Summary & Impact: This study characterized the association between rurality and a variety of health-related behaviors, including seatbelt use, obesity, and patterns of alcohol and tobacco use using a school-based survey of adolescents living in rural and remote BC. Many of these potentially harmful health behaviors were found to be more prevalent in rural, relative to urban, settings; however, family/school connectedness and prosocial relationships with peers reduced the likelihood of engaging in these behaviors among rural and remote adolescents. Rural-urban disparities in health behaviors varied between males and females. The results from this study will be helpful in guiding regionally tailored public health interventions aimed at promoting adolescent health in rural Canada.

Meet the corresponding author:

Dr. Géczy has a teacher's degree (biology-chemistry) and psychology degree (equivalent to a bachelor’s degree) from Hungary. Dr. Géczy completed a master's degree in experimental psychology at McGill University followed by a Ph.D. with summa cum laude at ELTE University, Budapest, Hungary, in the neurobiology of behavior.

Since 2001, Dr. Géczy has been an academic instructor in psychology (full-time & sessional) at various post-secondary institutions in Canada, including the University of Saskatchewan, the University of Alberta (Augustana Campus), and the University of Northern British Columbia. Dr. Géczy has been a full-time permanent faculty in the academic program at Northern Lights College since 2007, where he teaches various psychology courses and has been involved in several projects conducted at the McCreary Centre Society in Vancouver under the leadership of Dr. Elizabeth Saewyc, Director of UBC School of Nursing and Research at McCreary.

Question: Why is studying rural and remote health in Canada important to you?

Dr. Géczy: An important area of research in epidemiology is to study the health and well-being of young people. We have little empirical data in Canada on the physical and psychosocial health of adolescents residing in rural and remote areas. This is unfortunate, because rural teens have fewer access to health services and they often fare behind their urban counterparts in many indicators of health and health behaviors. Our study published in the JRH is a modest attempt to direct attention of health professionals and service providers to the health needs of rural teenagers in BC.
Summary & Impact: Communication between rural family physicians and urban specialists is a vital aspect of patient care in rural Canadian contexts. This qualitative study explored the perspectives of rural family physicians in Newfoundland and Labrador on communication with urban specialists during patient transfers and referrals. 11 family physicians practicing in rural communities (i.e., outside of the St. John’s metropolitan area) participated in semi-structured interviews and key themes were identified using thematic analysis. Important aspects of communication between rural physicians and urban specialists included a mutual understanding of the rural context, such as the sparsity of resources and the complexity of patient-physician relationships in rural areas, discussing the logistical and social challenges of transferring patients between rural and urban areas, and fostering a respectful professional discourse. Participants discussed individual- and system-level strategies that could be used to facilitate communication between rural and urban physicians, including improved use of telemedicine technologies. The results form this study provide key insights into how communication between rural and urban physicians can be improved to facilitate high-quality patient care in rural contexts.

Meet the corresponding author:

Dr. Margo Wilson is a staff physician in the Emergency Medicine Program at Eastern Health (St. John’s, NL) and an Assistant Professor in the Faculty of Medicine at Memorial University. Dr. Wilson completed an MD degree at the University of Ottawa in 2007 followed by Family Medicine and Enhanced Skills in Emergency Medicine residencies at Memorial University in 2009 and 2010, respectively. Dr. Wilson completed her family medicine training in the Northern Family Medicine (NorFAM) Training Program in Happy Valley-Goose Bay, Labrador, where she then practiced as a staff physician from 2011 to 2017. Dr. Wilson has been a locum physician in multiple rural communities in Newfoundland and was the co-chair of the SRPC Rural & Remote Medicine National Conference in 2018 and 2019.

Question: Why is studying rural and remote health in Canada important to you?

Dr. Wilson: Rural research is vital to generate evidence that is specific to the context of rural and remote communities. People living in rural communities face unique conditions and stressors, and those conditions might not be reflected in evidence that is generated in urban academic centers. If we want patient-centered and community-specific care, rural research is essential.
Summary & Impact: This cross-sectional study's primary focus was to collect data on the prevalence of use of point-of-care ultrasounds (POCUS) within Newfoundland and Labrador (NL). Physicians in NL were also interviewed for a qualitative analysis on their POCUS usage, including benefits and impediments to usage. This was the first study of its kind to report on the prevalence of POCUS devices in Canada. Rural physicians in NL had limited access to POCUS devices, compared to urban physicians, and have identified barriers to POCUS training. The results from this study could help in creating a province-wide POCUS network, connecting physicians in rural areas with POCUS experts, improving healthcare access.

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Meet the corresponding author:

Dr. Gillian Sheppard completed her Medical Degree and her residency training in Family Medicine with a Certificate of Special Competence in Emergency Medicine from Memorial University. Since 2011, Dr. Sheppard has been practicing Emergency Medicine at Eastern Health in St. John’s, NL.

In 2015, Dr. Sheppard became an Assistant Professor of Emergency Medicine at Memorial University. Dr. Sheppard is the Undergraduate Content Lead for Emergency Medicine at Memorial University, and she is the Chair of the Emergency Medicine Research Committee. Dr. Sheppard has been the Director of POCUS since 2016 and has a special interest in undergraduate POCUS education and research. In 2020, Dr. Sheppard joined the Canadian Association of Emergency Physicians Emergency Ultrasound Committee as the Education Lead, and she is the Chair of the CAEP Women in Emergency Medicine Committee.

Question: Why is studying rural and remote health in Canada important to you?

Dr. Sheppard: Necessity drives innovation. Rural healthcare providers are faced with doing more for patients with fewer resources and they have the knowledge and skills to provide insight into the solutions required to best serve their populations. Research in Canada should aim to learn from our rural healthcare providers and then plan educational opportunities and research projects to support them.
Posted: April 2022

Title: Rural–Urban Differences in Suicide Mortality: An Observational Study in Newfoundland and Labrador, Canada

Journal: Canadian Journal of Psychiatry (2021)

https://doi.org/10.1177/0706743721990315


Summary & Impact: Rates of suicide are higher in rural relative to urban Canadian communities. This study characterized differences in demographic and clinical characteristics between individuals who died by suicide in rural versus urban areas of Newfoundland and Labrador between 1997 and 2016. Relative to urban residents, rural residents who died by suicide tended to be younger, male, use a firearm as the method of suicide, have a higher blood alcohol content at the time of death, and were less likely to have a history of addiction or mental illness. These differences between individuals who died by suicide between rural and urban areas highlights the need for regionally tailored suicide prevention strategies that fit with the unique contexts of rural and urban environments.

Meet the corresponding author:

Dr. Pollock is an Epidemiologist with the Public Health Agency of Canada (PHAC) and an Adjunct Professor with the School of Arctic and Subarctic Studies with the Labrador Campus of Memorial University. He completed a Master’s of Social Work at Carleton University and a PhD in Community Health at Memorial University. Dr. Pollock uses a variety of health service research methods, including both qualitative and quantitative approaches, to study suicide prevention, mental health, and child and family health, with a particular focus on rural, northern, and Indigenous populations. Through his role in the School of Arctic and Subarctic Studies, Dr. Pollock works collaboratively with Indigenous governments and health and social care agencies in Northern Canada to assist with community-based research and policy development. He currently serves as the Vice President of the Canadian Society for Circumpolar Health and the International Union of Circumpolar Health.

Question: Why is studying rural and remote health in Canada important to you?

I think studying rural and remote health is important because it provides an opportunity to have a tangible impact on peoples lives and on the health of communities. Rural research is commonly focused on the unique challenges and strengths that exist in a particular place. Doing so allows us to answer questions that are locally meaningful, and generate evidence that has practical and often immediate implications for how care is provided and programs are delivered.