

# **Determinants of Health of Rural Populations and Communities Research Project**

**Social Sciences and Humanities Research Council  
Grant No. 828-1999-1029**

**Final Report  
1999-2005**

## **Rural Development Institute, Brandon University**

Brandon University established the Rural Development Institute in 1989 as an academic research centre and a leading source of information on issues affecting rural communities in Western Canada and elsewhere.



RDI functions as a not-for-profit research and development organization designed to promote, facilitate, coordinate, initiate and conduct multi-disciplinary academic and applied research on rural issues. The Institute provides an interface between academic research efforts and the community by acting as a conduit of rural research information and by facilitating community involvement in rural development. RDI projects are characterized by cooperative and collaborative efforts of multi-stakeholders.

The Institute has diverse research affiliations, and multiple community and government linkages related to its rural development mandate. RDI disseminates information to a variety of constituents and stakeholders and makes research information and results widely available to the public either in printed form or by means of public lectures, seminars, workshops and conferences.

For more information, please visit [www.brandonu.ca/rdi](http://www.brandonu.ca/rdi).

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## **Final Report 1999-2005**

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## Executive Summary

In 1999, the Rural Development Institute (RDI) of Brandon University was awarded the *Determinants of Health of Rural Populations and Communities* Project as an innovative, interdisciplinary research project funded by the Social Sciences and Humanities Research Council of Canada (SSHRC). The goals of the project were to examine the determinants of population health and community health indicators; to generate and adapt health indicators for application to rural populations and communities; to develop a framework, process and tools with selected rural communities to assist them with assessing their health and sustainability; and to apply and evaluate the resulting framework, process and tools with selected communities.

A critical component of the research project involved engaging students in field research. During the course of the project, RDI engaged a total of eighteen students, thirteen undergraduate and five graduate, with thirty-five percent of the total expenditures going to student salaries and benefits. Students participated in designing the research, collecting and analyzing data, presenting research results, publishing the guidebooks, producing presentations, providing administrative support, organizing workshops, designing and maintaining websites, maintaining contact with community stakeholders, managing databases, meetings with researchers, partners and collaborators, while working in an interdisciplinary and multi-university research environment.

Rural residents, researchers and project partners, developed a framework for rural communities. Participants in fifteen focus groups from communities throughout southwestern Manitoba were asked to share their views of the concepts of 'rural', 'health' and 'community'; to describe ways to determine if a community was healthy; and to suggest criteria to assess rural community health and well-being. Following the focus groups, representatives of each focus group participated in a workshop to develop a meaningful framework and indicators for rural community assessment. Ten framework categories were identified and visually represented as a flower. During the same period of time, health care managers throughout western Manitoba were interviewed to ascertain their perceptions of quality of life in rural communities and to obtain their suggestions for indicators of rural health and well-being. The researchers used the resulting information to develop the *Rural Community Health and Well-being Framework*, indicators, processes and tools, including the guidebook, [A Rural Community Guide for Assessing Well-Being and Quality of Life](#), for use by residents of rural communities to assess the health and quality of life of their communities.

Pilot communities were required to test the guidebook, processes and tools. The criteria for the pilot communities included a commitment and desire for residents to undertake a project to look at the health and well-being of their community; a contact person/coordinator to work with the research partners and act as a liaison with a community committee; and a group of volunteers to act as a steering group for the project. Research partners nominated two southwestern Manitoba communities: the Town of Shoal Lake and Rural Municipality of Shoal Lake; and the Town of Virden and the Rural Municipality of Wallace. The communities eagerly joined the project in late 2002 and formed steering committees of interested residents. A copy of the guidebook was provided to each steering committee. Sub-

committees were organized around the framework categories (petals) and each sub-committee reviewed the indicators within their category and decided which data to collect. Community project coordinators assisted the committees in collecting, analyzing and organizing the data with the support of student interns and student research assistants from RDI. Community and business surveys were developed to gather information and opinions that were not available through regional or local data sources.

Based on the experiences and feedback from the first two pilot communities, researchers developed a *Community Resiliency Framework*. Researchers also revised the *Rural Community Health & Well-Being Framework* and indicators to reflect the knowledge gained and the experiences of the pilot communities. This research resulted in the development of a *Community Health Action Model* which combines the *Community Resiliency Framework* and the *Rural Health & Well-Being Framework* to produce a model for community development and action. A new guidebook, Rural Community Health and Well-Being: A Guide for Action, was created.

In the spring of 2004, RDI sought a community partner in northern Manitoba. The Town and Community Adjustment Committee of Leaf Rapids, a remote northern Manitoba community invited RDI to the community. Members of RDI's research team traveled to Leaf Rapids and met with several residents and groups in the community. During that visit, the community invited RDI to assist them in studying well-being and quality of life in Leaf Rapids; implementing community action on key issues; and building skills and capacity that would remain in the community. An advisory committee was established to guide the project, and a local community coordinator who provided support for the project was engaged. RDI researchers and student traveled to the community on a regular basis, facilitating advisory and community meetings, data gathering and data analysis.

Community committees spent countless hours partnering with the university researchers gathering information to better understand their communities. They also provided invaluable feedback on the design, structure and content of the frameworks, *Community Health Action Model* and the guidebooks developed through this research project. The citizens of the pilot communities will use the skills and knowledge they gained, and the information gathered in their communities to surface public values, opinions and priorities; dispel myths; confirm knowledge; set priorities; develop short and long range plans; define and solve problems; stimulate action; build support to address issues; and provide evidence to influence others. Citizens in other rural and northern communities within Canada will be able to use the frameworks, model, processes and tools developed in this research project for building capacity within their own environments to gather information and make decisions regarding their health and quality of life.

Major benefits for students working on this project were opportunities to work in an interdisciplinary research environment that developed their ability to be flexible, innovative and to put theory into action. It provided them with opportunities for academic and professional development, as well as developing skills for future employment. Students developed contacts and networks in communities and professional areas of practice such as community development, mental health and rural health.

## Introduction

Like other Canadians, rural Manitobans are vitally concerned about how they can participate in decision making and planning processes to ensure they have a readily available and desirable health care system. Provincial governments rise and fall on the basis of people's perceptions of health care and health care delivery. Emergent issues are governance and decision making processes for regional health authorities and district health councils, evidence-based planning, citizen engagement and quality of life. On the academic side, much work has been done to examine the determinants of health and health indicators in order to analyze the health of rural populations. In tandem with these developments, both university scholars and community members have started to conceptualize both personal and community health in new ways. They are also learning to be open to examining the interface of personal health issues, community health issues and community sustainability.

In 1999, the Rural Development Institute (RDI) of Brandon University was awarded the *Determinants of Health of Rural Populations and Communities* Project as an innovative, interdisciplinary research project funded by the Social Sciences and Humanities Research Council of Canada (SSHRC). The goals of the project were to examine the determinants of population health and community health indicators; to generate and adapt health indicators for application to rural populations and communities; to develop a framework, process and tools with selected rural communities to assist them with assessing their health and sustainability; and to apply and evaluate the resulting framework, process and tools with selected communities.

Researchers asked: How healthy are rural communities? How do rural residents perceive health and the health of their communities? How can the health of rural communities be described? What tools can be developed to assist rural communities in determining their level of health and their level of sustainability? How do the determinants of health apply to rural populations and to rural communities? What is the impact of factors such as distance, distribution of population, the agricultural economy, the location of services and the thinning of social networks on the health of rural people and their communities? Regional health authorities asked: How can the health of our residents and our communities be measured? What action can be taken to improve the health of our residents and our communities? Community Development Corporations asked: How do we build sustainable and healthy rural communities? What factors contribute to the health and sustainability of a rural community? How can we measure those factors and identify strategies to address the findings?

The multidisciplinary, multi-university research team (See Appendix A) was led by Dr. Robert Annis, Director of the Rural Development Institute and Associate Professor, Department of Rural Development, Brandon University. Dr. Annis has extensive experience in the design and management of complex research projects and community development processes. He firmly believes that universities and university-based scholars can serve important roles not just in the creation of knowledge and contributions to scholarship and teaching, but in using their resources, knowledge and skill sets to help build strong vibrant communities through active citizen engagement processes.

A critical component of this research project involved engaging students in field research. In particular, students from the new Master of Rural Development program at Brandon University had the opportunity to be actively engaged in project activities. Brandon University is primarily an undergraduate institution and, because of that, undergraduate students were provided with unique opportunities to participate in research in multi-disciplinary settings.

Participatory Action Research (PAR) underscored the entire research project, with participation in the research by people from focus group and pilot communities, drawing on their knowledge and personal experiences to contribute to the research agenda, processes and findings.

## **Project Goals**

The overall goals of the project were to:

1. examine the determinants of health and health indicators and analyze the health of rural populations using existing secondary data at a national, provincial and regional level;
2. adapt current health indicators for application to rural populations and dialogue with our partners and rural residents in the community to generate new indicators of the health and sustainability of rural communities (moving from an individual level to a community level as the unit of research);
3. develop a framework, processes and tools with selected rural communities to assist them with assessing their health and sustainability (for example, community workbooks);
4. apply and evaluate the resulting framework, processes and tools with selected communities;
5. communicate and disseminate research results to academic, health and community development sectors; and
6. increase the numbers and skills of trained researchers and practitioners who will work on issues of healthy and sustainable rural communities and individuals.



## **Project Activities and Outputs**

### **Examine the Determinants of Health and Health Indicators**

*Examine the determinants of health and health indicators and analyze the health of rural populations using existing secondary data at a national, provincial and regional level.*

Researchers drew on the rich sources of information from Statistics Canada databases such as the National Population Health Survey, National Longitudinal Study of Children and Youth, and General Social Survey Cycle 11. Selected aspects of the health status and determinants of health of rural people were examined. A substantive challenge was defining rural for use with large health databases. Researchers worked with colleagues from across Canada to explore this issue.

### **Adapt Current and Generate New Health Indicators**

*Adapt current health indicators for application to rural populations and dialogue with our partners and rural residents in the community to generate new indicators of the health and sustainability of rural communities.*

Initially researchers examined the literature including quality of life, community health and community sustainability frameworks and indicators. Working papers were prepared to provide ideas and criteria for consideration by rural residents as they participated in the development of a framework and corresponding indicators for use by rural communities. An annotated bibliography of the literature was developed.

Focus groups were conducted in fifteen rural communities in southwestern Manitoba. Rural residents were asked for their views of the concepts of ‘rural’, ‘health’ and ‘community’. Participants described ways to determine if a community is healthy and suggested criteria to assess rural community health and well-being.

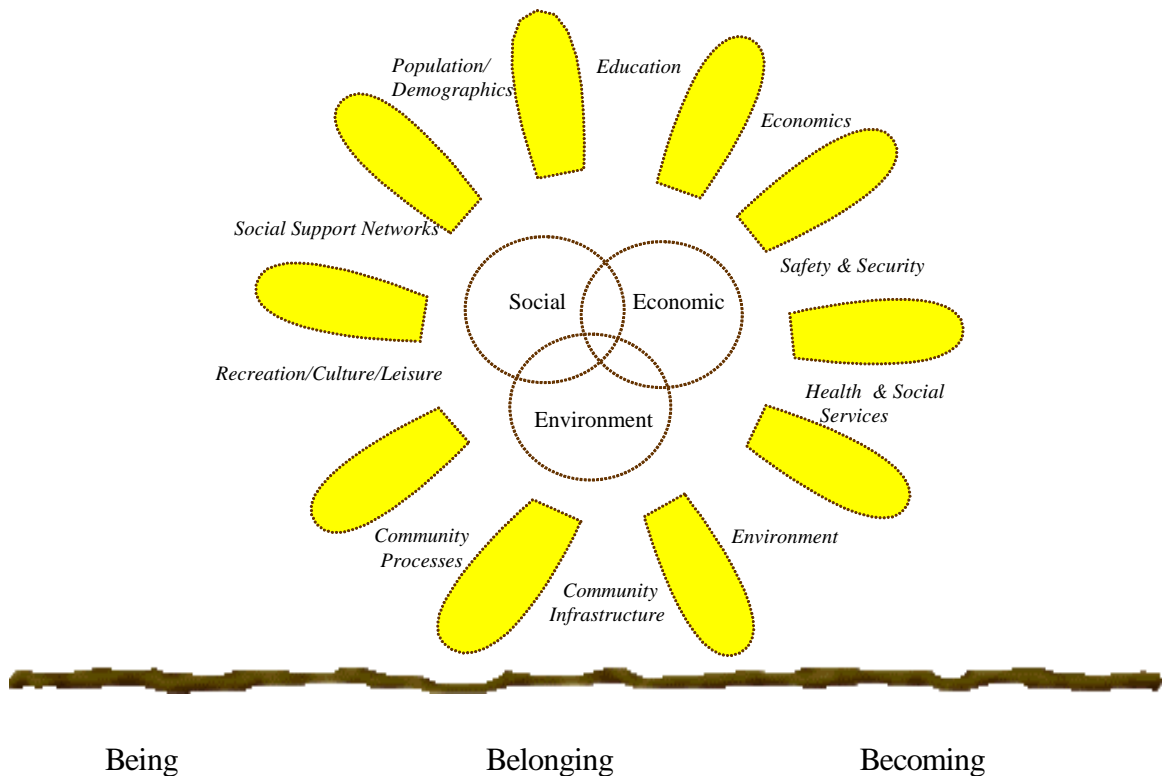
Twenty interviews were conducted with healthcare managers at health centres throughout the study area. The purpose of the survey was to ascertain perceptions of rural and community; define indicators of rural health and well-being; and identify concerns about healthcare delivery.

## Develop a Framework, Processes and Tools

*Develop a framework, processes and tools with selected rural communities to assist them with assessing their health and sustainability (for example, community workbooks).*

### **Framework and Indicators**

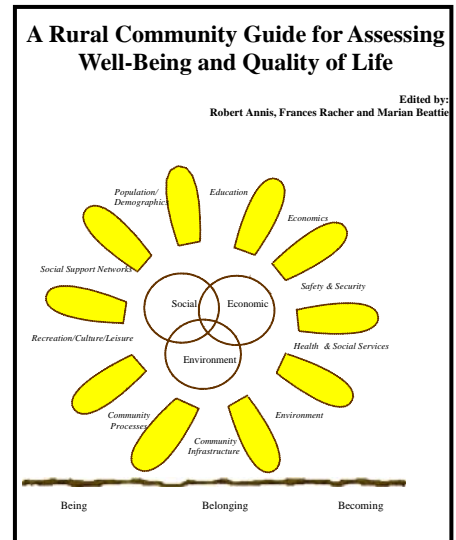
Rural residents, together with researchers and project partners, participated in a day-long workshop in February 2002 and developed a framework to examine the health and well-being of rural communities. The framework was depicted as a flower, with each petal a framework category/domain. Domains include Population and Demographics; Education; Economics; Safety and Security; Health and Social Services; Environment; Community Infrastructure; Community Processes; Recreation/Culture/Leisure and Social Support Networks. Indicators for each framework category were developed using information gathered from the literature, existing secondary data, and input from partners and communities from the focus groups and workshop.



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## **Guidebook**

The framework and indicators became the foundation of the Rural Community Guide for Assessing Well-Being and Quality of Life guidebook. This guidebook was developed as a tool for rural community members to use for building partnerships, conducting community assessments, establishing baselines and setting future goals. This guidebook was designed to stimulate community capacity building and community development processes as well as to provide valuable information for community planning. The process of undertaking the assessment using the guidebook had potential to build commitment for and facilitate change; empower the community, making it a partner in community health and quality of life decisions; increase communication; encourage participation and involvement in the community; increase knowledge of determinants of health; increase awareness of health issues; influence and guide policy development; resolve multiple viewpoints; and avoid relying solely on provider's estimates of service needs.



## **Apply the Framework, Processes and Tools**

*Apply and evaluate the resulting framework, processes and tools with selected communities.*

### **Pilot Communities**

Pilot communities (see Appendix B) were required to test the guidebook, processes and tools. The criteria for the pilot communities included a commitment and desire for residents to undertake a project to look at the health and well-being of their community; a contact person/coordinator to work with the research partners and act as a liaison with a community committee; and a group of volunteers to act as a steering group for the project. Research partners nominated two southwestern Manitoba communities: the Town of Shoal Lake and Rural Municipality of Shoal Lake; and the Town of Virden and the Rural Municipality of Wallace. The communities eagerly joined the project in late 2002 and formed steering committees of interested residents. A copy of the guidebook was provided to each steering committee. Sub-committees were organized around the framework categories (petals) and each sub-committee reviewed the indicators within their category and decided which data to collect. Community coordinators assisted the committees in collecting and organizing the data with the support of student interns and student research assistants from RDI. In the spring of 2004, RDI sought a community partner in northern Manitoba. The Town and Community Adjustment Committee of Leaf Rapids, a remote northern Manitoba community, invited RDI to the community. Members of the research team traveled to Leaf Rapids and met with several residents and groups in the community. During that visit, the community invited RDI to assist them in studying well-being and quality of life in Leaf Rapids; implementing community action on key issues; and building skills and capacity that would

remain in the community. An advisory committee was established to guide the project, and a local community coordinator who provided support for the project was hired. RDI researchers and students traveled to the community on a regular basis, facilitating advisory and community meetings, data gathering and data analysis.

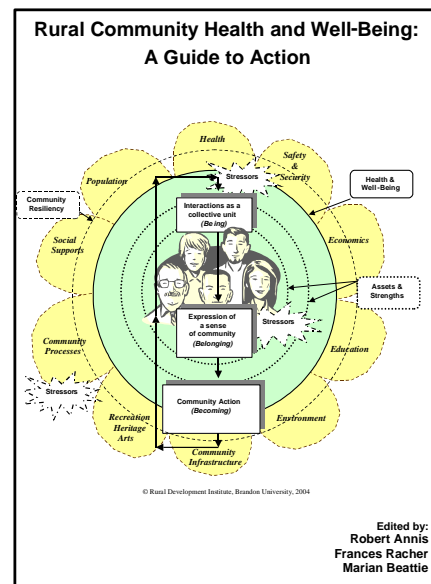
**Frameworks and Model**

Based on the experiences and feedback from the first two pilot communities, researchers developed a *Community Resiliency Framework*. Dimensions and characteristics of resilient communities include: people – their beliefs, values, attitudes and behaviours; organizations – collaboration within local organizations, institutions and groups; resources – internal and external; and community processes – planning, participation and action. Researchers also revised the *Rural Community Health & Well-Being Framework* and indicators to reflect the knowledge gained and the experiences of the communities of Shoal Lake and Virden.

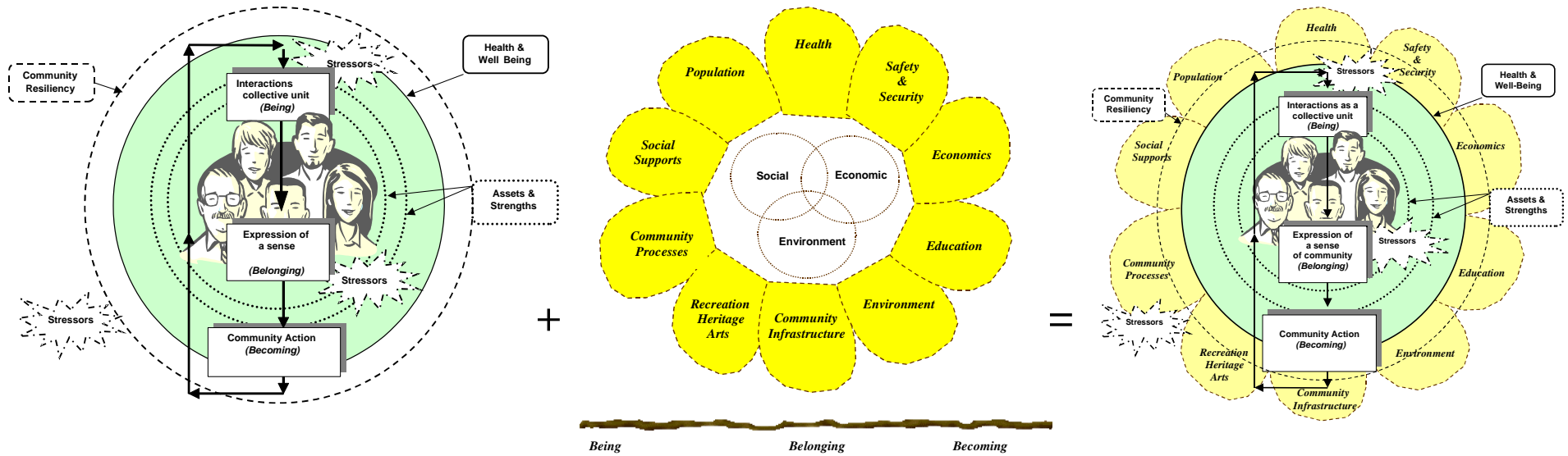
These two frameworks overlay one another to form a *Community Health Action Model*, a model for community development and action. Collective and collaborative action empowers communities to take true ownership of the health and development of their community and of every citizen, regardless of age, gender, ethnicity, socio-economic status, residential tenure and community roles. By understanding community resiliency (Community Resiliency Framework) when gathering information about the health and well-being of a community (Rural Community Health and Well-Being Framework) a more complete picture of the community emerges. The *Community Health Action Model* depicts this synergy, enabling communities to use a more holistic approach.

**Guidebook**

A second guidebook, Rural Community Health and Well-Being: A Guide to Action was developed and tested in Leaf Rapids.



# Community Health Action Model: A Model for Community Development and Action



Community Resiliency Framework

Rural Community Health & Well-Being Framework

Community Health Action Model

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## **Knowledge Translation and Transfer**

*Communicate and disseminate research results to academic, health and community development sectors.*

Findings and information that evolved from this research project were communicated and disseminated to the communities involved as well as to the academic, health, community development and public sectors (see Appendix C). Two books; sixteen book chapters; twelve peer-reviewed journal articles; six working papers; eight documents in progress; six reports; nine research resources; forty three peer-reviewed conference presentations; thirteen non-peer reviewed conference presentations; twenty three public communications; nine policy presentations, publications; nine policy meetings; twenty student book chapters, papers, theses, and conference presentations; and 23 corollary activities for a total of one hundred ninety-nine dissemination products and activities of this participatory action research project.

## **Increase the Numbers and Skills of Researchers**

*Increase the numbers and skills of trained researchers and practitioners who will work on issues of healthy and sustainable rural communities and individuals.*

### **Students**

Students are an integral aspect of the research and learning process. Students are enthusiastic contributors to research who bring other lenses and complimentary skills to research projects. RDI, as a centre for rural development, recognizes the role of students in fulfilling its mandate to assist with rural community development and community resiliency through research and information on issues unique to rural areas. RDI developed and implemented a student internship program offering funding support to bachelor, master and doctoral level students interested in the field of rural development. The student internship program operated as a shared research and learning experience. Student interns devoted two-thirds of their internship to RDI project work assigned by RDI's Director, and the remaining time on guided individual studies related to rural developmental issues. During the course of this project, RDI engaged a total of eighteen students - thirteen undergraduate and five graduate. Seven of those students were student interns

Students participated in designing the research, collecting and analyzing data, presenting research results, publishing the guidebooks, producing presentations, providing administrative support, organizing workshops, designing and maintaining websites, maintaining contact with community stakeholders, managing databases, meetings with researchers, partners and collaborators, and working in an interdisciplinary and multi-university research environment. This research project contributed to the development of students' data collection, data analysis, supervisory, organizational, computer, communication and project management skills; capacity to develop research design, to develop methodology and to work in teams; knowledge of writing grant proposals, of other fields of research/discipline and of what an academic career entails; publications/presentations bearing the students' names; creation of useful contacts, networks and references for the Curriculum Vitae or Resumé; confidence in their own research capacities and cultural sensitivity.

### ***Research Linkages***

This project had linkages to other research projects. The Community Collaboration Project (CCP) was a collaborative arrangement that provided an operational and program delivery model among selected communities, RDI, and federal and provincial government agencies. Partners in the CCP include the communities of four regional round tables; Rural Secretariat, Agriculture and Agri-Food Canada; Health Canada; Environment Canada; Western Economic Diversification Canada; Community Futures Partners of Manitoba; Manitoba Intergovernmental Affairs; and Manitoba Community Connections. The CCP facilitated the round table community development process to regions within the province of Manitoba and to a region that includes portions of Manitoba and the territory of Nunavut. Leaf Rapids is a member of the Northern Vision Regional Round Table whose member communities were interested in learning from Leaf Rapids' experiences within the SSHRC-funded project. Dr. Annis is a member of Rural Team Manitoba, a team of federal, provincial, municipal, academic and community-serving departments and organizations who have an interest in rural, remote and northern Manitoba. He provided information about the project to this cross-government, cross-departments team.

### ***Research Alliances and Affiliations***

RDI's community development and health research affiliations with the Canadian Community Economic Development Network; Canadian University Network on Rural Development; the Initiative of the New Economy (Concordia University); Canadian Consortium for Health Promotion Research; and the Canadian Rural Health Research Society served to further expand communications, capacity building and dissemination across the country.

## Project Legacy

The citizens of the pilot communities will use the skills and knowledge they gained, and the information gathered in their communities to surface public values, opinions and priorities; dispel myths; confirm knowledge; set priorities; develop short and long range plans; define and solve problems; stimulate action; build support to address issues; and provide evidence to influence others. Residents in other rural and northern communities within Canada will be able to use the frameworks, model, guidebook, processes and tools developed in this research project for building capacity within their own environments to gather information and make decisions regarding their health and quality of life.

Students working on this project had opportunities to work in an interdisciplinary research environment that developed their ability to be flexible, innovative and to put theory into action. This project provided them with opportunities for academic and professional development, as well as developing skills for future employment. Students developed contacts and networks in communities and professional areas of practice such as community development, mental health and rural health.

Through numerous articles, papers, presentations and other communications, rural residents and the academic, health and community development sectors have had the opportunity to learn about this community-up participatory action research project. The *Rural Community Health and Well-Being Framework*, *Community Resiliency Framework*, *Community Health Action Model*, and Rural Community Health and Well-Being: A Guide for Action guidebook will contribute to community development and action.



## Appendix A: Research Team

### Principal Research Investigator

**Dr. Robert Annis**, Director of the Rural Development Institute, Associate Professor, Department of Rural Development, Brandon University.

### Research Co-Investigators

**Dr. John Everitt**, Professor, Geography Department, Brandon University. His research interests include prairie landscapes and subcultures; aging/elderly; small settlement studies; and changing rural lifestyles.

**Dr. Barbara Gfellner**, Professor, Psychology Department, Brandon University, is a developmental psychologist with extensive background using a contextual approach in the study of health and well-being of individuals in rural communities.

**Dr. Fran Racher**, Associate Professor, School of Health Studies, Brandon University, relies on her nursing and community health background in her research and community development work with rural communities and rural health organizations through RDI of Brandon University.

**Dr. Betty Havens**, Senior Scholar, Department of Community Health Sciences, University of Manitoba.

**Dr. Bill Reimer**, Professor, Department of Sociology and Anthropology, Concordia University, Montreal Quebec.

### Research Collaborators

**Brandon University**, Brandon Manitoba: Dr. Doug Ramsey and Dr. Ken Bessant, Department of Rural Development; Dr. Nukte Edguer, Department of Psychology; Dr. Noreen Ek, Ms Renée Robinson and Ms Kim Ryan-Nicholls, School of Health Studies. **Brandon Manitoba**: Mr. Earl Backman.

### Community Partners

The Town and Rural Municipality of Shoal Lake, the Town of Virden and Rural Municipality of Wallace and the Town of Leaf Rapids all participated in the research project.

### Participating Focus Group Communities

Several communities participated in focus group discussions. They include the southwestern Manitoba communities of Carberry, Coolspring and Decker Hutterite Colonies, Deloraine, Glenboro, Glenella, Killarney, Melita, Miniota, Minnedosa, Rivers, Russell, Souris, Strathclair, Treherne, and Virden

### Communities-Serving Partners

Assiniboine and Brandon Regional Health Authorities; Community Futures Partners of Manitoba; Virden-Wallace Community Development Corporation; and Wheat Belt Community Futures Corporation.

**Government Partners**

Rural Secretariat, Agriculture and Agri-Food Canada; Health Canada, Population and Public Health Branch; and Statistics Canada.

**Brandon University Students**

Student Research Interns involved in the project were Elicia Funk, Ryan Gibson, Lori Gould, Tanis Horkey, Devron Kobluk, Katherine Pachkowski and Nicole Shirray.

Student Research Assistants included Amanda Campbell, Rebecca Cowan, Sarah English, Elicia Funk, Zamira Gawletz, Ryan Gibson, Lori Gould, Mike Kolba, Mark Matiasek, Amber Racher, Tara Romanyszyn and Catherine Taylor.

**RDI Contributors**

Research: Marian Beattie, Pamela McTavish, Beth Peers, and Karen Rempel.

Administrative: Sylvia Henry and Bev Lischka.

## Appendix B: Pilot Communities

### Shoal Lake

Located in southwestern Manitoba, Shoal Lake is nestled on the north shore of Raven Lake at the junction of three major highways; highways 16, 21 and 42. The Town of Shoal Lake is completely encompassed by the Rural Municipality of Shoal Lake. The community is surrounded by rich agricultural land primarily utilized for cropland (canola, flax, peas and lentils) and livestock raising. It is estimated that approximately one third of the local economy is comprised of agriculture (Manitoba Community Profiles, 2003). The community serves as the largest centre in the area, providing healthcare, educational, agricultural, financial, automotive and professional services.

The population of the town of Shoal Lake seems to be demographically healthy. Over the past decade, the population within the Town of Shoal Lake has seen a slight increase (Figure 1). Within the rural municipality however, there has been a steady decrease in the population. Over the past decade the municipality has seen a decrease of 18% (Figure 2). From 1991 to 2001 the rural municipality has declined by 127 people. With 45% of the total population consisting of individuals aged above 45, it could be said that both the town and the Municipality of Shoal Lake are an aging community. Ethnically, the three largest origins of this community are Ukrainian, English and Scottish. The Ukrainian ethnicity is a substantial influence as in the 1996 Statistics Canada census; almost 25% of respondents in the Town of Shoal Lake and over 36% of respondents in the Rural Municipality of Shoal Lake reported having knowledge of the Ukrainian language (Statistics Canada, 2003).

Shoal Lake joined the project in early December 2002. The initial meeting, held at the local hospital, was organized by the Rural Municipality of Shoal Lake with the rural municipality, the town, the local community development corporation, the regional health authority, the Oakburn advisory committee and the Shoal Lake School student council being invited to attend. The meeting saw members of five organizations as well as representatives of RDI discuss the project. The second meeting had a considerably larger attendance, as 15 members of the community were present, representing a wide variety of different groups including the town, the rural municipality, the regional health authority, the local school, the local student council, the community development corporation, local businesses and local seniors. The group was active in identifying segments of the community that they felt were not being represented, such as

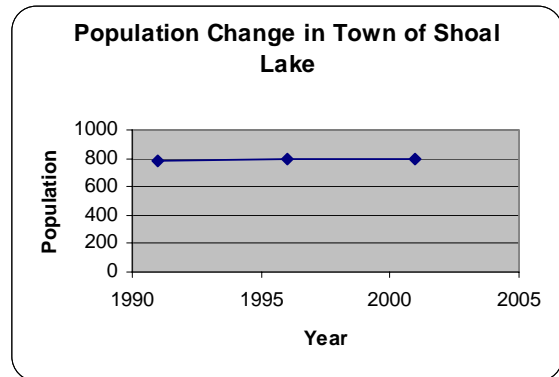


Figure 1 Population Change in Town of Shoal Lake  
(Source: Statistics Canada, 2003)

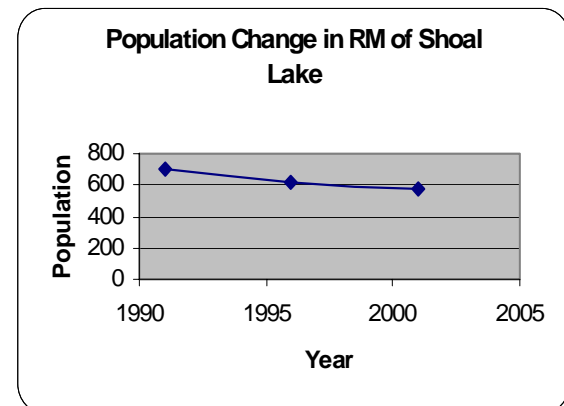
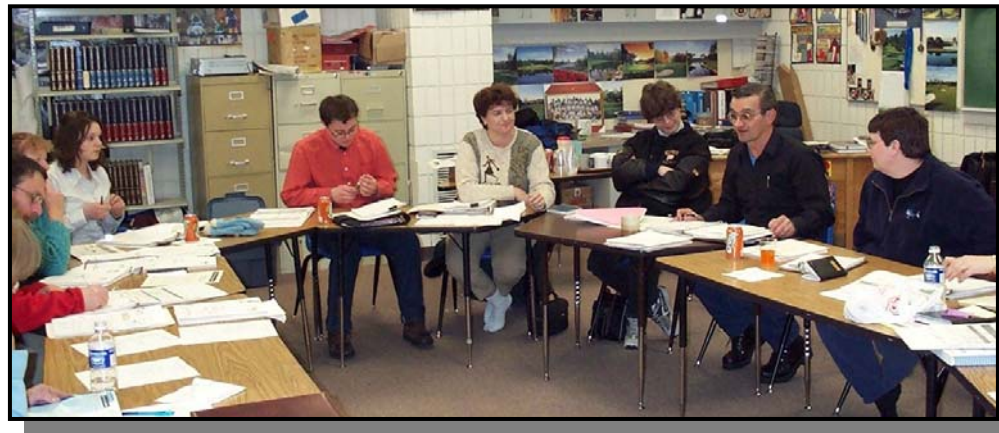


Figure 2 Population Change in RM of Shoal Lake  
(Source: Statistics Canada, 2003)

individuals with disabilities, members of the village of Oakburn and mothers of young children. To address these issues, the group made an attempt to include these segments through extending personal invitation to attend a meeting to learn more about the process.

From January to June 2003, the meetings in Shoal Lake averaged an attendance of nine community members. All meetings were held on weekday evenings in the local school, with meetings running for approximately three hours each evening. The group structured themselves with an eight-person committee, consisting of two co-chairs, a secretary and a treasurer. The group named themselves the **Shoal Lake Community Assessment Team**, or **CAT**. The committee decided that the most efficient way to manage the health and well-being domains, depicted as petals of a flower in the guidebook, was to have a sub-committee for each 'petal', consisting of one to three members.



**CAT meeting**

Until early February when a secretary was appointed, RDI volunteered to record the minutes of the meetings. These meeting minutes were distributed to all CAT members via e-mail or fax. Every meeting followed a prepared agenda to ensure all content was covered. To assist in the collection of data and the organization of CAT, it was decided that a part-time project coordinator be engaged. In early February an advertisement was placed in the local newspaper, as well as appearing at the Employment Resource Centre in Russell and bulletin boards at the town office and the bank. By March 2003, the CAT had gone through the interview process and engaged a community project coordinator. An office was opened to house the CAT project in the rural municipality building through an in-kind donation made by the municipality. Both the municipality and the town also made financial contributions to the CAT to assist them in the project.

Each petal sub-committee was responsible for reviewing the indicators that were in the guidebook to determine which were important and relevant to their community. Once they had made this determination, the sub-committees then determined which data could be collected through existing data sources such as Statistics Canada or the local health authority. For indicators that the sub-committee felt were important to the community but data were not

available through existing sources, a list was compiled and sent to the community coordinator to include on a community wide survey.

The community coordinator, with assistance from RDI, compiled all the indicators that did not have readably available data into survey format. The survey questions were discussed by the CAT with RDI's assistance, for their importance and relevance to the community, their ethical content and to ensure that all required and necessary information was being addressed. The CAT decided that they would pursue two different surveys; one to be delivered to all members of the community and the second to only business owners within the community. A brief section on agricultural practices was placed at the end of the community survey. The surveys were distributed via postal boxes.

To ensure the surveys meet ethical guidelines, both surveys were submitted to the Brandon University Research Ethics Committee (BUREC). BUREC reviewed the surveys to ensure that potential respondents knew the goals of the surveys, their rights and how the results would be disseminated. Passive consent was assumed upon completion and return of the survey and this was explained to participants in the cover letter that accompanied the survey.

At the time of survey distribution, some members of the CAT were concerned that they would not receive a large number of responses due to conflicting with spring seeding for those involved with agriculture. However, both the community and business surveys had a very high response rate (Figure 3). At the deadline for submission, 176 community surveys of the 651 distributed surveys were returned, representing a return rate of 27%. The business surveys had a response rate of 40%, with 39 of the 96 surveys being returned.

	Response Rate
Community Survey	27%
Business Survey	40%

Figure 3 Response Rates to Surveys

To facilitate data entry, and to encourage student learning, the surveys were returned directly to RDI for data entry and preliminary analysis. Two students, one graduate and one undergraduate student were involved in data entry; another graduate student was involved in preliminary data analysis.

In conjunction with the local school division, local school, RDI and the CAT, the sub-committee reviewing the education petal distributed an additional survey to school-aged children. Students in grades 9 through 12 who received parental approval, participated in a survey.

To allow time for all the survey information to be entered into a computer database, the CAT decided to resume holding their meetings after the summer period. In the fall of 2003, the CAT, in conjunction with RDI, released a report entitled CAT Scanned: Shoal Lake Community Assessment Team (CAT) Lifestyle Report. The report was disseminated to the community through a variety of different means, including a public meeting, placing copies of the report in publicly accessible locations and through the local community newspaper.

## Virден-Wallace

The Town of Virден and the Rural Municipality of Wallace sit along the Manitoba-Saskatchewan border in southwestern Manitoba. Surrounded by rolling plains, agriculture has played an important role in the development of the area. Since the mid 1950s this area has become western Canada's second largest producer of crude oil (Manitoba Community Profile, 2003). Beneath many of the rolling plains of the area are large pools of crude oil. This presence of crude oil in the area has earned the area the title of "Oil Capital of Manitoba".

Like many communities in southern Manitoba, agriculture plays a large role in the economy of Virден-Wallace. Grain farming, oilseed and livestock grazing are the predominant forms of agriculture practice in the area. As well the community has many commercial establishments that cater to the agricultural industry, such as farm implement dealers and livestock services. The oil industry also plays a large role in the economy of the area. In 1996, approximately 6% of the labour force was directly employed in mining and oil well industries. However, the largest employment industry in the community is retail and trade (Statistics Canada, 2003). These services that are located in Virден are utilized by not only the community members but also the larger surrounding area. Over the past decade, there has been considerable movement of people in the Virден-Wallace area. The Rural Municipality of Wallace has experienced a decrease of over 340 residents, or 18% of their population (see Figure 1).

With population changes in the opposite direction, the town of Virден has experienced a growth of 7%, or almost 220 residents (see Figure 2). It should be noted that between 1996 and 2001 census collection dates, the town of Virден annexed land from the RM of Wallace. This annexed land and the residents living there will account for a portion of the decrease in the RM of Wallace and a portion of the increase in the town of Virден. The area in general though has seen a slight decrease in the total population, regardless to the annexed land. Over the last decade the entire area has decreased by 124 residents (Statistics Canada, 2003).

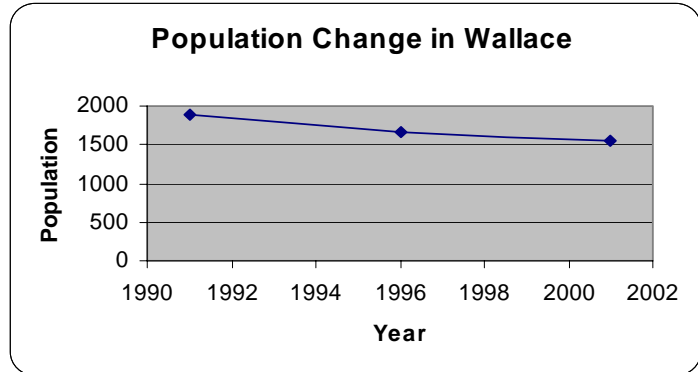


Figure 1 Population Change in the RM of Wallace  
Source: Statistics Canada (2003)

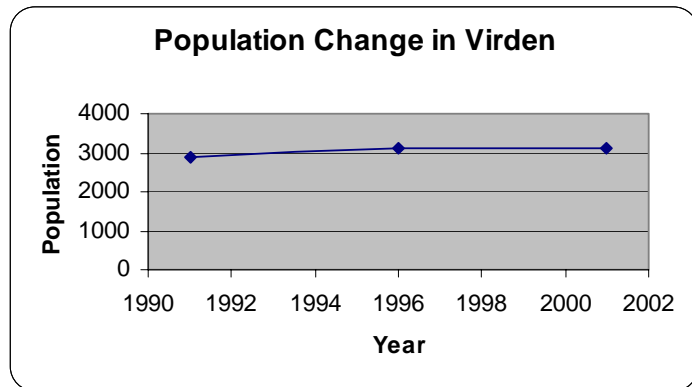


Figure 2 Population Change in the town of Virден  
Source: Statistics Canada (2003)



The initial project meeting in the community was organized by the Virden-Wallace Community Development Corporation in October 2002. After a review of the project by members of the community that had been invited to the initial meeting, it was decided that a follow up meeting would be beneficial. For this follow up meeting each member present at the initial meeting was to contact all the people and groups that they thought would be interested in the project. To attract people to this meeting, it was decided that they would have a local caterer prepare and serve a supper. This second meeting attracted a larger number of community members, with approximately 20 community residents attending. The community members in attendance represented many aspects of the community, including local service clubs, local businesses, local seniors, local religious leaders and health care professionals. It was at this meeting a structure was established for the local committee. Based on the model the community had used to host a successful Manitoba Summer Games in 2000, the group assigned a chairperson for each of the ten domains (petals) of the guidebook. Each chairperson was responsible for finding people to serve on this committee with them.

From December 2002 to June 2003, the committee averaged an attendance of nine people at its meetings. These meetings were held over the lunch hour to accommodate working individuals at the meeting room of the CPR Station building. Early in January 2003 the group decided to name itself the **Virden-Wallace Rural Lifestyle Assessment Team**. Each sub-committee chairperson, with assistance from their committee, -reviewed the contents of their section within the guidebook. Each committee examined the indicators and determined which data could be collected through existing data sources and what additional information needed to be collected. To assist them, a community project coordinator was engaged in early March. The project coordinator was responsible for the collection of data for the indicators, taking minutes of meetings and other duties as prescribed by the group. Part of the remuneration for the project coordinator position came from leveraging the financial contribution of RDI with Manitoba Advanced Education and Training.



**Rural Lifestyle Assessment Team meeting**

For the indicators that did not have data available from secondary sources, a survey was constructed that would be distributed to members of the community. After all questions were submitted to the project coordinator, it was decided that there should be two surveys; one tailored to local businesses and the second to the general community. Over a series of two meetings and assistance from RDI, the wording of both surveys was determined. All surveys were distributed through the postal outlets in late May 2003 with a return deadline of June 30<sup>th</sup>, 2003. Each survey contained a pre-addressed prepaid envelope for the completed surveys to be returned in. A reminder letter was distributed to all mailboxes in mid June to encourage those who had yet to return their surveys to do so.

By the beginning of July, 427 of 1915 distributed community surveys were returned. This represented a return rate of 22%. For the business surveys, 71 of the 255 were returned representing a return rate of 32%. To facilitate data entry, and to encourage student learning, the surveys were returned directly to RDI for data entry and preliminary analysis. Two students, one graduate and one undergraduate, were involved in data entry; another graduate student was involved in the preliminary data analysis.

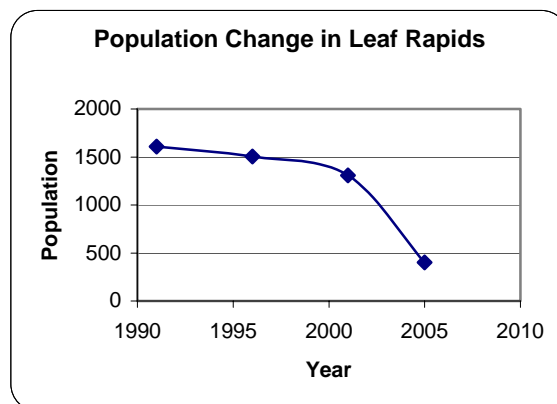
Over the summer months of 2003, the project coordinator continued to located data as well as prepared a final report for the committee. As a group, the Rural Lifestyle Assessment team decided not to resume meeting until after the summer to allow for all the data to be enter and preliminary results to be known. In the fall of 2003, the committee in conjunction with RDI released a report entitled Virden-Wallace Rural Lifestyle Assessment. The report was disseminated to the community through a variety of different means, including placing copies of the report in publicly accessible locations and through the local community newspaper.



## Leaf Rapids

The community of Leaf Rapids is located in the northwest region of Manitoba. Situated on the Canadian Shield and south of the Churchill River, the community was constructed during the early 1970s to meet the demands of the newly opened Ruttan Mine. The town has a unique layout, with a semi-circle of residential bays surrounding a multi-purpose town centre. The town centre is home to the school, health centre, recreational facilities (hockey arena, gymnasium, and curling rink), municipal administration, and local businesses. For its unique design, the community was awarded the Vincent Massey Award for Urban Excellence in 1975.

The local economy of Leaf Rapids was based on mining activities. Copper and zinc deposits were extracted from the Ruttan Mine until the summer of 2002, when the mine formally closed. Today the economy is largely based on service industries, such as tourism. Since 1991, the population of the community has declined by over 300 (Statistics Canada, 2004). However with the closure in 2002, community officials estimate the current population of Leaf Rapids to be 400-750.



Source: Statistics Canada, 2005

Early in 2004, RDI circulated a call for a third community to participate in the *Determinants of Health of Rural Populations and Communities* project. RDI was looking to engage one additional community to participate in the project and provide a rural or northern region the opportunity to learn about the community assessment and capacity building process during the project. The successful community applicant would have the opportunity to: study well-being and quality of life indicators in their community; develop community support and stimulate action; help decision makers and planners set priorities; develop long and short range plans; implement community action on key issues; and build skills and capacity that will remain in the community. This represented an opportunity for a community to undertake an assessment with the assistance of university researchers skilled in community development and community health promotion.

Among the proposals received was one from the Town of Leaf Rapids and the Leaf Rapids Community Adjustment Committee. Three members from Leaf Rapids traveled to Brandon in May 2004 to meet with members of RDI to further discuss the project. Following this meeting, representatives of RDI were invited to the community to meet with the various groups in the community, including the Town Council, members of the Community Adjustment Committee, teachers at the local school, members of the Manitoba Métis Federation, residents of Granville Lake (neighbouring community), and local community members.

In August an Advisory Committee was established to provide guidance to the project. Membership on the Advisory Committee consisted of local business owners, community elders, local youth, educators, town councilors, long-term community residents, new residents to the community, health care professionals, and knowledgeable local community residents. During the meetings in August, it was suggested that a local community coordinator be engaged to assist with the project. An advertisement for this position was circulated through local media and in early October a community project coordinator was engaged. Through in-kind donations by the Town of Leaf Rapids, the local project coordinator was equipped with an office, computer, and telephone in the municipal offices.



**Leaf Rapids Advisory Committee Meeting**

The community project coordinator, with the guidance of the Advisory Committee, began collecting information based on indicators in the Rural Community Health and Well-Being: A Guide to Action guidebook. Through conversations with local organizations, she collected information on the ‘Safety & Security’, ‘Community Infrastructure’, and ‘Community Processes’ petals. Other components of the project included community meetings, a population count, a photovoice project with local youth, an assessment of students’ needs and aspirations, and a review of access to health issues in the community.

Community meetings were held in December 2004 and January 2005. These meetings were forums for dialogue among community members regarding the future of their community. At the December community members discussed how they saw the community today and what they would like to see for the community in the short-term future (approximately 3 years from now). At the January community meeting, community residents reviewed what was discussed at the previous meeting and strategized how to move forward.

Due to financial limitations, the Town of Leaf Rapids had decided not to open the skating rink during the 2004-05 winter season. At the December community meeting, many community residents indicated that they would like to have the skating rink re-opened. As a result of that discussion, the Advisory Committee took the lead on organizing an outdoor skating rink that was constructed and ready for use by early January 2005.

Because the last Statistics Canada census of population was collected in 2001, when the Ruttan Mine was still in operation, the community recognized that they did not have an accurate count of the population. The *Population Count* component of the project was developed to gather a count of the people living in the community. Members of the Advisory Committee and the project coordinator went door-to-door in the community collecting demographic information from each household. It is anticipated numerous groups and organizations in the community, such as the Town Council, Education Centre, and the Youth Centre, will utilize the population data to assist in their future planning.

The *Through the Eyes of Youth* project came about through a partnership between the National Exhibition Centre in Leaf Rapids and RDI. The goal of this project was to gain an understanding of how children and youth of the community view their community. Children and youth residing in the town were provided with disposable cameras and over a two-week period took pictures that illustrated what their community was to them. Students kept photography journals noting how they came to take each picture, the content of the picture, and the significance of the picture to them. Each participant chose one picture for enlargement and display. The photos were displayed at the National Exhibition Centre in Leaf Rapids in December 2004. This exhibit entitled *Leaf Rapids Through the Eyes of Youth* provided a unique mechanism for the youth to share their perspectives of the community in a creative manner. The display was popular with the community and comments were overwhelmingly positive. The photographs and journals were analyzed by RDI researchers to understand how the children and youth view their community.



**Through the Eyes of Youth Exhibit  
at the National Exhibition Centre**



*Students' Social and Education Needs and Aspirations* project was conducted to gain a better understanding of the issues facing children and youth in the school and community. RDI Researchers interviewed senior students at the Leaf Rapids Education Centre in December 2004. Students were asked to identify any challenges for young people in the community, how the school meets their needs, and their plans for the future. Students also commented on issues such as cultural heritage content within the school curriculum, how older youth can help children of the community, and suggestions for the community.

The *Access to Health Services* component reviewed the concerns of community members towards health services. Access issues may be related to local services, itinerant services, and services for which residents must leave their communities. Such health services include primary health care, diagnostics, obstetrical and surgical services, dialysis, home care, emergency services, mental health services, preventative services and health promotion and education. Related issues of transportation compound the difficulties. Through interviews with local residents, stories of access issues were captured.

Although the formal *Determinants of Health of Rural Populations and Communities* project wraps up in March 2005, the Leaf Rapids Advisory Committee will not disband. The Advisory Committee has plans to continue working together well beyond March 2005. Understanding that community development is a continual process, the Advisory Committee will continue gathering the input of community residents in planning for both the short-term and long-term futures.



**Photograph from the Through the Eyes of Youth Project**

## Appendix C: Knowledge Translation and Transfer

### Books

Annis, R.C., Racher, F.E., & Beattie, M. (Eds.) (2004). *Rural community health and well-being: A guide to action*. Brandon, MB: Rural Development Institute, Brandon University.

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- Gfellner, B. (2001, July). *Community movers: Functional changes and well-being over eight years*. Paper presented at 17<sup>th</sup> World Congress, International Association of Gerontology, Vancouver, BC.
- Gfellner, B. (2001, July). *Aging in place: Ways to make it happen*. Paper presented at 17<sup>th</sup> World Congress of the International Association on Gerontology, Vancouver, BC.
- Gfellner, B., & Everitt, J. (2000, October). *Actual and subjective perceptions of functional change over eight years as predictors of well-being*. Paper presented at Canadian Association of Gerontology Annual Meeting, Edmonton, AB.
- Havens, B. (2002, October). *Doing research and delivering services in rural areas: Aging in Manitoba, 1971-2001*. Paper presented at The Rural Health Research in Remote and Rural Canada Conference, Halifax, NS.
- Havens, B. (2002, April). *The twin challenges of doing research and delivering services in rural areas: Aging in Manitoba 1971-2001*. Paper presented at The Valencia Research Forum, Valencia, ESP.
- Havens, B., Black, C., Chipperfield, J., Roos, N., Shapiro, E., Mossey, J., Finlayson, M., Payne, B., & Hall, M. (2001, July). *Aging in Manitoba, 2001: Overview*. Paper presented at 17<sup>th</sup> World Congress of the International Association on Gerontology, Vancouver, BC.
- Havens, B., & Hall, M. (2001, July). *Social isolation, geographic isolation, ethno-cultural background and social loneliness among aging in Manitoba respondents*. Paper presented at 17<sup>th</sup> World Congress of the International Association on Gerontology, Vancouver, BC.
- Havens, B. (2001, April). *Challenges of longitudinal research in rural areas*. Paper presented at the Annual Meeting of the Midwest Sociological Society, St. Louis, MI.
- Havens, B., Stloukal, L., Norri, D., Keefe, J., Racher, F., & Coppin, A. (2000, June). *Finding and using data on rural aging: An international perspective*. Paper presented at Rural Aging: A Global Challenge, First International Conference on Rural Aging, Charleston, WV.
- Havens, B. (2000, June). *When distances and climate intervene*. Paper presented at Rural Aging: A Global Challenge, First International Conference on Rural Aging, Charleston, WV.
- Racher, F. (2004). *Rural consumer participation in mental health program evaluation and development*. Paper submitted to 5<sup>th</sup> Canadian Rural Health Research Society Conference and 4<sup>th</sup> International Rural Nurses Congress, Sudbury, ON.
- Racher, F. (2004, June). *Elderly rural couples' experiences in accessing health services and managing their interdependent lives*. Presented at Incontro Internazionale – Exploring Connections, International Palliative Care Nursing Research Conference, Prato, Italy.

- Racher, F., & Everitt, J. (2004, May). *What makes a rural community healthy? "Health doesn't necessarily mean medical care"*. Poster presented at the National Primary Health Care Conference, Winnipeg, MB.
- Racher, F. (2003, October). *Experiences of elderly rural couples in accessing health services and managing their interdependent lives*. Paper presented at Canadian Association on Gerontology Annual Conference, Toronto, ON.
- Racher, F. (2002, October). *Accessing health services: Experiences of elderly rural couples*. Paper presented at 3<sup>rd</sup> Scientific Conference of Rural Health Research Society, Halifax, NS.
- Racher, F., Robinson, R., & Annis, R. C. (2002, April). *Rural residents partner to build a framework and indicators of health and quality of life of rural communities*. Paper presented at Partnership Research for Health and Social Change, 6th National Health Promotion Conference, Victoria, BC.
- Racher, F. (2001, October). *Exploring the determinants of rural health*. Paper presented at the First Annual Nursing Conference, University of Manitoba, Brandon, MB.
- Racher, F. (2001, July). *Synergism of rural elderly couples sustains their independence*. Paper presented at the 17<sup>th</sup> World Congress, International Association of Gerontology, Vancouver, BC.
- Racher, F., Gfellner, B., & Havens, B. (2001, July). *Challenges in utilizing national databases to explore the health of rural seniors*. Paper presented at 17<sup>th</sup> World Congress, International Association of Gerontology, Vancouver, BC.
- Racher, F., Ryan-Nicholls, K., & Robinson, R. (2000, October). *Rural consumers' perceptions of mental health services and other resources utilized following discharge from inpatient programs*. Paper presented at Rural and Remote Health: Exploring Issues, Making Connections, CRHRC, Ottawa, ON.
- Racher, F. (2000, June). *Searching for and using rural data*. Workshop presentation at Rural Aging: A Global Challenge, First International Conference on Rural Aging, Charleston, WV.
- Racher, F., Ryan-Nicholls, K., & Robinson, R. (2000). *Rural consumers' perceptions of mental health programs*. Paper presented at Rural and Remote Health: Exploring the Issues, Making the Connections, First Scientific Meeting, Rural Health Research Consortium, Ottawa, ON.
- Ramsey, D., Annis, R. C., & Everitt, J. (2001, November). *The rural community in Westman: Theoretical and empirical considerations*. Paper presented at Rural Canada: Moving Forward or Left Behind, Regina, SK.
- Ramsey, D., Bessant, K., Everitt, J., Havens, B., & Racher, F. (2000, October). *Putting theory into practice: Conceptual and operational definitions of rural and remote populations in*

- Canada*. Paper presented at Rural and Remote Health: Exploring the Issues, Making the Connections, First Scientific Conference, Rural Health Research Consortium, Ottawa, ON.
- Robinson, J. (2003, October). *Satisfaction and quality of life: Consumers' experience with rural mental health services*. Paper presented at the Canadian Rural Health Research Society, 5th International Symposium, Saskatoon, SK.
- Robinson, J. (2002, October). *Mental health services in rural and remote regions: adaptation of best practice models*. Paper presented at the Canadian Rural Health Research Society, 3<sup>rd</sup> National Conference, Halifax, NS.
- Ryan-Nicholls, K., Ramsey, D., Annis, R. C., & Beattie, M. (2003). *Assessing Health and quality of Life of Rural Communities: Piloting a Framework and Indicators*. Paper presented at the Future of Rural Peoples: Rural Economy, Healthy People, Environment, Rural Communities. Fifth International Symposium, Saskatoon, SK.
- Ryan-Nicholls, K., Gfellner, B., Racher F., Robinson, R., & Annis R. C. (2002, October). *Building a framework and indicators to assess health and quality of life of rural communities*. Paper presented at the Health Research in Rural and Remote Canada: Meeting Challenges, Creating Opportunities. 3<sup>rd</sup> National Conference, Halifax, NS.
- Ryan-Nicholls, K., Racher, F., Gfellner, B., & Annis, R. C. (2001, October). *Framework and indicators for quality of life and health of rural communities*. Paper presented at Health Research in Rural and Remote Canada: Taking the Next Steps, Second Scientific Conference, Rural Health Research Consortium, Saskatoon, SK.
- Ryan-Nicholls, K., Racher, F., Gfellner, B., & Annis, R. C. (2000). *Toward a framework to explore the health of rural communities*. Paper presented at the Rural and Remote Health: Exploring the Issues, Making the Connections, Scientific Meeting, Rural Health Research Consortium/ Canadian Coalition for Agricultural Safety & Rural Health, Ottawa, ON.

## **Non-Peer Reviewed Conference Presentations**

- Campbell, A. (2003, March). *Defining rural community and health in western Manitoba: Perspectives of health care managers*. Paper presented at the Rural Canada: Issues and Insights Conference, Brandon, MB.
- Gfellner, B. (2004, September). *Volunteerism and mental health of older adults in South West Manitoba*. Paper presented at the Mindful Care Psychogeriatric Conference, Brandon, MB.
- Gfellner, B. (2002, March). *Older adult volunteers, those unable to volunteer and non-volunteers*. Poster presentation at the 9th Annual Research Forum, Centre on Aging, University of Manitoba, Winnipeg, MB.
- Gfellner, B. (2002, May). *Characteristics and benefits of volunteering for older adults*. Poster presentation at the 19th Annual Spring Symposium, Centre on Aging, University of Manitoba, Winnipeg, MB.
- Gibson, R., Pachkowski, K., Racher, F., & Annis, R. (2004, August). *What makes a rural community healthy? "Health doesn't necessarily mean medical care"*. Poster presented at the Manitoba Summer Community Health Institute, Brandon, MB.
- Gibson, R., Ramsey, D., Annis, R., & Everitt, J. (2004, August). *What is a rural community? "Community is really mostly people"*. Poster presented at Manitoba Summer Community Health Institute, Brandon, MB.
- Havens, B. (2002, November). *Aging in Manitoba 2001*. Paper presented at The Health in the New Millennium Workshop, Winnipeg, MB.
- Ramsey, D. (2001, October). *Defining and describing rural health in Westman: A report of focus group discussions*. Paper presented at Canadian Rural Revitalization Foundation Conference, Muenster, SK.
- Ramsey, D. (2004, November). *Rural community well-being: Models and applications to Ontario and Manitoba*. Paper presented at Grand River Rural Forum, Brantford, ON.
- Ramsey, D. (2004, November). *Rural health and well-being: Reflections on best practices in collaboration in Manitoba*. Presented at Grand River Rural Forum, Brantford, ON.
- Ramsey, D., Annis, R., & Everitt, J. (2001, September). *Definitions and Boundaries of Community: The Case of Focus Group Analysis in Southwestern Manitoba*. Paper presented at the Prairie Division of the Canadian Association of Geographers Annual Meeting, Moose Jaw, SK.
- Ramsey, D., Gibson, R., Annis, R., & Everitt, J. (2004). *Defining rural and community in Westman*. Poster presented at Prairie Division of Canadian Association of Geographers Annual Meeting, Muenster, SK.
- Ryan-Nicholls, K. (2001, April). *Farm and rural stress: The barriers and enhancers to resiliency*. Panel presentation at Rural Forum 2001, Brandon, MB.

## Public Communications

- Community assessment workbook to be piloted in rural areas. (2002, October 2). *Brandon University News Release*.
- Community assessment workbook to be piloted in rural areas. (2002, October 2). *Brandon University News Release*.
- Coordinator advertisement for community assessment. (2003, March 29). *The Crossroads This Week*, p. A1.
- Coordinator advertisement for community assessment. (2003, March 29). *The Crossroads This Week*, p. A1.
- Determinants of community health (2004, October). *The Amisk Centre Program: A centre of excellence dedicated to sustainable development*, p. 1.
- Leaf Rapids community project coordinator advertisement (2004, September 7). *The Nickel Belt*, p. 7.
- Leaf Rapids National Exhibition Centre (2005). *Leaf Rapids through the eyes of the youth* [Art exhibit at the National Exhibition Centre, Leaf Rapids, MB].
- Part time research coordinator position advertisement. ( 2003, February 8). *The Crossroads This Week*, p. B12.
- Quality of Life in Shoal Lake being assessed. (2003, February 22). *The Crossroads This Week*, p. A1.
- Racher, F. (2001). *Interviewing rural seniors*. Invited training session for Aging in Manitoba Study, University of Manitoba, Winnipeg, May.
- Racher, F. (2002). *Self and informal care*. Health in the new millennium, Aging in Manitoba Workshop, University of Manitoba, Winnipeg, November (panel member).
- Racher, F. (2004). Elderly couples discuss their access to health services. *Vital Aging*, 10(1), 4. (bulletin published by the CLSC Rene Cassin/Institute of Social Gerontology of Quebec and the Foundation for Vital Aging). Published in English and in French.
- Racher, F. (2004). Interview on CDC radio on Primary Health Care and the Health of Rural Communities. Aired May 19.
- Racher, F. (2004). *Rural community health*. Guest lecturer, Community Health, Undergraduate Program, Faculty of Nursing, University of Manitoba, Winnipeg (via teleconference), March 22.
- Racher, F. (2004). When two become one: Viewing elderly couples as a unit of care. *Clinical Notes: Innovative Healthcare Solutions*, (Spring), 4-5.



- Racher, F., & Gfellner, B. (2002, February). *Rural residents identify indicators and build a framework to explore quality of life in rural communities*. Invited presentation to South Westman Regional Health Authority Board of Directors, Souris, MB.
- Rural Development Institute (2005). *Leaf Rapids through the eyes of the youth* [Art exhibit at the Curve Gallery, Brandon, MB].
- Rural Development Institute (2004, February). *Leaf Rapids: News and views (Volume 1)*. Community newsletter.
- Rural Development Institute (2004, March). *Leaf Rapids: News and views (Volume 2)*. Community newsletter.
- Rural Development Institute newsletters –Spring/Summer 2001, Fall 2001, Fall 2002, Winter 2004.
- Rural Development Institute Special Issue on Health Newsletter – Spring 2003
- Shoal Lake Community Assessment Team & Rural Development Institute (2004). Shoal Lake CATScanned newsletter. Brandon, MB: Rural Development Institute, Brandon University.
- Virden-Wallace Rural Lifestyle Assessment Project Team & Rural Development Institute (2004). Virden-Wallace rural lifestyle assessment newsletter. Brandon, MB: Rural Development Institute, Brandon University.

## **Policy: Meetings**

Rural Development Institute & Town of Leaf Rapids (2005, April). Community meeting. *Determinants of Health of Populations and Communities project*, Leaf Rapids, MB.

Rural Development Institute & Town of Leaf Rapids (2005, January). Community meeting. *Determinants of Health of Populations and Communities project*, Leaf Rapids, MB.

Rural Development Institute & Town of Leaf Rapids (2004, December). Community meeting. *Determinants of Health of Populations and Communities project*, Leaf Rapids, MB.

Rural Development Institute & Virden-Wallace Rural Lifestyle Assessment Team (2004, August). Community meeting. *Determinants of Health of Populations and Community project*, Virden, MB.

Rural Development Institute & Shoal Lake Community Assessment Team (2004, August). Community meeting. *Determinants of Health of Populations and Communities project*, Shoal Lake, MB.

Rural Development Institute & Virden-Wallace Rural Lifestyle Assessment Team (2003, February). Community meeting. *Determinants of Health of Populations and Community project*, Virden, MB.

Rural Development Institute & Shoal Lake Community Assessment Team (2003, January). Community meeting. *Determinants of Health of Populations and Communities project*, Shoal Lake, MB.

Rural Development Institute & Virden-Wallace Rural Lifestyle Assessment Team (2003, January). Community meeting. *Determinants of Health of Populations and Community project*, Virden, MB.

Rural Development Institute & Shoal Lake Community Assessment Team (2002, December). Community meeting. *Determinants of Health of Populations and Communities project*, Shoal Lake, MB.

## **Policy: Presentations and Publications**

Annis, R. (2004, October). *National rural conference*. Red Deer, AB.

Annis, R. (2003, April). *Who is doing what in CEDs in Canada and Manitoba*. Presented at Community Economic Development Services Workshop, Rural Forum 2003, Brandon, MB.

Annis, R. (2002, June). *Regional cooperation for community development*. Guest speaker at Winnipeg Brokenhead Community Futures Development Corporation Annual General Meeting, Winnipeg, MB.

Annis, R. (2003, September). Agriculture and Agri-Food Canada: Rural Secretariat strategic priorities for policy research in rural and community development. Ottawa ON.

Darling, D., & Annis, R (2000, November). *Building a healthy community workshop*. Presented to the Southwest Regional Round Table, Souris, MB.

Darling, D. & Annis, R. (2000, October). *Community strategic planning workshop*. Presented to the Northern Visions Regional Round Table, South Indian Lake, MB.

Schoonbaert, D. (2003, October). Developmental Assets: A profile of our youth. *Park West School Board Meeting*, Shoal Lake MB.

Schoonbaert, D. (2003, October). Developmental Assets: A profile of our youth. *Manitoba Provincial Teachers Conference*, Winnipeg MB.

Shoal Lake Community Assessment Team (2004, January). Shoal Lake Community Assessment Team Technical Report. *Joint Town and Rural Municipality of Shoal Lake Council Meeting*, Shoal Lake MB.

## **Student Book Chapters, Papers, Theses and Conference Presentations**

- Annis, R., & **Gibson, R.** (*in progress*). *Northern community health and well-being: A Study of Leaf Rapids*. Brandon, MB: Rural Development Institute, Brandon University.
- Annis, R., & **Gibson, R.** (2005). *Leaf Rapids December community meeting report*. Brandon, MB: Rural Development Institute, Brandon University.
- Annis, R., **Gibson, R.**, & Racher, F. (*forthcoming*). Model of community health action and guide for practitioners. *Rural and Remote Health*.
- Annis, R., **Gibson, R.**, Beattie, M., **Kobluk, D.**, **Pachkowski, K.**, & **Shirray, N.** (2004). Tools for action. In R. Annis, F. Racher, M. Beattie (Eds.) *Rural community health and well-being: A guide for action* (pp. 61-225). Brandon, MB: Rural Development Institute, Brandon University.
- Campbell, A.**, & Ramsey D. (2003, May). *Defining rural community health: Perspectives of residents and health care providers in southwestern Manitoba*. Paper Presented at the Canadian Association of Geographers Annual Meeting, Victoria, BC.
- Campbell, A.** (2003, March). *Defining rural community and health in western Manitoba: Perspectives of health care managers*. Paper presented at the Rural Canada: Issues and Insights Conference, Brandon, MB.
- Ek, D., & **Funk, E.** (2002). *Centre of Excellence for Child and Youth Centered Prairie Communities - Literature review summary report*. Brandon, MB: Rural Development Institute, Brandon University.
- Ek, D., & **Funk, E.** (2002). *Is Brandon child and youth friendly? A community consultation*. Brandon MB: Rural Development Institute, Brandon University.
- Funk, E.** (2004). *Rural health differences by definition*. Brandon, MB: Rural Development Institute, Brandon University.
- Gfellner, B., Ryan-Nicholls, K., **Gibson, R.**, **Pachkowski, K.**, & **Shirray, N.** (2004). Information collection and analysis. In R. Annis, F. Racher, & M. Beattie (Eds.) *Rural community health and well-being: A guide to action* (pp. 9-17). Brandon, MB: Rural Development Institute, Brandon University.
- Gibson, R.** (*forthcoming*). Leaf Rapids, Manitoba. In *Encyclopedia of Manitoba*. Winnipeg, MB: Great Plains Publishing.
- Gibson, R.** (2004). *Rural health: An annotated bibliography*. Brandon, MB: Rural Development Institute, Brandon University.
- Gibson, R.**, Ramsey, D., Annis, R., & Everitt, J. (2004). *What is a rural community? "Community is really mostly people"*. Poster presented at Manitoba Summer Community Health Institute, Brandon, MB.

- Gibson, R., Pachkowski, K., Racher, F., & Annis, R.** (2004). *What makes a rural community healthy? "Health doesn't necessarily mean medical care"*. Poster presented at the Manitoba Summer Community Health Institute, Brandon, MB.
- Horkey, T.** (forthcoming). *Qualitative research, phenomenology, and photovoice*. Brandon, MB: Rural Development Institute, Brandon University.
- Pachkowski, K.** (2004). *Delivering focus groups*. Brandon, MB: Rural Development Institute, Brandon University.
- Reimer, B., Ramsey, D., Ryan-Nicholls, K., & **Gibson, R.** (2002). Case study. In R. Annis, F. Racher, & M. Beattie (Eds.), *A rural community guide for assessing well-being and quality of life* (pp. 130-137). Brandon, MB: Rural Development Institute, Brandon University.
- Racher, F., Everitt, J., Annis, R., Gfellner, B., Ryan-Nicholls, K., Beattie, M., **Gibson, R., & Funk, E.** (2004). Rural community health & well-being. In R. Annis, F. Racher, & M. Beattie (Eds.) *Rural community health and well-being: A guide to action* (pp. 18-37). Brandon, MB: Rural Development Institute, Brandon University.
- Ramsey, D., **Gibson, R.**, Annis, R., & Everitt, J. (2004). *Defining rural and community in Westman*. Poster presented at Prairie Division of Canadian Association of Geographers Annual Meeting, Muenster, SK.
- Shirray, N.** (2004). *Survey information*. Brandon, MB: Rural Development Institute, Brandon University.

## Corollary Activities

- Annis, R. (2005). Community collaboration project: Empowering communities and building capacity. Funding application to Rural Secretariat, Agriculture and Agri-Food Canada (pending).
- Annis, R. (2004). Community collaboration to improve health care access of northern residents. Funding application to Aboriginal Peoples' Health, Canadian Institutes of Health Research (accepted).
- Annis, R. (2004, May). *Building the movement*. Presented at the Canadian Community Economic Development Network Conference, Trois-Rivières, Quebec.
- Annis, R., & Ottaway, D. (2003, November). *Communities and government working together*. Presented at Engage, Ignite, Declare the Strength of Communities, Toronto, ON.
- Annis, R. (2003). Rural and northern capacity building and community development Funding application to the Canadian University Research Alliance, Social Sciences and Humanities Research Council of Canada (not granted).
- Annis, R. (2002). Rural and northern community capacity to improve quality of life. Funding application to the Canadian University Research Alliance, Social Sciences and Humanities Research Council of Canada (not granted).
- Racher, F., & Guernsey, J. (2002). *Defining 'rural' and 'rurality' for health and health services research workshop funding*. Funding application to the Institute of Population and Public Health, Canadian Institutes of Health Research (accepted).
- Bessant, K., & Monu, E. (2001). Motivational and attitudinal correlates of female and male farm operators' off-farm employment in agro-Manitoba. *Prairie Forum*, 26, 107–118.
- Bessant, K. (2000). Part-time farming situations among Manitoba farm operators: A typological approach. *Canadian Journal of Agricultural Economics*, 48, 259–277.
- Ek, D.N., & Funk, E. (2002). *Centre of Excellence for Child and Youth Centered Prairie Communities - Literature review summary report*. Brandon, MB: Rural Development Institute, Brandon University.
- Ek, D.N., & Funk, E. (2002). *Is Brandon child and youth friendly? A community consultation*. Brandon MB: Rural Development Institute, Brandon University.
- Everitt, J., Massam, B., Romo, E., Dagostino, R., Sanchez, R., Ortiz, A., Delgado, A., Rodriguez, M., Covarrubias, P., Huizar, A., & Guevara, L. (2004). *Perceptions of spaces in Puerto Vallarta, Jalisco, Mexico* (RDI Working Paper 2004-1). Brandon, MB: Rural Development Institute, Brandon University.
- Gibson, R. (forthcoming). Leaf Rapids, Manitoba. In *Encyclopedia of Manitoba*. Winnipeg, MB: Great Plains Publishing.
- Massam, B., Everitt, J., Romo, E., Dagostino, R., Lara, M., Cupul-Magana, A., Sanchez, R., Guevara, L., Quevedo-Machain, R., Cachou, L., Rodriguez, M., & Huizar, A. (2003).

- Quality of life in the Puerto Vallarta region of Jalisco State, Mexico* (RDI Working Paper 2003-01). Brandon, MB: Rural Development Institute, Brandon University.
- Racher, F., & Robinson, S. (2003). Are phenomenology and postpositivism strange bedfellows? *Western Journal of Nursing Research*, 25(5), 464-481.
- Ramsey, D., Smit, B. (2002). Rural community well-being: Models and application to changes in the Ontario tobacco-belt. *Geoforum*. 33(3):367-384.
- Reimer, B. (2001, October). Revitalizing rural health. In Health Canada (Ed.) *Proceedings of the round table on rural home care research needs*. Ottawa, ON: Health Canada.
- Rempel, K., & Annis, R. (2003, October). *Investigation of the impact of community learning networks on rural community economic development*. Paper presented at The Future of Rural Peoples Conference, Saskatoon, SK.
- Rempel, K., & Annis, R. (2002). *Community adjustment handbook*. Brandon, MB: Rural Development Institute, Brandon University.
- Sylvestre, G., Hall, M., Havens, B., Carson, T., Ramsey, D., & Grodzik B. (2002). *Changes in geographic definitions: Aging in Manitoba study 1971-2001* (Working Paper, Aging in Manitoba). Winnipeg, MB: University of Manitoba.
- Walsh, D. & Annis, R.C. (2003). *Exploring university-community relations: The case of Brandon University's Community Outreach Centre* (RDI Working Paper 2003-02). Brandon MB: Rural Development Institute, Brandon University.
- Walsh, D., & Annis, R.C. (2003, October). *Finding an optimal relationship in university-community research engagement: The case of Brandon University's Community Outreach Service*. Paper presented at The Future of Rural Peoples Conference, Saskatoon, SK.
- Walsh, D., & Annis, R. (2003, May). *Exploring new links between universities and communities: The Outreach potential*. Presented at CU Expo International Conference, Saskatoon, SK.

## **RDI ADVISORY COMMITTEE**

**Scott Grills**, Chair  
Dean of Arts  
Brandon University

**Peter Reimer**  
Acting Director  
Rural Initiatives, Community Cooperatives  
and Regional Development Initiatives  
Manitoba Agriculture, Food and Rural Initiatives

**Larry Flynn**  
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Population Health Promotion  
Health Canada

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**Doug Ramsey**  
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**Frank Thomas**  
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**Ray Simms**  
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MTS Communications Inc.

**Jeff Williams**  
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Brandon University

**Dion Wiseman**  
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Department of Geography  
Brandon University

**Robert Annis**  
Director  
Rural Development Institute  
Brandon University

The role of the RDI Advisory Committee is to provide general advice and direction to the Institute on matters of rural concern. On a semi-annual basis the Committee meets to share information about issues of mutual interest in rural Manitoba and foster linkages with the constituencies they represent.