

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

A Description of the Study

In 2001 the four Centres of Excellence for Women's Health (CEWH) and Health Canada started a two-year national study on rural, remote and northern women's health. The purpose of the study was to develop a policy framework and a research agenda on rural and remote women's health in Canada. The Centres had noticed that although there was new interest in doing research on rural peoples' health, and there was endless discussion about health care and health care reforms in the media and elsewhere, there did not seem to be much understanding at all of the needs and concerns of women. Although 30% of Canada's population live in rural and remote locations and most rural residents are female, rural women in Canada have largely been invisible to researchers and policy makers.

The study was funded by the Women's Health Bureau of Health Canada with assistance from the Office of Rural Health (Health Canada) and the Institute for Gender and Health of the Canadian Institutes for Health Research. A research steering committee, composed of the CEWH directors and seven other academic and community-based researchers, and a representative from Health Canada, directed the study.

Rural women were deliberately consulted so that they could contribute their knowledge to help develop better policies and programs and to create effective research and program agendas for rural women's health. All the work was done in both French and English.

The study included a number of steps:

1. A roundtable discussion involving rural residents and health researchers in October 2001.
2. A thorough review of published literature in English and French on topics relating to women, health and rural living.

3. 28 focus groups, video and teleconferences from coast to coast (including remote communities and the high arctic) involving over 200 women between November 2001 and January 2003.
4. A second roundtable for rural health policy makers in November 2002.
5. A national consultation in March 2003 at which 50 researchers, participants, policy makers and managers from all parts of Canada addressed the question: "What are the challenges and opportunities for ensuring the best state of women's health in your community?"

Members of the steering committee analyzed the data at various points, with all the findings synthesized in a Final Summary Report, ***Rural, Remote and Northern Women's Health: Policy and Research Directions***. The summary report is written in sections that can be used together or separately. It is available from:
Prairie Women's Health Centre of Excellence
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ph: 204-982-6630, fax: 204-982-6637,
<www.pwhce.ca>.

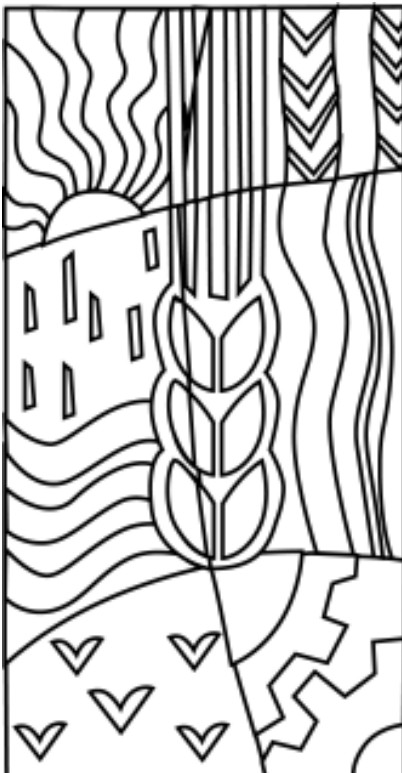


Main Themes from the Study on Rural and Remote Women's Health

The national study *Rural and Remote and Northern Women's Health: Policy and Research Directions* was done to contribute women's voices and experiences to a policy framework and a research agenda on rural and remote women's health in Canada.

During the study, women pointed out the following main ideas that should be considered:

- Rural living is an important factor in women's health. Rural living includes isolation and limited access to health services, but also cultural values that influence health and health-seeking behaviour.
- One size does not fit all. Urban solutions rarely fit rural problems and "rural" itself is very diverse. There are many rural cultures throughout Canada, with different places having different needs and challenges for rural health. Rural cultures need to be taken into account at local levels to meet local needs.
- Rural women's priorities for health are surprisingly similar. Despite very different locations, experiences and occupations, rural women had similar concerns and interests in terms of health priorities.
- Rural women appear not to be considered by policy makers and researchers.
- The health care system is in trouble. Both academic research and women's experience describe the health system as underfunded and deteriorating.
- Recent cutbacks and changes to the health care system have led to more travel and stress and less personalized care for rural residents.
- Poverty is a key factor in rural women's health. Poverty creates stressful living conditions and limits the ability to pay for and get to health services. Unemployment, unstable incomes and low wages mean women cannot access the health care they need.
- Health is more than health care. Even though rural health care was seen negatively, rural living was also seen as being good for women's health.



Policy Recommendations from the Study on Rural and Remote Women's Health

The national study *Rural and Remote and Northern Women's Health: Policy and Research Directions* was done to contribute to a policy framework and a research agenda on rural and remote women's health in Canada.

The study recommended that rural women should work alongside policy makers to make sure that gender and place are considered in health decision-making. It suggested that interested people should communicate the following policy recommendations and related actions:

ACTIONS

FACTOR GENDER, PLACE AND CULTURE INTO ALL HEALTH POLICY

- Use gender and place lenses in policy development, health policy, planning and programming at federal, provincial, regional and local levels so that policy outcomes are systematically anticipated and assessed for effectiveness before implementation.
- Involve women in those analyses.

DEFINE HEALTH POLICY AS MORE THAN SERVICES

- Fund community-based organizations and infrastructure as investments in health.
- Stabilize household incomes.

IMPROVE HEALTH BY IMPROVING ACCESS TO DIVERSE SERVICES AND POWER

- Improve access to four primary facets of improved health: information, health services, appropriate care, decision making.
- Create and support a Centre of Excellence for Women's Health in the Territories.
- Coordinate health information access points.
- Expand coverage for health-related services not currently paid for within provincial health insurance programs, such as prescription drugs, midwifery, complementary therapies and travel costs.
- Coordinate the supply of physicians and other practitioners, such as specialists, nurses and alternative practitioners, to ensure a good fit with the needs of communities and less competition among them.
- Establish education incentives for students to specialize in the appropriate provision of care to under-serviced rural, remote and northern populations.
- Increase recruitment and retention of rural health practitioners, particularly women.
- Fund leadership training, travel, networking, proposal writing, research and childcare to allow women greater access to health policy decision making.



Research Priorities from the Study on Rural and Remote Women's Health



The national study *Rural and Remote and Northern Women's Health: Policy and Research Directions* was done to contribute to a policy framework and a research agenda on rural and remote women's health in Canada. At a time when rural health research is gaining attention, gender analysis is rarely being included. After looking at a large collection of information, documents and reports, this study found that really there has not been much research yet done on women.

The research priorities developed from the study were:

- **Anything about rural women in Canada**
Any aspect of rural women's health in Canada that analyzes the importance of place, culture and gender would be a suitable topic for additional research, given how little research is specific to women so far.
- **Creative models of rural health service**
Use local people's ideas for creative solutions to getting care more readily available.
- **Effects of isolation on health**
Consider both the positive and negative effects of place on health, and the varying effects of geographic and social isolation.
- **Importance of cultural values for health**
Research into the characteristics of diverse Canadian rural cultures, with the possible exception of some Aboriginal cultures, is rare, particularly on how cultural values enhance or undermine good health.
- **Factors influencing how rural living affects health**
We know that rural living affects health, often in contradictory ways. Further research is needed on how and why rural living can be both a positive and negative determinant of health.
- **Health issues across the life course**
More research is needed into women's health experiences at particular stages of their lives. Research about rural children and adolescents is particularly scarce.

■ **Health issues relating to specific rural populations**

Obvious gaps in current research include immigrants, coastal women, Métis women, women with addictions and women experiencing violence.

■ **Getting beyond reports of satisfaction**

Most women say they are satisfied with their health care, “but...” More research is needed to explore the links between reported satisfaction, expectations and care quality.

■ **Rural definitions and depictions**

In current research, “rural” is often not defined, defined in contradictory ways, defined but not analyzed or portrayed exclusively negatively. Women were interested in an emphasis on the more positive dimensions of rural life.

■ **Rural occupational health and safety**

Rural-specific occupations held by women, especially outside of farming and fishing, are under-researched in Canada.

The women involved in the study also offered recommendations for *how* research should be done:

- Put policy research into practice – make it applied and useful. What we know needs to change how we act.
- Include women’s voices and expertise in research designs and during the course of the research itself.
- Combine academic and community-based expertise.

