

Rural Health Research NEWS

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Joint Conference Great Success

by **Judith Kulig, University of Lethbridge**
& **Martha MacLeod, University of Northern
British Columbia**

Quebec City was a perfect venue for the Sixth Annual Conference of the Canadian Rural Health Research Society and the First National Conference of the Canadian Society for Circumpolar Health, *Rural and Northern Health: Bridging the Distance*, held October 27-29, 2005. Some 240 researchers, community members and health care providers from across Canada enjoyed the three-day event.

Dr. David Mowat, Deputy Chief Public Health Officer, Public Health Agency of Canada set the stage for the conference with his opening talk *The Web of Public Health*. Dr. Louis Fortier's keynote address expanded on the web of rural, remote, northern and circumpolar health as he discussed his ongoing research aboard the ice breaker Amundsen, with a research team studying climate change in the Canadian Arctic.

The range of research was outstanding.

Over 150 papers and posters presented on Friday and Saturday gave registrants the opportunity to choose from research topics such as addressing health concerns due to mercury among remote populations, the challenges of education preparation for health professionals working in rural communities, concerns regarding obesity among rural youth, and food security within Nunavut.

Accordingly, with such a range of research, the researchers themselves were a diverse and inclusive group. Geographers, psychologists, geneticists, engineers, economists, nurses, physicians, sociologists, epidemiologists, health educators, mental health workers, community leaders and researchers were all present. The inclusivity and diversity was also seen in the entertainment. Participants were fascinated by the Inuit throat singers, and learned about the similarities and differences *Of Pigs and Men*. The talented dinner and dance band placed us in the rich Quebec culture. And then there were the warm, lively

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What Is Happening Up North Will Affect Us Down South

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

It was like watching a sci-fi movie, with breath-taking photos and film clips of icebergs, barren arctic landscapes, under-water exploration, scientific experiments on the research icebreaker Amundsen, and graphs projecting impending climate change in

Canada's far north. But it was more than an entertaining show and tell, the message from Dr. Louis Fortier, one of the keynote speakers at the CRHRS and CSCH joint conference, was dead serious: What is happening in the Canadian arctic will affect us all; and climate change will have a far-reaching impact, ranging from ecological to socioeconomic to community to health.

Dr. Fortier, a professor at Université

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President's Message

Building Bridges – Creating the Possibilities of Connections

One of my many uncles was a bridge foreman throughout rural Southern and Central Alberta from the 1950s to the late 1970s. One summer I had the opportunity to spend time



with my uncle, my aunt (who was the cook in the summer in order to spend time with her husband!) and my cousin at one of the bridge-building sites. My cousin and I enjoyed roaming about the landscape in the daytime, helped with the cooking or played cards during those famous windy southern Alberta days while the crew was busy working on the bridge. Supper time meant that there was general talk about how the work day went. These conversations emphasized the challenges of building the bridge and the rewards received when the job was complete. I therefore became familiar with the kind of work, skills and roles associated with bridge crews.

What I learned about building *physical* bridges can also apply to the notion of building bridges *between and among* individuals, groups, communities, organizations, societies, and agencies. What follows is my list for building bridges.

- There is acknowledgement that the bridge is needed and that there are mutual benefits for all.
- There are different types of bridge designs based upon soil, weather and traffic use-bridge designs

between individuals, groups or communities also vary depending upon the overall goal and specific purposes. For example, bridges between community members and researchers can emphasize capacity building and opportunities to determine where the community is at in order to lead to the availability of local research personnel to help conduct community grounded research.

- Upfront planning allows for recognition of interdependent roles for each of the “crew members.”
- Make sure you have the right equipment and use it in the way it was intended to be used.
- Be safety conscious—in other words, in order for bridges to be built and stay standing, we need to co-develop and apply the rules.
- Team work is essential—building the bridge is about group effort on both sides to meet together in the middle!
- Building bridges is an inclusive event that involves a variety of individuals who have a range of skills.

The Society is striving to build bridges through its policy efforts, attempts at developing publication venues and advocacy for increased funding and support for rural health research. Good bridge-building skills by our Society's “crew”, (i.e., its members) are needed during our current development time. Look for possibilities of building bridges whether it is at the local, regional, national or interna-

Joint Conference

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interactions among people of many different disciplines and places.

More students attended this conference than any previous CRHRS conference. Many were able to attend because of support from the Nasivik Centre, and more than 22 students came from the Public Health and Rural Agricultural Ecosystem program, many of whom presented their research. The Canadian Centre for Health and Safety in Agriculture hosted an evening workshop on research mentoring and a pre-conference workshop on research in agricultural health and safety. The Aboriginal Ethics Working Group of CIHR also sponsored a pre-conference workshop, to discuss the new *CIHR Guidelines for Health Research Involving Aboriginal Peoples*.

Mark Bisby, Vice President, Research Portfolio, CIHR, spoke about the need to keep rural, remote, northern and circumpolar research on the radar screen. This conference, in building webs among researchers was a good step along the way. Each year the web of conference participants grows, and we hope you plan to join us for next year's conference in Prince George, BC, October 19-21, 2006.

tional level! The possibilities of connections are endless!

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

What Is Happening Up North Will Affect Us Down South

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Laval since 1989, is a specialist in population dynamics of marine zooplankton and fish. In 2004, Dr. Fortier was appointed Canada Research Chair on the *Response of Arctic Marine Ecosystems to Climate Change*. Under his leadership, the best of arctic researchers in the natural, social and public health sciences have developed *ArcticNet*, a 4-year, \$25.7 million Canadian Network of Centres of Excellence project. Their task is to examine and anticipate the impact of arctic warming on the ecology, economy and societies of the High Arctic and on Canada as a whole.

Dr. Fortier presented some evidence and some anticipated consequences of arctic climate change:

- Atmospheric carbon dioxide concentration and tempera-

ture change are highly correlated.

- Arctic climate is warming rapidly.
- The northern hemisphere has witnessed massive melting of sea-ice cover.
- Global average temperature is likely to reach 22°C in about 250 years (it is now at 15.6°C).
- The Northwest Passage may open for commercial shipping.
- Indigenous communities in the north will likely feel the social, economic and cultural impact of climate change.
- Climate change could have long-term health implications (eg. depletion of fish stocks and resultant changes in human diet).

According to Dr. Fortier, when confronted with such information, three types of people emerge — the “skeptics”, the “concerned” and the “eschatologists”. In which category do you belong?

CIHR Supports Health Research Beyond the City Wall

by **Bruce Minore**
Centre for Rural and Northern Health Research, Lakehead University

Mark Bisby, the Vice-President responsible for the research portfolio at the Canadian Institutes of Health Research (CIHR), entitled his presentation *One-Third and Ninety-Five Percent: Health Research Beyond the City Wall*. The one-third, of course, refers to the approximate portion of Canada's residents who live in rural or northern areas, which amounts to ninety-five percent of the country's land mass. The challenge is to make it clear that many so-called "rural/northern" health issues affect the other two-thirds, those who live on the five percent of the land — inside our cities' walls.

Dr. Bisby started with an overview of the commitment that CIHR has made to supporting rural and northern research initiatives, from bringing researchers and stakeholders together by sponsoring a series of national meetings, through funding special calls

for research on strategic issues, to supporting projects submitted in the open competition and various institutes' calls for proposals. Since 2000, about \$24 million dollars have been invested in rural and northern-specific initiatives; projects worth some \$12 million are currently underway. Unfortunately, with a budget likely fixed at present levels for the next five years, the largest part of which is committed to fund multi-year projects, CIHR has limited ability to launch new ventures or, indeed, to sustain existing ones.

Rural and northern health is just one of perhaps 80 or 90 strategic topics identified as priorities; so there is intense competition for attention and resources from the CIHR. In the face of competing claims, it falls to those with a stake in rural and northern health research to keep their issues at the forefront. In arguing the case, Dr. Bisby suggested it might help to emphasize the issues that also have an impact "within the city walls"; in other words on the broader health questions, such

as those related to the environment, which affect all Canadians, but perhaps can be uniquely addressed in a rural or northern context.

Dr. Bisby noted a number of opportunities likely of interest to many in the audience, such as the Institute for Aboriginal Peoples' Health community-based projects, due to be launched in December 2005, and the upcoming call for proposals for International Polar Year, which will have a strong focus on health. He also expressed a hope that people would provide input into the five-year review of the CIHR.

The Web of Public Health

by **Mary Lou Kelley**
School of Social Work, Lakehead University

On Thursday evening, Dr. David Mowat, Deputy Chief Public Health Officer, Public Health Agency of Canada gave an opening talk entitled *The Web of Public Health*. Dr. Mowat described ways that the public health infrastructure in Canada is being strengthened. He addressed three major initiatives of the Agency — responding to infectious diseases, easing the burden of chronic illness, and health workforce development.

Dr. Mowat assured the conference audience that Canada's surveillance system is effective, and Canada is well prepared in the event of a major flu pandemic, with over 35,000 doses of vaccine on hand and the capacity to produce more as needed. He stressed the commitment to ease the burden of chronic diseases on the population, in

particular, diabetes, cardiovascular diseases, cancer and mental illness, as chronic disease causes 2/3 of mortality and most of the disability in our country. The Public Health Agency also supports workforce development including that of rural and northern health care professionals.

Dr. Mowat proceeded to highlight the common goals of the Canadian Rural Health Research Society, the Canadian Society for Circumpolar Health and the Public Health Agency of Canada. All share a commitment to improving rural, northern and Aboriginal health issues, environmental health, and building healthy communities. Health human resources and knowledge translation are also mutual interests. He concluded by highlighting the importance of particular conference sessions in achieving these goals and wished participants much success in their work.

Agriculture Health and Safety Workshop

by **Dana Edge**
Faculty of Nursing, University of Calgary

A full day pre-conference workshop on agricultural health and safety was held on October 27, sponsored by the Canadian Centre for Health & Safety in Agriculture (CCHSA). Jim Dosman, Director of CCHSA-IAREH and Gilles Paradis of CIHR welcomed participants who represented a wide range of disciplines.

Martha MacLeod, the opening speaker, challenged participants to "find the intersection" between researchers and policy makers. In a tongue-and-cheek reference to Martha Stewart, Dr. MacLeod presented "Martha's Rules for Researchers" which included: a) select the right decision-makers; b) determine relevant solutions for you and for them; c) develop a sustained relationship; d) live in their world; e) think of doing things differently; and, f) build inclusive

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CRHRS Member Institutes

Rural Development Institute (Brandon University)

by Ryan Gibson & Fran Racher

To build an understanding of the challenges experienced by northerners in accessing health services, residents of northern communities in Manitoba and Saskatchewan are sharing their stories with researchers from Brandon University and the University of Regina. Northern residents are identifying barriers and offering their perspectives for potential solutions. These stories will be used to demonstrate the complex factors that must be managed within and beyond communities, if access is to be improved.

Residents of Pikwitonei, Thicket Portage, Ilford/War Lake and Wabowden are member communities of the Bayline Regional Roundtable (BRRT) who have begun sharing their stories. Researchers are planning a trip to the community of Cormorant. Residents of Bayline communities with the exception of Wabowden, which has an all weather road, rely on the railway as a primary means of transportation into and out of their communities. Winter roads of ice over the lakes, rivers and muskeg offer an additional mode of transportation for three months during the winter. Air strips in the communities accommodate small planes but flight costs grow increasingly prohibitive for community residents. Air service is used for emergency medical evacuations and to bring public health nurses and staff from health programs to the communities on twice-monthly rotations; air service at the mercy of variable weather conditions.

In Manitoba RDI is partnering with the BRRT and the Burntwood and Norman Regional Health Authorities. Workshops to discuss issues with program planners and policy makers across jurisdictions are being organized for later phases of the project. Residents in northern Saskatchewan will be sharing their stories with researchers from the University of Regina (Prince Albert site).

By having their voices heard and their ideas valued, northern community residents and their providers hope to influence future program planning, service delivery and health policy development.

Dr. Robert Annis of the Rural Development Institute and co-applicants, Dr. Fran Racher of the School of Health Studies, Brandon University, and Dr. Bonnie Jeffery of the Faculty of Social Work, University of Regina (Prince Albert site) received a Canadian Institutes of Health Research (CIHR) grant to support this research with northern residents. The project, *Community Collaboration to Improve Health Care Access of Northern Residents*, will continue until 2007.

For more information contact Dr. Robert Annis, Director, Rural Development Institute, Brandon University, 204-571-8515 or rdi@brandonu.ca or Dr. Fran Racher, 204-727-7414 or racher@brandonu.ca.

Centre for Rural and Northern Health Research (Lakehead University)

by Bruce Minore

Researchers affiliated with the Lakehead University site of CRaNHR and Oshki-Pimache-O-Win, an organization mandated to advance education in the Nishnawbe Aski First Nations, in collaboration with the Northwestern Ontario Breast Screening Program, recently completed a study of the breast screening choices made by Ojibway and Cree women from remote northern Ontario communities. The research was funded by the Ontario Chapter of the Canadian Breast Cancer Foundation.

Older women from these communities — although they could have mammograms done on a biennial basis — frequently elect not to do so, often even missing scheduled appointments. The purpose of the study was to increase utilization of mammography screening among this population by

better understanding the personal choices of these women, made in a specific cultural context and care setting. The objectives were three fold: (1) to document the knowledge, understanding, beliefs and attitudes about breast cancer held by women in the age groups at highest risk; (2) to document their experiences with and beliefs about breast self-examination and mammography; and (3) informed by the foregoing, to suggest culturally appropriate strategies to improve breast screening participation rates among this population.

Data were collected through in-depth, semi-structured interviews and talking circles with 91 women between 50 and 75 years of age in ten remote communities across northern Ontario. Interviews were summarized and presented to a focus group of local leaders, nominated by the communities, for advice on translating the findings into effective health promotion strategies.

In brief, while many women do not understand the nature of the disease itself, they had a sense of potential causes, including the presence of carcinogens in the “store bought food” that has largely replaced traditional “country” foods from hunting and fishing, and awareness of family risk factors. An understanding of the purpose of self-examination existed, with less widespread awareness of how to do so properly. Similarly, mammography was familiar, but although, often avoided out of fear that “something might be found.” For these women, mammography examinations require flying out to a larger non-Aboriginal community, itself a source of anxiety. A number of strategies to overcome women’s resistance were suggested. For example, deployment of specialist paraprofessionals like the community health representatives to educate women about breast cancer and self-examination techniques, as well as to monitor the mammography list to ensure that required appointments are made and kept. Part of educating northern women about the breast

screening process is letting them know its limitations — including the limited transportability of the equipment. For example, many wondered why the screening equipment could not be taken to the communities; unfortunately, the calibration of the mammography equipment is too sensitive for it to be moved either by air or by winter road.

Knowledge deficits and access problems tend to limit breast examination and screening activities among northern Aboriginal women. However, most respondents expressed a willingness to learn and to undergo a mammography. This is underscored by the view that people must take responsibility for their health and well being — and that this message needs to be reinforced in educating women about breast health.

Centre for Rural and Northern Health Research (Laurentian University)

by Nancy Young

On November 14, Laurentian University announced the arrival of a new Canada Research Chair in Rural and Northern Children's Health. Nancy L. Young holder of that chair, has come to Laurentian University from the Hospital for Sick Children and the University of Toronto where she developed expertise in child health measurements. Building on her research, she will focus on measuring the health of children in rural and northern regions of Canada.

Dr. Young also has expertise in the development and evaluation of innovative health delivery strategies. In 1997, she was involved in a project that developed several models of tele-homecare, then implemented and evaluated a selected model. This work will become one of the pillars of her rural and northern children's health research program.

Dr. Young has a multi-disciplinary approach and through her research she has developed many community-based collaborations. These assets will support Laurentian University's proposal

for a new PhD program in rural health, which hopefully will come to life in 2006. Her research will also augment the strong rural health research focus of the Centre for Rural and Northern Health Research.

Laurentian Seeks Director of Interdisciplinary PhD Program

Laurentian University is seeking applications for the position of Director of the Interdisciplinary PhD Program in Rural and Northern Health. The PhD Program is in the final stages of approval by the Ontario Council of Graduate Studies. It is anticipated that the first students will be admitted in September 2006. Applicants should have extensive leadership experience, strong mentoring skills, a background in interdisciplinary health and interdisciplinary health research, and significant experience in supervising PhD students.

Laurentian University is a bilingual institution and the ability to work in both English and French is required. Interested individuals should submit their CV along with three references to: Dr. Sandy Knox, Director, School of Human Kinetics, Laurentian University, Sudbury, Ontario P3E 2C6. Email: Sknox@laurentian.ca.

Centre for Education and Research in Aging and Health (Lakehead University)

by Mary Lou Kelley

CERAH has been busy with activities related to its mandate to promote gerontology research and education. A major program of CERAH since 1993 is delivering palliative care education to interdisciplinary health professionals, hospice volunteers and community-based caregivers in Thunder Bay and the rural and remote communities of Northwestern Ontario. This program is managed by Mary Lou Kelley, Associate Director. The Ontario Ministry of Health and Long-term Care has

launched a provincial End-of-Life Care Strategy that intends to support people to die in their homes and rural communities, making knowledge translation in palliative care a priority. For three days in early November, over 100 rural health care providers congregated in Thunder Bay to hear lectures, participate in workshops and engage in group discussions related to clinical and psychosocial aspects of end-of-life care. These sessions were delivered by experts from Northwestern Ontario and across Canada. Participants benefited from new knowledge and the networking and social support offered by CERAH's annual Palliative Care Institutes. A virtual art show, *Hope and Healing* included the images and artwork of Robert Pope, who died of Cancer as a young man. The presentation was done by his father, William Pope, President of the Robert Pope Foundation. Mr. Pope also donated books depicting the *Hope and Healing* artwork for each member of the inaugural class of medical students at the Northern Ontario School of Medicine.

CERAH hosted two visiting scholars in November, who gave lectures and met with Lakehead University researchers in Gerontology and Public Health. Dr. David Strang, Chief Medical Officer, Deer Lodge Centre, Winnipeg, and Medical Director, WRHAPCH Program spoke about *Controversies in Cholinesterase Inhibitors*, and discussed the actual evidence of benefit regarding Cholinesterase inhibitors, and the policy put in place in nursing homes limiting the use of these medications. Dr. Peteris Darzins, Associate Professor of Geriatric Medicine, Monash Ageing Research Centre, Monash University, Victoria, Australia spoke about *Using the World Health Organization's International Classification of Functioning, Disability and Health to Understand and Manage Rehabilitation*, describing the approach to rehabilitation he and his colleagues have developed using the World Health Organization's International Classification of Functioning, Disability and Health. Both scholars are currently engaged in research with CERAH's director, Dr. Michel Bedard. Visit us at: <http://cerah.lakeheadu.ca/>.

Publications

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

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Research Grants & Awards

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

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

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Aboriginal Ethics Working Group Hosts Workshop

by **Barbara Gfeller**
Department of Psychology,
Brandon University

The Research Ethics pre-conference workshop marked the first release of the CIHR Guidelines for Health Research Involving Aboriginal Peoples in draft for consultation. It is authored by the Aboriginal Ethics Working Group of CIHR under the direction of the three funding agencies (CIHR, NSERC and SSHRC) to provide coverage for Section 6 of the Tri-Council Policy Statement and intended for use by Research Ethics Boards, researchers, students, funding centres, communities and participants.

The morning presentations provided background with examples from various research projects and venues. Community involvement and capacity building with special attention to indigenous knowledge were underscored in the research process.

Terry Powell of the Alaska Medical Centre described unique aspects for research in the northern villages in Alaska. Community participation was emphasized in all phases of the research including the kind of research regional health organizations want, involvement and training of local collaborators along with the need for attention to special

requirements such as, distance, translation and body language, small populations, face-to-face contact, vulnerabilities and mentoring in communities.

Daryl Pullman, medical ethicist from Memorial University, focused on the importance of respectful research relationships and maintenance of this process. He explained the need for a community-centered rather than a traditional approach to research with focus on “relational ethics” that develop in the context of intimate personal contacts including trust and caring. As well, narrative ethics were discussed where researchers become part of community stories, and thus enter into interpersonal relationships with responsibilities ensuing. Pullman explained how REBs are a legalistic process that may require education in dealing with issues from a personal perspective in rural and remote areas.

Susan Chatwood, nurse/epidemiologist with the Arctic Health Research Network emphasized the need for capacity building in communities in the development of a congenital anomalies surveillance system in the NWT. This project involved consultations, education, and information sessions with stakeholder groups and frontline workers to determine what would be useful, diagnosis, and “best practices”

in providing services to the community. Attention was given to “unrealistic expectations”, the need for education, and time to establish research relationships in communities.

Doris Cook, co-chair of the Aboriginal Research Working Group, focused on respectful research in Aboriginal communities and issues relevant to a community perspective on research such as community expectations and needs, sharing findings, capacity development in the community, access to derivatives of research, and retention of property rights.

Francine Romero, Director of the Northern Plains Tribal Epidemiology Centre, Rapid City, South Dakota and co-chair of the working group, reviewed the CIHR working group’s structure and guidelines for research with Aboriginal communities, underscoring its commitment to an inclusive participatory process to engage the community at every phase.

The panel discussion addressed concerns relevant to the functioning of collaborative teams at all phases of research. Further discussion acknowledged the need for funding bodies to allocate monies to achieve these objectives in a community approach to research. The draft report is available at www.cihr-irsc.gc.ca/e/2891.html and input is encouraged.

Agriculture Health and Safety Workshop

continued from page 3

infrastructures.

A total of 19 theme presentations occurred throughout the morning and afternoon sessions. Of these, respiratory health among diverse agricultural populations — grain elevator workers, farm children, poultry workers, and swine farmers/workers — was a predominant research topic. The work environments in Canadian swine and poultry confinement buildings also received attention at the workshop. Visual images of wallowing hogs and dancing chickens were

sprinkled throughout the presentations. Rural humour, eh? In addition to respiratory health, other presentations reported findings on rural water quality, farm injuries, and the knowledge and beliefs of sexuality and reproduction amongst Kanadier Mennonite women.

Additional guest speakers contributed to the exchange of knowledge throughout the day. Jacques Lavoie, an industrial hygienist, provided an overview of the research endeavours at the Institut de recherche Robert-Sauvé en santé et en sécurité du travail (IRSST) in Quebec;

Stéphane Lemay addressed the state of knowledge about airborne contaminants inside livestock facilities; and the final speaker of the day, Pierre Ernst, discussed whether early exposure to farm buildings is protective against allergy and asthma.

The CCHSA workshop provided a valuable forum for students, researchers and decision-makers to connect, re-connect and think of doing things differently to improve the health and safety of Canadians living and working in rural, agricultural settings.

Rural Conferences in Small Places

by Fran Racher, School of Health Studies,
Brandon University

The First Annual Conference of the National Rural Research Network was held in Twillingate, Newfoundland on October 12, 2005. The NRRN conference coincided with the Canadian Rural Revitalization Foundation's national conference "Big Lessons from Small Places: A Forum on Governance in Rural North America and the North Atlantic Rim" held October 13-15, 2005.

Some 250 rural researchers, practitioners and leaders from around the world met in Twillingate, a community of about 2,500 people on the north shore of Newfoundland. "For 18 years, CRRF has been bringing together researchers with both academic and practical knowledge of rural issues. Our mandate is to understand the rural environment and to come up with real-life solutions to rural challenges," says Dr. Robert Greenwood, president of CRRF. "In support of that mandate, we choose to hold our conferences in smaller communities in order to help them raise their profile and to help build capacity."

Given the conference location of Twillingate Island, it was appropriate that the opening keynote address was given by Dr. Godfrey Baldacchino, Canada Research Chair in Island Studies, University of Prince Edward Island. His address, *Governance in Small Places: An Agenda for Research and Action*, was followed by a Leaders Panel on Governance with former Newfoundland and Labrador premier Brian Peckford, and mayor of the Town of Inuvik, Peter Clarkson.

In a keynote presentation, the

Honourable Wayne Easter, Parliamentary Secretary to the Minister of Agriculture and Agri-Food with special emphasis on Rural Development, discussed a series of new reports that examine the trends in both rural and urban areas across Canada. He stated, "The Government of Canada recognizes that in order for the country to reach its full potential, both urban and rural areas need to be strong. When we studied the Statistics Canada Census data we could see that urban areas clearly influence rural areas.

Governments need to understand these kinds of relationships in order to develop programs, services and activities that will be truly helpful for rural areas."

The conference closed on Saturday, October 15 with an international perspective; researchers from three countries gave their opinions and insights in a panel format, entitled *Initiating and Managing Change*.

The goal of the National Rural Research Network is to establish an on-going largely virtual network of individuals, institutions and organizations

Making Connections: Membership in the CRHRS

by Denise Cloutier-Fisher
Department of Geography,
University of Victoria

After returning from our last annual conference in beautiful Quebec City, I was struck by the importance of some of the memberships we take up in our professional lives within universities and other organizations. Currently, 65 members are registered with the Canadian Rural Health Research Society. Seven of these are corporate memberships, 45 are individual members and the remaining 13 are stu-



Coming Events

Seventh Conference of the Canadian Rural Health Research Society will take

**OCT
19-21
2006**

place October 19-21, 2006 in Prince George, BC. Watch for more information at www.crhhs-scrsr.usask.ca/eng/meetings/future.php.

involved in research on rural issues and the application of research findings in rural areas. The NRRN is funded as a component of the Networking Initiative of the Government of Canada's Community Capacity Building plan, in partnership with the Canadian Rural Revitalization Foundation. Their goal coincides with that of the CRRF, a not-for-profit organization dedicated to addressing rural issues across Canada.

For information on NRRN contact srutherford@monachus.com.

dent memberships. Our largest group of constituents comes from universities, but we also have members from government organizations, hospitals, foundations, health authorities and established rural health institutes across the country.

Currently, three categories of membership are possible within the Society: institutional/corporate, individual and student. The membership year is October 1 - September 30. Thus, fees are due in October of each year.

The benefits of membership are listed on our website at www.crhhs-scrsr.usask.ca/eng/membership/benefits.php. The link for the online membership form is www.crhhs-scrsr.usask.ca/eng/membership/Membership_Form.pdf.

contact us / submissions



Please forward submissions to Sylvia Henry at the Rural Development Institute, Brandon University at rdi2@brandonu.ca. **Deadline for the next issue is March 31, 2006.**

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

Rural Health Research NEWS

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