Rural Resilience and Community Connections in Health: Outcomes of a Community Workshop

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What is known?

- Rural health problems are unique.
- Rural health research and policy initiatives have often been insufficient.

What does this report add?

- There are consistent barriers and facilitators impacting the health of residents in the Madawaska valley.
- The experiences of the workshop attendees are examined in conjunction with existing rural health research and policy needs.
- Future directions to address the needs of these communities in the context of rural health research and policy are explored.

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Executive Summary

Canadians living in rural communities are diverse, with individual communities defined by unique strengths and challenges that impact their health needs. Understanding rural health needs is a complex undertaking, with many challenges pertaining to engagement, research, and policy development. In order to address these challenges, it is imperative to understand the unique characteristics of rural communities as well as to ensure that the voices of rural and remote communities are prioritized in the development and implementation of rural health research programs and policy. Effective community engagement is essential in order to establish rural-normative programs and policies to improve the health of individuals living in rural, remote, and northern communities.

This report was informed by a community engagement workshop held in Golden Lake, Ontario in October 2019. Workshop attendees were comprised of residents from communities within the Madawaska Valley, community health care professionals, students and researchers from Carleton University in Ottawa, Ontario, and international researchers from Australia, Sweden, and Austria. The themes identified throughout the workshop included community strengths and initiatives that are working well, challenges and concerns faced by the community in the context of health, and suggestions to build on strengths and address challenges to improve the health of residents in the Madawaska Valley.

The objectives of this report are:

- To define rural health in the Canadian context
- To provide an in-depth discussion of both the strengths and barriers impacting the health of residents in Ontario's Madawaska Valley
- To outline current rural health policy in contrast with the experiences of these communities
- To determine potential future direction and recommendations based on the key findings of this report.

These objectives are met through an overview of rural health challenges in Canada, the identification of themes to highlight areas of importance in the context of health in the Madawaska valley, a brief overview of policy in relation to those themes, and recommendations to address challenges and establish improved rural-normative policy in Canada.

This report places the perspectives of rural residents at the forefront of the discussion and uses the themes, strengths, and challenges identified by workshop participants to frame the discussion and develop recommendations.

Background

Rural health research is highly complex field that remains both uniquely satisfying and challenging. It was not until the 1990s that world government recognized 'rural health' as a concern in which they should direct their attentions to and address.[1-3] As such, it is a relatively new area in terms of understanding, as well as in terms of research and policy focus. This is evident based on the lack of a consistent definition for rural and remote areas, as well as discrepancies between the characteristics assigned to rural communities and their realities. In order to conduct accurate rural health research, these challenges need to be understood and addressed, and rural communities need to be viewed independently from their urban counterparts.

For our perspective on rural health and rural health systems, see the following article:

> Peters PA. "Broadening the narrative on rural health: from disadvantage to resilience." *University of Toronto Medical Journal*. 2019 May 2;96(2):41-3.
> http://utmj.org/index.php/UTMJ/article/download/1179/1193

To understand the challenges facing rural health research in Canada, it is imperative to first consider the meaning of "rural" and how rural communities are defined. In doing so, it quickly becomes evident that these definitions are complex and vary based on the unique needs and circumstances of diverse rural communities. A universally accepted definition is lacking.[4] This poses a challenge in that research findings and experiences between researchers, health professionals and health policy makers are unable to be easily compared.[4] As such, a consistent definition is essential in order to conduct meaningful research and improve policies to best meet the needs of rural communities. One possible definition is to consider rural communities to be towns and villages that are small, often isolated, and considered to be "outside the margins".[5] While this definition allows for a multitude of interpretations, it affords a broad consideration of factors such as culture, geography and access to services, as well as distance.[6] A rural community may be in close proximity to an urban area, yet be disconnected due to cultural or other differences. There is a great deal of complexity in rural health research, and as such, it is necessary to challenge how rural research is approached to ensure that the needs of rural communities are understood and being met. This includes challenging the lens through which rural people and communities are viewed.

Rural Communities are Dynamic

Contrary to the misguided notion that rural communities are static, unchanging entities, rural communities experience transitions and new realities pertaining to their economic, social and cultural identities.[6] An example of this is technology, which reaches some geographically isolated communities more extensively than others. While technology can be beneficial to rural communities in some contexts, it can also be frustrating and further isolating when it is assumed that the same initiatives that work in urban environments can be generalized to rural areas.[7] While population growth in rural places might be levelling off or declining, rural areas continue to be dynamic. The fact that even the smallest rural communities continue to exist indicates that their population change is non-linear.[8] Rural communities may not experience population growth in the same way that urban areas do, however, they are unique and immense differences exist both between and within

geographic areas.[6] Health measures and socio-economic indicators can be vastly different from one rural community to the next, both of which have an impact on population change. "Rural villages will continue to be places here people live and work, necessitating an understanding of their unique health needs, health behaviours, and requirements for health service provision."[6] Without this, attempts to improve health in rural communities will continue to be challenging.

Rural Communities are Resilient

In addition to being dynamic, rural and remote communities are also resilient. "Resilience as a theoretical construct has become a central narrative of rural development discourse internationally and in Canada".[6] At present, there is a tendency for rural health research to focus on areas of disadvantage, such as negative heath behaviours, poor health, and accessibility issues, in rural communities.[6] This tendency arises when comparing rural and urban areas, as well as by researchers attempting to emphasize some of the challenges faced in rural communities. While this may be well intentioned, any perspective in which disadvantage is the focus or in which urban experiences are the gold standard for comparison, minimizes the unique circumstances faced by rural communities.[6,9] The successes and accomplishments emerging from rural environments across Canada deserve to be recognized based on their specific contexts, and research and development in regards to health needs should be addressed from a focus on the resilience of these communities.[6]

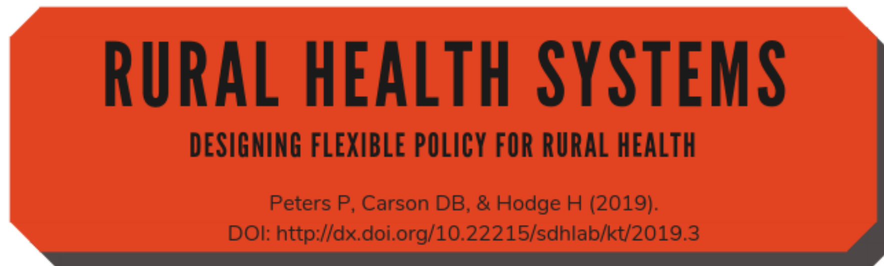
Rural Communities have Unique Needs

The needs of rural and remote communities are unique, and beyond that, cannot be generalized from one community to the next. While these communities have common characteristics such as resilience and their dynamic nature, they also have vast differences in areas such as geography, population, distance to urban centres, and industry.[4] As a result, "Canadian policy makers have long struggled with how best to provide timely and appropriate access to high quality health care to all Canadians especially those who live in the rural areas of the country."[10] Many rural health researchers are based in urban centres, therefore frequently bringing an urban lens to rural research. This urban lens leads to aforementioned challenges such as comparing urban and rural, as well as impacting the context in which rural research is conducted.[7] This subsequently has a significant impact on policy initiatives, as many are developed in urban centres and rely on rural research. Because the institutions that fund research are more often than not located in urban areas, this is unlikely to change. As such, it is imperative to come up with solutions in which research in rural areas is conducted in the best interests of the specific rural community in question. A potential solution to this is the adoption of a 'dirt research' methodology.[6] This methodology involves researchers spending as much time in their communities of interest as possible to observe the daily lived experiences of the local people, and to engage in more meaningful dialogue.[11] When gathering immersive data from the communities themselves is not possible, the alternative would be to gather knowledge and data from local media, documents and local histories[10] that could inform new research and policy. While this is only one potential methodology, it would give voice to the unique experiences of individual communities and allow for outcome that better align with the needs of each community.

Each of these challenges emphasizes the complexity of rural communities across Ontario, and awareness of these challenges is imperative to the present research being conducted in Golden Lake and surrounding communities. When engaging in dialogue with the local populations through a community workshop, community members noted that previous research has sufficiently highlighted

the health-related challenges faced by the communities in the area, yet there has been limited follow through in determining solutions and facilitating necessary change. To best accomplish this, the strengths and positive aspects of these communities must be understood as well as the challenges. These communities are unique, dynamic, and resilient, and they must be viewed in this context. In addition, the lived experiences of these communities are imperative in informing this research.

The following figure presents some key features of rural health systems.



Our world is urban-centric, and our policies and systems are urban-normative. The 'rural' exists only as a comparative construct to the 'urban'.

Rural ≠ Disadvantaged

Reconceptualizing rural as 'different' without needing to see it as 'disadvantaged' might be an important first step to rethinking rural health systems design.

Rural Policy ≠ Urban Policy

Trying to make rural services look like urban services is not a good policy aim.

Flexible Health Systems

A rural sensitive health system would be small, dispersed, and be sustained through multiple connections that are distant as well as proximate. It would be empowered to provide patients access to other parts of the health system.

Stop Urban-Centering

There needs to be an end to the geographical narcissism of an urban-centred health system. But, it shouldn't be done from a perspective of disadvantage.

Community Values and Strengths

The community workshop began with a discussion of community strengths. The reason for starting with this topic was to encourage participants to reflect on what the community is *doing right* to address the health and well-being of the population. From the discussion, the significant involvement across a range of organizations and individuals was apparent. There is a high degree of connectedness between community members with strong feelings of belonging within the community to form a supportive, caring network of individuals. The key strengths identified by participants focussed on the themes of persistence, resilience, and creative thinking.

Persistence

The theme of persistence was woven throughout the workshop. It quickly became evident that when health needs were not being met in the community, residents often took it upon themselves to pursue necessary changes, despite bureaucracy and lack of support from government organizations. This is exemplified through the participation in this workshop. Participants stated that similar discussions in the past did not result in any meaningful change, yet they continue to persist in advocating for themselves and ensuring that their voices are heard. The community is incredibly resourceful, with numerous successful examples of grassroots development leading to interorganizational collaborations. Through interdisciplinary teams, in the form of shared committees, resources, and integration, the local communities are able to take a collaborative approach to improving healthcare access and healthcare needs, often without significant outside support.

An example of community collaboration is the Planting Seeds for Mental Health program. This program is a collaboration between the Rainbow Valley Community Health Centre, the Community Resource Centre in Killaloe, and the Ottawa Valley Creative Arts Open Studio. Through the program, residents of the community were encouraged to attend creative workshops in which they could plant seeds or create art. The purpose of the program is to bring people together and encourage conversations about mental health. There is still a great deal of stigma around mental health in the community, despite the fact that there is a need for mental health supports. As such, this program provides an important resource that would not exist without the collaboration of local, community organizations. While this is only one example of persistence within these communities, persistence is part of their daily existence and they have a great deal to show for their impressive efforts.

Resilience

With persistence comes a great deal of resilience. Though we might see successful endeavors such as the Planting Seeds program, it is imperative to note that bringing these programs to fruition does not come without challenges. The residents of these communities have a great deal of strength, and in the face of adversity, they continue to persevere. Through our community workshop, the following community values stood out in reinforcing the resilience of the community. The participants shared that residents have strong family ties, with family connectedness and support being an important characteristic of the community. Participants discussed the fact that family members who have remained local often have very close relationships. Additionally, people who grew up in the area will frequently move back when they retire in order to be closer to family.

Participants shared that strong values and beliefs are held by the community as a whole. Typically, the values and beliefs held by individual residents are shared by the community as a whole. These values have been established over time based on the needs of the community and the processes and practices that work best for them. There is also strong faith in the community. Church groups are very important, demonstrating community connectedness and the importance of social ties. Through church groups and other social groups within the community comes the formation of volunteers. Volunteerism is integral to the region. It is understood that “You can’t be part of a community and not *do* something.” The high levels of participation and of dedication of volunteers demonstrates a commitment to the success of the rural communities. Without volunteers, many of the existing arts and social programs would not exist, and the extensive efforts made to improve the health of the community would not be possible.

Creative Thinking

Through volunteers, local health professionals, and working with the resources available to the community, amazing services and programs have been established to meet some of the unique needs of the community. In addition to persistence and resilience, this would not be possible without creative thinking. The needs of the community are unique, and for programs and services to be successful, these needs must be taken into consideration.

An example of how programs take into account local needs is the Senior’s Centre Without Walls program. Through this program, a coordinator connects with participants through a conference call to any telephone and provides games or educational material for seniors over the phone. This has become an important way to connect and bring together seniors in the area, especially those who are isolated or have limited mobility. The coordinator of this program shared that the program was first developed in an urban area, and she adapted the program to meet the needs of local seniors.

The ability to think creatively allows for resources that are successful elsewhere to be brought to the local area in a different context. Creative thinking also applies to new programs that are developed specifically for the community. An example of this is the Imagine Feeling Great fitness program. This is a free program offered to seniors in the community twice per week. The program trainers were originally trained by Rainbow Valley Health Centre, through which the program originated, but over time transitioned to a peer-led training model in which local community members are trained to run the program by their previously trained peers. This model has been successful for both consistency and for the longevity of the program. These examples illustrate the fact that creative thinking plays a huge role throughout the community.

Community Challenges and Concerns

Much of the discussion with participants worked through identifying key areas inhibiting the improvement of well-being within the region. The objective of this discussion was to provide a broad framework for discussion, whereby local organizations and regional agencies can gain insight into what engaged community members perceive to be of major importance to improving the well-being of residents in the region. The identified themes were not limited to specific issues of health, but also encompassed larger policy structures, health system design, and the changing nature of social structures. The major themes and issues identified include accessibility, social structures, volunteerism, mental health, aging, and urban-normative policies.

Accessibility

Although “access” is often related to physical proximity to services, community members also identified access to information, to personnel, and to care as barriers to achieving better health status.

Due to its distance from urban centers, community members noted getting to and from appointments in the city was difficult. This is increasingly challenging due to lack of public transportation. Although volunteer driver network exists, where volunteers drive other community members to and/or from appointments, there are not enough volunteers to satisfy the demand. When a patient is able to drive to an urban hospital, travel related costs such as gas and parking in the city become a concern. In many cases, driving ones’ self to and from appointments is not a feasible option. The aging population reports challenges in driving long distances, notably around driving alone or at night. In addition to challenges travelling to and from urban centers, transportation issues arise when commuting within and between communities. A poor school bus system and lack of a transport system make it difficult to travel, especially when roads are not well maintained. Roads are sometimes impassable, especially during floods, which impedes medical emergency personnel from reaching their destination.

Community members were largely unaware of the range of health care services are available in the area. When health issues do arise, people often move to more urban areas, especially the aging population. Community members believe this is due to a lack of knowledge surrounding services, instead of an actual lack of services. At a table of four community members, only one person – an individual who has personal experience managing a chronic condition – was aware of the chronic care and mental health services in the region. Many community members believed those who know more about health services have larger social networks. Additionally, several individuals agreed the community should work to help bridge the gap between community members who know of available services versus those who do not.

For more information on what eHealth for chronic conditions entails, see:

> Paskaran S, LeBlanc M, Petrie S & PA Peters (2019).” Infographic: eHealth Chronic Disease Management for Older Adults.” *Spatial Determinants of Health Lab*, Carleton University: Ottawa, ON. http://dx.doi.org/10.22215/sdhlab/kt/2019.5

Community members find that the lack of specialists in the area – notably mental health professionals and midwives/birthing personnel – pose additional challenges. It is often difficult to get a doctor's appointment in urban centers due to long wait times. The hours that doctors' offices are open are not always convenient for patients, especially when a long commute is involved. The need to miss work or cancel other obligations to travel imposes other issues.

In addition to access to specialists, other health professionals are lacking in the area. Physicians often do not stay in the region for long periods of time, partially due to high burn-out rates and lack of jobs for spouses. Because of this, many people do not have a family doctor, nor do they have sufficient follow-up appointments with a familiar care provider. Despite increased use of electronic charting methods, health care facilities largely remain disconnected. Communication is often not sufficient within facilities in both urban and rural centers, including within and between providers in the Barry's Bay region. Poor communication between providers results in community members continuously having to reshare their story.

For more information on Recruitment and Retention, see the following:

> Sendanyoye C, Sebastian S, Petrie S, Carson DB, & PA Peters. (2019) "Report: Recruitment and retention of rural physicians." *Spatial Determinants of Health Lab*, Carleton University: Ottawa, ON. https://doi.org/10.22215/sdhlab/2019.1

The area struggles with recruitment and retention of physicians, which is a common challenge for rural communities. Making the community attractive for incoming health care practitioners, particularly young health care practitioners, was identified as a community goal. The discussion prompted new ideas from community members, including a mentorship program. A local nurse presented the idea of a "new graduate initiative", in which nurses/physicians at the local hospitals could provide rural-specific training for new health care providers. Following the mentorship program, young professionals would be required to work at the hospital for a certain number of years.

Urban-Normative Policy

Prior to the start of the community meeting, attendees expressed their concerns regarding the growth of urban-normative culture. When asked what they wanted to "get out" of the community meeting, one particular member asked, "how [can we] reject the smothering expansion of bad urban lifestyle [to] preserve the rural way of life"?

For more information see the following article:

> Peters PA. "Broadening the narrative on rural health: from disadvantage to resilience." *University of Toronto Medical Journal*. 2019 May 2;96(2):41-3. http://utmj.org/index.php/UTMJ/article/download/1179/1193

Policy makers are primarily situated in urban centers, which enables urban-normative policies to predominate legislation. Without an understanding of rural values and realities, policies cannot support rural-specific needs; frameworks to adequately meet the needs of rural populations have not been developed. At the legislative level, rural political literacy should be taught and understood prior

to decision making. By using grass-roots approaches to identify specific needs of diverse rural populations and looking through a rural lens, rural-specific frameworks can be implemented.

Social Structure

Female community members identified gender norms as a barrier to implementing change. The women reported that they have trouble making headway in many initiatives because most community groups are controlled and led by men. Men tend to be more stubborn and more reluctant to initiate and accept change. For example, when one woman went door to door gathering information about a social issue, a man said, "[I] would rather solve it with a 2 by 4." As the community member shared her story, other women around the table nodded, adding in their own similar experiences when trying to enforce change with groups of men. The "man's club" predominates social groups and contributes to the disconnect between municipalities. The neighbouring fire department teams, predominately male, do not work together on emergency calls because of personal conflicts. The lack of coordination between municipalities has led to poorer provision of emergency services and has contributed to deaths of community members in emergency situations.

In rural communities, it is inevitable that "everybody knows everybody". Although this contributes to a tighter-knit community with a strong support network, it also introduces the challenge of dual relationships. A doctor's role in the community can create awkward physician-patient relationships and can also introduce issues with anonymity. Due to the smaller population, community members can be easily identifiable, even when few pieces of information are presented.

Volunteerism

Volunteerism is central to the stability and functionality of the region. Volunteers are needed in rural communities, especially when funding remains low. Rural community members are required to wear multiple hats. Most volunteers in the region are retirees and seniors; many admit that they are busier now in their retirement than they ever were while working. Since so many community members are already involved in multiple organizations, they are weary of being stretched too thin. Volunteers struggle in recruiting youth, which raises concerns regarding the long-term sustainability of volunteer-run programs.

Mental Health

Poor mental health, particularly in youth, is a concern for the Barry's Bay community. In the community, stigma surrounding mental health impedes people from admitting they need help. With poor emotion recognition and lack of self-awareness, many community members noted that identifying mental health issues is a challenge. Community members reflected that the "toxic masculinity" of the town contributes to the lack of open communication surrounding health issues, particularly mental health.

Suicide rates in the Barry's Bay are high in the younger population. Many youths are uncomfortable talking about their own mental health, especially with family members. A community member shared a story about a young person who sought help from a neighbour about their mental health instead of their parents. Following this comment, other community members nodded, denoting this was not an

uncommon event. The lack of communication between parents and children may stem from a discomfort from both parties in talking about mental health.

For more information on youth mental health in rural communities see:

> Waid C, Steven S, Sinclair L, Priest L, Petrie S, Carson DB & PA Peters. (2019). "Report: Interventions for rural and remote youth mental health." *Spatial Determinants of Health Lab*, Carleton University: Ottawa, ON. http://doi.org/10.22215/sdhlab/2019.4

Challenges in addressing mental health may stem from a lack of health education. Insufficient knowledge of mental health issues contributes to the lack of support and of communication. Although schools could be a convenient place to educate youth about mental health and to provide support, it is not a conversation in the classroom. Schools were identified as a potential place to implement mental health education and support. An expert could visit the area to educate parents, community members, and youth about how to identify mental health issues, how to provide support, and how to seek help. This could be an on-going project, with one point-person at the school responsible for sustaining mental health dialogue and encouraging youth to implement healthy mental health habits.

For more information on youth health in rural contexts see:

> Sinclair L, LeBlanc M, Sendanyoye C, & PA Peters. (2019). "Rural Youth Health in Canada, Sweden, and Australia." *Spatial Determinants of Health Lab*, Carleton University: Ottawa, ON. https://doi.org/10.22215/sdhlab/2019.6

Even when individuals do admit they need mental health care, lack of services in the area make sufficient treatment difficult. The local hospitals are not well-equipped to handle mental health issues. Psychologists/psychiatrists are too expensive for the local system to support and long-term treatment cannot be provided. There is one psychologist and a handful of social workers to serve the whole county. Few individuals know how to access these services. Community members noted that someone to help navigate mental health services and resources would be beneficial.

There are currently mental health telehealth services available in the community, especially via telephone. Community members noted that telehealth is not the best way to bridge the gap in service, as it contributes to feelings of isolation and loneliness.

Aging

Concerns regarding the senior population primarily relate to technology use, loneliness, and access to care. Technology is being used more and more to inform community members about health care services. In theory, this should increase the accessibility to information; however, seniors find it more and more difficult to "keep up". The increased use of technology contributes to feelings of loneliness and disconnect from the community, especially when it is the primary mode of communication.

For information on patient perspectives on eHealth see:

> LeBlanc M, Petrie S, Paskaran S, Carson DB, Peters PA. “Patient and provider perspectives on eHealth interventions in Canada and Australia: a scoping review.” *Rural and remote health*. 2020 Sep 19;20(3):5754.
> https://www.rrh.org.au/journal/article/5754

Fear of insufficient health services causes people to move away from rural areas to larger municipalities (ie. closer to Ottawa) when nearing retirement to ensure sufficient medical care. One community member noted that “rural is where I feel comfortable”, which prompted another member to respond, “I want support to retire rural, not in a place where I feel uncomfortable.” Community members want the opportunity to age gracefully in their community. One member noted that in order to benefit from everything a rural community provides, particularly the outdoor activities, remaining healthy and enjoying well-being is important. Community members agreed that by addressing the needs of the senior population and promoting healthy living, a healthier aging population can have the opportunity to retire rural.

Rural Policy Context

At present, there is a disconnect between national and provincial rural health policy recommendations and what has actually been put into practice. While rural health has been an area of policy focus for decades, there is a lack of follow through with the implementation of recommendations and subsequent evaluation of initiatives.

Canada's most recent rural health policy report, the *Summit to Improve Health Care Access and Equity for Rural Communities in Canada: The Rural Road Map for Action*, was established in 2017 with the aim of providing equitable access to health care for rural residents[12]. This report outlines a framework including twenty action items captured within four specific areas of focus: Social Accountability of Medical Education, Policy Alignment, Rural Research, and Rural-Specific Practice Models[12].

Specific to Ontario, the *Rural and Northern Health Care Framework/Plan* was established by the Ontario Ministry of Health and Long-Term care in 2011. The framework was developed by panel members who had been specifically selected due to their experiences with the health challenges faced in rural and remote regions[13]. The framework outlines twelve strategies within seven themes: Governance and Accountability, Health Human Resources, Inter-Sectoral Integration, Health System Collaboration, Local Community Engagement and Planning, Non-Urgent Transportation, and Technology[13]. More recent policy reports in Ontario focus on the specific needs of Northern communities, so this framework is most relevant to Barry's Bay and other communities in the Madawaska Valley.

Rural-Specific Policy

Both the *Rural Road Map* and the *Rural and Northern Health Care Framework* address the need for rural-specific policy. The *Rural Road Map* suggests the formation of a national rural research agenda[12], which is essential in determining appropriate solutions for unique rural needs and informing relevant policy. Additionally, the establishment of practice models that are specific to the rural context are recommended in order to improve access to quality health care[12]. The *Rural and Northern Health Care Framework* discusses the need to apply rural perspective in planning and aligning initiatives[13]. A 'local hub' model was also proposed, in which local and multi-community level services are integrated and a greater focus is placed on specific community needs in the context of health planning, funding, and delivery[13].

Accessibility

Improving accessibility for rural and remote residents is a prevalent theme throughout both policy reports. The *Rural Road Map* focusses on improving access through greater focus on educating and incentivizing the rural health workforce[12]. Additional strategies suggested to improve access include the development of community resources and infrastructure and utilizing technology-based solutions such as telehealth to "enhance and expand local capacity"[12]. The *Rural and Northern Health Care Framework* aims to address accessibility issues by improving capacity and resources for rural health care providers[13]. Recommendations to accomplish this include collaboration with post-secondary institutions to support the unique skills necessary to working in rural environments, providing

incentives for rural health care providers, and minimizing practice barriers impacting the rural health workforce[13]. This report also suggests improving non-urgent transportation to support access to essential services requiring travel[13] and implementing technology-based initiatives as a solution to access barriers[13].

Mental Health

The *Rural Road Map* provides a dedicated mental health focus with several clear priority areas and recommendations to address challenges in this area[12]. Recommendations include establishing an appropriate mental health strategy with a community and stakeholder led vision and adapting funding models to best support rural mental health services[12]. In contrast, the *Rural and Northern Health Care Framework* does not address mental health in any capacity, stating that mental health needs are beyond the scope of the report[13].

Aging

The unique needs associated with aging in rural communities is not acknowledged in the *Rural Road Map*[12]. Conversely, the fact that rural communities have a larger number of older residents than urban areas and subsequently experience significant challenges pertaining to aging is recognized early on in the *Rural and Northern Health Care Framework*[13]. While aging is not discussed as a specific issue, it is considered throughout the themes and recommendations presented within the report[13]. Additionally, a specific theme is dedicated to involving communities in addressing their health care needs[13]. While aging is not directly discussed within this theme, the implementation of recommendations within this theme would provide a great opportunity for needs specific to the aging population to be targeted.

While each of the challenges noted by the participants of the Golden Lake workshop have been addressed by some capacity in current policy reports, significant opportunities remain at both the national and provincial levels. The majority of the recommendations in even the most widely discussed action areas have not yet been implemented, and policy changes and initiatives that have occurred often take place without considering the needs of specific rural communities.

Future Directions

Overall, community members felt they needed a call to action. Although strengths, challenges, and solutions have been identified at various community meetings, concrete follow-up plans have not been developed. One community member who was frustrated with the frequent stagnant conversations regarding community needs said: "Stop collecting [information], start moving."

Community members requested continued involvement from visiting researchers. They expressed interest in maintaining the connection with Carleton University via participatory projects, community forums, and follow-up workshops in the Barry's Bay region. Updates of research projects – by Canadian, Swedish, Australian, and Austrian colleagues – were also requested. The research could be incorporated into the development of action plans and presentations to government officials. After discussing the research projects done by Carleton University's Health Science Honours thesis students, one community member asked, "Can we footnote these theses on our policy applications?"

Practical Solutions

During the community meeting, researchers and community members discussed potential practical solutions to address identified challenges.

1. Using various modes of communication – online, telephone, flyers, newspapers, etc. – would enable better access to information for community members.
2. Integrating health literacy initiatives in schools could promote youth engagement and better health throughout the lifespan. Topics could include normalizing dialogue about mental health, increasing knowledge about disease/symptom management, and explaining how to navigate the health system. Community members noted that tailoring school curriculum in rural areas is relatively easy.
3. By promoting peer-led models and interventions by "help[ing] people help people", long-term sustainability of projects would be enabled.
4. A mentor program led by rural providers could help train newly graduated practitioners on rural health care. It could also help with the recruitment and retention of physicians.
5. A local triage system led by a medical advocate could help community members navigate the health care system to adequately meet health needs. This would "formalize the support network" in the community by placing the responsibility of assisting others in accessing services on one individual.
6. Increasing collaboration between municipalities, particularly coordination between health care providers, could make appointments and services more efficient and organized.
7. A dedicated liaison committee of community members from different municipalities could improve collaboration between communities. A "speaking body" of representatives could be responsible for presenting appeals to government officials.

Potential Policy Solutions

Relating to the aforementioned policy context,

1. Conducting scoping reviews of identified key issues to highlight both successes and gaps within the current literature in order to better inform both future research and policy.
2. Understanding that rural needs are different than those in urban areas and developing rural-normative research and policy.
3. Addressing gaps in research informed by community and stakeholder engagement. One potential solution is to learn from research conducted by international colleagues and generalizing to Canadian and local contexts.
4. Appropriate knowledge translation and dissemination to ensure that research findings reach both the general public and government and policy officials.
5. Consistent collaboration between rural communities, stakeholders, academic contacts, and researchers. This will ensure that the voices of rural residents are heard over time and addressed by researchers and policy officials.
8. Implementing a Rural Health Sciences Chair at Carleton University could add legitimacy to the rural region's claims to government and could support a larger group of rural researchers.
6. Developing implementation and evaluation plans alongside policy recommendations. This would provide accountability when it comes to putting recommendations into practice and evaluating initiatives that have been implemented to determine both what is working well and where improvement is required.

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