

Rural, Remote and Northern Women's Health:
Policy and Research Directions

Conducting the National Study

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Conducting the National Study

Introduction

This national study was conducted as a cross-centre initiative of the Centres of Excellence of Women's Health, funded by the Women's Health Bureau and the Rural Health Office, Health Canada, to understand and take action on policy and research needed to improve the health of women living in rural, remote or Northern communities of Canada. It has been important to the women who designed and participated in this project to spend most resources on ways to listen, record and analyze informa-

tion directly from women who live in rural Canada. Thus, a variety of approaches were used to conduct the project.

In this section, the overall research process is described and explained. Details of the methods used for each phase of data collection are provided within the reports on those phases. This section also includes some reflection of how the study progressed, documenting the lessons learned with a view to informing later efforts.

The Value of Qualitative Research

The methods of gathering data significantly influence the kind of data collected, so research results cannot meaningfully be

discussed without first describing the research process itself.¹ Though there are many approaches to gathering information,

not all are equally compatible with the questions at hand or the spirit in which they are asked. This project was interested in engaging women at local levels in a process that would allow them to share their experiences of health in rural places. Qualitative research methods were deemed to be most appropriate to do so for several reasons. First, although the general topic areas were identified ahead of time, qualitative methods allowed women to shape the research agenda and to use their own words to express their opinions. Second, because this was considered an exploratory study, it was especially important to choose an approach that would



enhance understanding of the issues. Qualitative research allows for deeper understanding, which can then inform quantitative work at a later stage. It also accommodates diversity of experience more readily than would a predetermined survey. Third,

qualitative research more readily values various knowers and sites of knowledge; it does not privilege the knowing of the researcher over the researched.²

Listening to women's voices, involving women at community levels in research and engaging in gender-based analysis are strengths of the Centres. This project was therefore designed and conducted to achieve those three objectives.

Project Management

The project was a national effort involving all of the Centres of Excellence for Women's Health (CEWH). It was co-directed by Marilou McPhedran, Executive Coordinator of the National Network on Environments and Women's Health (NNEWH) based at York University, and Margaret Haworth-Brockman, Executive Director of the Prairie Women's Health Centre of Excellence (PWHCE). They led a Management Committee that included the directors of the other two Centres as well as the Manager of the CEWH program from Health Canada. A National Research Steering Committee, comprising members of the Management Committee as well as academic and community-based researchers, oversaw the research

process itself.³ Meetings were conducted primarily by teleconference, and in person on three occasions.⁴ Administrative support and assistance was provided by the existing infrastructure of the Centres.

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It was beneficial to the Centres to gain experience working together on a shared project but having so many Centres involved meant that there were also many people involved, who were juggling numerous other commit-

ments and working under a variety of contractual arrangements. Although these elements probably undermined some of the consistency and timeliness of the project, they also lent a very valuable richness of experience and perspective to the process.

Timeline

August 2001:	Proposal approved by the Women's Health Bureau of Health Canada
October 2001:	National roundtable discussion in Saskatoon, Early draft of English literature review presented
November 2001- January 2003:	Focus groups conducted (194 women in 27 groups around the country)
August 2002:	French-language literature review completed
November 2002:	Consultation with policy makers
February 2003:	Thematic Bibliography and Review of English and French literature completed
March 2003:	National Consultation in Saskatoon
June 2003:	Final report complete

Data Collection

As envisioned in the original proposal of August 2001, the project unfolded in distinct phases. It also involved several layers and opportunities for collaboration with government staff at various levels, women's health

organizations, academic researchers and women living in diverse rural, remote and Northern communities in all provinces and territories.

Roundtable Meeting, October 2001

In the first phase, the Centres had an opportunity to host a roundtable meeting as part of a larger conference on rural health research being held in Saskatoon⁵. The meeting involved approximately twenty-five women; a cross-section of researchers and advocates in rural women's health from different parts of Canada. They provided suggestions to the Steering Committee to refine the design of the study. It was an important opportunity for the Centres to share information and foster partnerships with others interested in rural women's health.

The design and management of the study were influenced by that roundtable discussion in a number of ways. For example:

- The need for clarity and specificity of terminology was discussed. Concepts such as "health" or "rural and northern" are complex and their meanings may be dependent on the circumstances of use.
- Attention to understanding the diversity of women and women's communities was needed, especially considering the health needs of marginalized and isolated women, or those living in the far North. For instance Aboriginal women include Métis, First Nations, Inuit and Dene women, with potentially very different health influences and served by different health care models.
- The project began to liaise with the Strategic Initiative in Rural Health of the

- Canadian Institutes for Health Research (CIHR) to ensure that the findings of the study would be considered by CIHR in the development of their rural health strategy.
- A Listserv group was established and expanded as participation in the study grew.
- Canada's international treaty obligations relevant to rural women's health were considered.
- Plans were made to develop explicit recommendations for action needed as a result of the study's findings, to be communicated at various levels not only to civil servants but also to elected officials and senators.

Literature Reviews

The first phase of the project also involved gathering as much information on rural, remote and Northern women's health in Canada as possible. The original plan called for the preparation of a single literature review. An English-language review was prepared in draft form near the start of the project. It incorporated peer-reviewed and community-based research relating to a wide range of topics relevant to the health of rural women. The Research Committee then

decided that a similar review of French-language Canadian research was needed. In the end, a thematic bibliography and review of literature in both English and French were prepared. The documents assess the scope, accessibility, methodology, key messages, tensions and gaps in existing Canadian research, and offer suggestions for research and policy directions based on that body of literature.⁶

Focus Groups

The second phase of the project involved conducting focus groups throughout Canada. Each Centre of Excellence, with assistance from other members of the Research Steering Committee, took responsibility for selecting the locations of the focus groups to be facilitated in their region, with NNEWH overseeing the Francophone groups across the country. Facilitators were separately hired by the Centres in each region; in some cases they were health care providers or active women from the local area, while in other cases they were researchers brought in from outside. Some facilitators were responsible for convening the focus groups, while others facilitated groups that were convened locally by other

women. A common set of guidelines and interview questions was developed to provide some consistency among the groups. Facilitators also distributed demographic questionnaires to all women in the focus groups.

Despite consistent guidelines having been provided to facilitators, there was some variation in contractual arrangements, levels of involvement, identities in communities, recruitment strategies, coding schemes and products delivered to the Management Committee. For example, in some cases facilitators were well known by focus group participants, perhaps even as their health care provider, whereas in other instances the

facilitator was a newcomer to the group. This reflected a project commitment to getting the best information possible, even if that meant deviating from scripted expectations.

The project management team received helpful feedback from the facilitators regarding how the focus group facilitation guidelines, questions and demographic survey could be made more effective in the next phase of the project. New versions of those tools will be modified accordingly and subject to review and validation. In later phases, more opportunities will be created to ensure that the facilitators have more effective guidelines and clear expectations.

The number of focus groups grew as the project progressed, both in response to recognition of the need to incorporate as much diversity and participation as possible, and with newly available funds. The 2001 annual general meeting of Pauktuutit, Inuit Women's Association, was a unique opportunity to gather information from Inuit women from across the high arctic. By the end of the project, 164 women were involved in 20 diverse, English-speaking focus groups and videoconferences, and 30 women participated in seven French-speaking groups and teleconferences. Recruitment strategies for participation in the groups varied. For example, the Francophone focus groups all involved women who were active in women's organizations. Several of those groups met in cities, regardless of where the women actually

lived. The Anglophone groups took place in rural or remote locations and involved women from those communities or their environs. Full reports of the Anglophone and Francophone focus group findings are included in this Final Report⁷. They include maps, detailed descriptions of the methodology used for the groups, participation in the groups, and all related findings.

The demographic information collected from focus group participants was not analyzed as fully as it might have been. Also, because the focus groups were sometimes held centrally, rather than in locations close to where women actually live, it was difficult to construct place-related tables, maps and graphs. Community profiles were created for some locations, but lacked meaning in other cases since the focus group location was not related to the women's places of residence.

Despite having conducted more focus groups than originally planned, particular subgroups of rural women remain underrepresented or were missing altogether. These include young women, First Nations women, women from the territories, Prince Edward Island and Quebec, women with disabilities, and women not affiliated with or known by existing community organizations. Some of these gaps will be filled in a second phase of the project, in part through purposive sampling that will intentionally include rural farm, rural town, remote drive-in and remote fly-in community members.

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Policy Roundtable

During the time focus groups were being held across the country, the project hosted a consultation with policy makers to coincide with a Research Steering Committee meeting in Toronto. This meeting brought six women involved in shaping rural health policy at provincial and federal levels

together with the Research Steering Committee. It was an opportunity for the Centres to keep policy makers informed about the progress of the project, as well as to gather their advice about the most effective ways to package and disseminate the findings⁸.

National Consultation

The third phase of the project involved hosting a National Consultation, which brought together over 50 women: researchers, facilitators, focus group participants, policy makers and managers, most of

whom had already been involved in the project. Women came to

Saskatoon from all parts of Canada, and all aspects of the event

were simultaneously translated between French and English. A summary of the project

to date was presented, as were preliminary results from a quantitative research program on rural health, currently being undertaken by Health Canada, Statistics Canada, the Canadian Institutes for Health Information and the Centre of Rural and Northern Health Research⁹. Open Space Facilitation was used to guide participants in addressing the question, “What are the challenges and opportunities for ensuring the best state of women’s health in your community?” Women then ranked the topics that they

considered to be of primary importance.¹⁰

This served as a new opportunity to collect data as well as to check from women, first-hand, the resonance of existing findings. A video production, for which funding had

been secured separately, was also filmed at the Consultation.

What unfolded at the national consultation did differ from what was originally envisioned. Intended at first to be an opportunity for reflection on existing data, the

consultation became more of an opportunity to ask similar questions to the focus groups and thereby gather new data.

The national consultation was a highlight of the project because of its commitment to broad participation from around the country. It was energizing to have such a variety of women come together to share their insights, and for many of the women a first opportunity to discuss their concerns in a national forum.

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Data Analysis

Various members of the National Research Steering Committee (NRSC) took responsi-

bility for the analysis of the data at different stages, with the assistance of numerous

research associates. Responsibilities included conducting and reviewing the literature reviews, coding focus group data, compiling demographic data, reviewing and writing reports for the Anglophone and Francophone focus groups, planning and participating in the National Consultation

and discussing plans for the final report. Similarly, this final workbook, synthesizing the findings from all three phases, was written by NRSC member, Rebecca Sutherns, in collaboration with other members of the Committee.

Summary

The use of qualitative methods and the value given to community, academic and government voices and expertise gave breadth and deeper understanding to the project. From the women who participated there was widespread affirmation of the decision to use a consultative approach to this research initiative. Women appreciated being involved and

hearing the views of others in the process. As one said, “I felt honoured to be heard.”

Strong efforts were made at each phase to be as inclusive of diversity as possible for an initial project. This commitment to inclusion was especially visible at the National Consultation, which made it possible for women from all over Canada to participate. Although certain groups remained underrepresented (or unrepresented), additional resources were sought to expand the reach of this project, and even more women will be able to have their voices heard in the upcoming second phase.

From a researcher’s point of view, this inclusivity, alongside the complexity of managing a national project involving new terrain,



busy people, many stages and sometimes limited resources posed challenges to maintaining the rigour of the research process. The process of data analysis, for example, was thorough at each stage, but in the end involved summarizing summaries of summaries, presumably at the exclusion of details that may not have been highlighted adequately in the final

product. Similarly, having several different types of data feeding into the final report required making decisions about how to “weight” the observations from each phase.

Conducting a project of this magnitude involved significant complexity, organization and flexibility. Many women from across the country contributed their time, experience, expertise and enthusiasm for the project. The size of the project engendered some complications, but nevertheless the following sections of this Report represent the diverse and varied circumstances and situations of women who live beyond Canadian cities, and who must be recognized and consulted in the debates around “rural health”.

Endnotes

- 1 Kirby, S., and McKenna, K. (1989). *Experience Research Social Change: Methods from the Margins*. Toronto: Garamond Press; Wiebe, N. (1995). *Farm Women: Cultivating Hope and Sowing Change*. In S. Burt and L. Code (Eds.), *Changing Methods: Feminists Transforming Practice*, Peterborough: Broadview Press, pp. 137-162.
- 2 Ironstone-Catterall, P. with P. McDonough, A. Robertson, B. Payne, B. Rahder, F. Shaver and P. Wakewich. (1999). *Feminist Research Methodology and Women's Health: A Review of Literature* (Toronto: National Network on Environments and Women's Health).
- 3 A full list of members of the Management Committee and National Research Steering Committee appears in Appendix A.
- 4 In Saskatoon in October 2001, Toronto in November 2002, and Saskatoon in March 2003.
- 5 Appendix A lists the participants at the National Roundtable in Saskatoon, October 20, 2001. The Roundtable was hosted at the conference, *Health Research in Rural and Remote Canada: Taking the Next Steps*.
- 6 See Sections D and E of this Report. The documents give detailed descriptions of the methods used to compile the literature reviews.
- 7 See Sections F and G of this Report.
- 8 See Appendix A for a full list of participants at the policy meeting, November 2002.
- 9 DesMeules, M., C. Lagace, R. Pitblado, R. Bullman and R. Ponj. (2003). *Assessing rural women's health as part of the national research program "Canada's Rural Communities: Understanding Rural Health and Its Determinant"*.
- 10 See Section I for the report from the National Consultation.

