



# Rural Report

## Editor's Message

As guest editor of this issue Special Issue on Health, I am witness to RDI's expanding capacity and exciting future as a center of excellence for rural health research. Through such efforts as *The Determinants of Health of Rural Populations and Communities*, an innovative, interdisciplinary three-year research project funded by SSHRC, BU faculty, students and professional associates have contributed to a collaborative effort with other researchers and community stakeholders in examining issues of importance to rural Canadians.

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*Manitoba Intergovernmental Affairs supports RDI and Brandon University in its efforts to facilitate rural research and the advancement of rural development knowledge and skills.*

## SPECIAL ISSUE ON HEALTH

# Canadian Consortium for Health Promotion Research

by John Everitt, Professor  
Department of Geography, BU

The Rural Development Institute is one of fifteen centres from across Canada that comprise the *Canadian Consortium for Health Promotion Research (CCHPR)\**. The mission of the consortium is to enhance health promotion research, policy and practice in Canada by linking research, capacity development, and information dissemination.

The centres have been in existence for at least 3, and in one case 15 years, (the RDI was founded in 1989) and thus represent a wealth of experience in applying health promotion-related research to policy development and practice. Individual centres partner with a variety of organizations such as Health

Canada, other universities, provincial ministries of health, non-government organizations, as well as community groups and agencies. The Rural Health Research Group at RDI exemplifies this cooperative process. (See <http://rhrhg.brandonu.ca> for more information.)

In general, the purpose of the CCHPR is to support the work of its member centres, to provide networking opportunities and information exchange, to facilitate new opportunities for collaborative research, to advocate for and promote health promotion research in Canada, and to serve as a conduit to health promotion expertise and knowledge at a national level.

The individual centres are funded in multiple ways — such as the Alberta Centre for Active Living and the Community Health Research Unit in Ottawa. Some are relatively independent entities with a budget to cover salaries, administration, supplies and travel.

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## Changes in Rural Condition

by Doug Ramsey, Assistant Professor  
Department of Rural Development, BU

*The following article is based on a paper in Geoforum, an academic geography journal, by Doug Ramsey and Barry Smit (Rural community well-being: models and application to changes in the tobacco-belt in Ontario Canada, volume 33, pp.367-384).*

One of the most enriching aspects of academia is the ability and opportunity to reflect on how phenomena are studied. Of particular note in the social sciences is the periodic examination of the conceptual frameworks developed, and terminology used, in examining how human and community systems change. One aspect of condition has to do with change. Recent terms used to describe changes in condition include quality of life, *continued on page 4*

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## In Brief...

- **R. Annis** and **F. Racher** attended the workshop "Community-level Indicators: Building Community Capacity for Health," October 17-20, 2002 at Jasper, Alberta. Fifty participants shared their practical experiences in healthy community processes, specifically with respect to community-level indication development and use. To build on this experience they participated in a "National Workshop on Quality of Life Research" in Halifax, December 9-10, 2002. The workshop is hosted by the Atlantic Health Promotions Research Centre on behalf of the Canadian Consortium of Health Promotion and funded by CIHR.
- Several members of the SSHRC Health Project research team presented papers at the Third National Conference *Health Research in Rural and Remote Canada: Meeting Challenges, Creating Opportunities* in Halifax on October 24-26. Papers included **B. Gfellner's** "Rural Volunteerism: Motivational Differences and Organizational Involvement"; **B. Havens's** "The Challenges of Doing Research and Delivering Services in Rural Areas: Aging in Manitoba," 1971-2001; **F. Racher's** "Accessing Health Services: The Experience of Elderly Rural Couples"; and **R. Robinson's** "Mental Health Services in Rural and Remote Regions: Adaptation of Best Practice Models." K. Ryan-Nicholls, B. Gfellner, F. Racher, R. Robinson and R. Annis jointly presented the paper "Building a Framework and Indicators to Assess Health and Quality of Life of Rural Communities."

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## Editor's Message

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In addition to that solid program of research, RDI is a member centre of the Canadian Consortium for Health Promotion Research. Its mission is to "enhance health promotion research, policy and practice in Canada by linking research, capacity development and information dissemination." As well, RDI has membership in the Canadian Rural Health Research Society, whose goal is to build interdisciplinary research networks concerned with rural and remote health.

For the first time, the Canadian Institutes for Health Research awarded funding to Brandon University for a pre-conference workshop on defining rural and rurality for use with health and

health service research. This workshop was held in conjunction with the *Health Research in Rural and Remote Canada: Meeting Challenges, Creating Opportunities* conference in Halifax. BU also received funding for this workshop from Health Canada and the Rural Secretariat.

So it is with pleasure that I introduce to you, through this special issue of *Rural Report*, some of the exciting research and collaborative efforts that are making RDI of Brandon University a centre of excellence in rural health research. ■

**Fran Racher**  
**Assistant Professor**  
**School of Health Studies**

## Canadian Consortium for Health Promotion Research

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Others such as GRIPSUL at Université de Laval, have no funding at all in addition to the salaries of their contributing members already provided by the universities involved.

Still others, such as Centre for Health Promotion at University of Toronto, and the Prairie Region Health Promotion Research Centre, have some funding to cover the costs of staff resources and activities in addition to the faculty involved. The Rural Development Institute at Brandon receives general infrastructure support from Brandon University and the Province of Manitoba. All centres rely on external research and project grants to bring in additional resources to their groups.

The success of centres such as the RDI is based on having solid programs of research and education and a reputation for conducting quality work. As groupings of multidisciplinary researchers, each centre brings added value to the health promotion research agenda by using core monies to develop new theory, interventions and instruments in critical development areas. Their success then enables them to successfully apply for new grant

and contract opportunities.

RDI is typical of these centres in that its members sustain close relationships with practitioners, policy-makers, government agencies and funders in order to maintain a relevant applied research agenda. A good record of peer-reviewed publications and reports for practitioners and community partners is also important. Centre members – such as those connected with the RDI – work in schools, work sites, communities and health settings at local, regional, provincial, national and international levels, and always try to keep health promotion principles in mind.

For more information contact the Canadian Consortium for Health Promotion Research at:  
<http://www.utoronto.ca/chp/chp/consort/introe.htm> ■

\*The 15 centres include: Alberta Centre for Active Living; Atlantic Health Promotion Research Centre (Dalhousie); Centre for Applied Health Research (University of Waterloo); Centre for Health Promotion (University of Toronto); Centre for Health Promotion Studies (University of Alberta); Community Health Promotion Coalition (University of Victoria); Community Health Research Unit (University of Ottawa); Gerontology Research Centre (Simon Fraser University); Groupe de recherche et d'intervention en promotion de la santé de l'Université de Laval; Groupe de recherche interdisciplinaire en santé (Université de Montréal); Health Promotion Research Group (University of Calgary); Institute of Health Promotion Research (University of British Columbia); Prairie Region Health Promotion Research Centre (University of Saskatchewan); the Rural Development Institute (Brandon University); and Saskatchewan Population Health & Evaluation Research Unit.

# Defining Rural, Community and Health

by **Doug Ramsey, Assistant Professor  
Department of Rural Development, BU**

As part of the SSHRC research project, researchers conducted focus groups in Westman in the winter and spring of 2001. The purpose of these meetings was to ascertain how rural residents define and describe rural, community and health. Given these definitions and understandings, how then would they measure the health of their community?

Fifteen focus groups were held in different communities including a Hutterite colony. Each included a cross-section of the community with range of ages and both genders.

Definitions of community can be divided into two types: the spatial community and the community of interest. The spatial community included patterns of social and economic interaction, land use patterns, connections held to the land, and trading areas. The community of interest is a more subjective dimen-

sion and includes peoples' sense of belonging, belief systems, and feelings of loyalty, trust, and security.

Rural was described in a similar manner: spatial and non-spatial. The spatial dimension to rural included those places located outside of cities and having lower population densities and more open space when compared to their urban counterparts. Brandon was considered by many to have aspects of both urban and rural. In fact, a number of participants described Brandon as a "rural city". The qualitative dimension of rural was described similarly to the community of interest. Considerations of security, friendliness, isolation, and pace of life were attributed to rural.

Interestingly, the results of these focus group discussions mirror the debates in academia over the past fifty years – that is, conceptualizing and describing social phenomena such as rural and community.

This fall, faculty in the Department of Rural Development will be conducting a

survey of health professionals in Westman to ascertain further descriptions of rural and community and to identify indicators of health. These interviews will be conducted with those health professionals practicing or working in health centres across Westman. It is hoped that this study will provide a results-based bridge between existing measures of rural health and those identified by community members in the 2001 focus groups.

Two papers are forthcoming on this topic: Doug Ramsey, Robert Annis, and John Everitt, "Definitions and Boundaries of Community: The Case of Focus Group Analysis in Southwestern Manitoba" in *Prairie Perspectives: Geographical Essays* (volume 5) and Doug Ramsey, Robert Annis, and John Everitt, "Rural Community in Westman: Theoretical and Empirical Considerations" in *Rural Canada: Moving Forward or Left Behind*, a conference proceedings. ■

## In Brief...

- "Are Phenomenology and Postpositivism Strange Bedfellows?" is an article by **F. Racher and S. Robinson** (Philosophy, Brandon University) forthcoming in the *Western Journal of Nursing Research*.
- **Fran Racher, Renée Robinson** and **Robert Annis** presented the paper "Rural Residents Partner to Build a Framework and Indicators of Health and Quality of Life of Rural Communities" at the 6th Annual Health Promotion Conference in Victoria, April 7-10, 2002.
- **The Bayline Regional Roundtable** (RRT), which is made up of the communities of Pikwitonei, Ilford, Cormorant, Wabowden, Thicket Portage and War Lake First Nation, held a day long health forum in Thompson on March 7, 2002. Great distances separate communities in the north, and transportation links are often either expensive or substandard, so there is very little opportunity for community members and service providers to meet. The purpose of this

forum was to bring 15 community members to Thompson to meet with representatives of the two regional health authorities and Manitoba Health for a facilitated discussion on common issues related to health care service and delivery. The meeting was structured so community members could share their specific experiences with the health care system around four main issues: communication and linkages, human resources, delivery of care in community and transportation. Through collaborative dialogue short and long-term goals were developed for each issue.

- Rural Development Institute hosted a luncheon for **Laurette Burch**, Regional Director General for the Manitoba and Saskatchewan Region of Health Canada and **Gary Ledoux**, Regional Director, Manitoba and Saskatchewan Region. **Fran Racher** of the School of Health Studies introduced Ms Burch and Mr. Ledoux to other members of the Brandon University community: **Dr. Linda Ross** (Dean of School of Health Studies); **Dr. Scott Grills** (Dean of Arts including RDI); **Dr. Noreen Ek** (Brandon and Area Director with the

Centre of Excellence for Child and Youth Centred Prairie Communities); and **Dr. Barbara Gfellner** (faculty member and research associate with RDI).

- **Fran Racher, Robert Annis** and **Renée Robinson** of BU were three of forty health researchers invited to attend a workshop to develop the *Canada Rural and Remote Health Research Study* organized by the Canadian Rural Health Research Society and funded by CIHR. The workshop was held in Thunder Bay in March 2002.
- At the Canadian Public Health Association's 93rd Annual Conference (Yellowknife, July 7-10, 2002), **Robert Annis, RDI, Pat Lachance, Health Canada**, and **Rick Slasor, Environment Canada** gave a poster presentation entitled "What is the Community Collaboration Project?" Conference themes included Health Beginnings, Globalization, Linking Environment and Health, and Evolution of Health Governance.

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# Changes in Rural Condition

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deprivation, health, well-being, and sustainability. Scales of analysis range from individual to community and from local to global.

Similarities and differences can also be noted in what is included in the examination of condition. With health, for example, the traditional biomedical model of health focused almost entirely on physical (e.g. rates of heart disease) and psychological (e.g. stress levels) measures of health. In some instances, the connection between the two may have been acknowledged (e.g. stress can cause ulcers).

At the group or community scale of measurement, there has been a trend towards acknowledging other dimensions of condition — as stated by health profes-

sionals. The model that Barry Smit and I developed in the Department of Geography at the University of Guelph was in part a product of a four-year tri-council (SSHRC, NSERC, MRC) project called Agroecosystem Health. Our model is four dimensional and multi-scaled.

The four dimensions of well-being are physical, psychological, social, and economic. Each of these dimensions is overlapped with the others. In an agricultural instance, as the model was applied, physical and psychological aspects of one's health can be influenced directly by the economic situation of the farm. This in turn has social implications and thus, one's social well-being can change.

The scales range from the individual and family to that of the community. The latter,

however, is not merely an aggregation of the former. That is, one can identify community levels of disease (e.g. hereditary conditions in a rural community), social well-being (e.g. number of services clubs and social services), and economic condition (commodity restructuring and price changes).

A further aspect to the model we developed is linking changes in rural community well-being to the forces responsible for those changes. While acknowledging that a range of forces exist that may or may not be particular to one farm sector, including biophysical conditions, social environments, and production environments, tobacco farmers have been faced with a series of economic and political conditions that are specific to their sector and resulted in a range of changes in rural community well-being.

Of particular note are health promotion initiatives, tobacco use restrictions, and increases in cigarette taxes. Together, these three forces alone were responsible for reduced demand for Canadian tobacco production — the most immediate impact being felt by tobacco farmers and their families, and to a lesser degree, the economies of communities within the tobacco-growing region of Southern Ontario.

During the 1980s, tobacco farmers saw drastic reductions in the value of their machinery, equipment, land and buildings at roughly twice the decline of all farmers in Ontario at that time. Tobacco quotas declined by more than half between 1982 and 1987. With this, the number of growers declined — again at twice the rate of the decline in number of farms across Ontario.

Models such as these, as well as models developed based on the sustainability paradigm, are necessary if academics are to accurately understand the changing conditions of rural communities. Perhaps the next phase of model building and conceptual framework development ought to focus on condition, how it changes, and why.

In Manitoba for example, we have examples of mine closures in the north and agricultural restructuring in the south. What is fueling the changes? How are these changes affecting communities? And, how are communities responding to these changes? ■

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## SSHRC Research Project Dissemination Activities

by **John Everitt, Professor**  
**Department of Geography, BU**

One of the concentrations within the SSHRC research team has been to take a fresh look at the concept of community — in the rural context — in the early twenty-first century. As we all know, life in rural areas has changed considerably in recent years, as a result of changes that have taken place within rural areas (depopulation, agricultural adjustment, transportation, information technologies, etc.). One of the results of these developments has been that the social and geographic relationships between people have had to change as well, with communities changing in size, intensity, and types of interaction.

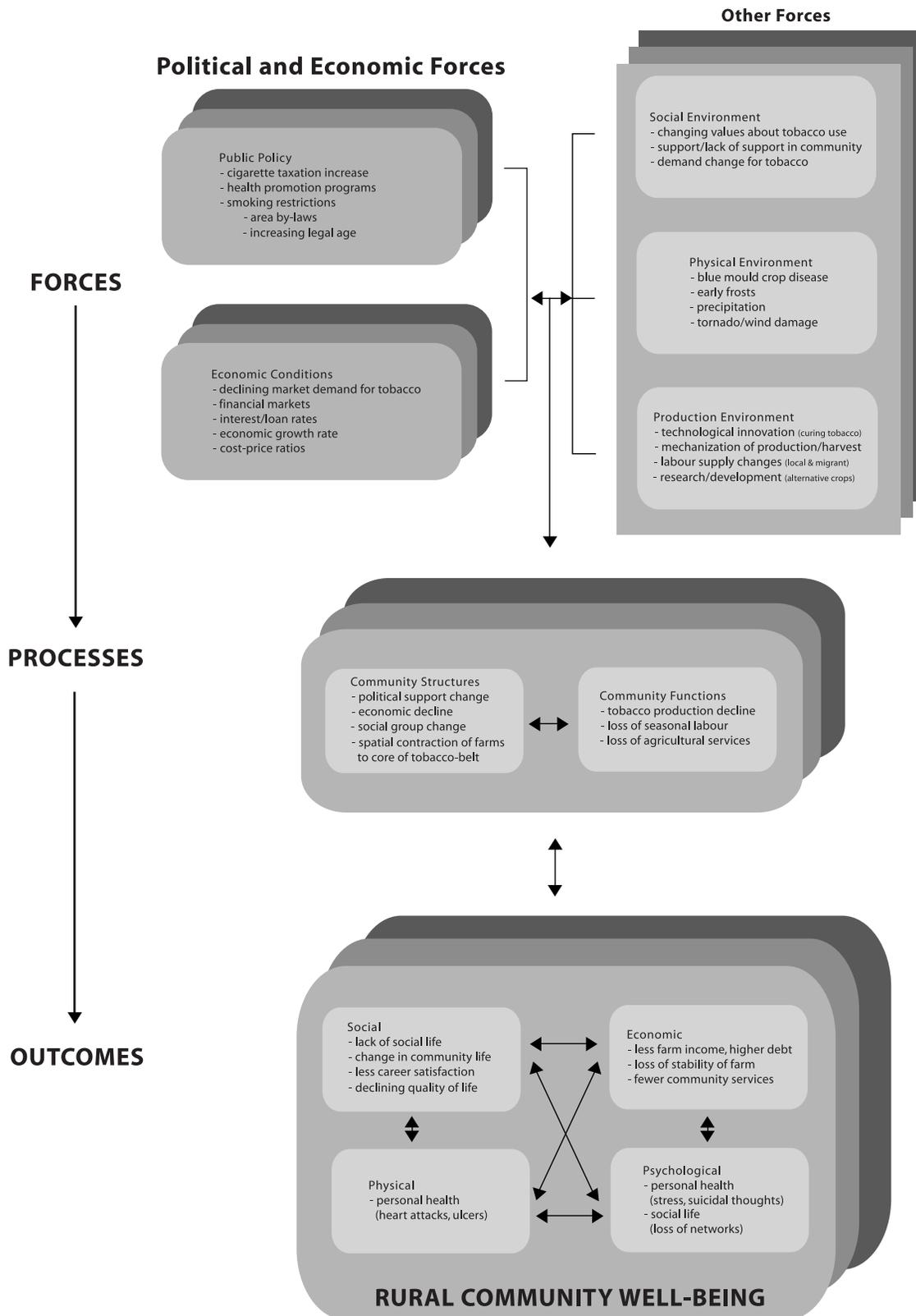
Robert Annis, John Everitt and Doug Ramsey presented two papers (in Moose Jaw and Regina) based upon some of the data collected in rural Manitoba. These papers looked at community from two angles. First the theoretical community (based upon past research) was reviewed, and the authors demonstrated how changing rural conditions have led to the growth of new types of community within rural Manitoba. Second, data based upon maps produced by members of focus groups was analysed and presented. It showed that there are many different 'sizes and shapes' of

communities in contemporary rural areas, and that it is likely (for instance) that the various members of any one rural settlement might live in quite different community settings. Both of these papers will be published in the near future and will appear on our project Web site.

Robert Annis, Fran Racher, Barbara Gfellner, Kim Ryan-Nicholls, Renée Robinson and Nukte Edguer have been working with community members to build a framework and indicators to explore the health and well-being of rural communities. To disseminate information about the process and outcomes, members of the team have made presentations at health conferences in Ottawa, Saskatoon, Victoria, and Vancouver. Some members of the team traveled to the rural health conference in Halifax this October to share information on several components of the SSHRC project. Betty Havens from the University of Manitoba and Bill Reimer from Concordia University contribute to the work of this group from a distance and also participated in the conference in Halifax.

Five working papers have been developed and are found on the rural health research group web site <http://rhrhrg.bran.donu.ca/>. Working paper #4, "A Review of the Literature Related to Access to Health Services," has been published. ■

# Model of Changes in Rural Community Well-being



# Shoal Lake and Virden to Participate in Community Assessments

The Rural Development Institute (RDI) at Brandon University is pleased to announce that Shoal Lake and area and Virden and area will participate as pilot communities with RDI in undertaking community assessments to test the effectiveness and applicability of a community assessment workbook. The workbook has been written as a tool for rural community members to use to build partnerships, conduct community assessments and set future goals. The workbook is the result of a three-year, innovative and interdisciplinary Determinants of Health of Rural Populations and Communities research project.

The community processes will be used to test the workbook on assessing the well-being and quality of life in rural communities. Collaboration with residents of the test communities will ensure that the workbook is effectively tailored for rural communities.

“At the heart of the research project is the issue that rural Canadians are vitally concerned about how they can participate in decision-making and planning processes to ensure the health of rural people and the communities in which they live,” explained Dr. Robert Annis, Director of the Rural Development Institute. “Access to education, employment, health care services, social support networks and safe environments are pivotal factors in the lives of rural people. Research that focuses on the health of populations and identifies the factors that have an impact on the health of populations in Canada is gaining prominence. However, limited attention has been given to describing the health or well-being of rural communities.”

Phase one of the Determinants of Health of Rural Populations and Communities research project examined the literature for determinants of health frameworks. Researchers initiated analysis of the National Population Health Survey to examine the health of rural populations. Rural residents were asked to give their views of the concepts of “rural,” “health” and “community,” to describe ways to determine if a commu-

nity was healthy, and to suggest criteria to assess rural community health and well-being.

Phase two saw rural residents, together with researchers and project partners, develop a framework to examine the health and well-being of rural communities. Indicators were created for each

“ **Access to education, employment, health care services, social support networks and safe environments are pivotal factors in the lives of rural people.** ”

framework category.

Phase three is marked by the creation of the workbook as a tool for rural community members to use to build partnerships, conduct community assessments, and set future goals. This phase is currently being conducted in the pilot communities. The next step will be to adapt the workbook for use in northern communities.

The rural communities will benefit from their participation by: building community capacity to undertake a community assessment; gaining experience in the process of community assessment using community development principles and tools; acquiring the information about the community that is gathered through the project; learning about the process for using the information in community goal setting and planning; and influencing the development of the workbook to better meet the needs of rural people and their communities.

The mandate of RDI, an academic research center of Brandon University, is to conduct research dealing with issues affecting rural communities and to dis-

seminate information about these issues to a variety of stakeholders. Unlike most academic research programs, RDI's orientation to research is multi-disciplinary involving academic, community and government partners from many perspectives.

When disciplines come together, the concepts of “rural” and “health” are examined from many perspectives, resulting in a broadening and expanding of the topics related to the issue.

Through dialogue and discussion, the Rural Development Institute brought together a group of partners that included researchers from the social sciences, humanities and health studies from three universities to collaboratively develop a research project and work with rural communities to assess their health and community sustainability.

Researchers from Brandon University's departments of Geography, Psychology, Rural Development and the School of Health Studies collaborated on this project. Additional perspectives were brought into the project by partnering with other universities, adding expertise in rural gerontology from the University of Manitoba and rural sociology from Concordia University. Community partners included rural regional health authorities and community development organizations in southwestern Manitoba as well as organizations such as Community Futures Partners of Manitoba and Wheat Belt Community Futures Corporation. Government partners included Health Canada, Statistics Canada, and the Rural Secretariat. Dissemination of the progress of the project has been shared at various stages through conference presentations, working papers and discussion documents.

The project was made possible through a grant from the Social Sciences and Humanities Research Council of Canada (SSHRC) under the strategic theme Society, Culture and the Health of Canadians.

It is anticipated that the pilot project will commence in the pilot communities in December and will run for approximately three months. ■

# BU Researchers Participate in Rural and Remote Health Conference

Several Brandon University faculty members presented at the Canadian Rural Health Society's third national conference *Health Research in Rural and Remote Canada: Meeting Challenges, Creating Opportunities* in Halifax, October 24-26, 2002.

Dr. Barbara Gfellner presented a paper on "Rural Volunteerism: Motivational Differences and Organizational Involvement." Fran Racher's research on "Accessing Health Services: The Experience of Elderly Rural Couples" was also presented at the conference. Another School of Health Studies faculty member, Renée Robinson, addressed mental health in her paper "Mental Health Services in Rural and Remote Regions: Adaptation of Best Practice Models."

Meeting the health needs of the third of Canadians who live in rural and remote areas poses challenges, but also creates opportunities for innovation. The Canadian Rural Health Society hosted this conference to provide an exchange of scientific ideas aimed at meeting these challenges and exploring research opportunities that may improve the health of our rural residents.

Conference themes included Population Health, Community Health, Physical and Work Environments, Aboriginal Health, Methodological Issues in Rural and Remote Health Research, Bio-medical Research, Clinical Research and Health Care Organization, Policy and Resource Allocation. ■

## Marian Beattie, PHEc, B.Ed.(5th Yr)

Marian joined the Rural Development Institute of Brandon University in May 2002. She holds a Bachelor of Home Economics degree and a Certificate in Secondary Education from the University of Manitoba. She was awarded a Bachelor of Education (5th Year) degree from Brandon University. She is a Professional Home Economist and holds a Province of Manitoba Teacher's Certificate.

Marian grew up on a farm in Manitoba's Red River Valley and spent many years living, working, and raising a family in a small community in southwestern Manitoba. She now resides in Brandon.

Marian's expertise and extensive experience are in the fields of human resources development, organizational development and adult training/education. She spent several years as a human resources coordinator for a rural health district in southwestern Manitoba followed by nine years as a training specialist for a large international manufacturing company. For most of her career, she has focused on conduct-



ing needs assessments and evaluations; designing, developing and delivering training/education programs; and project development, coordination and management. Marian is an experienced educator and facilitator. ■

## In Brief...

- **Robert Annis** facilitated a participatory workshop in February 2002 entitled "Well-Being and Quality of Life: Assessing the Rural Community." Rural community residents and RDI research associates developed a framework and indicators to access community health.
- With funding support from the SSHRC rural health project, **Fran Racher** has undertaken an extensive review of the literature regarding theory on access to health services. A paper has just been published documenting this work – Racher, F., & Vollman, A.R. (2002). "Exploring the Dimensions of Access to Health Services: Implications for Nursing Research and Practice." *Research and Theory for Nursing Practice: An International Journal*, 16(2), 77-90.
- **Fran Racher** has developed a course "Health of rural populations and communities" to provide an overview of theory, issues and strategies related to the health and well-being of rural people. Determinants of health as they relate to rural populations and communities, the health status of various rural populations and the factors that contribute to the health of rural residents are discussed. The course is designed for any individuals interested in the health and sustainability of rural populations and communities. It is available in the School of Health Studies at Brandon University on a 2-year cycle and is cross-listed at undergraduate and graduate levels. An article has recently been published regarding this course - Racher, F. (2002). "An Interdisciplinary Rural Health Course: Opportunities and Challenges." *Nurse Education Today*, 22(5), 387-392.

# Defining Rural and Rurality: A Pre-Conference Workshop

by Catherine Taylor  
Student Research Assistant, RDI

**“The issue of how to define rural in population based studies is critical, so as to make the research we do useable to communities, comparable across studies within Canada and internationally, and comparable over time.”**

— Renee F. Lyons, Ph.D.,  
Special Advisor, Rural and Northern  
Strategic Initiatives, CIHR

The Rural Development Institute is pleased to announce funding support from the Canadian Institute of Health Research (CIHR) for a pre-conference workshop. This is the first time Brandon University has been awarded CIHR funding.

Researchers from the Rural

Development Institute of Brandon University and the Department of Community Health and Epidemiology of Dalhousie University hosted the pre-conference workshop “Methodological Issues of Rurality and Rural Health” in conjunction with the 3rd National Conference of the Canadian Rural Health Research Society, *Health Research in Rural and Remote Canada: Meeting the Challenges, Creating Opportunities*, held October 24-26, 2002.

The goal of the workshop was to bring a select group of rural health researchers from Canadian universities and agencies, together with program administrators and policy makers to discuss defining “rural” and “rurality” for health and health service research in general, and for use with large health databases and surveys in particular. Keynote presentations and discussion papers were followed by small group dis-

cussions, large group discussions, and a collaborative generation of recommendations and conclusions from the day.

Researchers had opportunity to network and build linkages with other rural health researchers from across Canada. Proceedings and summary of knowledge, including presentations, discussions and conclusions from the workshop, are being developed and disseminated. See these publications of the RDI web site at [www.brandonu.ca/rdi](http://www.brandonu.ca/rdi).

Fran Racher initiated the proposal on behalf of RDI and the Canadian Rural Health Research Society, to host a pre-conference workshop and was the principal investigator on the application to the Institute of Population and Public Health of CIHR. This pre-conference workshop also received funding from Health Canada and the Rural Secretariat. ■

## Summer Institute 2002

by Catherine Taylor  
Student Research Assistant, RDI

Brandon University's Community Health Institute and the University of Manitoba partnered to present this year's Summer Institute on Population Health Promotion. Dr. Robert Annis, Dr. Linda Ross (Dean of the BU School of Health Studies), Fran Racher, Marion Beattie and Catherine Taylor participated in the Institute.

*Building Supportive and Influential Communities: Public Policy, Community Development and Population Health Promotion*, held at the University of Manitoba from August 20-23, 2002, addressed 300 participants, showing them how to analyze a community's developmental needs; design, initiate and implement community development projects; sustain community gains; evaluate progress; and move to

action.

A primer in population health, presented by Mr. Gary Ledoux, preceded the Institute.

Mr. Neil Bracht, Dr. Trevor Hancock and Dr. Sid Frankel explored the links between population health, community development and public policy. Bracht

expanded on this over the remainder of the week by exploring a five-stage model of the community development process. Dr. Dexter Harvey, who used Bracht's model to present the Manitoba Heart

Health Project, supplemented the discussion of the five stages.

Afternoons were spent in small groups applying the five stages of the model to community development projects.

Other events included a riverboat cruise and site tours of community development projects in action.

Dr. Ross is Chairperson of the Summer

“ Go in search of people. Begin with what they know. Build on what they have.”

– Chinese proverb ”

Institute Advisory Committee and a member of the Finance Working Group. Fran Racher served on the Program Planning Working Group. ■

*\*Note: Catherine, an undergraduate student in Rural Studies, is a student Research Assistant with RDI. She is working on the SSHRC Health Research Project.*

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