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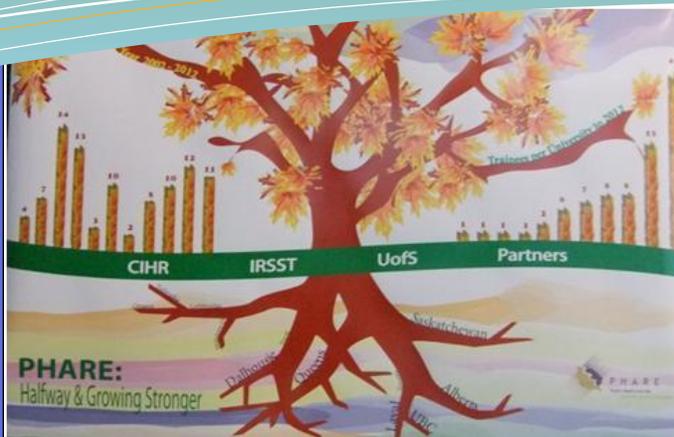


Photo 1 PHARE Anniversary Poster, Sueli Bizetto

The Importance of Gathering

Lévis Conference Reflections

The conference in Lévis was very important in providing a stimulating environment for exchanging with high-level researchers in diverse fields of rural health research from across Canada.

We presented a study on 25% of randomly selected rural emergency departments in Canada, which showed that very few emergency departments have access to advanced diagnostic equipment, intensive care units, and specialists. Many urgent transfers to distant tertiary care centers are required for definitive care of these patients. What is the cost of all of these medivacs? Are they safe? These are all questions that need to be answered. Of course, future studies are required to determine what levels of services are cost effective and necessary for rural healthcare facilities and how we need to improve patient transfers to academic centers.

I wish to thank everyone who participated in making the Lévis 2012 conference a success. I especially like to thank Gaétan Morency and Emanuel Bochu from the Cirque du Soleil for their excellent presentations on creativity. My Co-chair Caroline Duchaine was essential to my ability to organize this event.

The youth and leaders of cirque automatique (see sidebar, next page), also known as the social circus, were

Our medical students, residents and research assistants found this conference extremely helpful and we are grateful to the society.

See you in 2013!

Sincerely, Richard Fleet

As a rural physician-researcher and emergency practitioner, Dr. Richard Fleet was a welcome addition to our board in 2011.

PHARE: *Halfway
and Growing
Stronger*



The poster above says it all: for the 11th year the Public Health Agricultural Rural Ecosystems (PHARE) held their annual meeting and workshop at the CRHRS conference (see photo, back page). To date, 94 trainees at the masters, doctoral and post-doctoral level from 11 research institutions have participated in fields as diverse as occupational health, microbiology, nursing and social policy.

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Reflections from Conference Chair, Richard Fleet, M.D.

I decided to get involved in the CRHRS for a few reasons. First, I started doing research on rural emergency medicine after practicing as an emergency doctor in Nelson, British Columbia. There, I witnessed the impact of service cuts on patient care. As clinicians, my colleagues and I tried to advocate for better emergency services for our patients. However, in the context of lack of evidence-based national standards in rural emergency care in Canada, we found ourselves with little evidence to support our requests for better services for our rural community in dire need.

After several years of patient advocating for improved services, to no avail, several of us abandoned ship and moved on to academic centers with the hope of conducting research on rural subjects. I accepted a position at Laval University in 2010. The main focus of our research is to improve access to quality emergency care for rural citizens in Canada.

The CRHRS is a very important forum for our research. In the context of probable future budget costs, rural citizens *will* likely face further limitations in services. We need to do more research in order to change policy in health care service delivery in rural areas.



Photo 2 Pont du Québec over the St. Lawrence

Innovative Rural Health in Wales

By *Stephanie Best*

The call for innovation is ubiquitous to meet the health and social care (H&SC) needs of the population. These needs are exacerbated for rural communities with additional service delivery issues such as access and rapidly ageing population. But how do the health and social care practitioners source their new ideas? What stimulates the creative plans and projects needed to meet the needs of our rural communities?

The Rural Health Plan for Wales (2009) supported the initiation of 14 short term funded innovative projects.

The practitioners delivering these provided the sample for doctoral studies exploring the cycle of innovating in health and social care from generating through implementing and finally the learning. Presenting at the Canadian Rural Health Research Society Conference in Quebec 2012 the focus was the early stages of innovation.

Sixteen in depth interviews had just been completed prior to arriving in Canada so analysis was limited. Findings relating the early stages of innovation were themed into sourcing and stimulating innovation and

How do practitioners source their innovative ideas....really?

We asked *Stephanie Best*, from Wales, about her research into practice innovation

assigning credibility to sources of information.

Sourcing: Participants highlighted a range of different means of sourcing innovative practice ranging from colleagues, experiences within own organisation however a recurrent theme was the need for time - in particular abstract time away from the workplace

Stimulation: Stimuli for innovative practice in H&SC included national policy, organisational drives (including funding issues) and personal goals. No weighting was ascribed to these but most

Credibility: Despite the call for evidence based practice most people lean on colleagues for either their direct experience of an innovative practice or their knowledge of it. Most credibility was attributed to services running locally (which could be seen or experienced) and had some transferable outcome measure recorded.

The next steps in this research? This of course is just the beginning and data analysis needs to be completed

It was a pleasure to present in Canada with plenty of stimulating and thought

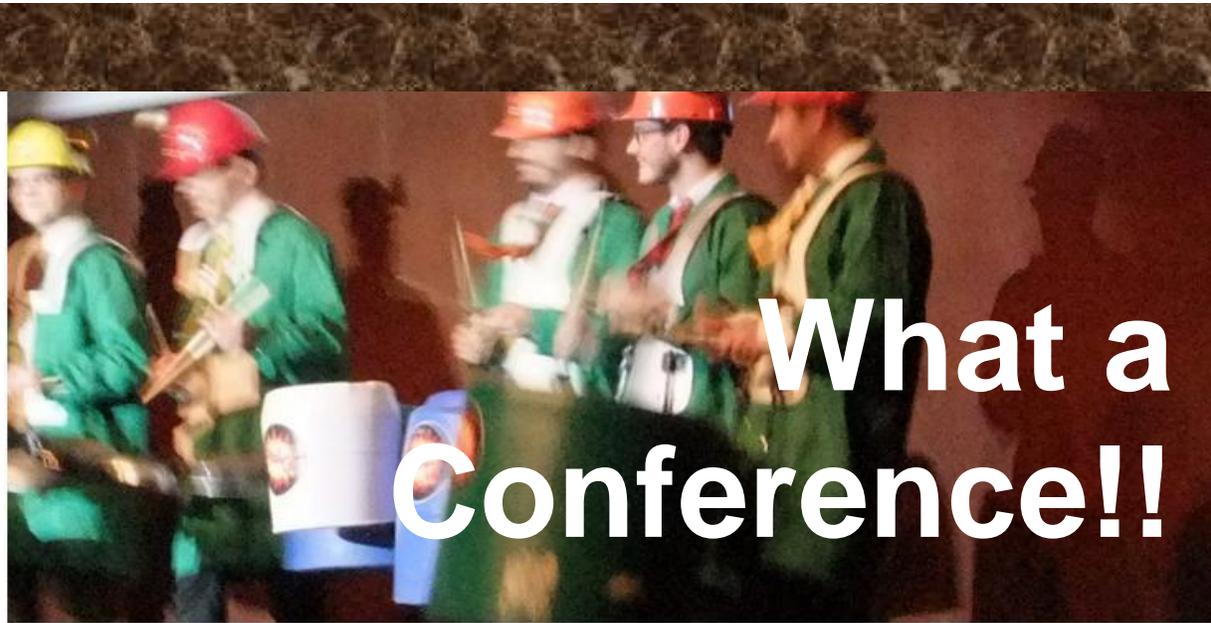
I think the best way to describe it is if you're painting a picture, you're governed by the colours that you have, or that you've bought. You can mix the colours and you can shade them but if you've got x number of colours those are the colours that you have to mould your thinking.

interviewees noted all these components were required. As one person put it:

“No patients were involved with the early stages of innovation. It is possible to attribute this to the speed at which the projects were set up.”

provoking conversations. I learnt a lot on my trip and thank everyone for being so welcoming

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What a Conference!!

Photo 3 "Bang!" by Cirque du Monde (photo deliberately blurred)

Highlights in Lévis, Quebec

An accomplished Canadian young painter, Jean-François Racine, challenged conference participants at the opening reception to create a canvas that embodied rural health research. Over three days, the canvas changed by the hour, as people added components that conveyed *rural* and *remote* health research.

We were treated to a compelling presentation by the *Cik'automate*, a social circus project of the Cirque du Monde program in Quebec City. The presentation captivated the crowd and left us most appreciative of the work of the Cirque du Monde in reaching disadvantaged youth.

How could we not join in when *Bang!* arrived on the scene? We fell in line to the beat and surprised ourselves as creativity was collectively unleashed.

Dana S. Edge, Chair 2009-12

Enthusiasm and creativity permeated the 3-day event and opened up new possibilities for research development and sharing with familiar and new colleagues. I was impressed by the dedication of the conference team. Thanks to you all!

Drs. Richard Fleet and Caroline Duchaine, the Co-Chairs of our annual CRHRS conference, pulled out all the stops to ensure an infusion of creativity during our gathering in Lévis, Quebec in October 2012! Throughout the three day program, artists were featured to inspire our creative juices to flow (see sidebar). These artistic endeavours added to the rich scientific program of concurrent and poster sessions. Dr. Shelley Kirychuk, Scientific Chair, and her team adjudicated abstracts for the conference and superbly developed the overall conference program. Once again, the CRHRS conference benefited from the PHARE program who contributed presentations and posters to the event.

Dr. Yvon Cormier, an influential researcher and an original member of the first CRHRS Board, provided instructional nuggets of wisdom to workshop participants, in particular, to the PHARE students on Thursday. In addition to the recurring conference topics offered by CRHRS, of particular note this year was the concurrent session on *Creative Innovation and Health*, which featured research presentations such as "Art and Advocating for Better Access to Emergency Care." Our keynote speaker, Gaétan Morency of the *Cirque du Soleil*, provided not only a fascinating presentation on the role of the Cirque in rural and remote regions of the world,

generously shared his time by providing a workshop the previous day, attending the conference banquet, and by participating with attendees throughout the entire conference.

We were also treated to an extraordinary plenary web conference from Houston by NASA astronaut class. Dr. David Saint-Jacques, an astronaut born in Quebec City who is currently with the Canadian Space Agency and is a member of the Dr. Saint-Jacques gave a wonderful plenary address on "Engineering and Medicine: Passions to Reach the Stars" and nicely tied his rural/remote medical experiences in Canada to his current work.

Stories of Rural Health, 12th Annual CRHRS Conference

**Prince George, BC
November 13-15, 2013**

This conference will share and discuss current findings on rural and Northern health issues and explore means for enhancing communication between front line workers, community members, researchers and policy makers.



**Call for Abstracts
July 15th 2013**

Submit electronically www.usask.ca/pgbc2013/ or contact Rachael Wells, MA, Chairperson, Scientific Committee
Tel: 250.960.6409
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wellsr@unbc.ca



Upcoming Conferences

2013 Canadian Rural Revitalization Foundation (CRRF) Conference

Thunder Bay, Ontario
24-27 October 2013

Co-hosted by the Nishnawbe-
Aski Nation (NAN), Lakehead
University, and the
Northwestern Ontario
Municipal Association
(NOMA).
www.crrf.ca

Social Media Training

Join us for a 2 day training
event with Mike Kujawski
(CEPSM)

Winnipeg, MB
October 2-3, 2013
www.brandonu.ca/rdi

Member Updates

Publications

- Ashton, W., Bollman, R. D., & Kelly, W. (2013). *Indicators and Criteria for Strong Rural Municipalities in Manitoba*. Brandon, MB: Rural Development Institute for the Government of Manitoba.
- Herron RV and MW Skinner (in press). Farmwomen's emotional geographies of care: a view from rural Ontario, *Gender, Place & Culture* (DOI: 10.1080/0966369X.2011.572432).
- Leipert, B., Leach, B., & Thurston, W. (Eds.) (2012). *Rural Women's Health*. Toronto: University of Toronto Press.
- Leipert, B. (2013). Rural and remote women and resilience: Grounded theory and photovoice variations on a theme: An update. In C. Winters (Ed.), *Rural nursing: Concepts, theory, and practice* (4th ed.) (pp. 95-117). New York: Springer.
- Leipert, B., Landry, T., & Leach, B. (2012). Closing the gap: Rural women's organizations and rural women's health in Canada. In B. Leipert, B. Leach, and W. Thurston (Eds.), *Rural Women's Health* (pp. 62-79). Toronto: University of Toronto Press.
- MacLeod A, MW Skinner and E Low (2012). Supporting hospice volunteers and caregivers through community-based participatory research, *Health & Social Care in the Community*, 20, 190-198.
- Malone, J.L. & Brunner, B.S. (2012). Overlapping relationships and objectivity in rural professional practice, *International Journal of Arts and Sciences*, 5(4), 133.
- Malone, J. (2012). Professional ethics in context: Practising rural Canadian psychologists, *Journal of Bioethical Inquiry*, 9(4), 463-477. DOI: 10.1007/s11673-012-9394-7
- Malone, J.L. (2012). Ethical professional practice: Exploring the issues for health services to rural Aboriginal communities, *Rural and Remote Health*, 12(1), 1891.
- Skinner M, N Hanlon and G Halseth (2011) Health- and social-care issues in aging resource communities in J Kulig and A Williams (eds), *Health in Rural Canada*, UBC Press, Vancouver, 462-480.
- Skinner MW and AE Joseph (2011). Placing voluntarism within evolving spaces of care in ageing rural communities, *GeoJournal*, 76, 151-162.
- Skinner MW, NM Yantzi and MW Rosenberg (2009). Neither rain nor hail nor sleet nor snow: provider perspectives on the challenges of weather for home and community care, *Social Science & Medicine*, 68, 682-688.

Research Projects and Themed Meetings

Themed Research Meeting

Malone, J.L., & Jerry, P. (2012). Rural Professional Practice: Linkages between Human Services Disciplines, Alberta Rural Development Network (ARDN) \$20,000

Funding Project: Rural Primary Healthcare for Older People: Building Research Capacity, Informing Policy and Practice

Skinner, M (lead principal investigator), N Keating and M Rosenberg (co-principal investigators), G Andrews, F Beland, D Cloutier-Fisher, J Guernsey, G Higginbottom, A MacLeod, V Menec and D Munoz (co-applicants), N Beben, A Corriveau, J Kasperski, D Luck, R Pellizzari and P Rosebush (collaborators), Canadian Institutes of Health Research (CIHR), Planning, Meeting and Development Grant, 2011-12, \$25,000

Funding Project: Refining a Decision-Support Model for Siting Palliative Care Services in Rural Canadian Communities

Crooks, V and N Schuurman (principal investigators); H Castleden, M Skinner and A Williams (co-investigators), Canadian Institutes of Health Research (CIHR), Operating Grant, 2011-14, \$301,227



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The newsletter is moving to a new format: tell us what you think at slv3@sfu.ca