

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

Research Priorities

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Research Priorities

Policies and strategies for improving health and health care in smaller communities have not been based on solid evidence or research. Until recently, Canadian research on rural health issues has been piecemeal in nature and limited to small-scale projects. To make matters worse, despite the wealth of health-related data at the federal, provincial and territorial levels, most data collected or released are frequently not presented in a manner that supports meaningful rural-health research and analysis. Furthermore...there is little connection between decision makers and researchers. As a result, rural-health policies, strategies, programs and practice have not been as effective as they could have been.

– Roy Romanow,

Commission on the Future of Health Care in Canada Final Report, 2002

Introduction

One of the objectives of this project was to develop a research agenda for rural and remote women's health in Canada. Research gaps were identified in two ways: through comprehensive reviews of existing Canadian literature in English and French on rural women's health issues, and through direct solicitation of women's opinions regarding

research needs during the focus groups and national consultation. The literature tended to focus on topic areas warranting further research, while the participants were more interested in the types of research being conducted and the uses to which the findings are put.

Research Topics

In this section, broad areas for further institutional and community-based research are outlined. Specific topics that emerged as salient are offered as suggested starting points within each. They are roughly presented according to the priority given to them in discussions with participants.

1. Anything about rural women in Canada

It was widely recognized that rural women in Canada have been largely invisible to researchers and policy makers. Most health research tends to ignore women, or rural realities, or both. Where rural populations are addressed at all in Canadian research, their input is rarely separately analyzed and gender analysis is rarely conducted. Even this project can only be considered exploratory. Virtually any aspect of rural women's health in Canada that explicitly analyzes the importance of place, culture and gender would therefore be a suitable topic for additional research.

2. Creative models of rural health service provision

Participants were interested in "thinking outside the box" to solve problems of access to health services in rural areas. They were also committed to rural-specific solutions to health-care challenges. They therefore affirmed any research aimed at developing models of health-care delivery with rural populations clearly in mind. Specific ideas include health-care models that reduce dependency on medical practitioners, models of mobile care, the value of tele-health to women, and new approaches to health promotion and disease prevention among rural populations.

3. Impacts of isolation on health

Geographic and social isolation are common features of rural life in Canada, and they have powerful effects on personal and community health. Currently the specific positive and negative influences of place on health are undervalued. Specific research ideas in this area include rural women's mental health, health effects of the lack of proximity of adult children, health effects of scarce health services, and social geography of distance.

4. Importance of cultural values for health

With the possible exception of Aboriginal health, where exploration of the intersection between culture and health is just beginning, research into the characteristics of diverse Canadian rural cultures is rare. More specifically, the ways in which cultural values enhance or undermine good health and models of delivering culturally appropriate health care in rural contexts warrant further investigation.

5. Factors influencing the impact of rurality on health

This project has made clear that rurality is an influential determinant of health, often in contradictory ways. Further research is needed to explore why living rurally operates simultaneously as a positive and negative determinant of health. What factors or mechanisms determine how rurality is likely to affect someone's health? A related topic area would be research into the cumulative impact of or interplay among rurality, gender and other health determinants in women's lives.

6. Moving from information to action

Participants were passionate about the need to get beyond information to action,

both in terms of putting policy research into practice and translating health knowledge into changed personal behaviour, especially in the areas of addictions and inactivity. There was interest in further research into how to bridge the gap between information and action among policy makers and rural populations.

7. Health issues across the life course

More research is needed into women's health experiences at particular stages of their lives, and how those experiences related to ones they had or will have at different ages. Research about children, adolescents and young women in rural contexts is especially scarce.

8. Health issues relating to specific rural populations

There are obvious gaps in current research aimed to address the health concerns of specific sub-groups of rural women. These include but are not limited to: young women, immigrants, coastal women, Métis, Inuit and First Nations women, Mennonite or Hutterite women, women with addictions and women experiencing violence. Research about rural health practitioners who are not doctors or nurses is also very limited.

9. Getting beyond reports of satisfaction

There is a considerable body of literature on client satisfaction in health. It calls into question the validity of many client satisfaction surveys, because of their tendency to elicit only positive responses. Similarly in this project, when asked about satisfaction, most participants said they were satisfied with their health care. The interactive methods chosen for this project,

however, allowed women to continue their comments, and most added, "but..." Understanding this phenomenon of "Satisfied, but..." would be a fruitful research area in rural health. Similarly, the links between reported satisfaction, care quality and expectations of care in rural contexts need further exploration.

10. Rural Definitions and Depictions

In existing literature, rurality is either not defined, defined inconsistently, or defined but not analyzed. Rurality is frequently treated as a homogeneous, straightforward, usually negative influence on health. Similarly, participants expressed concern about the negative, stereotypical ways in which rural people and rural life are portrayed in the media and other areas of popular culture. There is a lack of attention to the diversity that characterizes rural Canada, and a need for more careful analysis of the impacts of that diversity on healthy living. As Howatson-Leo and Earl (1995) have said,

Non-metropolitan areas in Canada are often simply referred to as rural Canada, without enough attention paid to their inner differences. It is clear that non-metropolitan Canada is anything but homogeneous. More research is needed to bring out this diversity so that social policies can be better tailored to the needs of non-metropolitan Canadian populations.

11. Rural occupational health and safety

Rural-specific occupations held by women, especially outside of farming and fishing, have not been well researched in Canada. The experiences of women juggling multiple roles, including those of caregiver, parent and paid worker, also warrant further attention.

Use and Usefulness of Research

Both implicitly and explicitly, the non-academic participants in this project expressed that research was of limited interest to them. Many had participated in research projects, but few were aware of the difference the research had made. Findings were not communicated or locally implemented. Women saw research as a means to an end; they wanted research that has clear results that lead to social change. They were more interested in closing the gap between knowledge and behaviour than in generating new knowledge. As one woman said, “We know enough! It’s time to do something!”

In contrast, many researchers see research as beneficial for its own sake, in the creation of new knowledge, and not just as a tool for

immediate change. This perspective sets the tone for much of the literature on rural women’s health in Canada.

When they did comment directly on research needs, women spoke of the need for research to be applied and useful. It should avoid duplication and should be effectively and accessibly communicated to diverse populations. One indication that this has not yet happened sufficiently appeared when participants’ suggestions of specific research topics reflected areas already relatively well researched, suggesting that rural-health researchers have not gone far enough in reaching community-based populations with their findings.

Research Designs

Participants applauded the project’s commitment to community-based research that actively seeks out women’s involvement. They affirmed the need for research designs that allow women’s voices to be clearly heard and that offer women opportunities to be engaged, to work together and to hear one another’s perspectives as part of the research process. As one participant said, “When group consultations are done, the question of one person or the response of another will encourage someone else...It creates consciousness raising in the community.” Another said, “I have the impression that I’ve more effectively contributed this way than if I had filled out a mail survey and sent it in.”

On one level, the literature reviews echoed this need for women’s direct participation in research. Much of the existing literature is generated by governments (especially in

French) or by health care workers, with women’s voices being largely left out. Yet at another level, the Canadian rural-health literature is full of small-scale studies that allow individual stories to be told. What are missing are national statistical or epidemiological studies on rural-health status, as well as longitudinal work. That “big picture” gap will be filled in part by an ongoing national research program entitled “Canada’s Rural Communities: Understanding Rural Health and its Determinants”. This multidisciplinary study is a partnership between Health Canada, the Canadian Population Health Initiative of the Canadian Institute for Health Information, and the Centre for Rural and Northern Health Research at Laurentian University. It examines health status, health determinants, and health services utilization among rural Canadians in comparison to those living in urban settings.

The program is intended to make a major contribution to our understanding of rural health in Canada, particularly from a population health perspective.

The current project also underscored the benefit of combining academic and community-based research expertise. Academic rigour, access to resources, and exposure through indexed databases of research abstracts were brought together with the grassroots practicality and accessibility of community-based research in what proved to be a rich exchange, both in person and in the literature reviews. Valuing of multiple ways of knowing is another important priority for future research designs in rural women's health.

Women also affirmed the need for research to be designed in ways that take the whole

of women's lives into account, rather than exploring one small dimension in isolation. For instance, they were supportive of research that sees health broadly, and not just in terms of disease and mortality.

Related to that, participants were interested in research questions that do not imply that living rurally is somehow a deficit. They encouraged exploring the full range of rural experience in research.

Participants recommended that terms be defined more clearly in follow-up research so that issues relating to rural town, rural farm, northern, remote drive-in and remote fly-in could be disaggregated.

Finally, in order to capture rural diversity adequately, multidisciplinary and multicultural approaches to research are required.

Summary

Rural health research in Canada is gaining momentum, both within and outside of the Canadian Institutes for Health Research. The topics listed here provide a strong starting point for researchers interested in filling the many gaps in current knowledge about rural women's health.

Perhaps even more important than the topics, however, are the assertions regarding research designs and applications. Women's voices must find a place in the rural-health research strategies currently being developed in Canada. Women should be involved in designing the strategies and in informing what those strategies ultimately teach us.

The new quantitative work on rural health status is to be applauded, as it will clearly augment our knowledge. Qualitative descriptions such as those presented here are essential, however, to ensuring that the

quantitative surveys are meaningful and that policy recommendations stemming from them are relevant to the fabric of women's lives.

Although there is some value in research done for its own sake, participants in this study were clear that they are interested in research that leads to social change. This underlines the importance of research findings being communicated clearly and quickly at local levels so that research can be seen as relevant to the lives of the women who made it possible in the first place. Those same findings need to be communicated effectively to decision makers who have the power to use them to inform meaningful policy changes that benefit rural women. Suggestions for such policy directions will be discussed in the next section.