHRN member use. The BCRRHRN periodically hold Research Symposiums and skill-building workshops. The key informant suggested promotion of the CRHRS in the weekly email

update. The CRHRS information sheet (Appendix D) was included in the email on August 14, 2007.

- *Partnerships:* The BCRRHRN is one of eight networks in British Columbia funded by the Michael Smith Foundation. The others include child and youth health, environmental and occupational health, and mental health networks.
- *Obstacles:* Staff turnover has made goal attainment and network building difficult. The BCRRHRN is currently trying to collect information from each member to include in the searchable database but response rates are low.

### ***The National Rural Health Association (USA)***

- *Goals:* The National Rural Health Association (NRHA) promotes leadership, communication, education, research, and advocacy for issues related to rural health.
- *Membership Information:* Membership with the National Rural Health Association costs \$35-200 for individuals, and \$600-3500 for corporate/institutional memberships. The association was established in 1978 and there are approximately 15 000 members including hospital administrators, research/education workers, state-workers, clinicians, and board members. There are 15 full-time staff members.
- *Funding Sources:* The NRHA is funded primarily through government grant funding. Because of the annual unpredictability of government grant renewal, there are initiatives to diversify funding sources, decrease reliance on government grants, and increase reliance on private grants.
- *Promotion:* The NRHA targets large groups (i.e. Rural Health Clinics). All employees in these organizations receive 'partial' memberships, and the benefits of full memberships are then promoted. A few years ago, all members of state-wide rural health associations were given free 'partial' membership to NRHA. These individuals have been similarly recruited for full memberships. Members receive a conference discount, creating an incentive for conference attendees to join. The NRHA buys databases of contact information, and then sends brochures and emails to recruit.
- *Communication Strategies/Services:* A twice monthly e-newsletter focusing on advocacy, conferences, and events of the NRHA is circulated to all members. A clinically focused quarterly newsletter, a human interest magazine, and the *Journal of Rural Health* are also published. The key informant maintained that submissions for all of these publication media were easily acquired. The NRHA runs an annual general conference and other more specific conferences throughout the year. The conference committee is composed of society members, not staff. The website is well established including job postings, volunteer opportunities, publications, information on advocacy efforts, and conference/workshop information, e-communities, issue groups, and constituency groups.
- *Partnerships:* Partnerships between NRHA and state-wide rural health associations have been established. There are joint memberships where membership fees are slightly reduced for both parties. The NRHA covers the administrative costs of joint memberships.
- *Obstacles:* Because the NRHA represents such diverse research interests and occupations, it is important to foster inclusiveness through various publication modes (i.e. the newsletter, e-newsletter, human interest magazine, and the journal). There have been problems in getting younger members involved and facilitating turnover of the executive members. A 12-month mentorship and training program has been established to allow young members to get experience and training in advocacy.
- *Collaboration:* The key informant said there is potential to collaborate with the CRHRS.

### **Canadian Association of Geographers**

- *Goals:* Disseminate geographic research, promote geographic education, recognize geographic excellence, facilitate cooperation with other national and international geographic organizations, participate in national interdisciplinary organizations, and serve members.
- *Membership Information:* CAG has several hundred members and was established in 1950. The membership fee varies from \$45-147 and is applicable for January 1 through December 31. It is subsidized by Canadian academic granting councils. Members are mostly academics and researchers but there are a few government or industry workers. Students are well represented. Executive council includes regional and student representation. Executive members are volunteers who have specific functions depending upon their position title. There is one staff member to oversee clerical work, bookkeeping, and website updates.
- *Funding Sources:* Predominantly from membership fees. Some funds earmarked for journal publication costs are provided by SSHRC.
- *Promotion:* Geography is a distinct discipline so promotion through university faculties/departments is successful. A member has volunteered to promote the society through websites and campuses during "Geography Awareness Week".
- *Communication Strategies/Services:* CAG publishes an annual directory containing information on geographers (affiliation, research projects, and recent publications) and geography departments. Other publications include a newsletter six times annually, a quarterly scientific journal, and an e-newsletter. The society presents small annual awards to recognize the contributions of students and faculty members. There is an annual conference that attracts a range of research interests; efforts are made to represent both physical and human geographers. Travel bursaries are available for students to attend the conference. Members receive conference fee discounts and have the right to publish in the publications. CAG has study groups for geography specializations including: health and health care, native Canadians, and rural geography. Contact information for the study group members/presidents is on the CAG website. Members are granted automatic membership in their regional division. CAG members are represented on national and international umbrella organizations.
- *Partnerships:* CAG works closely with the Canadian Council for Geographical Education, and also has representatives in societies which focus on physical geography to maintain these links. CAG is a member of the Canadian Federation for the Humanities and Social Sciences.
- *Obstacles:* Many of the geographers working in government, NGOs, and industry are not CAG members because it is hard to locate these individuals and promote CAG. Human geographers are best represented at CAG because physical geographers get more involved in societies specific to climatology, geology, geomorphology, etc. The large majority of members are in academic settings. Liability has recently become a concern. Bilingualism is important to the association, but recruitment of members from Quebec has been difficult.

### **The Society of Rural Physicians of Canada**

- *Goals:* The mission of the SRPC is to provide leadership for rural physicians and to promote sustainable conditions and equitable health care for rural communities.
- *Membership Information:* Over 2000. Since 1992, the society has grown steadily. Peak growth occurred in 2003/04. There are an estimated 5000-6000 practicing rural doctors and the society size is somewhat limited by this number. Fees are free for students or young medical doctors in rural practice, but are \$306 for practicing doctors. There are three full-time employees of the SRPC.
- *Funding Sources:* Through membership fees and to a lesser degree from conference profits. The government may provide funding to the SRPC to perform a specific short-term research study but this money is earmarked.
- *Promotion:* Reduced conference fees for members encourage membership.

- *Communication Strategies/Services:* The SRPC offers locum service assistance, and online library, and periodic continuing medical education workshops. *Rural Med*, an online discussion group, is free for members and non-members. *The Rural News* is a weekly online newsletter containing interesting international medical articles. It is advertised on *Rural Med*. *The Rural Road* is a quarterly online newsletter published by the SRPC in collaboration with the Rural Doctors Association of Australia. The annual conference is not held in conjunction with other societies or networks, but attracts a many of non-members. The conference is 'gloried psychotherapy'; one of the most important roles of the SRPC is to provide networking with physicians who share similar frustrations and needs. Other international conferences are held in conjunction with rural health systems and medical organizations. These focus on education regarding rural clinical care. *The Canadian Journal of Rural Medicine* is published quarterly in association with the Canadian Medical Association. The majority of contributors are not SRPC members.
- *Partnerships:* Before the creation of the Canadian Association for Rural and Remote Nurses, there was talk of including this group as a branch of the SRPC.
- *Obstacles:* In its infancy, the society had few members but received a lot of attention from government and other larger groups. The SRPC was involved in creating the Kirby report and the Romanow report. Rural health care needs were highlighted in these documents, but there have been few changes since their release. Federally, there is very little attention to rural health. Biomolecular research gets the bulk of research money, but population health and rural health are neglected. Health Canada no longer has an office of rural health and the ministerial advisory council on rural health is no longer active. It is frustrating to advocate on behalf of rural medicine. Rural medicine lacks a definition, making it difficult to determine whether it is its own discipline, and whether rural areas should be treated separately or as part of a larger region. Though our society favours specialists, rural physicians are generalists by necessity. This reality is often ignored and overlooked, thus, rural physicians are not seen as 'experts' in the same fashion as specialists. Someone to champion rural health is required because "it's not that there is a plan to destroy rural health care, it is just that there is just no plan at all".
- *Collaboration:* Very few members currently do research. Some research projects are sponsored by drug companies, others are multi-centred clinical trials, and very few are independent research projects. There is a Research Committee within SRPC that was designed to oversee research by and with members. The majority of SRPC members are willing to get involved in research. There is potential for collaboration with the SRPC and CRHRS beyond invitations to conferences. CRHRS members can use the SRPC members as a resource.

### ***The Canadian Association for Rural and Remote Nurses***

- *Goals:* To serve as a voice for and to represent rural and remote nurses in Canada. In addition, the aim of the Association is to advance this unique specialty of rural and remote nursing practice through recognition, research and education, and thereby influence rural and remote health policy (as per the CARRN website: <http://www.carrn.com/>).
- *Membership Information:* Currently, CARRN has 115 members and the size has not changed significantly in the past few years. There are large disparities in member location across Canada; members are concentrated in British Columbia and Alberta. Since the inception of the society, memberships have cost \$40 for regular members, but are \$20 for students, associate members, or retired nurses. The large majority of members have regular memberships while a few are students, associates, or retirees. Free memberships are given to keynote speakers at the AGM.
- *Funding Sources:* No government or other external funding. Funds are generated through membership fees. The majority of the \$4000 annual budget is spent on newsletter translation

into French (\$900 per issue), travel expenses for executive members to attend the AGM held every 2 years in person, miscellaneous (office supplies, teleconference calls), website development and maintenance, and the recently developed annual bursary (\$250).

- *Promotion*: CAARN is promoted mostly by word of mouth through executive members. However, recruitment campaigns using email lists from the First Nations and Inuit Health Branch have been undertaken. Furthermore, a recent membership survey was conducted and a free membership was offered as an incentive to participate.
- *Communication Strategies/Services*: The newsletter is released twice annually (will increase to three times a year in response to membership survey). The newsletter includes a profile of a rural nurse, an emphasis of rural documents, presentation of rural research findings, photos, updates about membership, rural education, rural nursing and health care issues/reports. A volunteer oversees newsletter editing and website. CARRN is shifting to a newsletter committee to reduce this workload.

The website includes reference materials and advertisements for various conferences. It includes a members only section which contains executive meeting minutes, reports, documents, and the online forum on the website. The online forum is not well used. The website is updated every month. Website design and maintenance work is contracted out.

Every two years, a workshop/professional development day is held in conjunction with the Canadian Nurses Association (CNA) annual meeting. The majority of participants are members, but non-members also attend. In 2006, 36-38 people attended. The workshop consists of two keynote speakers, discussions, and the AGM. Conference fees are \$20 for members who purchase in advance, \$25 at the door, and \$40 for non-members.

Advocacy activities will be expanded during 2008 to include: letters to the editor during nursing week in May, development of election primers, and a Political Action Committee (this was recommended in the membership survey). CARRN has developed a document, *Rural Nursing Practice Parameters*, which defines rural nursing and discusses its practice. A \$250 bursary for a rural nurse seeking professional development or continuing education has been developed. The inaugural award will be presented in 2008 and the winner will present their learning experience at the 2009 AGM.

- *Partnerships*: Before the creation of CARRN, there was talk of including rural nurses as a branch of the SRPC. CARRN received affiliate group status with the Canadian Nurses Association in 2004.
- *Obstacles*: As a small organization, it is hard to recruit volunteers for executive positions. Further, it is hard to engage members and convince them of the values of membership (they only receive the newsletter and full access to website). To address this issue, CARRN will publish the newsletter three times per year despite associated costs. To increase the feasibility of this, they are asking for wider involvement in the newsletter committee. Despite the membership renewal information that is directly stated on the website, much time is spent reminding people of the need to renew (it takes until May or June to reach up to their usual 100 or so members). Threats to remove members from the listserv are generally successful in spurring membership renewal. Translation of all materials (bylaws, minutes, newsletters, etc.) into French consumes much of the budget. Geography is a barrier; face to face interactions are infrequent and most interaction is by telephone. To foster inclusivity, telephone hookup is available for all members who cannot attend the AGM, all members are called upon for newsletter contributions, and minutes of executive meetings are posted online.
- *Collaboration*: They are early in development and have not considered partnerships or potential for collaboration.

### 3.3 Summary of Results

The survey results from current member respondents indicated a desire for more communications from the society, more networking opportunities, better inclusion of all members, and an expansion of the society's focus beyond the academic realm and beyond public health. Current member respondents expressed satisfaction with the conference but none mentioned the newsletter in the responses. Past-member respondents did not leave the society out of dissatisfaction; rather, they did not renew their memberships because of changing priorities of work focus, cost of membership, retirement, and forgetting or not knowing how to renew. The non-member respondent group was predominantly composed of students. These respondents had limited awareness of the society, but many expressed an interest in joining or receiving more information.

The review of similar research societies and associations revealed that the CRHRS goal to create inter-disciplinary, multi-disciplinary, mutually supportive and community-focused rural health research networks is shared by other societies/associations. The key respondent from the CPA – RNS highlighted the importance of the CRHRS as a heterogeneous network for rural psychological researchers. The creation of a research network is central to the BCRRHRN mandate, and the network created by the SRPC is crucial to its continued success.

The membership fees of the CRHRS are on par with other societies, although the CPA-RNS and BCRRHRN are free. All of the societies offer a reduced membership rate for students. Most societies/associations are funded through membership fees. However, the NRHA and BCRRHRN are predominantly government funded. Some societies, for example the SRPC and CAG, receive grant or government money that is earmarked for specific research projects or journal publication. Promotion of societies is mostly by word of mouth and networking at conferences or other events. The NRHA is also promoted through rural health clinics, and the CAG is promoted via university faculties and departments.

The other societies largely communicate electronically via e-newsletters and online discussion groups. With the exception of the BCRRHRN, all societies publish a newsletter. The newsletters published by the SRPC and the CPA-RNS are available only electronically. Though most key respondents expressed difficulty in generating newsletter content, the key respondent from the NRHA said they never have trouble attracting submissions. All societies offer at least one annual conference independently or in collaboration with other groups. The CPA-RNS offers reduced conference fees to students, and CAG offers travel bursaries for students to attend conferences. Most societies offer a reduced conference fee for members as a recruitment tactic and incentive for members to attend the conference.

The societies have faced various obstacles including difficulty recruiting members from outside academia into the CAG. The BCRRHRN and SRPC key respondents said that a definition of rural health is lacking. The NRHA has struggled to include younger members, to facilitate turnover of executive members, and to represent the diversity of interests of their members. Many key respondents expressed interest in collaborating with the CRHRS. The key respondents from the CPA-RNS and BCRRHRN have been actively promoting the CRHRS, and the key respondent from the SRPC suggested a more formal connection to the CRHRS could be forged. He stressed the importance of making this connection go beyond a simple invitation to the conference and that rural physicians are a valuable resource for rural health researchers.

## 4.0 Discussion

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### 4.1 Recruitment

Among survey respondents, the most common reason for non-membership was lack of information. Other non-member respondents admitted they had intended to join the CRHRS but had forgotten. Since the survey respondents were predominantly past conference attendees, the CRHRS could focus on promotions at the annual conference. After the conference, a follow up email should be sent to all conference attendees outlining the advantages of membership and including a formal invitation to join the CRHRS. The CRHRS should be promoted at other conferences and events with a rural lens. The BCRRHRN and CPA-RNS achieve this by networking, circulating brochures or information sheets, and setting up promotional displays. The predominant occupation of non-member respondents was students and the majority of non-member respondents expressed interest in the CRHRS. Thus, the CRHRS should target students by circulating promotional information with departments of public health, geography, sociology, and psychology at Canadian universities. The CRHRS should also encourage current members to promote the society to any students they are supervising.

The work focus of current member respondents was 90% academic/research, whereas only 74% of non-member respondents were employed in academic/research settings. This suggests a need to recruit members from patient care/clinical and policy development settings. Furthermore, feedback from current member respondents highlighted the need to expand the scope of the CRHRS beyond academia and beyond the population and public health realm. There was a request to increase the involvement of basic/medical scientists, clinical practitioners, and privately employed researchers. The key respondent from the BCRRHRN admitted that since rural health is not clearly defined, many individuals do not classify themselves as rural health researchers. The CRHRS must recognize this and promote rural health as a diverse and multidisciplinary field to attract these individuals.

To create greater awareness of the CRHRS and to diversify the membership demographic of the society, the CRHRS should be promoted to members of other societies including the CPA-RNS and the SRPC, to grant winners, to research centres such as the Indigenous Peoples Health Research Centre (IPHRC), and rural health centres. Members from other societies could be directly targeted by emailing information and an invitation, or could be indirectly targeted by including an insert or advertisement into the newsletters of other societies. Since other societies, except the NRHA, expressed difficulty in attracting newsletter submissions, this promotional tactic may be mutually advantageous. Reduced membership fees or joint memberships with other societies could be established to promote the CRHRS. The institutional or corporate membership should be promoted to university departments, research centres, and rural health centres. Using this recruitment tactic of the NRHA, the CRHRS could then target individuals within these groups to promote individual memberships. If successfully implemented, these promotional tactics would create a multidisciplinary network of researchers and clinical practitioners. This would facilitate the formation of valuable connections between practitioners and researchers described by the key respondent from the SRPC.

### 4.2 Retention

Past members had often not renewed their memberships because they had forgotten or did not know how to renew. Some respondents admitted they did not know their membership status. Further, there is no working list of current CRHRS members and their contact information. To dispel the confusion surrounding membership status and renewal, new

members could be sent a welcome email on behalf of the executives. Further, a reminder email with a membership application attached should be sent when membership is expired or nearing expiry. The list of members should be kept updated.

Of the current member respondents, 21% expressed dissatisfaction with the society, 29% were undecided on whether to renew their membership, and 5% had decided against renewal. To increase member satisfaction and facilitate membership renewal, the CRHRS executive should facilitate two-way communication with members to ensure the needs of members are reflected in planning the future directions of the CRHRS. Current members specifically called for more involvement of all society members, more communication from the society, and more networking opportunities within the society. Recommendations on how to meet these needs are reflected in section 4.4 Communication Strategy.

### **4.3 Operational Issues**

The results have illustrated operational issues within the CRHRS that should be reviewed. Feedback from CRHRS member respondents has shown that regular members are interested in engaging with the society but feel intimidated or do not know how to get involved. Executive members are committing a lot of time to the society, and there is potential to decrease the administrative burden they face. Some tasks faced by the CRHRS executives could be advertised to all members as volunteer opportunities; the service could be expanded to include opportunities with other CRHRS members. This is currently practiced by the NRHA. Further, the executive committee could be increased in size to include a Membership Coordinator, Newsletter Editor, and Website Editor. To facilitate student involvement, the society could introduce a student position on the executive council.

The CRHRS website should be updated to include new five year targets. The targets currently posted were for the period from 2000-2005. The website could be expanded to include an online library to which members can contribute. This service is included on the SRPC website. To decrease operational costs of the CRHRS, the newsletter should be available only electronically as is practiced by the SRPC and CPA-RNS. Since, the Canadian Society for Circumpolar Health does not have a newsletter and the CPA-RNS is interested in increasing the amount of research content in the newsletter, there is potential for newsletter collaboration with these groups.

The creation of a publication venue for rural health research was mentioned by a few current member survey respondents. Collaboration with the *Journal of Rural and Remote Health* should be pursued. Applications for grant money to cover the costs of the journal can be considered. Currently, CAG receives SSHRC funding to assist in funding the publication of *The Canadian Geographer*.

### **4.4 Communication Strategy**

Of the current member respondents, 33% were unsatisfied with the services provided by the CRHRS, 29% were undecided on whether to renew their membership, and 5% had decided not to renew their membership. Their feedback suggested a desire for more frequent communication with the society, more networking opportunities within the society, and inclusion of all members regardless of research interests or experience.

To facilitate interaction with the society, more dynamic modes of communication could be established. While the conference received positive feedback in survey responses, the newsletter was not mentioned. This indicates the newsletter was overlooked or is perhaps not

effectively meeting member needs. To decrease operational costs of the CRHRS, the newsletter could be made available electronically as is practiced by the SRPC and CPA-RNS. Since, the Canadian Society for Circumpolar Health does not have a newsletter and the CPA-RNS is interested in increasing the amount of research content in the newsletter, there is potential for newsletter collaboration with these groups.

Instead of focusing administrative efforts on the newsletter, more frequent and less formal communications may be equally or more effective. Other societies including the BCRRHRN and NRHA release weekly or biweekly email updates to all members. The e-newsletters include new and interesting articles, information and reminders of upcoming conferences and workshops, links to funding availability, advocacy information, job or volunteer advertisements. The e-newsletters encourage members to submit information, job advertisements, or research developments. Alternately, the website could be used to present this information and an email update could be released to highlight additions to website.

Although feedback from current member respondents indicated that the conference provides useful networking opportunities, many responses called for greater networking opportunities. Similar to the BCRRHRN initiative, the CRHRS should develop an online member directory including member names, current research interests, methodologies, and contact information. This directory would be voluntary and could be held in a password protected area of the website to maintain confidentiality. An online directory would facilitate targeted communications with members. There could also be means for general member communication. Many other societies have online forums in password protected areas of society websites. Another option would be the creation of a Facebook group for CRHRS members. The group would be closed to non-CRHRS members so that administrative approval is required to join. The Facebook group would facilitate general discussion, provide a means for targeted contact, and allow specification of research interests on member profiles. Also, survey responses indicated the need for greater involvement of students and less established researchers. A Facebook group would likely be an effective way to engage this demographic of CRHRS members.

Another means to engage new members is the creation of a mentorship program whereby new members are paired with senior members of the society on the basis of shared research interests or methodologies. To promote student involvement, the society could consider offering reduced conference fees for students, encouraging student submissions for the newsletter, and establishing a student award for rural health research. Many of these tactics have been effective in developing strong student involvement in the CAG and CPA-RNS.

## **4.5 Report Summary**

The survey results have illustrated the need for promotion of the CRHRS to conference attendees and students. Feedback from current members suggests the scope of the CRHRS should be expanded beyond academia and beyond the realm of population and public health. Rural health research is multidisciplinary and covers diverse research interests; the membership demographic of the CRHRS should reflect these features. Promotion of the CRHRS could be achieved by collaborating with other research societies, increasing the presence of the CRHRS at the annual conference, and establishing connections with research centres, university departments, and rural health centres.

More frequent communication from the CRHRS was desired by member respondents. The communication could be via email updates and should include reminders for membership renewal, promotions of upcoming conferences, job or volunteer postings, and links to new publications. Though the conference was described as a good networking opportunity, ongoing networking should be available through the creation of an online member directory, an online

discussion forum, and a mentoring program for new members. To further increase the potential for member involvement and to decrease the workload of executive members, the executive board could be expanded to include a student representative, a membership coordinator, a newsletter editor, and a website manager. Survey respondents also expressed an interest in a publication venue for Canadian rural health research. The collaboration efforts with the *Journal of Rural and Remote Health* should be pursued.

To reach its goal of creating an inter-disciplinary, multi-disciplinary, mutually supportive, and community-focused rural health research network, the CRHRS must focus on two main areas. First, the CRHRS must be broadly and rigorously promoted to rural health researchers, practitioners, and policy makers alike. Secondly, the CRHRS must encourage ongoing networking of all members and facilitate the creation of new research relationships which span across regions, training backgrounds, and levels of experience. By focusing on these areas, the CRHRS will be better positioned to develop health research that is responsive to the needs of rural and remote Canadians, and will further the field of rural health research in Canada.

## Reference

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Shonlau, M., Fricker, R.D., & Elliott, M.N. (2002). *Conducting research surveys via e-mail and the web*. Santa Monica, CA: Rand Corporation.

# Appendix A

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**What is the focus of your work? (*check only one*)**

- Academic/Research
- Patient Care/Clinical
- Policy Development
- Other (*please specify*):

**Affiliation/Location:**

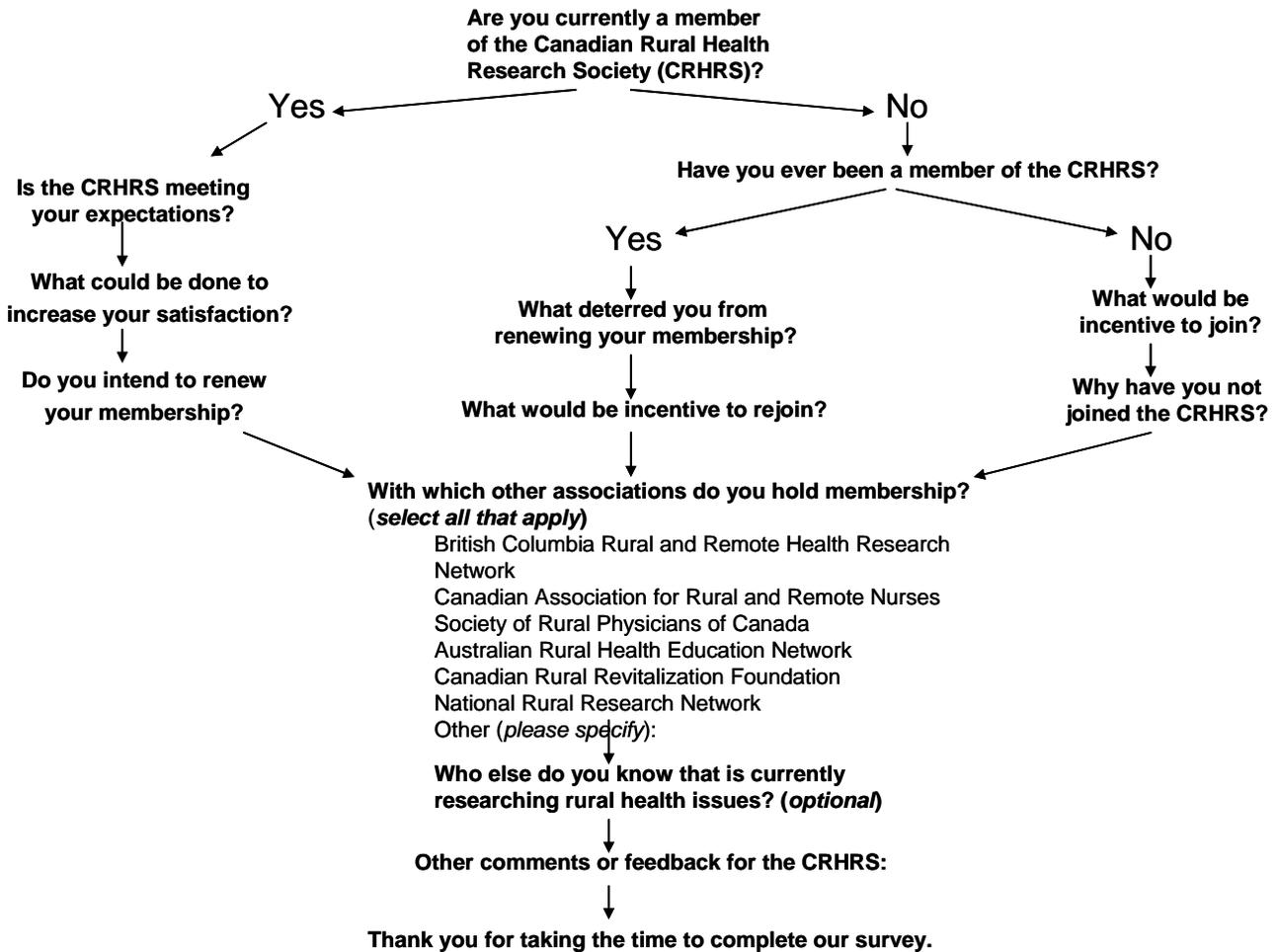
**Position Title (*check only one*):**

- Student
- Assistant Professor
- Associate Professor
- Professor
- Dean
- Director
- Physician
- Nurse
- Nurse Practitioner
- Social Worker
- Other (*please specify*):

**What is your area of interest within rural, remote, or northern health? (*select all that apply*)**

- Aboriginal health
- addictions
- aging/gerontology
- cancer
- capacity development
- cardiovascular disease
- community engagement/partnerships
- comparison of rural and urban settings
- diabetes
- environmental factors (climate change, pesticides, pollution)
- epidemiology
- governance issues
- health behaviours
- health care provision
- health care service utilization
- health care teams
- health information systems
- health promotion/education
- health status indicators
- infectious disease
- Inuit health
- knowledge translation
- maternal health/prenatal/peri-natal health
- mental health
- models of health service delivery
- nutrition

- occupational health (agricultural, mining, fishing)
- palliative care
- physical activity
- policy application/development
- population health
- primary health care
- program evaluation
- pulmonary/respiratory disease
- quality of life
- recruitment and retention of health professionals
- research methods
- rural clinical education
- rural medical/nursing practice
- social determinants of health
- telehealth
- trans-cultural health care delivery
- under-serviced areas
- volunteerism
- women's health
- youth/adolescent health
- other areas of interest: \_\_\_\_\_



## Appendix B

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1. **What is the focus of your work? (*check only one*)**
  - Academic/Research
  - Patient Care/Clinical
  - Policy Development
  - Other (*please specify*):

**Affiliation/Location:**
  
2. **Position Title (*check only one*):**
  - Student
  - Assistant Professor
  - Associate Professor
  - Professor
  - Dean
  - Director
  - Physician
  - Nurse
  - Nurse Practitioner
  - Social Worker
  - Other (*please specify*):
  
3. **What is your area of interest within rural, remote, or northern health? (*select all that apply*)**
  - Aboriginal health
  - addictions
  - aging/gerontology
  - cancer
  - capacity development
  - cardiovascular disease
  - community engagement/partnerships
  - comparison of rural and urban settings
  - diabetes
  - environmental factors (climate change, pesticides, pollution)
  - epidemiology
  - governance issues
  - health behaviours
  - health care provision
  - health care service utilization
  - health care teams
  - health information systems
  - health promotion/education
  - health status indicators
  - infectious disease
  - Inuit health
  - knowledge translation
  - maternal health/prenatal/peri-natal health
  - mental health

- models of health service delivery
- nutrition
- occupational health (agricultural, mining, fishing)
- palliative care
- physical activity
- policy application/development
- population health
- primary health care
- program evaluation
- pulmonary/respiratory disease
- quality of life
- recruitment and retention of health professionals
- research methods
- rural clinical education
- rural medical/nursing practice
- social determinants of health
- telehealth
- trans-cultural health care delivery
- under-serviced areas
- volunteerism
- women's health
- youth/adolescent health
- other areas of interest: \_\_\_\_\_

**4. Are you currently a member of the Canadian Rural Health Research Society (CRHRS)?**

- Yes
- No

***If YES:***

**A. Is the CRHRS meeting your expectations?**

- Yes
- No

**B. What could be done to increase your satisfaction?**

**C. Do you intend to renew your membership with the CRHRS?**

**D. With which other associations do you hold membership? (*select all that apply*)**

- British Columbia Rural and Remote Health Research Network
- Canadian Association for Rural and Remote Nurses
- Society of Rural Physicians of Canada
- Australian Rural Health Education Network
- Canadian Rural Revitalization Foundation
- National Rural Research Network
- Other (*please specify*):

**D. Who else do you know that is currently researching rural health issues? (*optional*)**

**E. Other comments or feedback for the CRHRS:**

F. Thank you for taking the time to complete our survey.

4. Are you currently a member of the Canadian Rural Health Research Society (CRHRS)?

- Yes
- No

**If NO:**

Have you ever been a member of the CRHRS?

**If YES:**

A. What deterred you from renewing your membership?

B. What would be incentive to rejoin?

C. With which other associations do you hold membership? (*select all that apply*)

- British Columbia Rural and Remote Health Research Network
- Canadian Association for Rural and Remote Nurses
- Society of Rural Physicians of Canada
- Australian Rural Health Education Network
- Canadian Rural Revitalization Foundation
- National Rural Research Network
- Other (*please specify*):

D. Who else do you know that is currently researching rural health issues?  
(*optional*)

E. Other comments or feedback for the CRHRS:

F. Thank you for taking the time to complete our survey.

4. Are you currently a member of the Canadian Rural Health Research Society (CRHRS)?

- Yes
- No

**If NO:**

**Have you ever been a member of the CRHRS?**

**If NO:**

**A. Why have you not joined the CRHRS?**

**B. What would be incentive to join?**

**C. With which other associations do you hold membership? (select all that apply)**

- British Columbia Rural and Remote Health Research Network
- Canadian Association for Rural and Remote Nurses
- Society of Rural Physicians of Canada
- Australian Rural Health Education Network
- Canadian Rural Revitalization Foundation
- National Rural Research Network
- Other (*please specify*):

**D. Who else do you know that is currently researching rural health issues? (optional)**

**E. Other comments or feedback for the CRHRS:**

**F. Thank you for taking the time to complete our survey.**

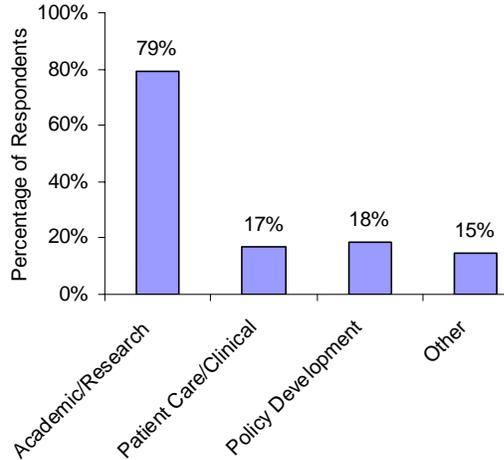
# Appendix C

## All Results

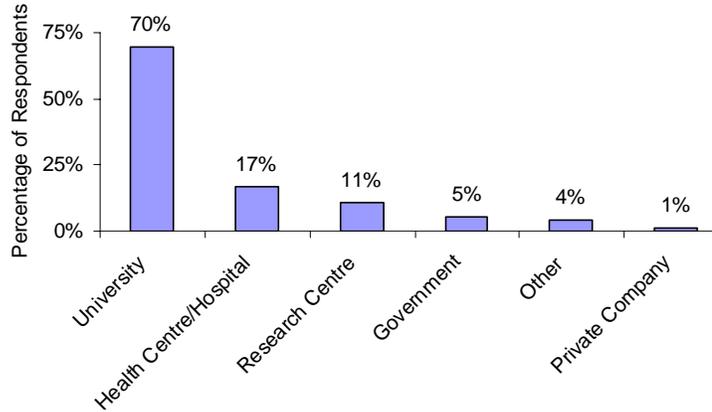
**Response Rate:** 703 invitations, 105 expired email addresses, 136 responses collected  
23% response rate

**Completion Rate:** 128/134, 94.1%

### Focus of work:

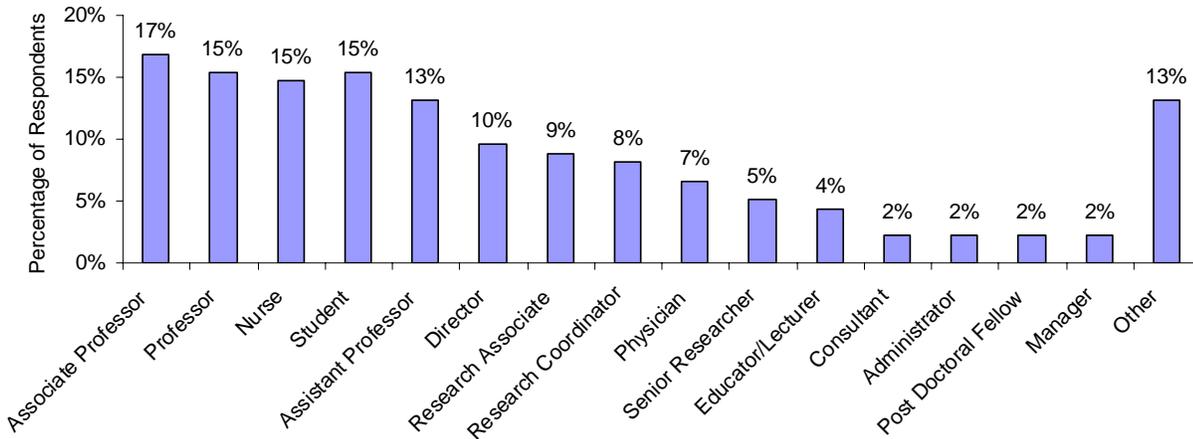


### Affiliation and location:



\* 'Other' includes education and public health.

### Position:



\* 'Other' includes OT, NP, Dean, Social Worker, Epidemiologist, Physiotherapist, Psychometrist, Psychologist, Audiologist, Dentist, Prof Emeritus, Economist, Director, Policy Analyst

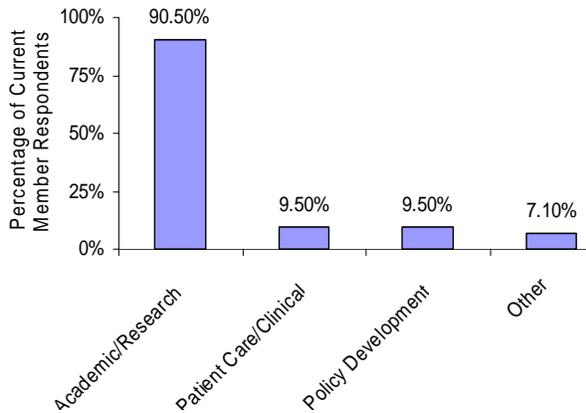
**Area of research interest:**

Aboriginal health	51%	capacity development	29%
community engagement/partnerships	40%	health care provision	29%
models of health service delivery	40%	primary health care	28%
social determinants of health	40%	comparison of rural and urban settings	26%
		recruitment and retention of health professionals	25%
knowledge translation	37%	health care service utilization	25%
population health	33%	health promotion/education	25%
policy application/development	31%	rural medical/nursing practice	25%
program evaluation	31%	under-served areas	25%
research methods	31%		

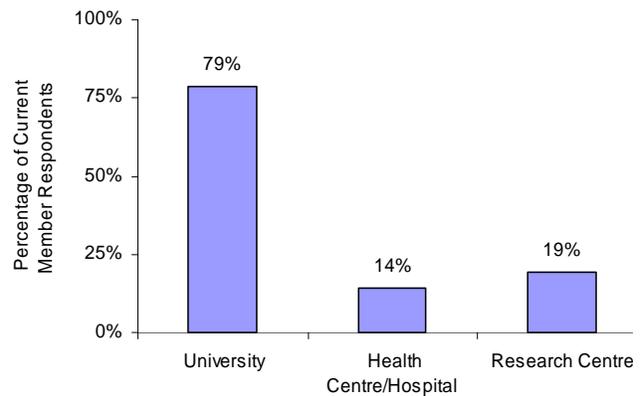
**Summary of Current CRHRS Member Respondents**

Proportion of Respondents: 30.9%, 42/136

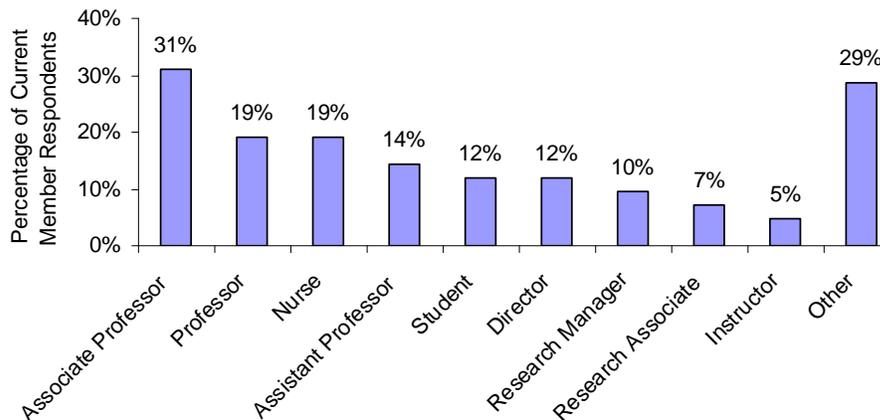
*Focus of work:*



*Affiliation and location:*



*Position:*



\* 'Other' includes dean, physician, NP, social worker, clinical leader, psychologist, professor emeritus

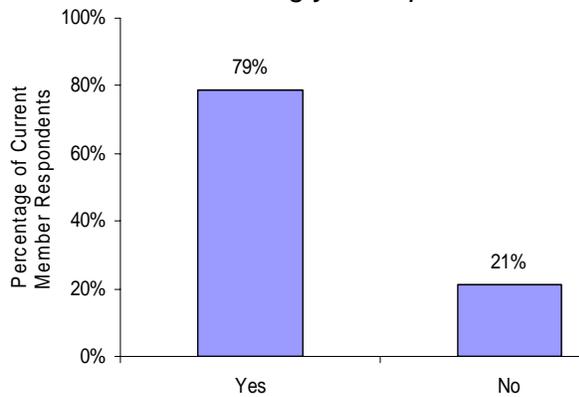
**Area of research interest:**

Aboriginal health	50%	rural medical/nursing practice	33%
social determinants of health	50%	health care service utilization	31%
models of health service delivery	45%	policy application/development	31%
research methods	42%	program evaluation	31%
knowledge translation	40%	telehealth	31%
community engagement/partnerships	38%	health care teams	28%
health care provision	38%	mental health	28%
population health	38%	women's health	28%
primary health care	35%	aging/gerontology	26%
recruitment and retention of health professionals	35%	comparison of rural and urban settings	26%
capacity development	33%	environmental factors (climate change, pesticides, pollution)	26%

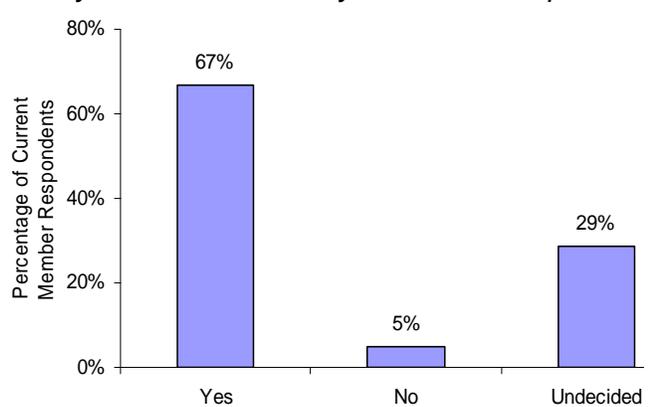
**Other societies:**

Name of society	# of respondents who are members
Canadian Association for Rural and Remote Nurses	5
Canadian Psychological Association	3
British Columbia Rural and Remote Health Research Network	2
National Rural Research Network	2
Canadian Association of Geographers	2
Canadian Association of Gerontology	2

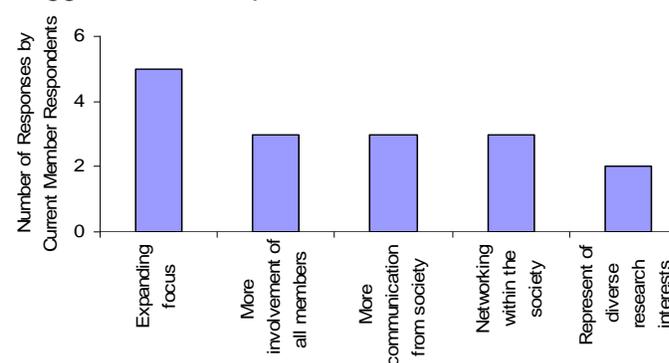
**Is the CRHRS meeting your expectations?**



**Do you intend to renew your membership?**



**Suggestions for Improvement:**



*Feedback/Suggestions:*

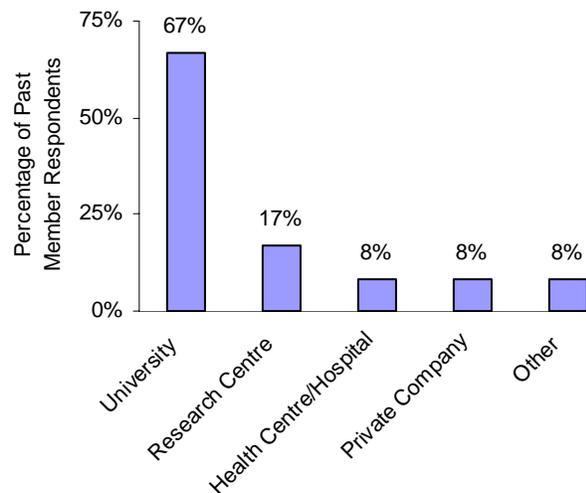
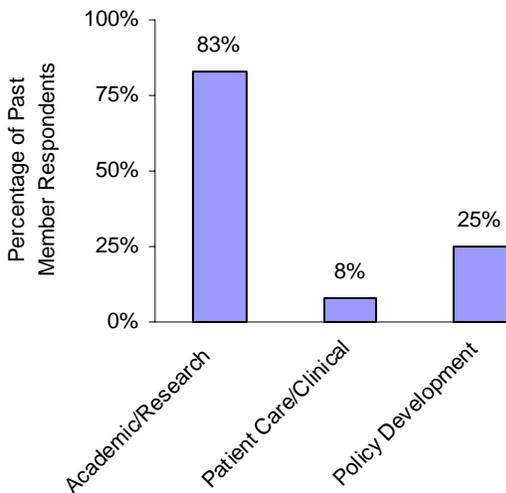
- There was an expressed appreciation of the work that people have done to establish and sustain the society.
- Be more proactive in recruitment and maintenance of membership.
- Better communications from the society. New members don't receive any materials and some are unsure of what is happening in the society or whether they are actually members.
- Expand the focus of the society from population health focus to include medical and basic scientists. Also expand from academic realm to include decision makers and health practitioners that have an interest in rural health research.
- Make an effort to connect and involve all members. Some less established researchers in the society feel unwelcome by the most involved and well established members. There is an understanding that the executives are volunteering their time and have good intentions, but there are 'clique's' in the society that do not serve to advance scholarship. Secondly, there are students eager to get involved in volunteer research, etc.
- Expand the services of the society to include: more links to literature, lobbying gov't for research money, advertisement of available money, consider a publication venue for Canadian rural health research

**Summary of Past CRHRS Member Respondents**

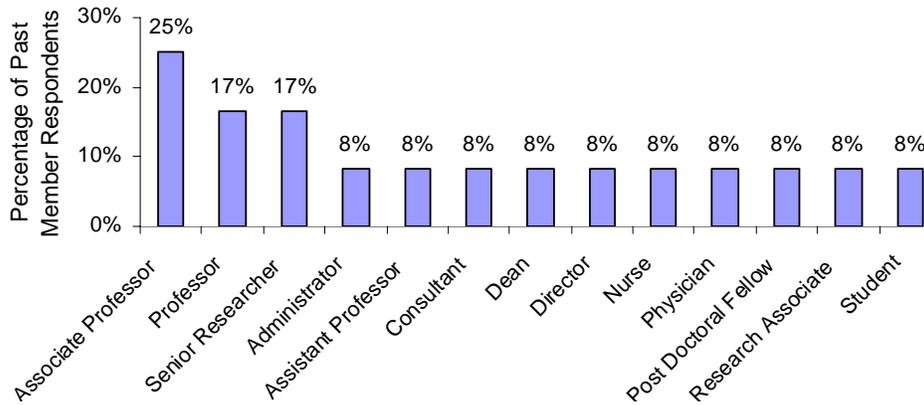
Proportion of Respondents: 8.8%, 12/136

*Focus of work:*

*Affiliation and location:*



**Position:**



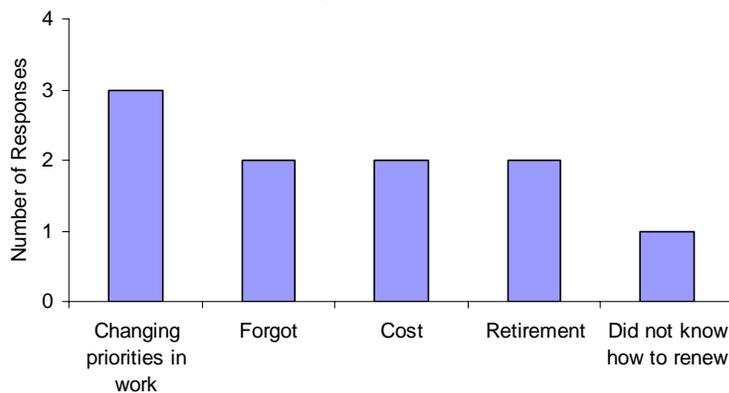
**Area of research interest:**

Aboriginal health	67%	under-serviced areas	42%
social determinants of health	58%	knowledge translation	33%
capacity development	50%	policy application/development	33%
community engagement/partnerships	50%	program evaluation	33%
aging/gerontology	42%	health care teams	25%
health care provision	42%	health promotion/education	25%
health care service utilization	42%	palliative care	25%
models of health service delivery	42%	primary health care	25%
population health	42%	quality of life	25%
research methods	42%	women's health	25%

**Other societies:**

Name of society	# of respondents who are members
British Columbia Rural and Remote Health Research Network	1
Canadian Association for Rural and Remote Nurses	1
International Association for Hospice and Palliative Care	1
National Association of Hospice and Palliative Care	1
Canadian Psychological Association	1
Saskatchewan Dietitians Association	1
Dietitians of Canada	1

**Reasons for not renewing membership:**



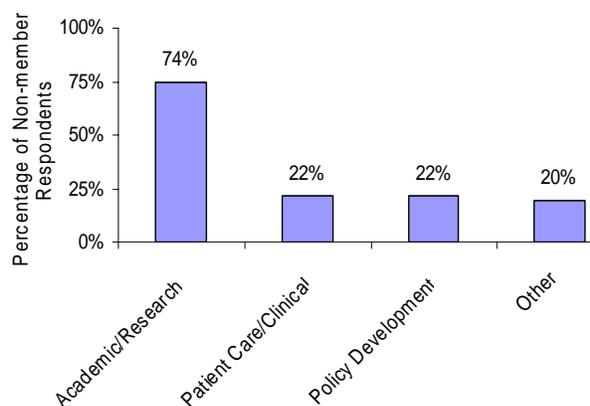
**Feedback/Suggestions:**

- The survey is a good initiative to increase membership and significance of the society.
- The CRHRS is a great group. There was a lot of interest in renewing membership in the future.

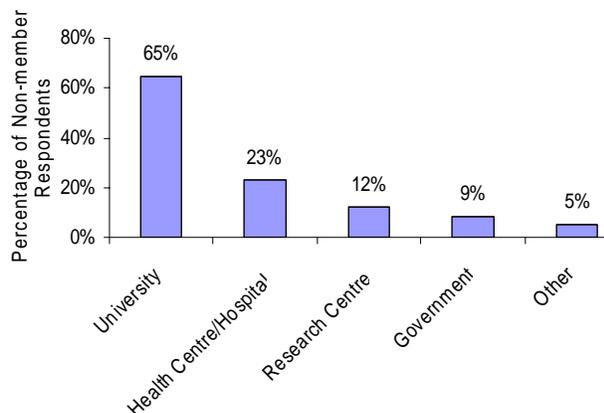
**Summary of Non-member Respondents**

Proportion of Respondents: 60.2%, 82/136

**Focus of work:**

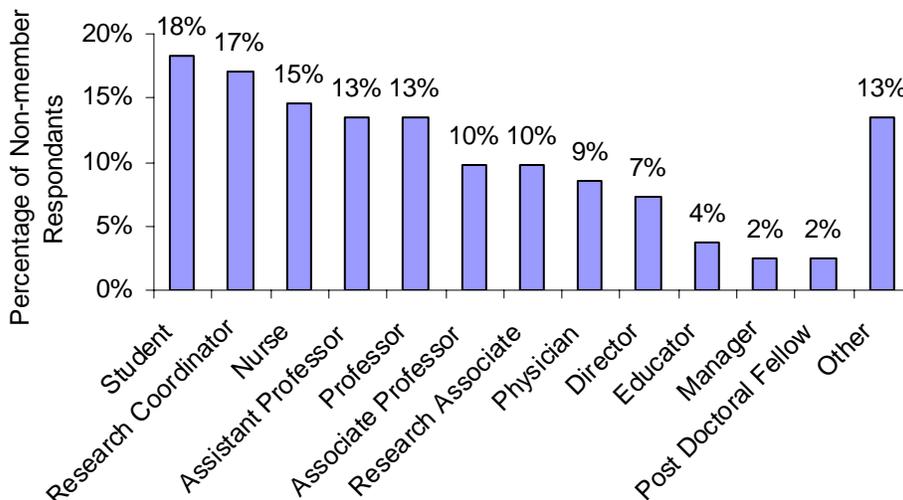


**Affiliation and location:**



\* 'Other' includes director of non-profit organization and private consultant.

**Position:**



\* 'Other' includes physiotherapist, audiologist, dentist, psychologist, nurse practitioner.

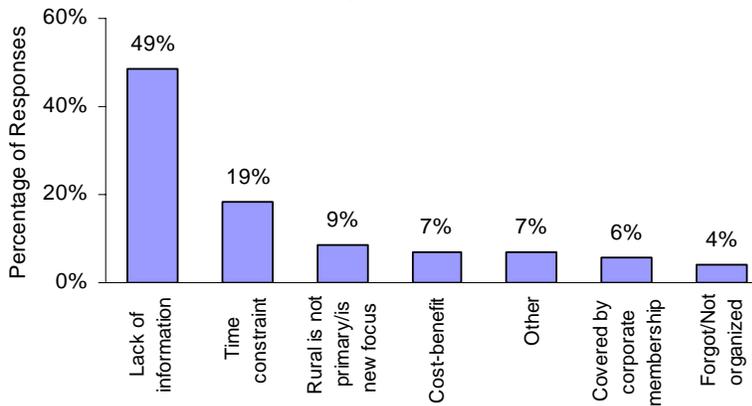
**Area of research interest:**

Aboriginal health	49%	program evaluation	32%
community engagement/partnerships	41%	comparison of rural and urban settings	29%
knowledge translation	37%	population health	29%
models of health service delivery	37%	health promotion/education	27%
social determinants of health	33%	capacity development	26%
policy application/development	32%	research methods	26%

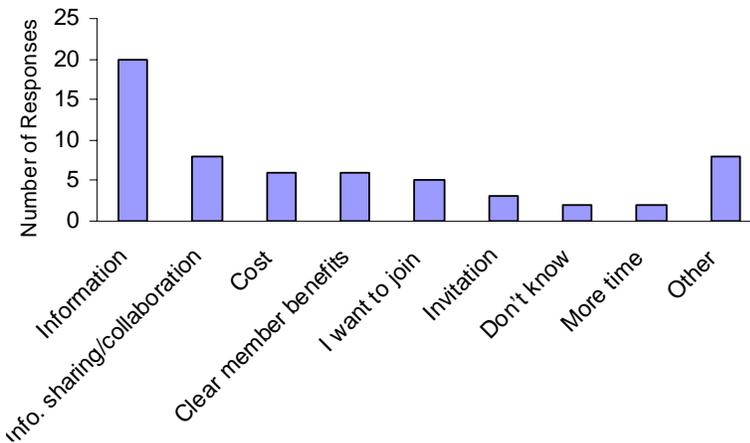
*Other societies:*

Name of society	Number of respondents who are members
British Columbia Rural and Remote Health Research Network	6
Canadian Association for Rural and Remote Nurses	5
Society of Rural Physicians of Canada	5
Canadian Association of Geographers	2
Canadian Society of Epidemiology and Biostatistics	2
Canadian Public Health Association	2

*Reason for non-membership:*



*Incentive to join:*



*Feedback/Suggestions:*

- In order to meet the goals of the society, it is necessary to encourage participation by all members. There are concerns that the bulk of the work is done by a small few members.
- Try to facilitate the role of private companies in research. There is valuable research that is done outside the realm of academia. Hopefully the society can be a vehicle to deliver and disseminate this research.
- Encourage community participation and participation by Aboriginal organizations. This is an important aspect of knowledge translation that is so important in rural communities.
- The conferences are enjoyable, stimulating, and deliver information on diverse topics.

## Appendix D



# CANADIAN RURAL HEALTH RESEARCH SOCIETY

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

*Our mission is to facilitate research and knowledge translation aimed at understanding and promoting the health of people living in rural and remote Canada.*

## GOALS

- Increase the *number of researchers* in rural and remote health research.
- Increase *targeted funding* for rural and remote health research at provincial and national levels.
- Increase the number of nationally funded *peer-reviewed research projects* in rural and remote health.
- Increase the *number of studentships, post-doctoral fellows and research chairs* with a focus on rural and remote health.
- Increase the *involvement of rural and remote communities* in planning, implementing, and evaluating health research.

## BENEFITS OF MEMBERSHIP

- Fee discount for annual conference
- Vote at the Annual General Meeting
- Newsletters and regular communications about society business
- Communications about upcoming funding opportunities
- Networking opportunities
- Opportunities to contribute to the development of rural and remote health research in Canada

## UPCOMING CONFERENCE:

### **19<sup>TH</sup> ANNUAL RURAL POLICY CONFERENCE OF THE CANADIAN RURAL REVITALIZATION FOUNDATION**

- Vermillion, Alberta; October 11-13, 2007
- In partnership with: National Rural Research Network, Canadian Rural Health Research Society, Alberta Rural Development Network of Community Colleges
- For more information, subscriptions to the Conference eNewsletter, and conference registration information, visit: <http://crhrs-scrsr.usask.ca/eng/meetings/current.php>

## JOINING THE SOCIETY

- For membership information, visit: <http://crhrs-scrsr.usask.ca/eng/index.php> and select the Membership tab on the left side of the webpage or contact Sueli Bizetto at [sueli.bizetto@usask.ca](mailto:sueli.bizetto@usask.ca) or (306) 966-7888

## Appendix E

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<b>Name of Society</b>	<b>Key Respondent</b>	<b>Title of Key Respondent</b>
Canadian Psychological Association – Rural and Northern Section	Cindy Hardy	Secretary/Treasurer
British Columbia Rural and Remote Health Research Network	Rachel Clasby Lorine Sluggett	Network Manager Communications Coordinator
National Rural Health Association (USA)	Julie Cockley	Communications Director
Canadian Association of Geographers	Alison Gill	President
Society of Rural Physicians of Canada	Keith Maclellan	Past-President
Canadian Association for Rural & Remote Nurses	Florence Tarrant	President