

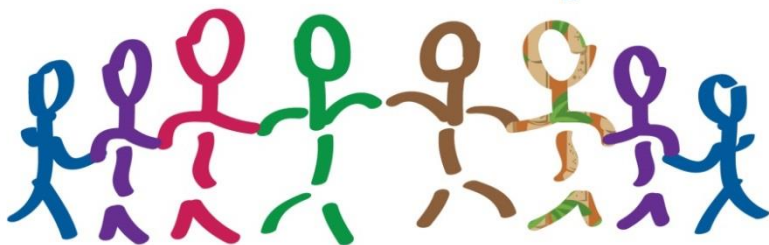


## Rural Links

SPECIAL EDITION | AUGUST 2015

A NEWSLETTER OF THE CANADIAN RURAL HEALTH RESEARCH SOCIETY  
SPECIAL EDITION | AUGUST 2015

# 14<sup>th</sup> Conference OF THE Canadian Rural Health Research Society



*Better Health for Rural Canadians: from Evidence to Practice*

September 20th - 22nd, 2015 Edmonton, Alberta

<http://crhrs-scrsr.usask.ca/edmonton2015/>

Join us in September for the 14th Conference of the Canadian Rural Health Research Society: *Better Health for Rural Canadians: from Evidence to Practice*. We will be joined by our conference partner, the Canadian Association for Rural and Remote Nursing (CARRN). <http://www.carrn.com/index.htm>

Please distribute this notice to your colleagues, trainees, and others who may be interested.

Canadian Rural Health Research Society  
Secretariat Office

E-mail: [crhrs-scrsr@usask.ca](mailto:crhrs-scrsr@usask.ca)  
<http://crhrs-scrsr.usask.ca>

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### The Canadian Rural Health Research Society

University of Saskatchewan  
104 Clinic Place, PO Box 23  
Saskatoon, SK S7N 2Z4  
<http://crhrs-scrsr.usask.ca/>

#### Join Us:

Phone: (306) 966-7888  
Fax: (306) 966-8799  
E-mail: [CRHRS-SCRSR@usask.ca](mailto:CRHRS-SCRSR@usask.ca)

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Dr. Silvia Vilches (rotating editor)  
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Memorial University  
[sbornste@mun.ca](mailto:sbornste@mun.ca)

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[bonnie.jeffery@uregina.ca](mailto:bonnie.jeffery@uregina.ca)

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[Shelley.kirychuk@usask.ca](mailto:Shelley.kirychuk@usask.ca)

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University of British Columbia  
[kbartlet@interchange.ubc.ca](mailto:kbartlet@interchange.ubc.ca)

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Juanita Bacsu  
University of Saskatchewan  
[juanita.bacsu@usask.ca](mailto:juanita.bacsu@usask.ca)

Dana Edge  
Queens University  
[dana.edge@queensu.ca](mailto:dana.edge@queensu.ca)

Elham Emami  
University of Montreal  
[elham.emami@umontreal.ca](mailto:elham.emami@umontreal.ca)

## **In Remembrance: Dr. Pat Martens 1952-2015**

*Dr. Patricia (Pat) Martins (nee Weber) 1952-2015*  
*Director of the Manitoba Centre for Health Policy (2004-2014)*  
*Member of the Order of Canada (2013)*  
*Fellow, Royal Society of Canada (2013)*  
*Fellow, Canadian Academy of Health Sciences*

On behalf of the Board and the entire membership of the Canadian Rural Health Research Society, I want to express our profound grief at the passing of Dr. Patricia Martens. Dr. Martens was a pioneer in health services and policy research and a key figure in the development of rural health research in this country. Her innovative work and her scintillating personality inspired a generation of colleagues and students across the country to do more and to do better. She could hold a large audience spellbound with a presentation that was at once stunningly informative and surprisingly funny and then finish by getting the entire group up for five minutes of aerobics. One of her greatest and most enduring contributions not only to rural health research but to health services and policy research more broadly was her inventive approach to getting researchers and policy makers to work together in the interest of enhanced health services and improved health for individuals, communities and regions. We will all miss her very much.



Dr. Stephen Bornstein, Chair, CRHRS  
**Professor and Director for the Centre of Applied Health Research**  
Memorial University of Newfoundland

**Winnipeg Free Press** | <http://bit.ly/1c1XXG4>

**University of Manitoba** | <http://bit.ly/1FwoZPC>

**In her own words: Dr. Marten on Asbestos and Mesothelioma (CAUT)** | <http://bit.ly/1F8C0Bu>

Pertice Moffitt  
Aurora College  
[PMoffitt@auroracollege.nt.ca](mailto:PMoffitt@auroracollege.nt.ca)

Silvia Vilches  
Royal Roads University  
[Silvia.Vilches@royalroads.ca](mailto:Silvia.Vilches@royalroads.ca)

Wayne Warry  
Laurentian University  
[wwarry@laurentian.ca](mailto:wwarry@laurentian.ca)

Kyle Whitfield  
University of Alberta  
[kyle.whitfield@ualberta.ca](mailto:kyle.whitfield@ualberta.ca)

## **Reflections on Rural Health Research**

In this edition of *Rural Links*, we feature two explorations of methods that might offer specific advantage or challenges for rural research. In the first reflection on the qualitative method of community-based participatory research (CBPR), Elena Wilson, Amanda Kenny and Virginia Dickson-Swift at La Trobe University (Australia) explore the ethical complications of doing research in rural communities. In spite of their empowerment approach, community members challenged them on their approach. The research team has chosen to explore and reflect on the expectations of communities, research environments and ethics boards. They invite other researchers to participate in this reflection on experiences of CBPR in rural areas through a blog post. In a second piece, Sidney Shapiro of Laurentian University shares a data processing work-around that takes advantage of new technologies to rapidly sift through large amounts of data. This may hold promise for working with rural communities, when large amounts of data are necessary to capture diverse small communities. These reflections raise the question of whether rural research does or does not require unique methodological approaches; and secondarily, whether rural contexts provide important insights and adaptations that can enhance existing research approaches. We welcome your comments in response to these articles, and we will publish “letters to the editor” in our next edition of *Rural Links*.

*Silvia Vilches*  
Rotating Editor

## Methods I:

### Ethical implications of Community-Based Participatory Research (CBPR)

Despite recognition of CBPR as an equitable, empowering research approach, recruitment difficulties and ethical challenges were experienced in a partnership project between the La Trobe Rural Health School (Australia) and 3 rural health services in 3 different communities. We focus on our experiences in one small rural township, population 3,000, in a bush-land setting approximately 150 kilometers inland from the south-eastern coastline of Australia.

Despite our best intentions and following CBPR principles carefully, we had difficulties in reconciling the formal ethical standards for recruitment with the expectations of potential participants and the research partner. We decided to formally investigate the challenges of using a CBPR approach for achieving community participation, focusing on one rural community in particular.

The recruitment protocol was problematic in two ways. First, our formally approved research recruitment plan included community information sessions to develop credibility and trust, yet the expectation of the health service partner was to have us 'in' the community actively developing relationships to attract participation. Second, the formal recruitment paperwork and process required by our ethics committee conflicted with a more social process of informing and gaining consent better suited to this community.

We were not the only organisation interested in this community. The high level of disadvantage, aging population, and above average rates of obesity and chronic disease meant that several other consultations and research projects were taking place at the same time we were scheduled to commence recruitment. The health service partner became concerned about over-consultation burdening the community and requested that we delay recruitment by 3 months.

As 'outsiders' we needed to find a way 'in' to the community, sometimes walking a fine line between the formally approved processes and the informal relationship building necessary to gain community trust to build interest in the project. What we did not expect was the high level of distrust community members had towards us as university researchers. In fact, as time went on, we discovered that active negative gate-keeping had taken place which limited the reach of our recruitment drive. This sense of distrust seemed to also be present between community member agencies, with over seventy community groups working in silos, often for similar goals, yet making no attempts to work together. Trying to work with a fragmented community added a layer of complexity to our recruitment attempts.

We were perplexed by our situation. Applying what is seemingly an equitable and empowering approach turned out to be fraught with difficulties. We wondered if other researchers using CBPR had the same issues. To identify the ethical challenges experienced by CBPR researchers at an international level we conducted a scoping review. We also created a blog <http://www.cbprethics.wordpress.com> as a data collection site and invited researchers to write on the blog about the ethical issues they experienced at key stages of their CBPR process. (This blog is still active at time of publication).

The ethical challenges discussed to date on the research blog focus on informed consent processes and research rigour. Other researchers also see the formal informed consent process as intimidating and a barrier to engagement and discussed the need to explore how to best provide a consent process that is meaningful for communities. Compromised research rigour is a concern and researchers highlight the need to negotiate community cultural expectations with ethics approved processes, and conflicting interests between research partners and community members. Other challenges discussed by researchers can be read at <http://www.cbprethics.wordpress.com>

The ethical challenges discussed on the blog to date are similar to those identified in our scoping review literature, suggesting some consistency in the types of issues encountered. Despite the challenges encountered in CBPR, it is a well-intentioned approach that we still see as important for working with rural communities. It led to successful community collaborations across our rural partnership project overall, but we agree with Minkler (2008), who recommends greater attention be paid to ethical considerations.

Corresponding authors:

**Elena Wilson**, PhD Candidate, La Trobe Rural Health School, College of Science, Health and Engineering, La Trobe University, Australia | [E.Wilson@latrobe.edu.au](mailto:E.Wilson@latrobe.edu.au)

**Amanda Kenny**, Professor, La Trobe Rural Health School, College of Science, Health and Engineering, La Trobe University, Australia

**Virginia Dickson-Swift** (PhD), Senior Researcher, La Trobe Rural Health School, College of Science, Health and Engineering, La Trobe University, Australia

*Reference: Minkler, M., & Wallerstein, N. (Eds.). (2008). Community-based participatory research for health: from process to outcomes. San Francisco, CA: Jossey-Bass*

## Methods II: Statistical Applications for Rural Areas

I was recently involved in a quantitative study that involved a comprehensive chart review, in Sudbury, Ontario, Canada, studying prescription drugs. With my research partner, Kirk Unger, we studied the charts of four hundred patients for an entire calendar and gathered various types of data, such as demographic data, prescriptions written by type and month, dosages, and many other pieces of data. Following our successful ethics application, we worked up a pilot to see what type of data we would be collecting and what the best method to do so would be. We quickly realized that we were looking at manual entry of approximately 1.4 million records. For an unfunded project with a few part time volunteers, limited resources, a need to ensure confidentiality, and a number of time constraints, data entry from the charts into SPSS alone would take longer than we had available.

Gathering data that captures rural or remote populations, particularly in a study that is looking at collecting and entering large amounts of data, may encounter similar human factor limitations. In this project, we decided to work completely off-line, avoiding issues of security involved in storing data on the internet. It seemed that the majority of data that would need to be entered would be very simple and repetitive (most patients were not prescribed most medications in any given month, for example). We looked for various solutions to speed the entry of the data while ensuring accuracy.

We ended up using a method that met all the challenges we faced, and allowed for rapid and secure data entry. Using a standalone desktop computer, not connected to the internet, we installed WAMP Server<sup>1</sup>, a program that includes Apache, PHP and MySQL, allowing the computer to operate as a webserver. We then installed a local copy of LimeSurvey<sup>2</sup>. The database and all associated files were stored in an encrypted TrueCrypt folder. It is important to note that TrueCrypt is now no longer secure and has been replaced with Microsoft BitLocker<sup>3</sup> among other alternatives. Using these programs together allow us to log into the computer with a password, unlock the encrypted drive, start the local webserver, and run a local version of our survey software, all without sharing data on the internet.

We used simple forms to collect our data, such as text entry fields for nominal data, radio buttons and Likert scales for ordinal and ratio data. Once the data was collected using simple forms (such as one survey form per chart), we could simply click a button to export the collected results into SPSS. A nice feature of this setup was being able to see rough ratios and analysis in real time as the data was saved in LimeSurvey. While this may seem complicated, it is simply a matter of installing the above three programs, there is almost no configuration needed, and little to no technical knowledge required.

Using these programs in concert provide a stable, reliable, secure, and easy to use solution, particularly when faced with the challenge of entering large amounts of data.

Sidney Shapiro  
Ph.D. Student, School of Rural and Northern Health  
Laurentian University  
[sx\\_shapiro@laurentian.ca](mailto:sx_shapiro@laurentian.ca)

### Conferences of Interest

#### Grey Matters Conference:

*Health and Aging and Dementia in Alberta*

[www.greymatters2015.com](http://www.greymatters2015.com)

*Alberta Seniors is pleased to be co-hosting the 2015 Grey Matters Conference with the Town of Drumheller on September 29 - 30, 2015. The Grey Matters Conference is a two-day event that offers provincial service providers opportunities to network, gain knowledge and increase awareness of issues, supports and services for seniors.*

*Topics include:*

- Creating age-friendly communities
- Innovative programs and services for seniors
- Creativity and lifelong learning
- Networks, partnerships and interagency collaborations that work
- Enhancing seniors' health and wellness

**Abstract submissions are now closed.** Sponsorship opportunities are available!

### Rural Resources:

Gateway Rural Health Research Institute: <http://www.gatewayresearch.ca/>

The Office of Rural Health and Primary Care:  
<http://www.health.state.mn.us/divs/orhpc/>

Canadian Journal of Rural Medicine:  
<https://mail.google.com/mail/u/0/#inbox/14e87d4475c09225>

<sup>1</sup> <http://www.wampserver.com/>

<sup>2</sup> <https://www.limesurvey.org/en/>

<sup>3</sup> <http://windows.microsoft.com/en-us/windows-vista/bitlocker-drive-encryption-overview>

## **Building Community Resilience: Innovation, Culture, and Governance in Place**

### **Call for Presentations, Registration Open**

The *Building Community Resilience: Innovation, Culture, and Governance in Place* conference will take place from September 16 - 19, 2015 in Summerside, Prince Edward Island [www.pei2015.crrf.ca](http://www.pei2015.crrf.ca).

The *Building Community Resilience* Conference will bring together community leaders, voluntary organizations, governments, businesses, and researchers to highlight people, organizations, and communities who are doing innovative things based on good governance, economic development, environmental considerations, and culture. These activities are critical to creating and sustaining healthy and resilient communities.

Conference organizers welcome submissions from community organizations, community leaders, non-profit organizations, government, students, researchers, and businesses to share information on the topic of building resilient communities or regions. The conference will examine opportunities for sustainable living that are more likely to emerge from small and peripheral communities – rural, coastal or island. The deadline for the call for presentations and stories was April 15. Further details can be found at <http://pei2015.crrf.ca/>.

The conference will be co-hosted by the Canadian Rural Revitalization Foundation, Institute of Island Studies at the University of Prince Edward Island, and the North Atlantic Forum. Conference registration is now open.



<http://www.ruralhealthresearch.org/>

or call [701-777-0772](tel:709-777-0772)

## **Research Reports & Publications**

### **Team Workshop Report**

#### **[Network for Canadian Oral Health and Research](#)**

The final report for the NCOHR team-building workshop. It has been also submitted to the library and archives Canada and Quebec.

Fourth workshop theme: Challenges in conducting research, implementation of effective interventions, and knowledge transfer in rural and remote, Indigenous, poor and immigrant populations.

- Addressing inequality, including rural/urban and Indigenous/non-Indigenous
- Using oral health and primary health as bridges to increase health literacy and address risks such as high sugar diets
- Advocate for important oral health supports, such as fluoridation
- Promote the work of interdisciplinary teams so as to facilitate effective communication, research and knowledge translation

Elham Emami, DDS, MSc, PhD  
Professeure agrégée  
Faculté de médecine dentaire  
École de santé publique, Département de médecine sociale et préventive  
Université de Montréal  
[elham.emami@umontreal.ca](mailto:elham.emami@umontreal.ca)

### **Informing Rural Primary Care Workforce Policy: What Does the Evidence Tell Us?**

<http://bit.ly/1yQg8mO>

McEllistrem, A. (2011). *Informing Rural Primary Care Workforce Policy: What Does the Evidence Tell Us? A Review of Rural Health Research Center Literature, 2000- 2010*

Evenson, MA. University of North Dakota Center for Rural Health Research and Policy.

This literature review profiles 51 publications constituting the body of evidence - based research produced by the federally - funded Rural Health Research Centers (RHRCs) from 2000 to 2010 which is relevant to the rural primary care workforce. The review includes the following sub - sections : Supply and Demand ; Recruitment and Retention ; Training Pipeline and Education ; Lifestyle and Compensation ; Nurse Practitioners, Physician Assistants, & International Medical Graduates ; and New Directions for

Primary Care . Although this review reaffirms a general claim that has been made for at least the last decade and earlier – rural primary care workforce shortages not only exist but continue to worsen, as they result from complex, multifaceted issues which necessitate solutions that are equally complex – it also underscores larger issues driving research: Supply and demand research has emphasized the need for uniform, rural - specific primary care workforce data. Evidence continues to indicate that targeted, rural - focused recruitment initiatives as well as state and Federal - level policies which provide financial incentives are effective ways to recruit and retain primary care providers in rural areas. RHRC research publications focusing on training pipeline and education topics are largely in agreement about the demographics of medical students and primary care providers who are more likely to practice and stay in rural areas as well as the factors which influence these decisions. There has been an increasing push to streamline primary care, particularly in rural areas where communities are more commonly required to “do more with less,” and in recent years RHRC research has articulated and analyzed new, alternative models for primary care. 2010 saw the passage of the most comprehensive Federal health reform legislation in decades, and RHRC researchers have examined the implications this legislation may have on the rural primary care workforce

## Publications

Beaudin A, Emami E, Palumbo M, Tran SD. (2015). Quality of supervision: postgraduate dental research trainees' perspectives. *European Journal of Dental Education*. Article first published online: 6 Jan 2015  
DOI: 10.1111/eje.12137

Emami, E., Booij, L., Tikhonova, S., and Ismaylova, E., with Kabawat, M., and Cerutti, D. (2015). Modelling the Interaction of Multidimensional Risk Factors in Caries Disparity: Final Report on the Team Building Workshop, September 19-20, 2014. Network on Canadian Oral Health Research

## Appointments, Awards, Honours, Promotions

### Grants award

Clinician Scientist - Phase 2 "Fostering Oral Health through Interdisciplinary Research: Intervention, Access and Impact," Canadian Institutes of Health Research (CIHR). Elham Emami, DDS, MSc, PhD, Professeure agrégée, Faculté de médecine dentaire, École de santé publique, Département de médecine sociale et préventive, Université de Montréal.

### Editorial Position

Dr. Elham Emami, DDS, MSc, PhD. Appointed Associate Editor of [Trials Journal](#)



**The Canadian Rural Health Research Society**

Phone: (306) 966-7888

Fax: (306) 966-8799

E-mail: [CRHRS-SCRSR@usask.ca](mailto:CRHRS-SCRSR@usask.ca)

<http://crhs-scrsr.usask.ca/>