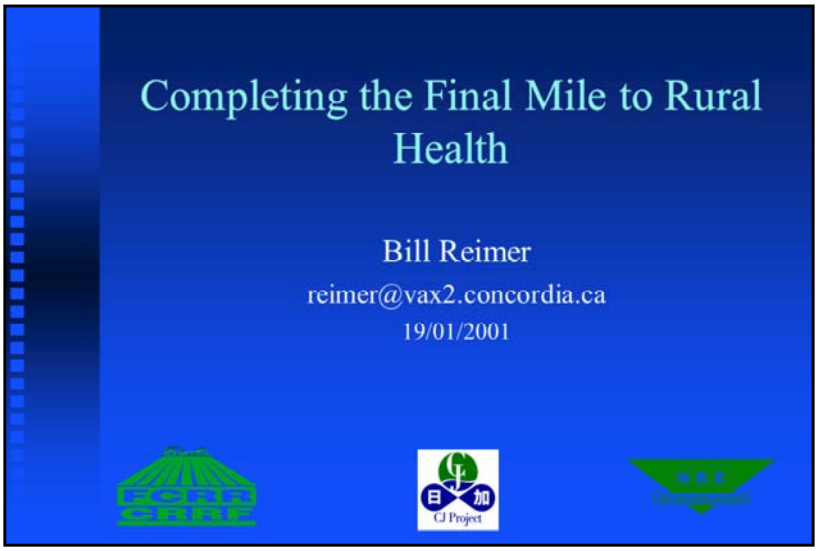

•Acknowledgements:
•The Canadian Federation of Municipalities
•The Interdepartmental Working Group on Rural and Remote Canada
•The Rural Secretariat of Agriculture and Agri-Food Canada
•The Centre for Rural and Northern Health Research
•The Canadian Rural Revitalization Foundation

•The Final Mile – reference to the final mile problem in utilities:

- •it is the final mile to individual dwellings that is the most expensive for utilities

•In our case, it is the cost associated with widely dispersed populations that has created many of the health-related problems for rural Canadians

- •especially in the area of service delivery
- •But also with respect to other aspects of community health

- Characteristics
  - What are some of the major changes that have occurred in rural Canada over the last 50 or so years?
- Implications for Health
  - First: What health-related characteristics have changed?
  - Second: What health issues do they touch?
- What should we put on our research agendas in the light of the points above?
- How might the NRE Project help that agenda?

What Have We Learned?

- Rural means new functions
  - Was – resource extraction
  - Now
    - residential locations for humans
    - sustenance of labour
    - preservation of community diversity
    - protection of the ecosphere
    - urban waste and pollution processing
    - leisure and recreation
    - preservation of national heritage
  - In general – new functions are much more diverse:
- Rural is diverse
  - Reflected in
    - types of population
    - Resources and amenties
    - Social capacity
- Rural is more exposed (and vulnerable)
  - More globally connected: economically, socially, politically
  - Disadvantaged – due to outmigration, skills, capital
- Many opportunities if changes recognized
  - 3rd sector critical
- Local self-organization is key
- Needs support

CRRF ...A National Network

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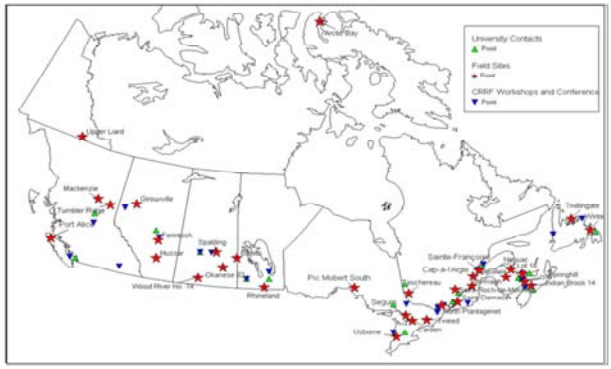
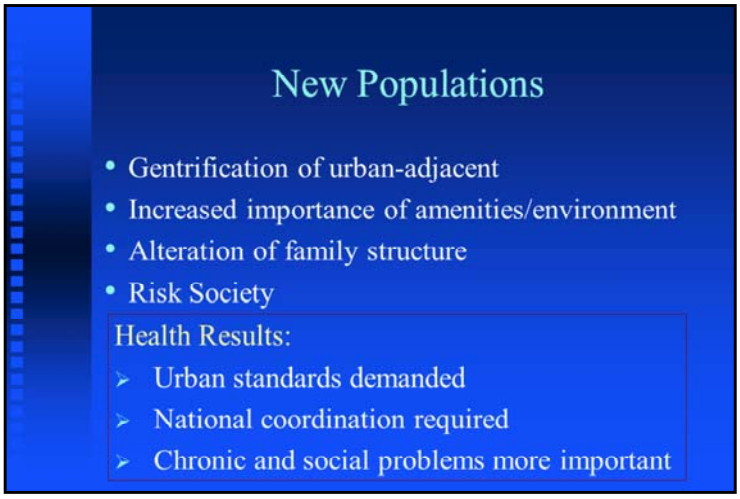


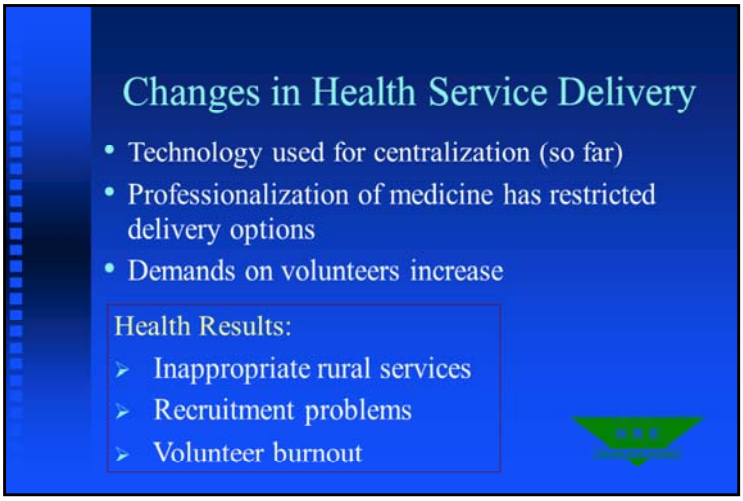
Undermining the traditional bases of community

- Higher levels of mobility mean people move both in and out of rural areas
  - Mostly OUT of remote areas
  - Mostly IN for those adjacent to metropolitan regions
  - This mobility also has a strong selective aspect:
    - Youth out
    - Elderly left or in some cases move in (prefer small towns from more remote regions)
- Traditional bases for social cohesion have eroded
  - Traditional – based on reciprocal and associative relations.
    - social support from family, friends, religious organizations -- often those people who lived close by
    - Access to those resources determined by shared interests and experiences, history of exchanging and sharing, custom and culture
    - Not always inclusive
  - Now – based on bureaucratic and fiscal criteria, with increasing pressure from market
    - Social support provided through bureaucratic institutions with more restricted knowledge and interest in each person, and through people who don't necessarily live in the same neighbourhood
    - Access determined by rules of inclusion and exclusion applicable to all people
    - Rules of inclusion and exclusion (entitlements) heavily influenced by national, not regional or local considerations:
      - e.g. fiscal demands
      - e.g. come to the medical practitioner, not the other way around (works well where population density is high)
- Results:
  - New stressors – both for those who become ill and those who must care for them
    - e.g. family members who have to fly in should serious illness occur
  - Stress on health institutions
    - Commitment to acute problems and high tech (centralized) solutions are inadequate to cope with the increasing demand arising from the weakening informal support systems (especially chronic care)
    - 31% of our voluntary associations are health-related
    - Membership and finances most pressing problems
      - Finding members
      - Volunteer burnout
      - Finding finances
      - Carrying the burden of proposals and accountability



Development of New Forms of Community

- •Gentrification of urban-adjacent areas
  - •Midage and elderly people moving in with different expectations of community and a pleasant environment
  - •Often moving because of desire to get away from the city
- •Greater importance of amenities
  - •Often unreasonable views of rural
  - •Creates conflicts with previous residents
- •Changing family structure
  - •more blended families
  - •more single parents
  - •Youth-related problems – employment, suicide, social integration
- •Part-time, part-year, low pay, insecure jobs increase the stress on people – the Risk Society
- •Results:
  - •Urban standards of health and health service delivery applied to rural areas
    - •Often by people who know how to make themselves heard
    - •Note: our results – administrators vs. local people and acceptable levels of services
  - •Mobility requires national infrastructure to monitor records, etc.
    - •Reinforces bureaucratic bases for relations
    - •Threatens exclusion of those without bureaucratic skills or transportation
  - •Chronic and social-psychological problems increase and change form as stress from risk and family fragmentation occur



- Medical technologies have been high tech and expensive
  - The fiscal crisis of the state has favoured centralization – bringing the patients to the machines (and personnel)
  - Technologies accommodating distributed systems are now emerging (telecommunications, biotechnology)
- But - medicine has developed a tradition of professionalization that severely controls the conditions of entry into medicine
  - e.g. Alaska version of local paramedic training (2 people per community)
    - Rejected by doctors as inappropriate for Canada
    - Can we explore related options?
- Training in specialization has made doctors unfit for rural practice
  - Not trained in diverse types of medical problems
  - Face isolation – social and professional
  - Limits competitiveness of rural communities in current shortage
- State inadequacies in chronic care leave more of the burden to volunteers – without sufficient backup
  - Our research shows how this operates at levels of:
    - Proposals for funds/support (costs incurred)
    - Conditions for support (short, narrow, inappropriate for rural)
    - Accountability demands (frequency, cost)
- Result:
  - Crisis in attracting and keeping medical personnel in rural areas
  - Inadequate training in the use of new technologies (appropriate for rural)
  - Greater demands on volunteers
    - Especially women
    - Especially conflicts with their greater entry into the labour force (often out of necessity as incomes diminish and families break up)

Policy Options

- Healthy Communities – a model for optimizing health (cf. Rob Hood – Dalhousie)
  - Health is a matter of environment, social relations, and economy, not just acute care and services
  - e.g. inequality impacts on health
  - Note the importance of sustaining rural communities in this perspective.
  - As Hood points out – this goes well beyond rural communities to touch the issue of health and quality of life for all Canadians.
- Local self-organization is a key strategy for developing capacity
  - Top-down solutions have been of limited value
  - Locally initiated responses increase 'buy-in' and chance of apporopriateness
- Increasing locally retained earnings is key strategic approach for the private sector
  - Provides the means for local interests to be operationalized
  - Has been one of the most devastating consequences of the new economy
  - Contributed to regional inequalities
  - Requires training (skills), social and physical infrastructure, networking, legislation
    - Eg. Japan comparison
    - Eg. Local corporation approaches
- Exploration of new forms of education and training
  - Education and training programs for the rural context
  - More flexible approaches to certification
  - Working more directly with rural communities
  - Support infrastructure for rural physicians and their families
- Governments at all levels
  - Primary conduit of information and support is the local government (CRRF research, 1999)
    - Therefore work through them
  - Few people get their information through the Internet – especially the vulnerable
  - Pay for the necessary costs related to support:
    - Proposals – 2-stage process, the 2nd stage financed
    - Accountability – support for writing reports, financial statements ($ or in-kind)
- Think Rural
  - Originally to challenge the sectoral approach to rural
  - In this case
    - Question the rural implications of policies and programs
    - Ensure that the information on which they are based is appropriate for the rural context and experience


Understanding the New Rural Economy: Options and Choices
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What types of research are suggested by these issues?

•How is social cohesion changing?

•How do the new forms improve or undermine rural health?

•What patterns of migration are found between rural and urban areas and between rural areas?

•What types of people are moving and what are their demands on health systems?

•How are service delivery systems changing?

•Who is more vulnerable as a result of these changes?

•What new forms of service delivery are emerging and how do they improve or undermine rural health?

•To what extent are rural Canadians open to a para-medic approach to rural health?

•Under what circumstances might it be acceptable?

•Which industries and occupations carry the greatest health risks for:

•those working in the industries,

•rural people,

•urban people?

•How safe is our food?

•What parts of the food production chain contain the greatest risk to food quality?

•What are the major health risks faced by the socially excluded?

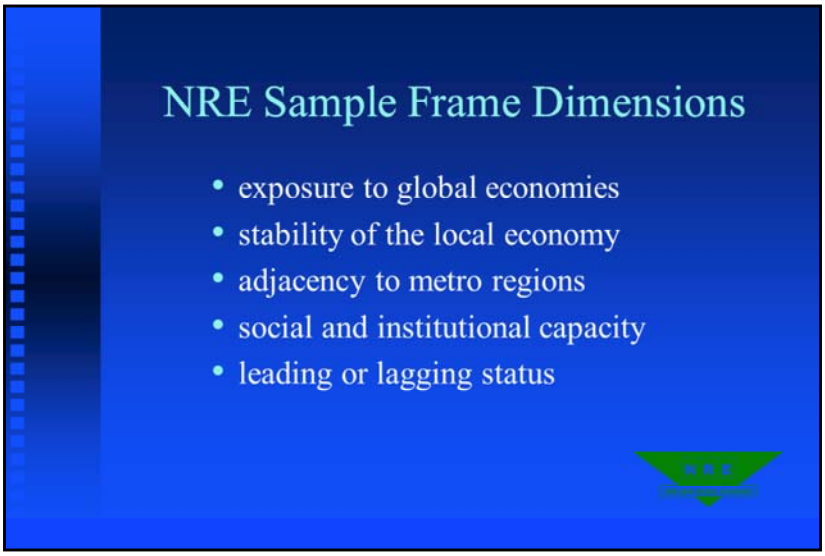
•How might they be better integrated into health delivery systems?

•What are the relationships between community dynamics and health?

•What community characteristics are associated with wellness and health?

•What are the processes that contribute to this relationship?

- The New Rural Economy Project has several resources that can help to answer these research questions.
- Use them to supplement existing work, not duplicate it.
- Data
  - CSD-level census data for 1986, 1991, 1996
  - Special database of CSDs that preserved their boundaries over those 10 years
  - GSS surveys – limitations on rural/urban (special tabulations with postal codes)
  - Detailed information from the field sites (25)
    - Background profiles
    - Access to services (including details re. Medical services)
    - Problems faced by voluntary associations
    - Small and Medium-Sized Enterprises
    - Coops
    - Community Events
    - Community Institutions
    - Community Capacity
    - Field notes and experiential information
- Access to rural people and communities
  - Developed relationships with these people over 2+ years
  - They are part of the research program
- Access to networks
  - To put your questions to
  - To develop answers and new questions
  - International – agreement with Japan, contacts in Europe, USA, Mexico, Australia
- Web site – an important part of our experiment in distributed research network
- Conferences and workshops
  - 1 each per year
  - Always in rural areas



•Dimensions for Comparison

•**exposure to global economies**

- •internationalization of markets
- •communication and transportation technology
- •reduction and changes in trade restrictions

•**stability of the local economy**

- •fluctuating economies make planning more difficult

•**adjacency to metro regions**

- •access to markets, services crucial
- •transaction costs important

•**social and institutional capacity**

- •important part of community capacity to deal with problems and issues they face
- •formal and informal resources and skills

•**leading or lagging status**

- •outcome focus
- •OECD inspired
- •several socio-economic characteristics of the sites

•To operationalize the dimensions we used the **Census Subdivision** as the unit of analysis

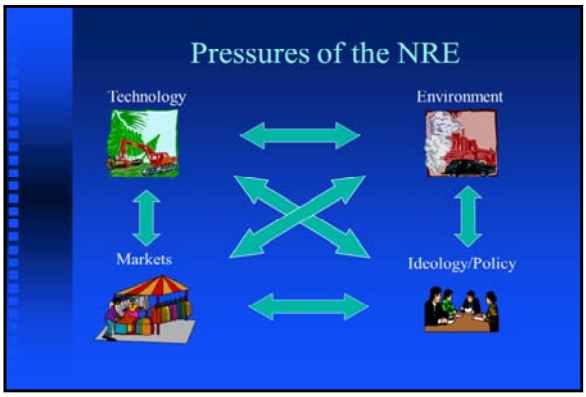
•closest approximation to 'communities' which was easily available

•used it as a point of departure for the analysis:

- •identifies a site
- •field work in the site is used to determine the local meaningful boundaries (where people work, shop, play)


Implications for Health
• Changing populations
• New prevention and delivery opportunities
• 3rd sector key


How Do We Do It?
• Build social capacity
• Strengthen local rights and endowments
• Secure the environment



•Pressures of the New Rural Economy

• The general pressures conditioning the rural economy in Canada are largely shared by those in urban centres and other parts of the world. They are strongly mediated by national and local conditions, however, making their consequences unique for different locations and for different types of people in those locations. It is in the interactions between these pressures and the local contexts that the complexity of rural Canada can best be understood. I have identified 4 interrelated aspects of the new rural economy to represent these pressures.

•Technology

• Technological innovations are a crucial ingredient in the dynamics of the new rural economy. Canada's traditional dependence on resource extraction has meant that the labour-shedding characteristics of extraction technology have radically changed the rural landscape. Our farms, forests, waterways, oceans, and minerals have felt the impact of those technologies and the reorganization of production that they bring. In the process, some rural communities have become more connected and more like their urban counterparts while others have disappeared.

•Markets

• The technology has not been developed or used in a social or political vacuum, however. The structure of economic markets has contributed to its growth in certain directions and not in others. Technology, for example, has been used to standardize production rather than diversify it, shed labour rather than socialize it, extract resources rather than sustain them, and increase economic inequality rather than reduce it.

• In Canada, our resource economies have been commodity based for the most part, and except for the automobile industry, we have largely depended on the shipment of raw materials for our wealth. The organization of those industries has been highly concentrated and heavily integrated with the USA (cf. Figure 5). In the modern, global economy, these tendencies have increased. At the same time, the ability of rural people to extract value from their commodities has diminished.

•Environmental Limitations

• Both technological development and market pressures have in turn placed the environment in jeopardy. We now have the ability to empty the oceans of fish, to remove the topsoil from the land, and strip the hills of their forests. Competition from around the globe and the high level of foreign ownership of our industries (Figure 2) has meant that we have acted on that ability in the interest of short-term gain rather than seek sustainable use of these resources.

• The limits to this strategy are now increasingly apparent, however. Environmental limitations have forced us to reconsider how we extract and use these resources and to reevaluate our treatment of common property.

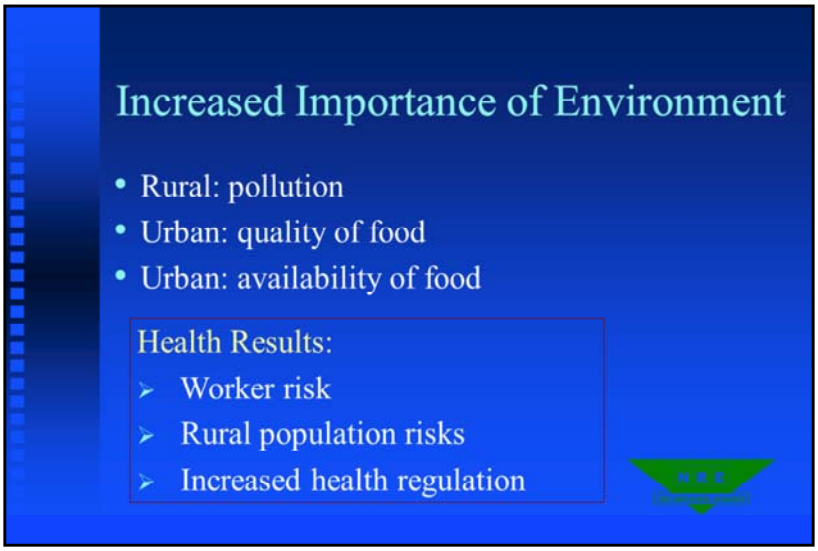

The New Rural Economy Research Project
• Macro analysis using census and survey data
• 32 field sites – a 'Rural Observatory'
• Building a learning culture
▪ Local economies (SMEs, Coops, Entrepreneurship)
▪ Social capacity (governance, 3rd sector, infrastructure)
▪ Social exclusion (social cohesion)
• Revitalize rural Canada
nre.concordia.ca

How have these affected the issue of health in rural Canada?

•I will look at this question in terms of 5 points.

- •Undermining traditional bases of community
- •New populations
- •Changes in health service delivery
- •New forms of social exclusion
- •Increased importance of environment

- Increasing (and selective) mobility among rural populations means that traditional infrastructure for support is inadequate.
  - New people not well integrated into informal networks
  - Those most able to care for themselves (and others) move out
- The special characteristics of the rural context place particular types of people at risk for health
  - Occupational
    - Rural jobs (e.g forestry, agriculture very dangerous occupations)
    - Rural health problems – driving accidents, isolation-related
  - Social categories
    - Elderly
    - Single parents (especially women) and their children
    - Working poor (family stress: violence, alcoholism, depression)
    - Youth
    - Aboriginal Peoples
- Problems are dispersed and often socially isolated – therefore not recognized until crisis stage
  - e.g. Rural post offices in Scotland – if people don't pick up their mail then someone calls – the importance of routines
- Transportation demands as services centralize place those without a license or car at risk (elderly., youths, single parents, and parents at home without car since spouse at job).
  - Exacerbated without a telephone



Importance of Environment

•Pollution in rural areas from several sources

- •Large industry (mining, forestry)
- •Distributed industries (agriculture) (elevated levels of cancer among farmers)
- •Isolation and distribution of population makes monitoring and managing water supplies difficult (e.g. wells, septic tanks)

•Urban demands for high quality foods increases concern for the conditions under which it is produced and processed (who is responsible: producer, processor, consumer?

•Even its availability is a problem – difficult to get non-GMO, and special diet foods.

- •Note: healthy lifestyles lower in rural areas (obesity high, exercise levels low)

•Results for health:

- •Demands for monitoring risks increase – difficult in rural areas
- •Increased regulations increase pressure for standardization and concentration of production
  - •Therefore increasing risks to disease
    - •eg. Single source pollution of food – mad cow disease