



# Building a Strong Foundation for Rural and Remote Health Research in Canada

## St. John's Rural Health Research Forum Summary Notes

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Ce document est disponible en français

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# Introduction

## Purpose

The purpose of the St. John's Forum was to identify the potential components of a Canadian Rural and Remote Health Research Strategy and to recommend roles of CIHR in providing leadership for the final development and implementation of such a strategy. Rather than produce a report that follows the agenda, we have taken the suggestions during and following the Forum and organized them around salient themes and questions. A proposed framework of key components for a Canadian rural and remote health research strategy is also provided.

## Participants

Attendees (See Appendix A): The delegates included 25 university based researchers, 1 Vice President-Research, 1 Associate Dean of Research, 12 Research Institute Directors, 2 Department Chairs, 2 Assistant Deputy Ministers of Health, 3 CIHR staff (Director, Knowledge Translation, Institute Assistant Director, Special Advisor) an IAB representative from each of 11 Institutes, senior staff from Health Canada, the Rural Secretariat and the provincial governments of PEI, Newfoundland, and Alberta, 2 graduate students, 2 rural research society presidents, 2 CIHR/CHSRF Research Chairs, 1 rural medicine journal editor, 6 practicing rural physicians (1 in public health), and 1 Australian rural research professor.

Academic disciplines included medicine (pulmonary medicine, rural medicine, community health, family medicine, tele-health, medical rehabilitation, genetics, biochemistry, microbiology, immunology), social work, family studies, health studies/sciences, nursing, geography, rural development, sociology, health promotion, and public health.

Universities included Brandon, British Columbia, Calgary, Concordia, Dalhousie, Lakehead, Laurentian, Laval, Lethbridge, Manitoba, Memorial, Montreal, Mount Allison, Northern BC, Western Ontario, and Monash (Australia).

## Forum Design

The Forum was structured to facilitate dialogue in plenary and small group sessions. Copies of the draft Rural Health Research Menu and draft Rural and Remote Health Research Discussion Paper had been circulated to participants prior to the Forum. Presentations were given by Dr. Alan Bernstein, President of CIHR, Dr. Renee Lyons, Special Advisor to the President of CIHR (rural health is a major focus of her work), Richard O'Brien (Assistant Deputy Minister of Health, Nunavut), Paula Gardner (Research Assistant, Rural and Remote Health Research), and Dr. John Humphreys (Rural Research Professor, Monash University, Australia). See Appendix B for short outlines of key points from these presentations. Discussion primarily focused on three topics: The importance of rural health as a strategic area for research development in Canada, approaches to building a strong foundation for its development, and the role of CIHR in facilitating growth in research and knowledge translation.

# Synthesis Of Forum Content

**The input of Forum participants is organized around 8 questions:** Why focus on rural and remote health? How can research make a difference? What can we learn from other countries? What are the key research topics that should comprise a Canadian rural health research agenda? What criteria should determine specific content within the broad topics provided? What topics need to be added to the CIHR Rural Health Research Menu? How do we begin?

## 1. Why Focus on Rural and Remote Health?

Why should rural and remote health be used as a unit of analysis and major focus for CIHR? Is rural a strategically smart theme around which to develop a substantial CIHR focus?

*“Canada should be a leader in rural health research. We are a rural country – it’s embarrassing we aren’t”* (a leader in rural health research)

Rural health research has the potential to improve the health of both urban and rural Canadians. An increased focus on rural health by Canadians will also contribute to the growing international knowledge base on rural and remote health issues.

### a) Canada as an International Leader in Rural Health Research

The issues of rural community adaptation and sustainability, rural health systems, and rural health status, are of international importance. Canada is the second largest country in the world and a third (approximately nine million people) of its population lives in rural communities. Consequently, Canada should be a global leader and champion of research and innovation in rural health. Countries with large rural expanses such as the United States and Australia are substantially farther ahead than Canada in financial investments and research development in rural health research. Canada is lagging behind in rural health researcher capacity, financial support and strategies to move research to policy. As the rest of the world watches CIHR advance Canadian health research, the opportunity exists for Canada to become a leader and innovator in rural health in the international arena.

### b) Rural Health and Rural Community Sustainability

*“A two-tier healthcare system exists in Canada – rural versus urban”*

Health research priorities in Canada should be based on the characteristics and needs of Canada and its communities, namely: Rural Canada includes one third of the population, nine million people, who are relatively disadvantaged in terms of conditions which contribute to health and health service.

The sustainability of rural communities in Canada is essential for many reasons including culture, socio-economics and security. Forty percent of Canada’s exports are based on

natural resources derived primarily from rural areas. The health of rural residents and health services are major factors in community sustainability.

Note:

The definition of “rural” was discussed at the Forum as it relates to the heterogeneity of rural populations. Inter-rural variability is apparent according to traditional industry in rural communities, population, as well as climate and physical landscape. Health Canada describes three geographic designations for rural dwellers; rural metro-adjacent areas, rural heartland areas, and rural northern/remote designations. It was suggested that although rural and remote Canadians and their communities are not homogeneous, rural health research could be organized around issues that are particularly salient to these populations such as distance from an urban centre, work environment, and food security.

*“Rural health is...healthy environments, healthy communities and healthy people”*

c) Urban Canada

Rural health research can make a substantial contribution to the health of urban residents and the sustainability of urban communities. For example, rural socio-demographics can inform urban health (e.g., the age distribution of many rural communities mirrors the future demographic structure of urban centers). As well, practices for addressing health issues in healthy, resilient rural communities can be useful to urban communities (e.g. resourcefulness, social support, and home care). Many critical resources that sustain urban communities (water, food, lumber, fossil fuels, respite) come from rural places. If rural communities aren't livable, who will provide these resources?

## 2. How Can Research Make a Difference?

*“We need to become an engine that fosters excellence in rural research and knowledge translation”*

**High quality research activity that clarifies issues, synthesizes findings, conducts evaluation, provides direction on best approaches and shares knowledge, has much to contribute to fostering health service and addressing the determinants of health.**

Rural health research can contribute to rural and remote Canada in a variety of ways including helping communities and residents clarify health issues and take action on them, and assisting governments at all levels to develop “rural friendly” health policies. There is a strong relationship between health, health service, and sustainability of communities. There is considerable capacity for research in rural areas with the potential for solid partnerships. Currently, however, the effort is **fragmented, uncoordinated**, and has **little impact on policy**. The fragmented manner in which this work is conducted at present is not the best investment of research dollars. We can change this situation. An integrated approach to research and knowledge translation is necessary to understand, forecast, and positively influence rural health.

## Ideas:

- Organization: We need a rural health research framework and strategy – the focus should be around rural communities as a major unit of analysis.
- Key themes and action: Organize around three key themes: improving rural health service; understanding health status and its determinants/health risk minimization; human resource development, and five actions: clarify issues; examine, synthesize and test strategies; improve knowledge translation/policy; foster improvements in methods, pilot sites, longitudinal studies; and, act as a clearing house/repository for rural health research.
- Innovation and best practice: Organize and synthesize existing research and conduct new research on innovations and best practices for improved health status and efficient service – What’s been done? What does it show? Where are the healthy/unhealthy communities and why? Research should provide knowledge on how communities can address health human resource issues more effectively.
- Report cards: Monitor the state of rural health and health service/progress and identify areas of focus.
- Action on determinants: Assess what works: Focus on specific determinants of health and utilize the results to foster action on these determinants. Look at what works to improve health in rural communities. Sometimes it may not be what you expect (e.g., the importance of local youth sport and recreation programs to improve fitness, self-esteem, and community respect).
- Assets: Consider rural assets as well as deficits in research and facilitate the Canadian challenge of dealing with our large land mass and geographic diversity.
- Inventory: Develop an inventory of existing rural health research, researchers, and networks (e.g., public health associations).
- The Rural Health Research Consortium: Support the work of the Rural Health Research Consortium - a national, voluntary, organization established to foster rural and remote health research with Canadians.
- Partnerships: Help guide communities to researchers and research centres by bringing researchers and stakeholders together to shape strategies. Coordinate partnerships for funding and action. Provide incentives to connect urban (large universities) with smaller universities and universities to rural communities.
- Capacity: Build capacity in knowledge translation and increase the number and training of rural health researchers.
- International expertise: Bring expertise worldwide to assist Canada and vice versa. Share work internationally.

## Suggestions Regarding the Process:

- Community involvement: Develop research agendas in consultation with rural community stakeholders – “*Not only research FOR communities, but research IN communities*”.
- Network vertically as well as horizontally. For example, government departments must increase work with local community groups as well as working with each other.

- Develop rural research chairs in universities/communities that are linked to CIHR Institutes to be champions for rural health research.

These actions can be carried out through building the research infrastructure at CIHR and within Canada, improving research capacity, and improving linkages across universities/ communities.

### 3. What Can We Learn from Other Countries?

#### Summary of an International Review of Rural Health Research

(A report by Paula Gardner, Research Assistant, Rural and Remote Health Research, CIHR)

International Contacts: Dr. John Humphreys, Professor, School of Rural Health, Monash University, Australia; Dr. Roger Strasser, Director, Centre for Rural Health, Australia; Dr. Jenny Deaville, Research Manager, Institute of Rural Health, United Kingdom; Jane Randall-Smith, Chief Executive, Institute of Rural Health, United Kingdom; Joan Van Nostrand, Director of Research, Office of Rural Health Policy, United States; Dr. Roger A. Rosenblatt, Professor and Vice Chair, WWAMI Rural Health Research Center, University of Washington, United States.

Key contacts were made from both universities and governments in countries that have established strategies for rural health research. The following is a summary of their responses to questions related to three topics: organizational structure, funding, and the development of “star” researchers in rural health.

- a) Rural health research must be grounded in rural communities.
- b) One of the most important roles for government in the organizational structure is to provide essential linkages between:
  - research and policy
  - research and policy makers
  - various government departments and programs
  - researchers and communities
- c) Rural health research centers that are housed within universities can be a powerful vehicle to coordinate and foster rural health research and link it to policy and practice. These programs should maintain regional advisory groups, be located in or linked closely to rural areas, and be multidisciplinary.
- d) “Grow your own” is one of the most feasible means for increasing researchers in rural health. This approach requires university programs in rural health research at both the masters and doctoral level, and funding for rural fellowships, scholarships and training from a variety of disciplines.
- e) **It is necessary to have a financial commitment to rural health research from government.**
  - **Core funding is essential and must be substantial**
  - **Funding must be sustained over time to see results**
  - **Rural health researchers must have access to large grants**
  - **Funding that is earmarked for rural health research is required**

#### 4. What are the Key Research Topics that Should Comprise a Canadian Rural Health Research Agenda?

*“How can we stay healthy and here?”*

The Forum discussion (and the CIHR draft menu of research themes) revolved around three key components: health systems/service/policy, rural health status and determinants of health and illness, and human resources. A core unit of analysis was seen as the geographic community with a focus on building healthy communities. Each component was examined in a broad way that encompassed all pillars.

- a) Health systems and policy. Bold new approaches to the health system in its broadest sense are required to improve service. Issues such as healthcare quality and access to service from prevention to community care, occupational health and safety and tele-health require particular attention. Appropriate benchmarks for service delivery in rural areas need to be developed. Monitoring of service and uptake of innovation require examination. What do we need to know to manage care appropriately and in a timely manner? How are outcome indicators confounded by service deprivation? What do rural people experience when they get sick? Access to health services will never mirror communities with large concentrations of people. Therefore, prevention of chronic disease should be of prime concern. How do rural communities mobilize resources to deal with illness and to keep healthy?
- b) Rural health status and determinants. Research that provides a clear picture of the health status of rural Canadians will be important. What are the consequences of health status for rural communities? The determinants of health must be examined from a rural perspective. Which determinants of health are the most significant predictors of health outcomes in rural areas? What are the health beliefs and attitudes of rural Canadians and how do these beliefs affect health outcomes? What is unique about rural from a determinants perspective? Linking the health status of rural and remote Canadians with specific determinants of health is an important focus. Particular attention should be paid to health determinants research that examines issues of the environment, transportation, job/income, and the personal health practices of rural Canadians.
- c) Human resources. Of particular importance in rural areas is the training and availability (recruitment/retention) of health-related human resources. Are we clearly examining the community conditions that could support rural health service? Are we developing components of communities and the training opportunities that would attract the type of people we need. A substantial challenge for human resource development in rural areas is attracting experts to rural areas. Subsequently it is increasingly important to understand how to best leverage expertise from a distance, through partnerships.



## 5. What Criteria Should Determine Specific Content Within the Broad Topics Provided Above?

Research opportunities should be based on identified needs:

- a) The development of indicators that can be used to establish the necessary framework for the health of all rural communities (integrative);
- b) The range of relevant rural research identified by the submissions of each of the 13 CIHR Institutes;
- c) Research based on the heterogeneity of rural communities (rural vs. remote; single industry; agricultural service; retirement; tourist, etc.).
- d) Identification of the most salient issues for rural areas (e.g. distance, economic and workforce issues, diabetes, and the aging population).

## 6. What topics should be added to the CIHR Rural Health Research Menu?

Participants of the Forum were asked to provide feedback on the draft Rural Health Research Menu. The following research issues were identified as requiring more focus or were missing from the Menu.

- Program evaluation research
- Bio-medical research and rural
- Clinical trials and rural communities
- Macro-global issues/changes and rural health
- Resilience in rural populations
- A clearer understanding of health determinants and health status in rural and remote Canada
- Work environments as a important context for rural
- Gender-based awareness and analysis in each Institute (e.g., gender-specific cancers)

## 7. How do we begin? What are some innovative and multidisciplinary approaches to address rural health research questions?

Suggestions for Integrated Research Approaches:

- a) How can we stay healthy and here? Development of a **healthy rural community assessment tool** that could be used to document and evaluate components that contribute to healthy communities and the presence of a core set of health services that are central to the health of residents. Can we establish benchmarks? A process could be mounted on the development of this tool, and an analysis system to assist communities to identify and address priorities/gaps (perhaps it would show that some communities are simply not sustainable, while others are model health communities). Many assets of rural communities are typically not included in studies of health systems or health. What can we learn from communities that are doing well and have improved conditions that foster health?

- b) Designing new and innovative models for rural health practice and delivery. Rural residents' access to service is often limited by the way in which health professions' scope of practice guidelines are developed. In contrast to direct client service, health professionals may need to increase their role to provide supervision and training to rural health workers. We need well-developed pilot studies to examine new models for health practice and those studies need to inform policy and practice. Note: Best practices and alternative delivery of care models for rural contexts should be discussed at Federal, Provincial and Territorial Health Committee tables.
- c) Mobilize rural health researchers. Mobilize researchers around the key determinants that are particularly important to rural residents such as Air, Water, Food, and Work
- d) Environments. Work environments are an important definer of rural and remote Canada. The work environments specific to rural include the four F's; farming, fishing, forestry and forage (i.e. mining). These work environments, and others, are major determinants of socio-economics (e.g. the impact of mine closures) are major health determinants (accidents, pneumoconiosis, etc.) and impact the rural environment (air, water and soil).
- e) Start with the most difficult cases. There are many types of rural communities with varying health issues. Start research efforts by identifying "hot spots" and then working in areas with the most health-related difficulties. This approach will offer the greatest gain in health outcomes.
- f) Examine less traditional indicators of healthy rural communities. The difference between healthy and non-healthy communities requires more than an examination of hospitalization, morbidity and mortality. Differences are also determined by many aspects of community function, including its priorities and its leadership. "It is the difference between ugly stores on one main street and another with benches and well-tended flower baskets. Or the difference between a lovely clinic building with handivan service versus another with poor parking. Or playgrounds that actually have children playing there compared to swing sets that are never used. What are the essential ingredients for a community to have the capacity to promote good health and be healthy? How can a community develop these ingredients?"

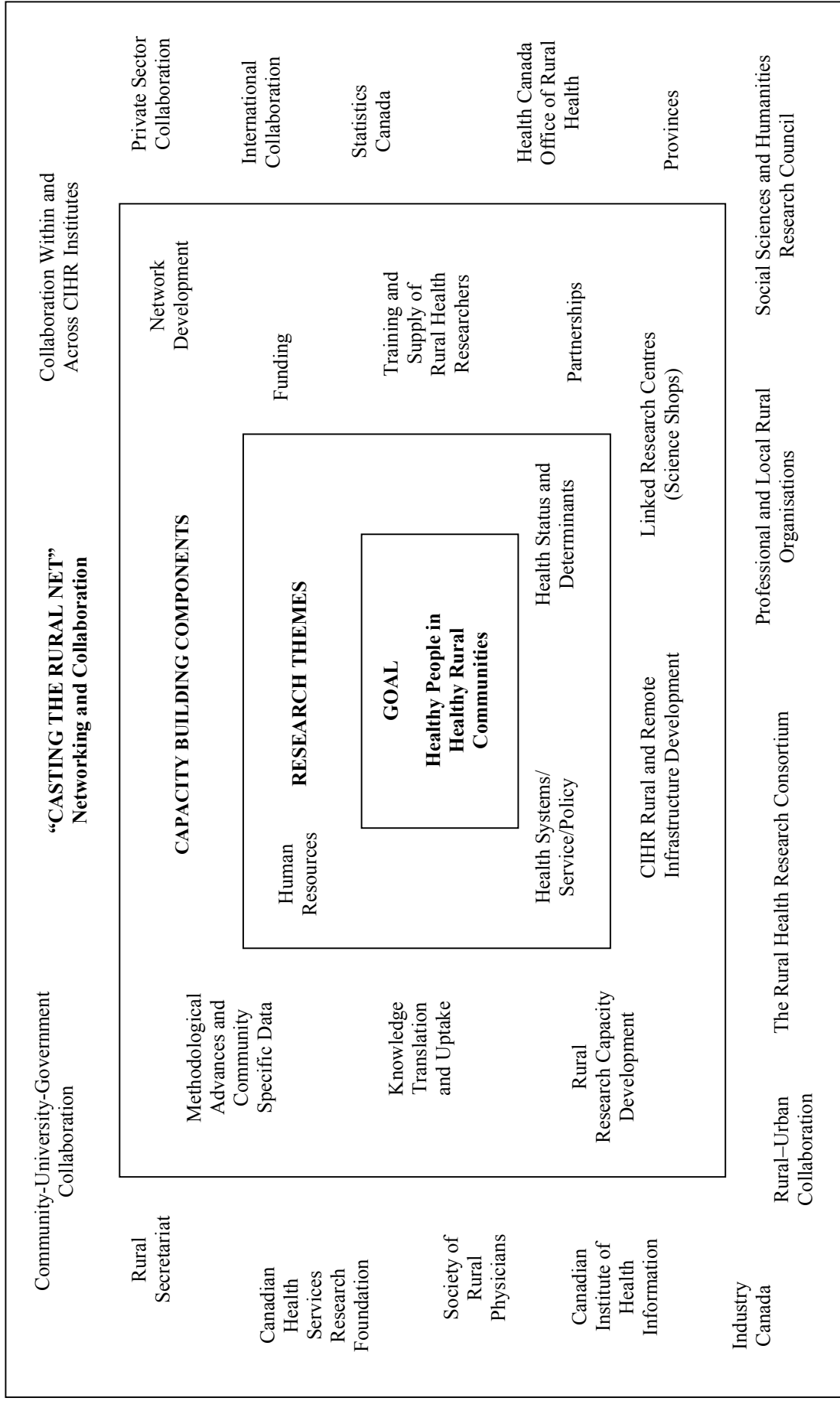
# Framework: Potential Components Of A Canadian Rural Health Research Strategy

Based on the discussion at the Forum, the following framework of components for a Canadian Rural Health Research Strategy was created.

Key Components: (see following page for Figure 1)

- a) Goal: At the core of the framework is the overall goal of a rural and remote health research strategy: **To use research to improve the health status and health service of rural Canadians and to foster healthy and sustainable rural communities.**
- b) Research Themes: The three key research themes identified at the Forum were **health systems/service/policy, health status and determinants, and human resources.**
- c) Capacity Building Components: **Capacity Building** reflects components such as knowledge translation and uptake, funding, and increasing the number and training of rural researchers.
- d) Casting the Rural Net: **“Casting the Rural Net”** is the final component of the framework. Within this component, examples of potential linkages are provided.

**Figure 1: Framework of Key Components for a Canadian Rural and Remote Health Research Strategy**



# The Role Of CIHR In Fostering Rural And Remote Health Research

*If CIHR is serious about facilitating rural and remote health research, how can it provide leadership and achieve success?*

## 1. CIHR Infrastructure (Secretariat)

**It is necessary to establish a Secretariat within CIHR that is specifically devoted to rural health.** This secretariat should be provided with at least the same amount of infrastructure as the Institutes with staff and an advisory board (includes leading researchers, Institute representatives, key partners and rural citizens). The need for a rural-specific infrastructure within CIHR is clear considering the challenges in rural research related to the increasing number of rural researchers, the integration and use of research, partnership development, and funding.

Objectives of the CIHR Secretariat on Rural and Northern Health:

- a) Develop a coherent strategy and structure for research and knowledge translation
- b) Deliver partnerships to Institutes and provide incentives for partnering
- c) Ensure 13 Institutes include rural (focus, methods, knowledge translation) in their strategic plans
- d) Develop strong linkages between rural health and Aboriginal health research for mutual benefit
- e) Develop a rural lens for evaluation of research and policies
- f) Develop a repository or bank of rural health research/researchers
- g) Facilitate network development in Canada and internationally
- h) Develop a linked program of post-doctoral fellowships within rural (and other) research centres
- i) Hold an international conference on rural health research
- j) Promote international research network development
- k) Structure sustainable partnerships

*“Act now - the next 5 years are extremely important: - Be SMART (Specific, Measurable, Achievable, Relevant and Timely)”*

## 2. Research Centre Support

It is necessary to support the development of rural health research within existing rural and urban research centers, by connecting these centres and facilitating the development of rural-related work.

- a) Develop a network of research centers that are conducting rural health research. Establish a decentralized, inter-connected, nation-wide network of research centres, each with a lead responsibility in a specific area of rural health. Support the infrastructure required to ensure regional representation. Support and help sustain existing rural and urban research centers working in rural research. Link urban and rural research centers to promote rural health research outside of rural centers.

Note: Draw upon the expertise across Canada, with each region pursuing different research emphases according to needs and strengths. The ability to link centers across Canada is essential for dissemination.

Maintain a flexible structure with an atmosphere of cooperation not competition between centers. Capitalize on the successful examples as models to support and promote cooperation between centers (e.g. The Northern Education Centre for Aging and Health at McMaster successfully helped to establish a satellite Centre at Lakehead).

- b) Establish linkages to rural communities. When possible, and feasible, locate research programs in rural areas, maintaining strong ties to community and connect the community with the university (CURA and CAHR type competitions are useful for this). Examine the use of the European “science shops” model to provide this linkage.
- c) Develop faculty in rural health. Name health research chairs across Canada and provide faculty salaries.
- d) Provide sustainable and diversified funding base for people and centers. A separate and dedicated funding base for the research centers is required. Funding must be sustainable/stable for core facilities, research chairs, administrative support, and to support specific projects. Universities may provide the physical facilities to house Centres, and provinces and territories should be funding partners.
- e) Establish a national training awards program
- f) Recommend that a “rural” peer review committee be established within CIHR

### 3. Training/Human Resource Development

*“We need to cultivate an internationally recognized rural health agenda and cadre of rural health researchers - people are our greatest resource”*

The goal of human resource development is to increase core capacity for rural health research throughout Canada so that we are able to respond to relevant and important research questions. Increasing core capacity is necessary if we are to establish ourselves as an international leader in rural health research. Paramount to the goal of increasing capacity is the facilitation of an academic culture that supports rural research. The development of rural health researchers will encompass the recruitment of both new researchers as well as existing researchers looking for, or persuaded to make, a mid-career shift. Building on existing rural health training programs would be effective and efficient, and expanding these programs to ensure representation across Canada is important. An effective strategy would support students with rural fellowships, and doctoral students interested in rural research. Currently CIHR does not support master’s level students. Providing scholarships to these early graduate students may be an effective way to promote careers in rural health research. To build capacity for clinical and community health researchers the following recommendations are provided.

### Recommendations:

- a) Establish funding for rural health post-doctoral fellowships and rural health scholarships at both masters and doctoral levels
- b) Recruit/train people for specific tasks e.g. knowledge translation
- c) Train for culturally appropriate tools/instruments (rural)
- d) Design mentoring programs which facilitate sharing both ways, from researcher to community and community to researcher
- e) Train for multidisciplinary research with a rural focus in multiple disciplines
- f) Train peer review bodies to understand the nature of community based rural health research
- g) Identify and address existing barriers to education preparation/development of rural health researchers (e.g., sometimes thesis committee members must be from the “home” institution. This may be unrealistic for a “rural” thesis supervisory committee)

## **4. Funding**

Sustainable and predictable funding earmarked for rural health research is necessary. Suggestions and approaches include:

- a) Provide adequate funding per grant to ensure successful outcomes - rural health research may be more costly and researchers in rural locations have less infrastructure, resources and support to rely on.
- b) Develop regional funding opportunities that diminish the rural-urban funding disparities.
- c) Develop special envelopes for rural health research within CIHR Institutes.
- d) Funding sources should extend beyond CIHR, to industry, private sector and provincial governments, etc. Develop a Multisectoral Rural Health Research Foundation (in collaboration with other stakeholders e.g., Ministries of Agriculture, Mining, Industry, Human Resources, Education).

## **5. Partnerships**

CIHR can take a leading role in developing a sustainable, collaborative structure for rural health research in Canada. This structure will oversee the themes and directions of the initiative and ensure the process remains dynamic and relevant. Approaches and strategies suggested at the Forum are outlined below.

- a) Identify and link the multitude of potential partners (CFI, CIHI, CHSRF, university chairs, Heritage Canada, Rural Secretariat, foundations, etc.)
- b) Structure research competitions to encourage partnerships with communities (e.g., include seed funding and provide more time for letters of intent)
- c) Provide partnership building grants
- d) Establish a separate rural health research review panel
- e) Promote cross government/cross ministry collaboration and cooperation

*“One of the best ways to address issues related to the determinants of health is to advocate for increased communication between ministries”*

## **6. Knowledge Translation**

*“Dramatically improve the dissemination and translation of research, including policy makers, to the benefit of rural communities”*

Knowledge translation is an essential component for all research. It may be particularly important however, for rural health research. Rural Canada is comprised of diverse populations (aboriginal, immigrants, young and old), diverse climates and terrain (tundra, coastal, and prairie) and diverse industries (forestry, fishing and farming). Consequently, the effective sharing in successful knowledge translation will be a substantial challenge. Knowledge translation must be an important component of a rural health research strategy in Canada in order that research findings may be successfully disseminated in this diverse country. The focus should be on the creation and translation of easily accessible knowledge for policy makers and practitioners. The diversity of rural communities will present a particular challenge for knowledge translation. Recommendations for knowledge translation and uptake include:

- a) Synthesize and disseminate new and existing rural health research from a variety of sources
- b) Use a website design to provide an easy portal for accessing rural health research for policy makers and practitioners
- c) Establish a cyclical flow for knowledge: policy makers to researchers to communities back to researchers and back to policy makers
- d) Consider knowledge translation as a research agenda itself: collect data on knowledge transfer processes
- e) Take existing health-related data and make them more accessible to rural researchers, practitioners, and rural communities
- f) Document and disseminate effective and innovative translation models that work in rural Canada
- g) A coordinated strategy is necessary for systematizing knowledge development and translating it back to communities
- h) Translation of health research findings between the two contexts of rural and urban is required
- i) Examine the Alberta Model, AHFMR (Alberta Heritage Foundation for Medical Research). This model works as a cycle with Alberta Health providing research topics and funds to universities and universities providing policy-relevant documents back to Alberta Health with direct results and impact.



## **7. Building Local Research Capacity**

Strong leadership is required to facilitate research capacity to promote health. The key question is “Who are the people in rural communities we need to work with to build capacity in rural research and uptake?” Rural healthcare providers will play an important role in building local research capacity. Their involvement will help to ensure the research is both relevant and utilized. It will also be important to identify other, less obvious, rural community leaders that could assist in building local research capacity. Who are the leaders in “healthy” rural communities?

## **8. Methodology and Data Management**

The relative scarcity of rural-specific data creates a barrier to rural health research. Currently, it is difficult to access rural data from existing health databases (e.g., NPHS and GSS). Careful consideration of sampling processes is required. There is a need to work more effectively with Statistics Canada to increase access to rural health data and improve the collection and analysis of these data. Researching key questions such as ‘what makes for inter-rural and urban-rural differences in health’ require current and plentiful data that are accessible and reported with a “rural” analysis. National data should be complemented with local data and must be more accessible to researchers, clinicians, and community members.

## **9. Research Grant Reviews**

Facilitating community-based research will be an important component of the rural and remote health research strategy. Ensuring rural health researchers with strong community research teams have access to research grants is a key aspect of facilitating this type of research. To increase CIHR’s capacity to consider community-based research, participants at the forum made the following recommendations:

- a) Develop a peer review strategy in consultation with the Institutes
- b) Ensure research panels have the experience/expertise to assess rural and remote health proposals
- c) Consider the use of lay reviewers as panel members (e.g. rural community members)
- d) Provide sufficient time to develop proposals
- e) Consider alternative application strategies, such as adopting a more iterative process, with extended time-lines and shorter concept papers
- f) Provide seed funding to facilitate grant application development from rural organizations

# Final Thoughts

There is considerable value in developing a rural health research strategy, as indicated by Dr. John Humphreys. A good strategy (with assigned roles) can assist the research community to set direction, organize current knowledge, identify areas where knowledge is required, chart progress, ensure best use of funding, and provide for knowledge translation.

A solid evidence base from which to formulate appropriate action will accelerate progress and overcome existing barriers that are responsible for the continuing poor health status characterizing many rural and remote communities.

We need to think carefully about sustained efforts and best investments to build a strong foundation for Rural and Remote Health Research in Canada.

## **Thank you**

**On behalf of Dr. Alan Bernstein, President of CIHR, and all the CIHR staff, very sincere thanks for the valuable contribution you have made towards this consultative process.**

## Appendix A

### St. John's Forum Participant's

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## Appendix B

### Key Points from Presentations

#### Dr. Alan Bernstein, President of CIHR

Dr. Alan Bernstein opened the Forum by welcoming the attendees and providing some supportive and encouraging words.

- Although rural health was not designated as an Institute, CIHR recognizes the importance of rural within its structure and the need to find mechanisms to develop this area.
- When considering a rural health research strategy within CIHR, don't be limited, think "outside the box"
- There is great expertise at the table – be sure to capitalize on it
- He has confidence that those at the Forum, working with Renee Lyons, will provide Governing Council with the direction it requires for developing a Rural and Remote Health Research Strategy.

#### John Humphreys, Professor of Rural Health Research, Monash University, Australia

Dr. John Humphreys congratulated Canada and CIHR on this bold initiative. He suggested that although Australia does not have a rural health research strategy, there is much to learn from the Australian experience. In Australia it was recommended that future rural health research emphasize: isolation and its impact on service, health risk minimization, workforce considerations, and indigenous health. Other suggestions and recommendations for developing a rural health research strategy in Canada included:

- There is a need for a clear framework and strategy for rural health research
- The CIHR strategy must help formulate action/accelerate the process/address barriers up front
- The gap between research and knowledge translation remains wide
- Longitudinal research is necessary
- Determining the balance between policy-based and practice-based research will be a necessary function of the priority setting process
- Necessary to link research to policy
- Support new and existing researchers and practitioners in undertaking research
- Increase local research capacity in rural and remote areas
- The research strategy must be capable of meeting its intended needs, should be inclusive, and should address national health priorities
- It is important to identify likely barriers and challenges and build the means to overcome these into the strategy

Richard O'Brien, Assistant Deputy Minister, Corporate and Strategic Initiatives, Department of Health, Government of Nunavut

Richard O'Brien shared some of the unique strengths and challenges of addressing health issues in remote Canada.

- Let go of the current “health equals illness” model and focus on health
- There is a need in Nunavut and other rural/remote areas for community specific data
- A challenge in the North is to improve the receptivity of health promotion and prevention strategies
- Although a huge area geographically, Nunavut is a small population and everyone knows everyone else, therefore issues such as health are dealt with holistically and interdepartmental work is facilitated with communities and governments working together
- Inuit culture is central to government values and priorities and would inform any research effort (community must be involved)
- Paradoxically, one of the most difficult health challenges currently in Nunavut is the housing shortage – the area is trying to recruit much needed healthcare providers yet has no place to house them

Dr. Renee Lyons, Special Advisor to the President of CIHR, Dalhousie University

Dr. Renee Lyons provided the background information and guidance required to establish direction at the Forum and facilitate small and large group discussions.

- Provided an update on activities of CIHR to foster Rural and Remote Health
- Presented an overview of key elements in the Draft Strategy and Menu
- Laid out challenges and work to be done at the Forum
- Encouraged participants to think creatively and boldly in building a strong foundation for Rural and Remote Health Research in Canada