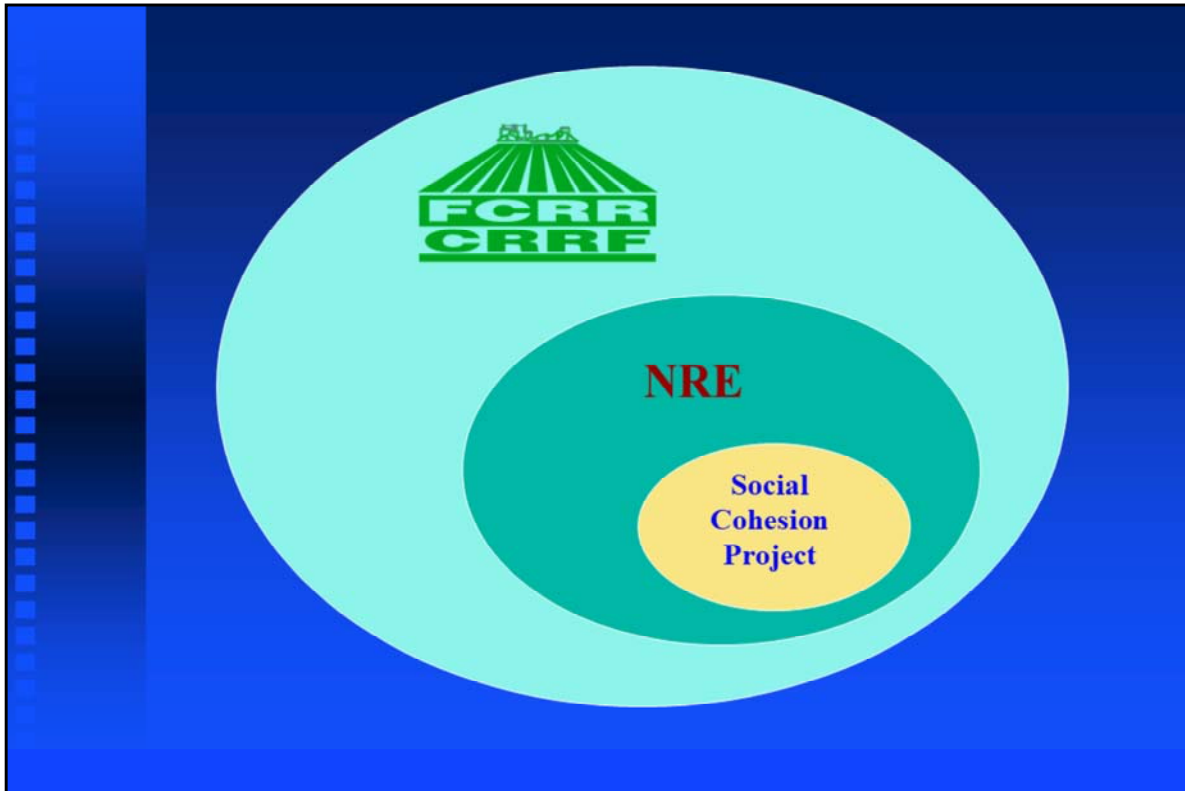


# The New Rural Economy: Options and Choices

A project of  
The Canadian Rural Restructuring  
Foundation



- Bill Reimer - Sept. 10, 1999 - Health Canada
- Thank you for the invitation
- We are pleased that Health Canada has established the Office of Rural Health
  - We have been arguing for such initiatives over the 10 years of our existence



- I am here to explore collaboration opportunities with you:
  - through the Canadian Rural Restructuring Foundation
    - national and international network of researchers, policy makers, community activists, rural people who are concerned with the state of rural Canada
    - operating for about 10 years
    - not-for-profit charitable foundation (registered)
  - through The New Rural Economy Project
    - 5-year research and education project
    - involves macro, meso, and micro-level analysis
    - e.g. systematically selected 32 rural sites; profiled them; 25 have research teams operating in them
    - cf. Flyer for some of the activities and products
  - through our proposal regarding Social Cohesion in Rural Canada
    - SSHRC Proposal under their strategic grants program
    - Passed LOI stage: now preparing the final proposal
    - due the end of this month

# Social Cohesion in Rural Canada: Objectives

- Define and measure social cohesion
- How has it changed?
- Why has it changed?
- What are the consequences?
- What opportunities are created?



- Rural Canada is the traditional seat of social cohesion
  - economic and social homogeneity
  - small populations
  - mutual interdependence
- Undergone major changes in those structures which support it
  - more diversified
  - more open (economically and socially)
  - more integrated with regional and national systems
  - more marginalized
  - more complex
- Need to know what are the consequences of these changes?
  - for social cohesion
    - Have people become less connected, or have the bases of relationships changed?
    - What new forms of attachment are emerging?
    - Are rural communities less able to respond collectively to deal with economic, social, and environmental stresses?
  - for those aspects of economic and social life which are related to social cohesion
    - social cohesion has been shown to be related to **economic performance** (Knack and Keefer, 1997)
    - Does this mean that declining social cohesion will contribute to a further decline in the rural economy?
  - for health

# Social Cohesion and Health

- vulnerable groups and individuals
- environment (physical and social)
- access to services
- social support
- the healthy community



## •Vulnerable groups:

- isolated, unconnected, or excluded individuals are vulnerable to poor health (Kawachi, 1997)
- Does outmigration of youth, higher mobility of families, and more open economic competition, therefore place the elderly, single mothers, the poor at greater health risk

## •environment:

- the reorganization of work into a smaller, more mobile work force may undermine an important basis for cohesion
- this is most dramatic in those industries where occupational health and safety is relatively low (fishing, mining, forestry, agriculture - all rural based).
- Are health and safety regulations better at reducing problems than the traditional reliance on cohesive groups?

## •Access to services

- we have already conducted research on this issue (cf. Flyer)
- discovered its complexity
  - rural administrators: access = in my town (provides tax base, attracts population)
  - rural citizens: access = nearby (is a tradeoff made for living outside a city)
- access is not simply a function of distance, but includes the organization of resources (e.g. ambulances, personnel) (Halseth and Rosenberg, 1991)
  - standards must therefore take into account local conditions (existing infrastructure, administration, community composition)

- What level of access is currently found in rural Canada?
- How does it vary by community size?
- What strategies have communities used to deal with changing service delivery?
- Social support: health delivery systems require cohesive communities
  - informal networks are a key to access to formal health institutions - they don't compensate each other (Stone)
  - Does an emphasis on home care place rural people at greater risk?
  - Volunteer groups are facing a crisis (Halseth Report)
    - membership (esp. social service groups)
    - burnout (esp. health groups)
    - both types of groups face a crisis in funding
    - in general, they are not connected to government sources of information (especially the Internet)
    - they show a disturbing effect with respect to funding:
      - about 25% indicated that their mission statement was not eligible for funding
      - about 23% had to change their mission statement for funding
      - if we assume that the mission statement reflects a collective interest -- is this an indication of rural concerns not being recognized and met because of the structure of funding programs?
- The healthy community
  - these perspectives emerged from research which suggested that the level of trust, economic equality, and high social capital are important elements of community health (cf. "Caring Community" research)
  - If they do, however, the relationship promises to be complex
    - those communities which were most 'vital' also had higher levels of public debate (conflict?) and outside networks
    - Does this a case of low social cohesion - if the community members engage in public debate over contentious issues?
    - Under what circumstances is it pathological? This is the subject of work which looks at **community capacity**
  - What types of communities have the ability to respond to emergencies, or to gradual, but ultimately destructive processes?
  - What types of communities have the knowledge, skill, and resources to act in a preventive fashion to avoid fragmentation or destruction?
- These are some of the issues which we have identified and in some cases are acting upon
- We need your help to make sure that we haven't missed anything important and to get the job done.



- Experience

- 10 years of research, education, policy making experience
- over 100 publications
- analysis of rural trends and issues with policy relevance (cf. Flyer)

- National Perspective

- only national rural think-tank
- committed to the value of **comparison**
- useful for the goal of setting standards - must be both comparative and responsive to the local concerns and conditions

- Access to local knowledge and rural people

- committed to strong rural involvement
  - always hold our conference and workshops in rural areas
  - always involve local people
  - treat local people as collaborators
- provided significant dividends - not only for researchers but for policy people as well: create direct dialogue

- International network

- much of our work is inspired by colleagues in Europe, Mexico, Brazil, Japan
- some of our work is being replicated in other countries (e.g. sample frame in Japan)

- Information

- Rural Canada Database: 1986, 91, 96 CSDs
- field work materials: profiles, enterprises, 3rd sector organizations
- photos
- communications: documents, reports

- Research infrastructure

- experiment in conducting research over dispersed area, multidisciplinary teams
- use of Internet server as central repository. Check it out.
- a structure for your own data collection and analysis (cf. Social Cohesion project)
  - household survey in strategically selected rural sites
  - with access to rich contextual information via field teams

## What can Health Canada offer?

- Knowledge
- Data
- Institutional infrastructure
- Finances
- Moral support

