

HALDIMAND-NORFOLK HEALTH UNIT



Rural Health: A Qualitative Research Approach to Understanding Best Practices for Rural Health Service Delivery in a Public Health Setting

Deanna Morris MA, PhD (Candidate)

# Rural Health

- Haldimand-Norfolk Health Unit Strategic Plan
- “Leaders in Rural Health”
- Commissioned Dr. Heather Lee Kilty to develop report

# Purpose of the Report

1. Review the literature related to rural health and health-care service providers
2. Research the uniqueness and challenges working in rural public health
3. Research models and practices in rural health planning and capacity building from the literature and the experience of public health practitioners

# Purpose of the Report

4. Identify key components of rural health planning models and practices
5. Identify key programs and services of the Haldimand and Norfolk area that exemplify rural health best practices
6. Recommend strategies to increase the leadership, effectiveness, visibility and the recognition of Haldimand-Norfolk Health Unit expertise in rural health

# Definitions of Rural

- The term “rural is an elusive term that shares no universal agreement with policy makers, researchers and policy analyst
- 3 main approaches:
- 1. A Census Metropolitan Area must have a total population of at least 100,000 of which 50,000 or more live in the urban core.
- 2. A Census Agglomeration- must have an urban core population of at least 10,000.
- 3. MIZ- based on the workforce that commutes to work

# Literature

- Rural populations have different levels of health status compared to their urban counterparts
- Health disadvantages living in a rural area:
  1. ↑ senior population and children
  2. ↑ unemployment
  3. ↑ poverty
  4. ↑ disability rates
  5. ↑ infant mortality
  6. ↑ death rates (circulatory, respiratory, diabetes, suicide)

# Literature

Health disadvantages living in a rural area (cont):

7. Inability to access services in a timely manner

8. Travel long distances for healthcare, amenities, and other services

9. Shortage of physicians, specialists, and other healthcare professions

- Health Advantages living in a rural areas:

1. Less likely to be diagnosed with a new case of cancer

2. Better reported quality of life

3. Lower stress levels and stronger sense of community

4. Death rates due to cancer are lower in rural populations for specific cancers (i.e. Breast cancer)

# Haldimand-Norfolk

- Rural Area-
  1. non-metropolitan cities (20,000-49,000) people
  2. Small towns (2,500 to 19,999 people)
  3. No urban core (100,000)
- Total Population- 107,775
- Land Square km-2,858.48
- Per Density-37.7

# Focus Groups

- 5 focus groups in April 2007 for a two-week period
- 59 key informants (consisted of various teams)

# Themes

- Do you work in a rural area? How do you know?

1. Geography (demographics, population density, no metropolitan area, agriculture, many commute, Low German Population, Migrant Farm, Aboriginal Population)

*“ Yes, it is rural, because it is very agricultural and open.”  
You see lost of barns and animals, no sky scapers.” It’s  
alive (here)”*

# Themes

- 2. Transportation issues and distance to travel

*“transportation-or lack of it-is a huge barrier, (You) cannot get from point A to B” “Transportation makes it rural-there is no public transit”*

- 3. Self-Definition (saw themselves as rural from their differing experiences)

*“ We do things differently here” In the city there is a hubbub of activity”*

- 4. Philosophy of Life (Different way of thinking)

*“Different things are important (There’s) a different philosophy-how you treat time and space”*

# Themes

- 5. Community Relationships (strong sense of community relationships)

*“There is more value in community, everyone connects with everyone else and know’s who’s in charge of things”*

## 6. Lack of Access to Services and Resources

(Many health services are clustered in main areas and they may have to direct clients to seek services)

*“ sometimes they, the decision makers, don’t understand what it is like to work in rural areas”*

# Themes

- What is unique and/or positive about working in public health in a rural area?
- 1. A strong sense of community relationships and partnerships for collaboration (people know each other and are personally and professionally acquainted with the community)
  - “ *Our community partnerships are solid...volunteerism is very high...we have a good sense of community*”
  - “ *If you have a fire-people stick together and help more than the big cities*”

# Themes

- 2. The philosophy and way of life (pace of life, unique, positive and less stressful, and used to identify and solve problems)
- 3. The resources and resourcefulness of the rural community (“fantastic and active churches”, 12 daycares, resourceful (bring forward clothes and money), and commented in beauty of the area.
- 4. Ability to make decisions and supportive leadership (smaller bureaucracy made decision making positive, controlled, empower)

# Themes

- What is challenging about working in public health in a rural community? What are the obstacles of your work?
- 1. Community connections and challenges to confidentiality

*“There is a lack of anonymity-especially if you grew up in this area” “If you are not from here.”  
“New people are viewed as (if) they don’t belong”*

# Themes

- 2. The philosophy and way of life of a rural community is changing and causing some conflict (urban dwellers are relocating to rural, Caledonia)

*“People came from London and went into culture shock thinking we have all the same services”*  
*“We deal with racoons, bats, barn cats, deers, hunters.”People from the city don’t want manure sitting next to the house”*

# Themes

- 3. Special challenges to health and limited access to health services and others services (wait times, lack of physicians and specialists)  
*“If you hear a helicopter you know there has been a tragedy in the community”*
- 4. Challenges to recruit, train and retain rural public health staff
- 5. Socio-economic challenges
- 6. The co-existence of rich and poor populations in their area

# Themes

- What knowledge, skills, and experiences are required to work effectively in public health in a rural area?
  1. Need to be a jack of all trades and you need a bigger bag of skills
  2. You need capacity building and community mobilizing skills and the ability to facilitate leadership in others
  3. You need to be passionate about your work with rural people

# Themes

4. You need high-level communication skills
5. You need to be client centred
6. You need to be flexible, adaptable, creative and resilient
7. You need to have some practical skills to work in rural areas
8. You need to be able to work independently and self-directed
9. You need to know how to support each other
10. You need to measure outcomes and effectiveness in a rural sense

# Recommendations

- 1. Establish rural health needs for area
- 2. Use models and frameworks and rural health best practices when designing and implementing programs and services
- 3. Evaluate and Disseminate

# Next Steps

- Developed an environmental scan of rural health programs and service from a chronic disease perspective (PHAC, CIHI)
- Effective interventions
- Using the Determinants of Health and Population Health Promotion Framework
- Web-based Scan (tools, HU, Regional HA's) and Literature Search (Journals)

# Highlights of Results

- Significant gaps in the literature
- 30 articles that identified and summarized promising chronic disease interventions that either have been applied in a rural setting or have good potential to be adopted in a rural setting
- 18 themes that demonstrated as being crucial to the various effective programs reviewed

# Highlights of Results

- 1) The utilization of a multifaceted comprehensive health promotion approach that fostered multiple levels of interventions (combination of school based, store based, community, workplaces, media).
- 5 HU had a rural focus.
- From a rural health program planning and decision making, a wide range of publications, decision making toolkits, models, frameworks, programs, strategies, workshops, and events was found. (working in silos)
- Next steps: Review and Dissemination of Report

*Thank You*



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