CJNR 2010, Vol. 42 Nº 1, 7–11

GUEST EDITORIAL

Rural Health Research in Canada: Assessing Our Progress

Julith C. Kulig

Five years ago I was the guest editor for the inaugural issue on Rural Health Research. Preparing for this issue on the same topic calls for reflection about our current state of rural health research and what, if anything, has changed over the past half decade.

What are our current understandings of rural? The debate about the meaning of "rural" continues, but most researchers have adopted the rural and small town (RST) definition of rural dwellers (i.e., those who live outside the commuting zones of urban centres of 10,000 or more; duPlessis, Beshiri, & Bollman, 2001). Based on this definition, there are 6 million Canadians who could be considered rural. This figure has held steady for the last 25 years, but the *share* of the RST population within the overall national population is decreasing (22% in 1996 and 19% in 2006) (Bollman & Clemenson, 2008). The number of rural individuals in geographic locations varies across the country, but increasingly the two most populous provinces (Ontario and Quebec) are the least rural. In addition, the rural areas that are increasing in size are largely more adjacent to urban centres. The bottom line is that the proportion of rural residents (regardless of the definition used) is shrinking in our increasingly urban country.

What do we know about the health of rural residents? In 2006 the Canadian Institute for Health Information released the report *How Healthy Are Rural Canadians?* (Canadian Institute for Health Information [CIHI], 2006). This landmark document (the first ever to report on a pan-Canadian examination of rural health) acknowledges that place does indeed matter when it comes to health. Rather than examining health issues by province and territory, the analysis focused on the health of rural dwellers according to their residence within Metropolitan Influenced Zone (MIZ) classifications formulated by Statistics Canada. This enabled comparison of different types of rural (i.e., based on variables such as the percentage of residents who commute, with larger percentages indicating that the area is closer to an urban centre) and urban (i.e., the actual size of the community reflected in Census Metropolitan

© McGill University School of Nursing

Areas and Census Agglomerations). The report paints a comprehensive picture of rural health status that was previously not available in Canada. For example, we now know that life expectancy is lower for both women and men in rural areas, that the incidence of respiratory diseases is significantly higher in rural areas than in all other MIZ categories, and that rural residents engage in less healthy behaviours and have higher overall mortality rates, particularly those related to circulatory diseases, injuries, and suicide. Rural residents have to travel greater distances to receive all services, including health services, and have higher rates of mortality due to motor vehicle collisions. We also know that there are larger proportions of rural people with low incomes and without secondary education but with a greater sense of belonging to their community compared to their urban counterparts (CIHI, 2006).

What is happening in the rural health research arena? By and large, rural health researchers in Canada tend to be individual investigators (MacLeod, Dosman, Kulig, & Medves, 2007) who work virtually with others across the country (and sometimes across the globe) or in place-specific rural research centres in mostly rural and northern locales. The Canadian Rural Health Research Society (CRHRS; www.crhrs-scrsr.usask.ca/), established in 2003, hosts an annual scientific meeting that brings rural researchers together to discuss issues such as capacity-building for the next generation of rural health researchers, funding opportunities, and the need for a political voice to ensure the implementation of rural-focused policies and services. In all of these areas, however, challenges remain. There are few training opportunities for rural researchers in Canada. The Public Health and the Agricultural Rural Ecosystem (PHARE) training program at the University of Saskatchewan, with partners across Canada (www.cchsa-ccssma.usask.ca/trainingprograms/phare.php), provides funding for graduate students and postgraduate fellows. It offers the scholars numerous opportunities to engage with each other and with experienced rural researchers in developing research expertise in their chosen discipline as well as to enhance related scholarly skills such as publishing and presenting. Researchers can become prepared through programs such as PHARE, but will they have opportunities to obtain funding as rural researchers? Attempts to develop a rural peer-review committee within the Canadian Institutes of Health Research (CIHR) have been unsuccessful, despite the best efforts of the CRHRS and CIHR staff. Rural researchers, often with limited infrastructure, have to go up against all other researchers in a field that is already competitive — particularly so with the removal of health funding from the Social Science and Humanities Research Council. According to statistics compiled by CIHR, in 2008 this agency committed $8.1 million and $11.2 million to rural and northern research, respectively, which represents just 0.24% of its 2008

budget. Finally, where will rural researchers publish? In May 2008 the journal *Rural and Remote Health* launched its online North American section (www.rrh.org.au/nthamer/defaultnew.asp). That publication and others, such as this focus issue of *CJNR*, are becoming vital to the highlighting of ongoing rural research that can be used by decision-makers and clinicians in their everyday work.

Unlike the Journal's inaugural issue on Rural Health Research, this issue did not attract submissions focused primarily on health human workforce matters (i.e., the availability of rural nurses and description of their role). The majority of the articles address clinical issues (i.e., knowledge held by rural nurses) and the perspectives of rural residents (i.e., beliefs and experiences). Zibrik, MacLeod, and Zimmer concentrate on professionalism in rural nursing, drawing from a sample of rural acute-care nurses in British Columbia and Alberta. Their findings show that professionalism has both a workplace and a community perspective; nurses were always expected to act in a particular way, whether in the workplace or in the community. Findings such as these have implications for job satisfaction and potentially for the retention of nurses in rural environments. MacKinnon addresses the experiences of rural nurses in learning about maternity care. This is an ever-increasing challenge given the limited exposure to maternity cases in many rural hospitals across the country. Also, rural nurses are responsible for ensuring their own professional competence, yet they do not always have the workplace supports or the workplace opportunities needed to hone their skills in maternity nursing. The question remains: How can rural nurses provide safe maternity care? In the final article in this category, Andrews, Morgan, and Stewart discuss dementia care in northern practice. Like MacKinnon, these authors point to a lack of exposure. Andrews et al. demonstrate that northern nurses have neither the professional exposure to patients with dementia nor the educational background necessary to assess for this condition. In their study, these shortcomings were exacerbated by communication barriers (i.e., inability to speak Aboriginal languages). In general, the nurses felt professionally isolated and lacking in educational resources suitable for their northern location.

The final two focus articles in this issue consider the perspectives of rural residents themselves. Lockie, Bottorff, Robinson, and Pesut address the experiences of rural family caregivers in commuting for cancer care. The rural setting provides the context for why commuting is necessary and how it affects the entire experience, including weather conditions and the need to deal with the patient's symptoms while on the road. Finally, Dabrowska and Bates report on the well-being of Old Order Mennonite women who live in an area known for its environmental hazards. The women's attachment to place plays a large role in their belief

that their health is protected from the hazards that surround them. The findings demonstrate the need to follow sound ethical principles but also to exercise great care when working with this closed religious group.

The invited pieces in this issue of the Journal deepen our understanding of rural research. In his Discourse contribution, Worley identifies similar challenges experienced in Australia regarding the conduct of rural health research. Examples of these challenges include a lack of information on the health status of rural residents and the need for capacity-building for the next generation of rural health researchers. The recommendations offered by Worley should inspire all of us to continue striving towards our goals in working with rural residents and communities. In their Knowledge Translation piece, Jardine and Furgal discuss their experiences with knowledge translation among Dene and Inuit communities in Canada's north. The examples they provide of attempting to engage successfully with these communities throughout the research process and their lessons learned will be useful for all investigators who undertake similar research. Finally, the Happenings section by Wallace clearly shows that the clinical care of rural clients has to be based on relevant evidence. Help-seeking and care options in the case of clients with head and neck cancers are two examples that need to be considered within the context of the rural environment. All of the invited pieces emphasize the fact that place matters!

What are the goals for rural health research over the next 5 years? In the last focus issue on this topic, there was speculation that rural residents would be more involved in conducting the research that is crucial to their everyday lives. Including rural residents as active participants in research is an essential step, complementing their self-reliance while helping them to achieve improved health status. As the demographics of our country change and as immigration trends impact at least some rural areas (Beshiri & He, 2006), we need research that encourages examination of the health status of new immigrants and the experiences of new immigrants with our rural health-care delivery systems. Continual changes to health-care delivery systems (for example, the change in Alberta to a single health-care region) mean that we need to monitor and evaluate the *delivery* of rural health services, identify intervention models that positively impact rural health status and client and community satisfaction. We need to continue investigating *practice issues* in rural settings, such as the perennial issues of recruitment and retention and developing and nurturing professional competence. Finally, we need to further examine the impact of place on health, to identify the links between physical and social spaces and individual and community health status.

It appears that rural health research is making progress. We have reasonable definitions of the term, health information is available, capacity-

building resources are in place, and funding, although limited and hard won, is being accessed by rural investigators. Importantly, the rural research being conducted continues to demonstrate that place matters, and this in turn suggests that rural will always be important — as well it should be!

References

Beshiri, R., & He, J. (2006). Immigrants in rural Canada: 2006. *Rural and Small Town Analysis Bulletin, 8*(2), 1–28. Catalogue #21006-X. Ottawa: Statistics Canada. Available online: www.statcan.gc.ca.

Bollman, R., & Clemenson, H. (2008). Structure and change in Canada's rural demography: An update to 2006. *Rural and Small Town Analysis Bulletin,* 7(7), 1–29. Available online: www.statcan.gc.ca.

Canadian Institute for Health Information. 2006. *How healthy are rural Canadians? An assessment of their health status and health determinants.* A component of the initiative "Canada's rural communities: Understanding rural health and its determinants." Ottawa: Author. Retrieved January 15, 2010, from www.phac-aspc.gc.ca/publicat/rural06/.

duPlessis, V., Beshiri, R., Bollman, R., & Clemenson, H. (2001). Definitions of rural. *Rural and Small Town Analysis Bulletin, 3*(3), 1–17. Catalogue #21-006-XIE. Ottawa: Statistics Canada. Available online: www.statcan.gc.ca.

MacLeod, M. L. P., Dosman, J. A., Kulig, J. C., & Medves, J. M. (2007). The development of the Canadian Rural Health Research Society: Creating capacity through connection. *Rural and Remote Health, 7,* 622. [Online.] www.rrh.org.au.

Judith C. Kulig, RN, DNSc, is Professor and University Scholar, Faculty of Health Sciences, University of Lethbridge, Alberta, Canada.