



**RESOURCE MAPPING OF RURAL  
HEALTH INFORMATION IN CANADA**

A Report Prepared for the Canadian Health Network

by

Centre for Rural and Northern Health Research  
Laurentian University

Andrew Irvine, M.A.  
Raymond W. Pong, Ph.D.  
Adèle Bromley, B.Sc.N.  
Duncan Matheson, Ph.D.

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## EXECUTIVE SUMMARY

The Centre for Rural and Northern Health Research (CRaNHR), Laurentian University, was commissioned to conduct the research on rural health information, one of the priority topics identified by the Canadian Health Network (CHN) for network mapping.

Defining rural health is difficult because unlike some other topics in the CHN health information website, which tend to be disease- or service-specific, rural health is amorphous in nature and is defined mostly in terms of geography. The definition adopted for this resource mapping project is very broad. We use the term “rural” to refer to regions, communities or populations that are sometimes called “non-urban, “small town”, “northern” or “remote” and include geographically isolated urban centres that, even though they do not fit the official definitions of rural, are actually more like rural communities in terms of transportation access, economic and labour force characteristics, and availability of services and amenities.

Using this definition of rural, a number of broad areas important to the health promotion of rural Canadians were defined in order to guide the selection of the organizations to be surveyed. As much as possible, the focus has been on service-specific health information not already covered by other resource mapping teams. Through a series of teleconferences with the Expert Panel and by using a modified Delphi technique, 70 organizations were selected for more in-depth interviews. Of these, 56 organizations completed the survey (80% response rate). The following major points emerged:

- The CHN website will be an invaluable tool to help alleviate the information disparity between urban and rural residents. It is therefore imperative that rural health be an integral and well-developed component of the CHN
- The surveyed organizations do not make up a coordinated or coherent rural health network. The network can best be described as a series of independent networks. There is a lack of cross-network connections.
- Many of the organizations surveyed identified themselves as having closer bonds with other resource mapping areas than with a rural health network. But this does not diminish their importance in providing rural health information,

- Given the difficulty in defining rural health, many of the organizations surveyed disseminate rural health information without identifying themselves as rural health organizations or their information as rural health information,
- The key organizations for information provision vary depending upon the type of information being sought. In some areas it was impossible to identify a key organization.
- While abundant information is available in some areas, it is difficult to find relevant information in others.
- Until recently, there have been no central nodes to coordinate the efforts of those in the rural health area. However, this situation is beginning to change with a number of new initiatives that will help integrate and strengthen the rural health network.

Rural in the context of this project has been defined very broadly and thus overlaps with many of the other topic areas already on the CHN website. It is, therefore, important for the CHN to remind individuals looking for health information on its website to link to other relevant topic areas.

- . Few clear trends have emerged from the data due to the diversity of the survey respondents.
- . Access to health care resources such as physicians was the number one issue raised by both health consumers and health intermediaries in relation to rural health, but access information is not part of this project.
- . An organization needs to be appointed by the CHN to carry this work forward. The organization chosen to further the work of rural health information mapping should have national status, expertise in rural health research, information gathering and analysis capability, experience in information dissemination particularly via the internet and contacts with rural health organizations across the country.

All of the key organizations identified through this rural health information resource mapping exercise should appear on the CHN website.

## I. INTRODUCTION

The Canadian Health Network (CHN), in an effort to improve access to health information by Canadians, has developed a website which integrates providers of health information from across the country. However, CHN has identified gaps in a number of key areas. The Centre for Rural and Northern Health Research (CRaNHR), Laurentian University, was commissioned to conduct the research on rural health information, one of the priority topics identified for network mapping.

Given the very broad nature of “rural health”, some parameters were needed to define a reasonable scope of coverage in order to make the project manageable within the 100 or so information sources required. To this end, a rural health Expert Panel (a list of the members of the Expert Panel is shown in Appendix A) was formed to guide CRaNHR in establishing a number of broad criteria to aid in the selection of the 100 rural health information sources.

Defining rural health is difficult because unlike some other topics in the CHN health information website, which tend to be disease- or service-specific, rural health is amorphous in nature and is defined mostly in terms of geography. Additionally, rural residents have many health problems similar to those of urban dwellers (e.g., they may have cardiovascular diseases, diabetes). However, rural communities in Canada are facing a number of unique demographic, ecological, economic, and social challenges due to geographic isolation, depletion of natural resources, boom-and-bust cycles in primary industries, chronic high unemployment, outmigration of the young and population aging, environmental decay, etc. These problems have profound implications for the health and well-being of rural Canada.

One way to understand rural is to rely on definitions, such as those used by Statistics Canada or the QECD. If these definitions are used, from about a quarter to about a third of the Canadian population can be considered rural (Pitblado et al, 1999). In other words, as many as 10 million Canadians are rural residents. While these definitions of rural are widely used, they are not very useful in the context of this project, as rural health information is not disseminated based on such rigid definitions.

Another approach and the one adopted for this resource mapping project is to use a much broader notion of rural. We use the term “rural” in a short-hand way to refer to regions, communities or populations that are sometimes called “non-urban”, “small town”, “northern” or “remote” and include geographically isolated communities that, even though they do not fit the official definitions of rural, are actually more like rural communities in terms of transportation access, economic and labour force characteristics, and availability of services and amenities. If such more inclusive notions of rural are adopted, the proportion of the Canadian population that can be called rural will be considerably larger.

Rural health, therefore, refers to the health of people living in rural, northern and remote areas, as well as small towns. The Expert Panel identified the following broad areas as being important to the health promotion of rural Canadians: health problems and diseases that are more common among rural populations (e.g., Lyme disease); approaches to prevent diseases and promote health which are especially important in rural areas; issues surrounding sustainability; occupational health and safety, especially in rural-based industries such as forestry, mining, farming and fishing; safety and lifestyle issues (e.g., snowmobiles, ATVs, camping, firearm safety, water safety); social support and isolation; multicultural populations and youth in rural areas; rural environmental issues (e.g., water quality) and other health issues (e.g., suicide, addiction, domestic violence and health behaviours) which although not confined to rural locations, may require different intervention strategies in rural settings.

In order to avoid duplicating other topic areas on the CHN website, the focus will be on health information that has not been covered by other resource mapping teams. For example, cardiovascular disease (CVD) is a theme area that has already been included on the CHN website. Although CVD is a major health problem for rural residents, the measures needed to reduce its risk are by and large the same for both rural and urban populations. Thus, health promotion information concerning CVD is not included in this rural health project. However, some organizations that have already been covered are included in our resource map, if they disseminate information that is aimed specifically at rural populations (e.g., Saskatchewan Heart Health Program). It should also be noted that some of the information gathered through this exercise will be relevant to urban peoples as well. The organizations that have been selected are

those that focus on prevention and/or early intervention, public education and community partnerships or collaboration.

The following sections summarize the resource mapping process, provide a descriptive overview of the organizations surveyed and discuss some key findings that have emerged from the resource mapping of rural health information.



## **II. METHODOLOGY**

As previously mentioned, the first task, prior to selecting the 100 rural health information sources, was to define rural health in a workable way. An initial teleconference of the rural health Expert Panel was held to establish a broad set of criteria for defining rural health. In addition, it was agreed that in order not to duplicate areas or topics already covered by the CHN, information sources already included on the CHN website would be included only if they provided health information specifically to rural populations.

### **A. Listing and Prioritizing Organizations**

With the assistance of the Expert Panel and a systematic search on the World Wide Web by the research team, a list of 100 organizations was compiled. The organizations were screened for their eligibility in meeting the established criteria. A list of these organizations is included in Appendix B. Through a series of teleconferences with the Expert Panel and by using a modified Delphi approach, 70 organizations were selected for more in-depth interviews. These 70 organizations are listed in Appendix C. Of these, 56 organizations completed the survey, A list of these organizations can be found in Appendix D.

### **B. Resource Mapping Survey Instrument and Data Collection**

The Resource Mapping Survey Instrument designed by the CHN was administered without modification. This survey questionnaire is included in Appendix E.

Prior to forwarding the survey questionnaire to the 70 organizations selected, telephone contacts were made to: 1) explain the research project, 2) ascertain their interest in participating and 3) review the procedures to be followed. Follow-up contacts were made by telephone and letter when responses had not been received after a period of time. These follow-up phone calls allowed the participants to: 1) review the questionnaire with the researcher prior to the interview, 2) clarify concerns pertaining to specific questions or 3) indicate their refusal to take part in the project.

The French version of the survey instrument was forwarded to three organizations. Telephone contacts were conducted in both official languages according to the interviewee's choice.

Several of the survey respondents expressed concerns regarding the length of time required to conduct the telephone interview and opted to complete the survey in writing and return it by facsimile.

Eleven organizations that had initially agreed to participate declined and/or did not follow through with the interview after receiving the survey questionnaire. Follow-up telephone calls were made to these organizations and several indicated that the survey questions were inappropriate in terms of the services they offered. Two organizations declined involvement due to heavy work loads. Another agency felt that the survey questionnaire was too long and too time-consuming to complete. Two participants reported that they had already taken part in other CHN surveys and did not want to be surveyed again. We were unable to contact 3 organizations. Altogether, 56 organizations were successfully surveyed, yielding a response rate of 80%. The data collected from these 56 organizations were then entered into the database supplied by the CHN and independently verified as to its accuracy,

This intent of this section is to present a summary of the survey data collected from the 56 organizations that participated in the resource mapping project.

### **A. Profile of Organizations**

The selection of rural health organizations was done in such a way as to ensure representation from all regions of the country and coverage from different geographic levels (e.g., national, provincial, regional). An overview of the types of organizations, their geographic coverage, the services provided and their intended audience is presented below. Complete summary tables can be found in Appendix F.

#### 1. *Types of Organizations*

Almost half of respondents have indicated that they are from non-profit-non-governmental organizations. Non-profit voluntary and federal government organizations are tied for the next largest categories of organizations (12.5% each). Educational institutions make up 10.7%, while provincial government organizations make up 7.1% of the total. Organizations which consider themselves to fall into the category of “Others” make up 9% of the organizations interviewed. These include co-ops, farm-family advocacy organizations and university-based organizations.

Twenty organizations have indicated that they are a chapter of a national or provincial organization, with 15 of the 20 being part of a national organization, while the remaining 5 being part of a provincial organization.

#### 2. *Geographical Area*

Respondents were asked to indicate the geographical areas that their organization’s work covered. About 63% have indicated that their organizations’ work is at the provincial level, 37.5% of the organizations are national in scope, 23% cover more than one province,

approximately 21% are regional, while 20% of organizations work at a local level. About 20% have international coverage.

### **3. *Audiences***

Respondents were asked to describe their targeted health-consumer and health-intermediary audiences. From the responses, it appears that rural health information is not targeted specifically at any one group of consumers. According to the respondents, almost any of the consumer groups listed in the questionnaire could benefit from the information disseminated by their organizations. About 25% of organizations have indicated that they also disseminate information to “Other” consumers not listed on the questionnaire. These “Other” consumers are mainly occupational groups such as farmers, miners and trappers. A similar situation exists for health intermediaries. Respondents indicate that the health information that they distribute is not aimed at any one specific group of health intermediaries. A number of organizations indicate that their information also targets the media, government and private sector.

### **4. *Mission/Services/Clients***

Respondents were asked to briefly describe the focus of their organizations’ work and services. The information obtained in this question overlaps to a large degree with information gathered by other questions and will be described in more detail in other sections of this summary report. However, a few major points can be made. The work focus of the survey respondents is health promotion and the improvement of health.

The services offered by the organizations can be grouped into five general categories, though some organizations provide services in more than one category. These categories are: information and material provision (e.g., pamphlets); education/training/program development; advocacy/policy development; research and counseling services. The client focus is the same as described in the previous section.

## *5, Services Provided*

In a separate question, respondents were asked to indicate which types of services they provided. About 95% of the organizations provide training and consultation services, 77% develop educational materials for distribution (e.g., pamphlets, fact sheets), 70% provide information and resource dissemination, 61% conduct research, 53% take part in policy development and advocacy, while 54% provide community programs. The percentages do not add to 100% as many organizations have multiple functions.

## *6. Modes of Access*

Approximately 80% of the respondents provide access to their information resources over the phone. Just under half of these organizations have a toll-free number. Over 71% of the organizations maintain a website, while 52% have a resource library and a quarter of the organizations have a drop-in centre. Very few organizations have an interactive voice response system (12.5%) and 30% of the organizations have ‘other’ modes of access. Most of these “other” modes of access refer to meetings or conferences.

## *7. Other Organizations That Should Participate in this Survey*

Survey respondents were asked to suggest the names of other organizations that should have participated in this survey of rural health organizations, but the respondents had relatively few suggestions. The organizations that had been suggested were very diverse in nature and were largely regional or provincial in their scope of coverage.

## B. Services and Issues

A brief overview of the types and numbers of health information requests received is presented below. Complete summary tables can be found in Appendix G.

### *1. Prominence of Health Information*

Just under half of the respondents have said that the provision of health information is only one of many services they offer, and another 30% have indicated that it is their main work. Almost 18% of the organizations do not see the provision of health information as their main function

### *2. Requests for Information*

Respondents were asked whether requests for information mainly came from health consumers, health intermediaries or both. Approximately 30% have indicated that equal numbers of health-consumers and health intermediaries request information, while 28.5% and 27% have mentioned mainly health-consumers and mainly health-intermediaries, respectively. Some respondents (14%) have also said that they have received requests from “other” sources, such as the educational and government sectors.

### *3. Types of Health Information Requested*

Respondents were asked about the types of health information requests that they had received. The types of health information requests fall into the following five categories: managing health; reducing the risk of developing health problems; improving health and well-being; community action to improve health and well-being and community action on broader determinants of health. Respondents were asked to indicate on a 5-point scale the number of requests they received for each type of health information. The 5-point scale ranges from a small number of requests to a significant number of requests. Respondents also had the option of indicating that they did not receive any request for information. From 12.5% to 21% of respondents have received a significant number of requests in any one of the five categories of health information.

Most have received a small to moderate number of requests. It should also be noted that some organizations do not provide all five categories of health information.

#### *4. Top Issues for Health Consumers*

Respondents were asked to list the top five health issues on which health consumers had requested information most frequently. A wide range of responses have been received which can be collapsed into a number of general categories. The top five categories of information requests from health consumers are: access to health resources (27%); occupational health and safety (includes other occupations other than farming and mining which were asked in separate categories) 21.5%; environmental issues (20%); occupational medical / health conditions (16%) and agricultural farming safety and pesticide/chemical use (tied at 14%).

#### *5. Top Issues for Health Intermediaries*

Respondents were also asked to list the top five health issues on which health intermediaries had requested information most often. The top five categories of information requests from health intermediaries are: access to health resources (23%); occupational health and safety (includes all occupations other than farming and mining which were asked in separate categories) (23%); agricultural farming safety (14%); pesticide and chemical use (12.5%) and environmental issues (12.5%)

#### *6. Website and Purpose*

Most organizations (71.4%) maintain a website. Those that had a website were asked to briefly describe its purpose. According to the responses, the primary purpose of their websites is to disseminate the health information that their organizations produce. Many websites are also used to distribute research findings and to describe the organization, its activities and services. Some websites also provide information on available programs and services.

## **C. Resources**

A major component of the survey questionnaire was devoted to looking at referral patterns, emerging issues and information gaps. The results are presented below. Complete summary tables can be found in Appendix H.

### *1. Information Gaps*

Survey respondents were asked if there were rural health information gaps. Just under half of the respondents (46.4%) have said that there are information gaps. When asked to specify the nature of the gaps, most feel that there is a lack of available research material and comprehensive data about rural health and the rural population, especially in the areas of health status, health behaviours and health human resources. Interestingly, while some respondents believe there are information gaps, they cannot specify where these gaps exist.

### *2. Emerging Health Related Issues*

Survey respondents were also asked to identify what they felt were emerging health-related issues for which their organization should provide information in the next five to ten years. Given the diversity of the organizations surveyed, the emerging health-related issues mentioned are wide ranging. The most frequently mentioned are farm and occupational safety, environmental hazards, food safety, disease prevention, aging and stress, A few organizations have also mentioned that a more cohesive approach to the understanding of rural health is needed. They feel this could be accomplished through network building, a stronger focus on rural health research and the use of information technology.

### *3. Website Resources*

Those organizations that maintained a website were asked to list their most frequently requested web-based resources. The most frequently requested resources are health promotion pamphlets



and manuals (e.g., traffic safety, safe handling of pesticides), followed by research studies on rural health, directories of services and organizations and information about training programs.

#### *4. Most Frequently Requested Resources*

Each survey respondent was also asked to list the most frequently requested resources. Of all resources listed by the respondents, 81% are available in print format, 34% in a web-based format, 10% in a multi-media format and 6% in an audio-visual format. Slightly over 50% of the resources are available in English only, 34% available in both English and French, 4.5% available in French only and 5% available in another language. As in the previous section, the resources listed cover a broad spectrum of topics, but most of which have a health promotion focus. Research studies are another frequently requested item.

#### *5. Referral Organizations*

Survey respondents were asked to list the top three organizations to whom they referred either health consumers or health intermediaries for more information on rural health. Many organizations have been mentioned. The top three organizations are: the Centre for Agricultural Medicine, University of Saskatchewan (20%) the Office of Rural Health, Health Canada (11%) and the Saskatchewan Safety Council and the Ontario Farm Safety Association (both at 5.5%).

#### *6. Resources From Other Organizations*

Of the survey respondents, 48% have distributed health information produced by other organizations. Only resources from the Centre for Agricultural Medicine, University of Saskatchewan and the Saskatchewan Safety Council have been listed by more than one of the survey respondents.

## IV. DESCRIPTION OF RESOURCE MAP

The rural health information network is presented below, using the broad areas established by the Expert Panel. This description also identifies the central nodes and key organizations of the network. Key organizations refer to those within an area (e.g., occupational health and safety) which are referred to most often by others within the same area. The key organizations tend to have a substantial capacity for information dissemination. Central nodes are those organizations which are cross-cutting in nature and whose function is to integrate the entire network. It is recognized that several organizations overlap the various categories but only appear once in the following listings. The rural health information network is as follows:

### **i Central Node in the Network:**

Office of Rural Health, Health Canada

### **ii Occupational Health and Safety**

Canadian Centre for Occupational Health and Safety (Key Organization)

#### *Mining*

- . Alberta Mine Safety Association
- . Association Paritaire Pour la Santé et la Sécurité du Travail du Secteur Minier
- . Mines Accident Prevention Association of Manitoba
- . Mines and Aggregates Safety and Health Association **e an at on**

#### *Farming*

- . Canadian Coalition for Agricultural Safety and Rural Health
- . Canadian Federation of Agriculture
- . Centre for Agricultural Medicine (Key Organization)
- . Farm and Ranch Safety and Health Association (Key Organization)
- . Ontario Farm Safety Association (Key Organization)
- . Ontario Ministry of Agriculture, Food and Rural Affairs
- . National Farmers' Union (Key Organization)
- . PEI Farm Health Safety Program
- . Saskatchewan Alliance for Health and Safety
- . Saskatchewan Safety Council (Key Organization)

#### *Others*

- . Maritime Fishermen's Union
- . Manitoba Labour Workplace Safety and Health Division
- . Ontario Fur Managers Federation

Pulp and Paper Health and Safety Association  
Workers' Compensation Board of British Columbia

❖❖❖ **Environmental Issues.**

Canadian Food Inspection Agency

**iV Mental Health and Addictions**

- Alberta Drug and Alcohol Commission
- Centre for Addiction and Mental Health
- Canadian Mental Health Association (Key Organization)
- Farm Stress Line - Extension Service - Saskatchewan Agriculture and Food (Key Organization)

**V Gender Issues**

Canadian Farm Women's Network  
Federated Women's Institutes of Canada  
Immigrant Women of Saskatchewan  
Maritime Centre of Excellence for Women's Health (Key Organization)  
Saskatchewan Women's Agricultural Network (Key Organization)

**vi Safety Lifestyle Issues**

- Canada Safety Council (Key Organization)
- Canadian Council of Snowmobile Organizations
- Canadian Firearms Centre
- Canadian Coast Guard - Office of Boating Safety

**vii Prevention/Education**

- Centre for Health Promotion - University of Toronto
- Sudbury and District Health Unit
- Committee for Anglophone Social Action
- Canadian Rural Information Service - Agriculture and Agri-Food Canada (Key Organization)
- Community Health Promotion Network - Atlantic (Key Organization)
- Ontario Rural Council
- Public Legal Education and Information Service of New Brunswick
- Society of Rural Physicians of Canada - Information Service
- Rural and Small Town Program
- Rural Development and Complimentary Care
- Safe Communities Foundation
- Seniors Resource Centre

- Southwestern Ontario Rural Medicine
- Saskatchewan Abilities Council
- Saskatchewan Heart Health Program

### **viii Research**

- Atlantic Health Promotion Research Centre (Key Organization)
- Centre for Rural and Northern Health Research (Key Organization)
- Health Research Division, Faculty of Medicine, Memorial University

### **ix Family Issues**

- Association des Jeunes Ruraux du Quebec
- Bureau of Reproductive and Child Health
- Cooper Institute
- Murial McQueen Ferguson Centre

The following major points can be made about the resource map:

- . The surveyed organizations do not make up a coordinated or coherent rural health network. The network can best be described as a series of independent networks (e.g., mental health network, farm safety network). There is a lack of cross-network connections.
- Many of the organizations surveyed identified themselves as having closer bonds with other resource mapping areas (e.g., Canadian Mental Health Association) than with a rural health network. But this does not diminish the importance of their role in providing rural health information.
- The key organizations for information provision vary depending upon the type of information being sought. In some areas it was impossible to identify a key organization,
- While abundant information is available in some areas (e.g., occupational health and safety), it is difficult to find relevant information in others (e.g., environment).
- Until recently, there have been no central nodes to coordinate the efforts of those in the rural health area. However, there is growing recognition that rural health and the rural quality of

life need to be improved. Rural Canada has increasingly emerged as an important focus for policy makers. This has led to a number of initiatives, such as the formation of the Office of Rural Health at Health Canada to help coordinate policy development at the national level and the emerging of the Centre for Rural and Northern Health Research as an important focus of rural health research activities. These initiatives will help integrate and strengthen the rural health network.

- The strength of the network is its breadth and expertise in specific areas. The weakness is its lack of integration. With so many different sources of information and types of information, it is difficult to identify the “best” information and to verify the information. This is to be expected, since, as pointed out at the onset, rural health is an amorphous topic, defined more by geography than by a particular disease or service.

There were also a number of organizations that did not participate but would have been useful additions. These organizations are:

Alliance des Pêcheurs Professionnels du Quebec

- provides information to rural consumers in the fishing industry
- not selected as one of the top 50 organizations by the Expert Panel

Canadian Agricultural Safety Program

- referred to by several participants as an excellent source for rural health information
- not selected as one of the top 50 organizations by the Expert Panel

Canadian Centre on Substance Abuse

- referred to by several participants as an excellent source for rural health information
- not selected as one of the top 50 organizations by the Expert Panel

Canadian Women in Timber

- source of information for rural women involved in the forestry industry
- not selected as one of the top 50 organizations by the Expert Panel

Centre for Agricultural Medicine, University of Saskatchewan

- referred to by several participants as an excellent source for rural health information
- one division of the centre did not complete the survey questionnaire

Cercles des Fermiers du Quebec

- source of information on rural farm women in Quebec
- did not complete survey questionnaire

Farm Safety Program – Prevention Service Branch – Saskatchewan Safety Council

- referred by participants as an excellent source for rural information
- declined to participate

Firearms Safety Education Services of Ontario

- provides information to rural consumers involved in the use of firearms
- declined to participate

Forestry Safety Society of Nova Scotia

- source of information in the forestry industry
- not selected as one of the top 50 organizations by the Expert Panel

Holland Centre

- identified by some informants as an excellent source of rural information
- could not meet timelines for participation

National Rural Child Coalition

- source of information for rural families
- could not meet timelines for participation

Prairie Women’s Health Centre of Excellence

- referred by participants as an excellent source for rural information pertaining to women
- declined to participate as they had been interviewed by another resource mapping team

Rural Education and Development Association

- rural research and education source
- not selected as one of the top 50 organizations by the Expert Panel

## V. DISCUSSION

A number of major findings emerged over the course of this project. These are highlighted below:

- Rural is not a cut-and-dried concept. There are many definitions of rural and no one is universally accepted. Rural in the context of this project has been defined very broadly and rural health information thus overlaps with many of the other topic areas already on the CHN website. As much as possible, the focus has been on health information not already covered by other resource mapping teams. It is, therefore, important for the CHN to remind individuals looking for rural health information on its website to link to other relevant topic areas.
- Given the difficulty in defining rural health, many of the organizations surveyed disseminate rural health information without identifying themselves as rural health organizations or their information as rural health information. As a result, it was difficult to get some organizations to participate.
- Several respondents have queried the efficacy of the project when many rural residents do not have computers, On the other hand, many participants have applauded the fact that, finally, a comprehensive and coordinated system is being developed that would help rural Canadians to access in a timely fashion health information that is widely scattered.
- A number of respondents have raised the point that informal community-based organizations (e.g., church groups) are an important source of rural health information. These groups are not captured in this project.
- Few clear trends have emerged from the data due to the diversity of the survey respondents, A variety of health consumers and health intermediaries are targeted by the organizations, with their main focus being health promotion. Few organizations have mentioned rural populations as being their only target audience. A wide range of information has been

produced in a variety of formats. Access to the organizations is mainly through telephone or inter-net, About half of the respondents have indicated that information gaps exist. The most frequently mentioned is the lack of available research material and comprehensive data on rural health and the rural population, especially in the areas of health status, health behaviours and health human resources. While many organizations refer to or distribute information produced by other organizations, with the possible exception of the Centre for Agricultural Medicine, University of Saskatchewan, no one organization has been consistently singled out.

- Access to health care resources such as physicians is the number-one issue raised by both health consumers and health intermediaries. However, access to health care resources is generally location-specific and the situations change constantly. Thus, it would be difficult to collect accurate information or to deal with access issues in a national database.
- Organizations from Ontario, the Atlantic region and Saskatchewan make up a large proportion of the 56 organizations surveyed. Only six of the organizations in the final sample are from British Columbia, Alberta and Manitoba. A good mix of national, provincial and regional organizations has been obtained.
- Several respondents have complained that questionnaire was very time consuming to fill out, Since the survey questionnaire is generic and is not specifically geared towards rural health per se, some organizations have found it difficult to respond to some of the questions.



## **V. CONCLUSIONS AND RECOMMENDATIONS**

Rural Canada accounts for over 90% of the land mass of the country and from a quarter to a third of Canadians can be considered rural. However, it is not just the size of the rural population that is important from a health perspective. Equally important is the fact that rural Canada has many serious and protracted health problems that need to be understood and resolved. Compounding this problem is the lack of systematic health information and access to health resources. The CHN website will be an invaluable tool to help alleviate the information disparity between urban and rural residents. It is therefore imperative that rural health be an integral and well-developed component of the CHN website. The way rural health information is linked to the other topic areas on the CHN website will be key to its usefulness. How rural health is defined should also be clearly explained on the website. This information will also help organizations see themselves as part of a rural health network.

This project has been an important first step in mapping rural health information in Canada. But more needs to be done. In view of the lack of integration and diversity of health information sources, an organization needs to be appointed by the CHN to carry this work forward. Responsibilities of this organization would include:

- promoting and strengthening the rural health information network;
- keeping abreast of rural health research and fostering the linkage between rural health research and rural health information development;
- . expanding the rural health information network especially through the identification of smaller regional organizations;
- . ensuring the quality of the data collected and updating of information where necessary;
- . ongoing monitoring of the rural health information network and
- establishing a system for responding to rural health information requests by both health consumers and health intermediaries.

The organization chosen to further the work of rural health information mapping should have a national status, expertise in rural health research, information gathering and analysis capability,

experience in information dissemination particularly via the internet and contacts with rural health organizations across the country.

Finally, all of the key organizations identified through this rural health information resource mapping exercise should be considered for inclusion on the CHN website as associate partners.

These organizations are:

- . Atlantic Health Promotion Research Centre
- . Canada Safety Council
- . Canadian Centre for Occupational Health and Safety
- Canadian Mental Health Association
- Canadian Rural Information Service - Agriculture and Agri-Food Canada
- Centre for Agricultural Medicine
- Centre for Rural and Northern Health Research
- Community Health Promotion Network - Atlantic
- Farm and Ranch Safety and Health Association
- Farm Stress Line - Extension Service - Saskatchewan Agriculture and Food
- Maritime Centre of Excellence for Women's Health
- Mines and Aggregates Safety and Health Association
- National Farmers' Union
- Ontario Farm Safety Association
- Saskatchewan Safety Council
- Saskatchewan Women's Agricultural Network

# **Appendices**

## **Appendix A: List of Expert Panel Members**

Dr. Nikki Gerrard, Community Psychologist  
Saskatoon District Health / Mental Health Service  
4th Floor, 715 Queen Street  
Saskatoon, SK S7K 4X4

Phone: (306) 655-8867

Ms. Norma Gibson MacDonald, Project Manager  
Canadian Centre for Occupational Health and Safety  
250 Main Street East  
Hamilton, ON L8N 1H6

Phone: (905) 572-2981

Ms. Louise Hagel, Research Associate  
Centre for Agricultural Medicine  
University of Saskatchewan  
103 Hospital Drive  
Saskatoon, SK S7N 0W8

Phone: (306) 966-6648

Dr. Judith Kulig, Director, Regional Centre for  
Health Promotion and Community Studies  
University of Lethbridge, School of Health Sciences  
4401 University Drive  
Lethbridge, AB T1J 3M4

Phone: (403) 382-7119

Dr. Renée Lyons, Director, Atlantic Health  
Promotion and Community Studies  
Dalhousie University  
Dentistry Building, Room 5200  
598 1 University Avenue  
Halifax, NS B3H 3J5

Phone: (902) 494-2240

Mr. Emile Therien, President  
Canada Safety Council  
1020 Thomas Spratt Place  
Ottawa, ON K1G 5L5

Phone: (613) 739-1535

Dr. John Wootton, Executive Director of Rural Health  
Health Canada – Office of Rural Health  
Room 1556C, Jeanne Mance Building, 19 1 SC2  
Ottawa, ON K1A 1B4

Phone: (613) 946-8622

## **Appendix B: List of Organizations Considered by Expert Panel**

1. Accident Prevention Association of Manitoba  
Winnipeg, MB
2. Alberta Agriculture  
Edmonton, AB
3. Alberta Centre for Well Being  
Edmonton, AB
4. Alberta Drug and Alcohol Commission  
Calgary, AB
5. Alberta Mine Safety Association  
Hinton, AB
6. Alliance des Pêcheurs Professionnels du Quebec  
Quebec, PQ
7. Association des Jeunes Ruraux du Quebec  
Princeville, PQ
8. Association Paritaire Pour la Santé et la Sécurité du Travail au Secteur Minier  
Sainte Foy, PQ
9. Atlantic Health Promotion Research Centre, Dalhousie University  
Halifax, NS
10. British Columbia Federation of Agriculture  
Victoria, BC
11. Bureau of Reproductive and Child Health, Health Canada  
Ottawa, ON
12. Canada Safety Council  
Ottawa, ON
13. Canadian Addiction Research Foundation  
Toronto, ON
14. Canadian Agriculture Injury Surveillance Program - Queen's University  
Kingston, ON
15. Canadian Association of Emergency Physicians

Rural and Small Urban Committee  
Charlottetown, PEI

16. Canadian Centre for Occupational Health and Safety  
Hamilton, ON
17. Canadian Centre on Substance Abuse  
Ottawa, ON
18. Canadian Coalition for Agricultural Safety and Rural Health  
Saskatoon, SK
19. Canadian Coast Guard, Office of Boating Safety  
Ottawa, ON
20. Canadian Council of Snowmobile Organizations  
Barrie, ON
21. Canadian Farm Women's Network  
Redbridge, NB
22. Canadian Farm Women's Network  
Woodstock, NB
23. Canadian Federation of Agriculture  
Ottawa, ON
24. Canadian Firearms Centre  
Ottawa, ON
25. Canadian Food Inspection Agency  
Napean, ON
26. Canadian Mental Health Association, National Office  
Toronto, ON
27. Canadian Rural Information Service, Agriculture and Agri-Food Canada  
Ottawa, ON
28. Canadian Rural Restructuring Foundation  
Brandon, MB
29. Centre for Addiction and Mental Health  
Toronto, ON
30. Centre for Agricultural Medicine  
Saskatoon, SK

31. Centre for Health Promotion, University of Toronto  
Toronto, ON
32. Centre for Rural and Northern Health Research  
Sudbury, ON
33. Cercles des Fermières du Quebec  
Longueuil, PQ
34. Coastal Communities Network  
East Bay, NS
35. Committee for Anglophone Social Action  
New Carlisle, PQ
36. Community Health Promotion Network – Atlantic  
Memramcook, NB
37. Consumer Health Information Service  
Toronto, ON
38. Cooper Institute  
Charlottetown, PEI
39. Ecological Agriculture Projects  
Ste.-Anne-de-Bellevue, PQ
40. Emergency Preparedness Information Exchange  
Vancouver, BC
41. Family Violence on the Farm and in Rural Communities  
Research Team, Muriel McQueen Ferguson Centre  
Fredericton, NB
42. Farm and Ranch Safety and Health Association  
Langley, BC
43. Farm Health Safety Program  
Charlottetown, PEI
44. Farm Safety Program, Prevention Services Branch  
Regina, SK
45. Farm Stress Line, Extension Service, Saskatchewan Agriculture and Food  
Regina, SK

46. Federated Women's Institute of Canada  
Ottawa, ON
47. Firearms Safety Education Service of Ontario  
Durham, ON
48. Fisheries Council of Canada  
Ottawa, ON
49. Fisheries Information, Memorial University  
St, John's, NF
50. Forest Products Safety Conference  
Williams Lake, BC
51. Forestry Safety Society of Nova Scotia  
Truro, NS
52. Health and Community Services  
Western Corner Brook, NF
53. Health Research Division, Faculty of Medicine  
Health Sciences Centre, Memorial University  
St, John's, NF
54. Heart Health Resource Centre  
Toronto, ON
55. Holland Centre  
Quebec, PQ
56. Immigrant Women of Saskatchewan, Saskatoon Chapter  
Saskatoon, SK
57. Internet Mental Health  
Vancouver, BC
58. Learning for a Sustainable Future  
North York, ON
59. L'Union des Producteurs Agricoles  
Longueuil, PQ
60. Manitoba Labour, Workplace Safety and Health Division  
Winnipeg, MB



61. Maritime Centre of Excellence for Women's Health  
Halifax, NS
62. Maritime Fishermen's Union  
Shediac, NB
63. Mental Health Website, Health Canada  
Ottawa, ON
64. Mines Accident Prevention Association of Manitoba  
Winnipeg, MB
65. Mines and Aggregates Safety and Health Association  
North Bay, ON
66. National Coalition for Rural Child Care  
Codrington, ON
67. National Farmers Union  
Saskatoon, SK
68. Nova Scotia Federation of Agriculture  
Middleton. NS
69. Office for Primary and Rural Health Services  
Ministry of Health and Ministry Responsible for Seniors  
Victoria, BC
70. Ontario Farm Safety Association Inc.  
Guelph, ON
71. Ontario Forestry Safe Workplace Association  
North Bay, ON
72. Ontario Fur Managers Federation  
Sault Ste. Marie, ON
73. Ontario Ministry of Agriculture, Food and Rural Affairs  
Agriculture and Rural Division  
Guelph, ON
74. Ontario Rural Council  
Guelph, ON
75. PEI Farm Health and Safety Program - PEI Federation of Agriculture

Charlottetown PEI

76. Prairie Women's Health Centre of Excellence  
Winnipeg, MB
77. Prince Edward Island Environmental Network  
Charlotte-town, PEI
78. Public Legal Education and Information Service of New Brunswick  
Fredericton, NB
79. Pulp and Paper Health and Safety Association  
North Bay, ON
80. Quebec Farmers' Association  
Ste.-Anne-de-Bellevue, PQ
81. Queen's Rural Medicine Initiative, Queen's University  
Kingston, ON
82. Regional Cooperative Development Centre  
Charlottetown, PEI
83. Rural and Small Town Programme  
Sackville, NB
84. Rural Development and Complimentary Care  
Saskatoon, SK
85. Rural Dignity of Canada  
Percé, PQ
86. Rural Education and Development Association  
Edmonton, AB
87. Rural Health Extension Program, Centre for Agricultural Medicine  
Saskatoon, SK
88. Safe Communities Foundation  
Toronto, ON
89. Saskatchewan Safety Council  
Regina, SK
90. Saskatchewan Abilities Council

- Saskatoon, SK
51. Saskatchewan Alliance for Agricultural Health and Safety  
Saskatoon, SK
  52. Saskatchewan Heart Health Program  
Saskatoon, SK
  53. Saskatchewan Women's Agricultural Network  
Saskatoon, SK
  94. Seniors' Resource Centre  
St. John's NF
  55. Society of Rural Physicians of Canada  
Shawville, PQ
  56. Southwestern Ontario Rural Medicine  
Goderich, ON
  57. Statistics Canada  
Ottawa, ON
  58. Sudbury and District Health Unit  
Sudbury, ON
  99. Workers' Compensation Board of British Columbia - Evaluation and Research  
Department  
Vancouver, BC
  100. Workers' Compensation Board of British Columbia - Ergonomics Department  
Vancouver, BC

## Appendix C: List of Organizations Chosen For Interview

1. Alberta Drug and Alcohol Commission  
16 11 Remington Road Northeast  
Calgary, AB T2E 5K6  
Contact: Karen Hala  
Phone: (403) 297-3337  
Fax: (403) 297-4592
2. Alberta Mine Safety Association  
Cardinal River Coals, Ltd., Bag 2570  
Hinton, AB T7V 1V5  
Contact: Ray MacDonald  
Phone: (780) 692-5 100  
Fax: (780) 692-5138
3. Association des Jeunes Ruraux du Quebec  
65, rang 3, est  
Princeville, PQ G6L 4B9  
Contact: Annie Chabot  
Phone: (8 19) 364-5606  
Fax: (819) 364-5606
4. Association Paritaire Pour la Sante et la  
Sécurité du Travail du Secteur Minier  
979 de Bourgogne, Bureau 570  
Sainte Foy, PQ G1 W 2L4  
Contact: Pierre Lapointe  
Phone: (418) 653-1933  
Fax: (418) 653-7726
5. Atlantic Health Promotion Research Centre  
Dalhousie University  
Room 5200, Dentistry Building, 598 1  
Halifax, NS B3H 3J5  
Contact: Dr. Renée Lyons  
Phone: (902) 494-2240  
Fax: (902) 494-3594
6. Bureau of Reproductive and Child Health  
Health Canada  
Tunnsy's Pasture A.L. 060 1E2  
Ottawa, ON K1A 0L2  
Contact: Catherine McCourt  
Phone: (613) 941-3904  
Fax: (613) 941-9927
7. Canada Safety Council  
1020 Thomas Spratt Place  
Ottawa, ON K 1 G 5L5  
Contact: Emile Therien  
Phone: (613) 739-1535  
Fax: (613) 739-15616
8. Canadian Centre for Occupational Health  
and Safety  
250 Main Street East  
Hamilton, ON L8N 1H6  
Contact: Len Hong  
Phone: (905) 572-298 1  
Fax: (905) 572-22016
9. Canadian Coalition for Agricultural Safety  
and Rural Health  
Box 76, 103 Hospital Drive  
Saskatoon, SK S7N 0W8  
Contact: Maura Gillis-Cipywnyk  
Phone: (306) 966-8288  
Fax: (306) 966-8891
10. Canadian Coast Guard-Office of Boating  
200 Kent Street, 5th Floor  
Contact: Cathy L. Sandiford  
Phone: (613) 996-8902

- Ottawa, ON K1A 0E6 Fax: (613) 996-8902
11. Canadian Council of Snowmobile Organizations  
12-106 Saunders Road  
Barrie, ON L4N 9A8  
Contact: Michel Garneau  
Phone: (705) 739-1121  
Fax: (705) 739-5005
  12. Canadian Farm Women's Network  
111 Redbridge Road  
Redbridge, NB E7M 5L1  
Contact: Carolyn Van Dine  
Phone: (506) 328-3723  
Fax: (506) 328-3738
  13. Canadian Federation of Agriculture  
1101-75 Albert Street  
Ottawa, ON K1P 5E7  
Contact: Sally Rutherford  
Phone: (613) 236-3633  
Fax: (613) 236-5749
  14. Canadian Firearms Centre  
284 Wellington Street  
Ottawa, ON K1A 0H8  
Contact: Jean Valin  
Phone: (613) 946-1645  
Fax: (613) 941-1991
  15. Canadian Food Inspection Agency  
59 Camelot Drive  
Napan, ON K1A 0Y9  
Contact: Ron Doering  
Phone: (613) 228-2342  
Fax: (613) 228-6653
  16. Canadian Mental Health Association  
National Office  
2160 Yonge Street  
Toronto, ON M4S 2Z3  
Contact: Edward Pennington  
Phone: (416) 484-7750  
Fax: (416) 484-4617
  17. Canadian Rural Information Service  
Agriculture and Agri-Food Canada  
Room 1377, Sir John Carling Building  
930 Carling Avenue  
Ottawa, ON K1A 0C5  
Contact: Susan Sherman  
Phone: (888) 757-8725  
Fax: (613) 759-6763
  18. Canadian Rural Restructuring Foundation  
Brandon University, Department of Rural  
Development  
Brandon, MB R7A 6A9  
Contact: Dr. Bill Reimer, Concordia  
University (514) 848-2171  
Phone: (204) 571-8516  
Fax: (204) 725-0364
  19. Centre for Agricultural Medicine  
Room 3608, Wing 3E, 103 Hospital Drive  
University of Saskatchewan  
Saskatoon, SK S7N 0W8  
Contact: Louise Hagel  
Phone: (306) 966-6648  
Fax: (306) 966-8799
  20. Centre for Addiction and Mental Health  
Contact: Carolyn Nutter

- 33 Russell Street  
Toronto, ON M5S 2S 1  
Phone: (416) 595-6135  
Fax: (416) 595-5018
21. Centre for Health Promotion  
University of Toronto  
207-100 College Street  
Toronto, ON M5G 1L5  
Contact: Dr. Irving Rootman  
Phone: (416) 978-1509  
Fax: (416) 971-1365
22. Centre for Rural and Northern Health Research  
Laurentian University, Ramsey Lake Road  
Sudbury, ON P3E 2C6  
Contact: Dr. Raymond Pong  
Phone: (705) 675-1151  
Fax: (705) 675-4855
23. Cercles des Fermières du Quebec  
1043 Tiffin rue  
Logneuil, PQ J4P 3G7  
Contact: Yolande Labrie  
Phone: (450) 442-3983  
Fax: (450) 442-4363
24. Committee for Anglophone Social Action  
Box 219, 126 rue Gerard D. Levesque  
New Carlisle, PQ GOC 1Z0  
Contact: Joan Richards  
Phone: (418) 752-5995  
Fax: (418) 752-6864
25. Community Health Promotion Network-Atlantic  
Box825  
Memramcook, NB EOA 2C0  
Contact: Mary Simpson  
Phone: (506) 758-0987  
Fax: (506) 758-2002
26. Cooper Institute  
81 Prince Street  
Charlottetown, PET C1A 4R3  
Contact: Marie Burge  
Phone: (902) 894-4573  
Fax: (902) 368-7180
27. Ecological Agriculture Projects  
McGill University, MacDonald Campus  
Ste.-Anne-de-Bellevue, PQ H9X 3V9  
Contact: Dr. V. Raghavan  
Phone: (514) 398-7773  
Fax: (514) 398-8387
28. Emergency Preparedness Information Exchange  
Centre for Policy Research on Science and  
Technology  
515 West Hastings Street  
Vancouver, BC V6B 5K3  
Contact: Peter Anderson  
Phone: (604) 291-4921  
Fax: (604) 465-8797
29. Family Violence on the Farm and in Rural  
Communities – Research Team, Muriel  
McQueen Ferguson Centre  
Fredericton, NB E3B 5A3  
Contact: Jennie Hornosty  
Phone: (506) 453-3595  
Fax: (506) 453-4788
30. Farm and Ranch Safety and Health Association  
102-5755 Glover Road  
Contact: Bruce Johnson  
Phone: (604) 532-1789

- Langley, BC V3A 8H4 Fax: (604) 532-1786
31. Farm Safety Program, Prevention Services  
Branch, Saskatchewan Labour  
1870 Albert Street, 4th Floor  
Regina, SK S4P 3V7  
Contact: Allan Reine  
Phone: (306) 787-0920  
Fax: (306) 787-0036
  32. Farm Stress Line-Extension Service  
Saskatchewan Agriculture and Food  
Room 329, 3085 Albert Street  
Regina, SK S4S 0B1  
Contact: Ken Imhoff  
Phone: (306) 787-5 196  
Fax: (306) 787-9623
  33. Federated Women's Institute of Canada  
606-25 1 Bank Street  
Ottawa, ON K2P 1X3  
Contact: Arlene Strugnell  
Phone: (613) 234-1090  
Fax: (613) 234-1090
  34. Firearms Safety Education Service of Ontario  
Box 280  
Durham, ON NOG 1R0  
Contact: John Galbraith  
Phone: (5 19) 369-5706  
Fax: (5 19) 369-5733
  35. Health Research Division, Faculty of Medicine  
Health Sciences Centre, Memorial University  
300 Prince Philip Drive  
St. John's, NF A1B 3V6  
Contact: Dr. Roy West  
Phone: (709) 737-5 158  
Fax: (709) 737-7382
  36. Heart Health Resource Centre  
202-468 Queen Street East  
Toronto, ON N5A 1T7  
Contact: Anne Lessio  
Phone: (416) 367-3313  
Fax: (4 16) 367-2844
  37. Immigrant Women of Saskatchewan  
Saskatoon Chapter  
230 Avenue R South  
Saskatoon, SK S7M 2Z1  
Contact: Ila Sarkar  
Phone: (306) 9786611  
Fax: (306) 978-6614
  38. Internet Mental Health  
902-60 1 West Broadway  
Vancouver, BC V5Z 4C2  
Contact: Dr. W. Long  
Phone: (604) 876-2250  
Fax: (604) 876-4929
  39. Learning for a Sustainable Future  
220 McLaughlin College, York University  
4700 Keele Street  
North York, ON M3J 1 P3  
Contact: Elaine Rubinoff  
Phone: (416-327-2032  
Fax:
  40. Manitoba Labour - Workplace Safety and Health  
200-401 York Avenue  
Contact: Jean Van Walleghen  
Phone: (204) 945-0580

- Winnipeg, MB R3C 0P8 Fax: (204) 945-4556
41. Maritime Centre of Excellence for Women's Health Contact: Dr. Carol Amaratunga  
5340 South Street, CP 3070 Phone: (902) 420-6725  
Halifax, NS B3J 3G9 Fax: (902) 420-6752
  42. Maritime Fishermen's Union Contact: Michael Belliveau  
Box 1418 Phone: (506) 532-2485  
Shediac, NB EOA 3G0 Fax: (506) 532-2487
  43. Mines Accident Prevention Association of Contact: Barry Sinoneau  
Manitoba Phone: (204) 989-1890  
700-305 Broadway Fax: (204) 989-1899  
Winnipeg, MB R3C 3J7
  44. Mines and Aggregates Safety and Health Contact: Ric deMeulles  
Association Phone: (705) 474-7233  
690 McKeown Avenue Fax: (705) 472-5800  
North Bay, ON P1B 9P1
  45. National Farmers Union Contact: Cory Ollika  
27 17 Wentz Avenue Phone: (306) 652-9465  
Saskatoon, SK S7K 4B6 Fax: (306) 664-6226
  46. Ontario Farm Safety Association Contact: Steve Zronik  
22/23-340 Woodlawn Road West Phone: (5 19) 823-5600  
Guelph, ON N1H 7K6 Fax: (5 19) 823-8880
  47. Ontario Forestry Safe Workplace Association Contact: Christine Gervais  
690 McKeown Avenue, Box 2050 Phone: (705) 474-7233  
North Bay, ON P1B 9P1 Fax: (705) 472-5800
  48. Ontario Fur Managers Federation Contact: Howard Noseworth  
53 1 Second Line East Phone: (705) 254-3338  
Sault Ste. Marie, ON P6B 4K2 Fax: (705) 254-3297
  49. Ontario Ministry of Agriculture, Food and Contact: Elizabeth Smith  
Rural Affairs, Agriculture and Rural Division Phone: (5 19) 826-3279  
1 Stone Road West Fax: (519) 826-3259  
Guelph, ON N1G 4Y2
  50. Ontario Rural Council Contact: Mary Robertson  
1 Stone Road West Phone: (519) 826-4127  
Guelph, ON N1G 4Y2 Fax: (5 19) 826-3408



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| 51. | PEI Farm Health and Safety Program<br>Federation of Agriculture<br>420 University Avenue<br>Charlottetown, PEJ C 1 A 7Z5                 | Contact: Lisa Denis<br>Phone: (902) 368-7289<br>Fax: (902) 368-7204          |
| 52. | Prairie Women's Health Centre of Excellence<br>2 Centennial 1 1A, University of Winnipeg<br>5 15 Portage Avenue<br>Vancouver, BC V6B 5K3 | Contact: Sharon Jeanson<br>Phone: (204) 786-9048<br>Fax: (204) 774-4134      |
| 53. | Public Legal Education and Information<br>Service of New Brunswick<br>Box 6000<br>Fredericton, NB E3B 5H1                                | Contact: Deborah Doherty<br>Phone: (506) 453-5369<br>Fax: (506) 457-7899     |
| 54. | Pulp and Paper Health and Safety Association<br>690 McKeown Avenue<br>North Bay, ON PIB 9P1  | Contact: Steven Will<br>Phone: (705) 474-7233<br>Fax: (705) 474-0219         |
| 55. | Rural and Small Town Programme<br>76 York Street, Mt. Allison University<br>Sackville, NB E4L 1E9  | Contact: David Bruce<br>Phone: (506) 364-2395<br>Fax: (506) 364-2601         |
| 56. | Rural Development and Complimentary Care<br>St. Paul's Hospital Residence<br>230 Avenue R South<br>Saskatoon, SK S7M 2Z1                 | Contact: Fay Puckett<br>Phone: (306) 655-5365<br>Fax: (306) 655-4956         |
| 57. | Rural Dignity of Canada<br>Percé, PQ GOC 2L0   | Contact: Cynthia Patterson<br>Phone: (4 18) 645-3766<br>Fax: (4 18) 645-3835 |
| 58. | Rural Health Extension Program<br>Centre for Agricultural Medicine<br>Box 120, Royal University Hospital<br>Saskatoon. SK S7M OW8        | Contact: Dr. James Dosman<br>Phone: (306) 966-6643<br>Fax: (306) 966-8378    |
| 59. | Safe Communities Foundation<br>20 1-64 Charles Street East<br>Toronto, ON M4Y IT1  | Contact: Lisa Demster<br>Phone: (4 16) 964-0008<br>Fax: (416) 964-0089       |
| 60. | Saskatchewan Safety Council<br>445 Hoffer Drive<br>Regina, SK S4N 6E2  | Contact: Harley Toupin<br>Phone: (306) 757-3 197<br>Fax: (306) 569-1907      |

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|-----|--|---|
| 61. | Saskatchewan Abilities Council<br>23 10 Louise Avenue<br>Saskatoon, SK S7J 2C7   | Contact: Kristi Clarke<br>Phone: (306) 3 74-4448<br>Fax: (306) 373-2665     |
| 62. | Saskatchewan Alliance for Agricultural<br>Health and Safety<br>103 Hospital Drive<br>Saskatoon, SK S7N OW8   | Contact: Rod Chatterson<br>Phone: (306) 966-6644<br>Fax: (306) 9668799      |
| 63. | Saskatchewan Heart Health Program<br>107 Wiggins Road<br>Saskatoon, SK S7N 5E5   | Contact: Joan Feather<br>Phone: (306) 966-7977<br>Fax: (306) 966-7920       |
| 64. | Saskatchewan Women's Agricultural Network<br>Box 9738<br>Saskatoon, SK S7K 7G5   | Contact: Noreen Johns<br>Phone: (306) 257-3911<br>Fax: (306) 257-3911       |
| 65. | Seniors' Resource Centre<br>W240- 120 Torbay Road<br>St. John's, NF A1 A 2G8   | Contact: Rosemary Lester<br>Phone: (709) 737-2333<br>Fax: (709) 737-3717    |
| 66. | Society of Rural Physicians of Canada<br>Box 893<br>Shawville, PQ JOX 2Y0  | Contact: Patty Vann<br>Phone: (819) 647-3971<br>Fax: (8 19) 647-3971        |
| 67. | Southwestern Ontario Rural Medicine<br>53 North Street<br>Goderich, ON N7A 2T5   | Contact: Dr. James Rourke<br>Phone: (5 19) 524-9940<br>Fax: (5 19) 524-5577 |
| 68. | Statistics Canada, Rural Secretariat<br>Agriculture and Agri-Food Centre<br>Rural Communications, AAFC<br>930 Carling Avenue<br>Ottawa, ON K1A 0C7 | Contact: Irene Harrison<br>Phone: (613) 759-1 559<br>Fax: (613) 759-703 1   |
| 69. | Sudbury and District Health Unit<br>1300 Paris Street<br>Sudbury, ON P3E 3A3   | Contact: Dr. Robin Bolton<br>Phone: (705) 522-9200<br>Fax: (705) 522-5182   |
| 70. | Workers' Compensation Board of British<br>Columbia-Evaluation and Research Department<br>Box 5350<br>Vancouver, BC V6B 5L5                         | Contact: Roberta Ellis<br>Phone: (604) 276-4 100<br>Fax: (604) 279-74 10    |

## Appendix D: List of Organizations Interviewed

1. Alberta Drug and Alcohol Commission  
16 11 Remington Road Northeast  
Calgary, AB T2E 5K6  
Contact: Karen Hala  
Phone: (403) 297-3337  
Fax: (403) 297-4592
2. Alberta Mine Safety Association  
Cardinal River Coals, Ltd., Bag 2570  
Hinton, AB T7V IV5  
Contact: Ray MacDonald  
Phone: (780) 692-5 100  
Fax: (780) 692-5138
3. Association des Jeunes Ruraux au Quebec  
65, rang 3, est  
Princeville, PQ G6L 4B9  
Contact: Annie Chabot  
Phone: (8 19) 364-5606  
Fax: (8 19) 364-5406
4. Association Paritaire Pour la Sante et la  
Sécurité du Travail du Secteur Minier  
979 de Bourgogne, Bureau 570  
Sainte Foy, PQ G1 W 2L4  
Contact: Pierre Lapointe  
Phone: (418) 653-1933  
Fax: (4 18) 653-7726
5. Atlantic Health Promotion Research Centre  
Dalhousie University  
Room 5200, Dentistry Building, 598 1  
Halifax, NS B3H 3J5  
Contact: Dr. Renée Lyons  
Phone: (902) 494-2240  
Fax: (902) 494-3594
6. Bureau of Reproductive and Child Health  
Health Canada  
Tunney's Pasture A.L. 060 1 E2  
Ottawa, ON K1 A OL2  
Contact: Catherine McCourt  
Phone: (613) 941-3904  
Fax: (613) 941-9927
7. Canada Safety Council  
1020 Thomas Spratt Place  
Ottawa, ON K1 G 5L5  
Contact: Emile Therien  
Phone: (613) 739-1535  
Fax: (613) 739-1566
8. Canadian Centre for Occupational Health  
and Safety  
250 Main Street East  
Hamilton, ON L8N 1H6  
Contact: Len Hong  
Phone: (905) 572-2981  
Fax: (905) 572-2206
9. Canadian Coalition for Agricultural Safety  
Cipywnyk  
and Rural Health  
Box 76, 103 Hospital Drive  
Saskatoon, SK S7N OW8  
Contact: Maura Gillis-  
Phone: (306) 966-8288  
Fax: (306) 966-8891
10. Canadian Coast Guard-Office of Boating  
Contact: Cathy L. Sandiford

- 200 Kent Street, 5<sup>th</sup> Floor  
Ottawa, ON K1A 0E6  
Phone: (613) 996-8902  
Fax: (613) 996-8902
11. Canadian Council of Snowmobile Organizations  
12- 106 Saunders Road  
Barrie, ON L4N 9A8  
Contact: Michel Garneau  
Phone: (705) 739-1121  
Fax: (705) 739-5005
  12. Canadian Farm Women's Network  
111 Redbridge Road  
Redbridge, NB E7M 5L1  
Contact: Carolyn Van Dine  
Phone: (506) 328-3723  
Fax: (506) 328-3738
  13. Canadian Federation of Agriculture  
1101-75 Albert Street  
Ottawa, ON K1P 5E7  
Contact: Sally Rutherford  
Phone: (613) 236-3633  
Fax: (613) 236-5749
  14. Canadian Firearms Centre  
284 Wellington Street  
Ottawa, ON K1A 0H8  
Contact: Jean  
Phone: (613) 946-1645  
Fax: (613) 941-1991
  15. Canadian Food Inspection Agency  
59 Camelot Drive  
Napan, ON K1A 0Y9  
Contact: Ron Doering  
Phone: (613) 228-2342  
Fax: (613) 228-6653
  16. Canadian Mental Health Association  
National Office  
2160 Yonge Street  
Toronto, ON M4S 2Z3  
Contact: Edward Pennington  
Phone: (416) 484-7750  
Fax: (416) 484-4617
  17. Canadian Rural Information Service  
Agriculture and Agri-Food Canada  
Room 1377, Sir John Carling Building  
930 Carling Avenue  
Ottawa, ON K1A 0C5  
Contact: Susan Sherman  
Phone: (888) 757-8725  
Fax: (613) 759-6763
  18. Centre for Addiction and Mental Health  
33 Russell Street  
Toronto, ON M5S 2S1  
Contact: Carolyn Nutter  
Phone: (416) 595-6135  
Fax: (416) 595-5018
  19. Centre for Health Promotion  
University of Toronto  
207- 100 College Street  
Toronto, ON M5G 1L5  
Contact: Dr. Irving Rootman  
Phone: (416) 978-1509  
Fax: (416) 971-1365
  20. Centre for Rural and Northern Health Research  
Contact: Dr. Raymond Pong

- Laurentian University, Ramsey Lake Road  
Sudbury, ON P3E 2C6  
Phone: (705) 675-1151  
Fax: (705) 675-4855
21. Committee for Anglophone Social Action  
Box 219, 126 rue Gerard D. Levesque  
New Carlisle, PQ G0C 1Z0  
Contact: Joan Richards  
Phone: (418) 752-5995  
Fax: (418) 752-6864
22. Community Health Promotion Network-Atlantic  
Box 825  
Memramcook, NB E0A 2C0  
Contact: Mary Simpson  
Phone: (506) 758-0987  
Fax: (506) 758-2002
23. Cooper Institute  
81 Prince Street  
Charlottetown, PEI C1A 4R3  
Contact: Marie Burge  
Phone: (902) 894-4573  
Fax: (902) 368-7180
24. Family Violence on the Farm and in Rural  
Communities - Research Team, Muriel  
McQueen Ferguson Centre  
Fredericton, NB E3B 5A3  
Contact: Jennie Hornosty  
Phone: (506) 453-3595  
Fax: (506) 453-4788
25. Farm and Ranch Safety and Health Association  
102-5755 Glover Road  
Langley, BC V3A 8H4  
Contact: Bruce Johnson  
Phone: (604) 532-1789  
Fax: (604) 532-1786
26. Farm Stress Line-Extension Service  
Saskatchewan Agriculture and Food  
Room 329, 3085 Albert Street  
Regina, SK S4S 0B1  
Contact: Ken Imhoff  
Phone: (306) 787-5196  
Fax: (306) 787-9623
27. Federated Women's Institute of Canada  
606-251 Bank Street  
Ottawa, ON K2P 1X3  
Contact: Arlene Strugnell  
Phone: (613) 234-1090  
Fax: (613) 234-1090
28. Health Research Division, Faculty of Medicine  
Health Sciences Centre, Memorial University  
300 Prince Philip Drive  
St. John's, NF A1B 3V6  
Contact: Dr. Roy West  
Phone: (709) 737-5158  
Fax: (709) 737-7382
29. Immigrant Women of Saskatchewan  
Saskatoon Chapter  
230 Avenue R South  
Saskatoon, SK S7M 2Z1  
Contact: Ila Sarkar  
Phone: (306) 978-6611  
Fax: (306) 978-6614
30. Manitoba Labour - Workplace Safety and Health  
200-401 York Avenue  
Contact: Jean Van Walleghen  
Phone: (204) 945-0580

- Winnipeg, MB R3C 0P8 Fax: (204) 945-4556
31. Maritime Centre of Excellence for Women's Health  
5940 South Street, CP 3070  
Halifax, NS B3J 3G9  
Contact: Dr. Carol Amaratunga  
Phone: (902) 420-6725  
Fax: (902) 420-6752
  32. Maritime Fishermen's Union  
Box 1418  
Shediac, NB EOA 3G0  
Contact: Michael Belliveau  
Phone: (506) 532-2485  
Fax: (506) 532-2487
  33. Mines Accident Prevention Association of  
Manitoba  
700-305 Broadway  
Winnipeg, MB R3C 3J7  
Contact: Barry Sinoneau  
Phone: (204) 989-1 890  
Fax: (204) 989-1899
  34. Mines and Aggregates Safety and Health  
Association  
690 McKeown Avenue  
North Bay, ON P1B 9P1  
Contact: Ric de Meulles  
Phone: (705) 474-7233  
Fax: (705) 472-5800
  35. National Farmers Union  
2717 Wentz Avenue  
Saskatoon, SK S7K 4B6  
Contact: Gory Ollika  
Phone: (306) 652-9465  
Fax: (306) 664-6226
  36. Ontario Farm Safety Association  
22/23-340 Woodlawn Road West  
Guelph, ON N1H 7K6  
Contact: Steve Zronik  
Phone: (5 19) 823-5600  
Fax: (5 19) 823-8880
  37. Ontario Fur Managers Federation  
53 1 Second Line East  
Sault Ste. Marie, ON P6B 4K2  
Contact: Howard Noseworth  
Phone: (705) 254-3338  
Fax: (705) 254-3297
  38. Ontario Ministry of Agriculture, Food and  
Rural Affairs, Agriculture and Rural Division  
1 Stone Road West  
Guelph, ON N1G 4Y2  
Contact: Elizabeth Smith  
Phone: (5 19) 826-3279  
Fax: (5 19) 826-3259
  39. Ontario Rural Council  
1 Stone Road West  
Guelph, ON N1G 4Y2  
Contact: Mary Robertson  
Phone: (5 19) 826-4 127  
Fax: (5 19) 826-3408
  40. PEI Farm Health and Safety Program  
Federation of Agriculture  
420 University Avenue  
Charlottetown, PEI C 1 A 725  
Contact: Lisa Denis  
Phone: (902) 368-7289  
Fax: (902) 368-7204

41. Public Legal Education and Information  
Service of New Brunswick  
Box 6'000  
Fredericton, NB E3B 5H1  
Contact: Deborah Doherty  
Phone: (506) 453-5369  
Fax: (506) 457-7899
42. Pulp and Paper Health and Safety Association  
690 McKeown Avenue  
North Bay, ON PIB 9P 1  
Contact: Steven Will  
Phone: (705) 474-7233  
Fax: (705) 474-0219
43. Rural and Small Town Programme  
76 York Street, Mt. Allison University  
Sackville, NB E4L 1E9  
Contact: David Bruce  
Phone: (506) 364-2395  
Fax: (506) 364-2601
44. Rural Development and Complimentary Care  
St. Paul's Hospital Residence  
230 Avenue R South  
Saskatoon, SK S7M 2Z1  
Contact: Fay Puckett  
Phone: (306) 655-5365  
Fax: (306) 655-4956
45. Rural Health Extension Program  
Centre for Agricultural Medicine  
Box 120, Royal University Hospital  
Saskatoon, SK S7M 0W8  
Contact: Dr. James Dosman  
Phone: (306) 966-6643  
Fax: (306) 966-8378
46. Safe Communities Foundation  
201-64 Charles Street East  
Toronto, ON M4Y 1T 1  
Contact: Lisa Demster  
Phone: (4 16) 964-0008  
Fax: (416) 964-0089
47. Saskatchewan Safety Council  
445 Hoffer Drive  
Regina, SK S4N 6E2  
Contact: Harley Toupin  
Phone: (306) 757-3 197  
Fax: (306) 569-1907
48. Saskatchewan Abilities Council  
23 10 Louise Avenue  
Saskatoon, SK S7J 2C7  
Contact: Kristi Clarke  
Phone: (306) 374-4448  
Fax: (306) 373-2665
49. Saskatchewan Alliance for Agricultural  
Health and Safety  
193 Hospital Drive  
Saskatoon, SK S7N 0W8  
Contact: Rod Chatterson  
Phone: (306) 966-6644  
Fax: (306) 966-8799
50. Saskatchewan Heart Health Program  
107 Wiggins Road  
Saskatoon, SK S7N 5E5  
Contact: Joan Feather  
Phone: (306) 966-7977  
Fax: (306) 966-7920
51. Saskatchewan Women's Agricultural Network  
Contact: Noreen Johns

- Box 9738  
Saskatoon, SK S7K 7G5  
Phone: (306) 257-3911  
Fax: (306) 257-3911
52. Seniors' Resource Centre  
W240- 120 Torbay Road  
St. John's, NF A1 A 2G8  
Contact: Rosemary Lester  
Phone: (709) 737-2333  
Fax: (709) 737-3717
53. Society of Rural Physicians of Canada  
Box 893  
Shawville, PQ JOX 2Y0  
Contact: Patty Vann  
Phone: (819) 647-3971  
Fax: (819) 647-3971
54. Southwestern Ontario Rural Medicine  
53 North Street  
Goderich, ON N7A 2T5  
Contact: Dr. James Rourke  
Phone: (519) 524-9940  
Fax: (519) 524-5577
55. Sudbury and District Health Unit  
1300 Paris Street  
Sudbury, ON P3E 3A3  
Contact: Dr. Robin Bolton  
Phone: (705) 522-9200  
Fax: (705) 522-5182
56. Workers' Compensation Board of British  
Columbia-Evaluation and Research Department  
Box 5350  
Vancouver, BC V6B 5L5  
Contact: Roberta Ellis  
Phone: (604) 276-4100  
Fax: (604) 279-7410