"Rural Health: Building Research Together"

Welcome!

Welcome to Prince George and the British Columbia Rural and Remote Health Research Network's Inaugural Conference, "Rural Health: Building Research Together". The goal of this inaugural conference is to bring together BC-based rural and remote health researchers to highlight excellence within the discipline. Specifically, our objectives include Collaboration (Networking), Communication (Professional Development), and Capacity Building (Knowledge Transfer and Exchange). Themes for the conference are:

- Health care organization
- Aboriginal health
- Population health
- Rural health across the lifespan
- Methodological issues
- Engagement and partnerships
- Health human resources
- Knowledge exchange

There will be many opportunities for conference participants to learn about and discuss recent research approaches, practice and policy frameworks and results with others who are interested in research related to the health of British Columbians living in rural and remote areas.

Hosting this conference would not have been possible without the combined effort of various individuals and organizations. We extend our heartfelt thanks to the conference planning committee, conference presenters and participants, and local volunteers.

We wish you a wonderful experience in Prince George and hope you find your experience at this inaugural BCRRHRN conference productive. Enjoy!

Best Wishes,

Martha MacLeod, Scientific Co-leader BCRRHRN
Stefan Grzybowski, Scientific Co-leader BCRRHRN

BCRRHRN
BC Rural & Remote Health Research Network

Conference Planning Committee

Martha MacLeod, Co-Chair - BCRRHRN

Stefan Grzybowski, Co-Chair - BCRRHRN

Cindy Hardy, Scientific Co-Chair – UNBC

Linda O'Neill, Scientific Co-Chair - UNBC

Melinda Allison – Northern Health

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Alan Davidson – UBC Okanagan

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Lana Sullivan - BCRRHRN

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Laurie Goldsmith - Simon Fraser University

Francisco Grajales – Trinity Western University

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Tanis Hampe – Nothern Health

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Martha MacLeod - BCRRHRN

Stephanie Matchett - BCRRHRN

Carole Patrick – Vancouver Coastal Health

Kathy Rush – UBC Okanagan

Judith Soon - UBC

Tom Sparrow - University of Victoria

Paulos Teckle – BC Cancer Agency

Caili Wu – Interior Health

Acknowledgements and Appreciation

This conference would not have been possible without the support of a number of organizations, individuals, and community members.

We would like to express our thanks to all who helped with the conference for their contribution to planning this successful event.

For ongoing support of rural health research
Michael Smith Foundation for Health Research

For travel support to their members to attend this event
BC Environmental and Occupational Health Research Network

For supporting and facilitating pre-conference workshops
Network Environments for Aboriginal Research BC
BC Network for Aging Research
National Collaborating Centre for Aboriginal Health
BC Child and Youth Health Research Network
Women's Health Research Network

For conference planning
University of Northern British Columbia
University of British Columbia

For conference collaboration and support
Northern Health

For the keynote address
Dr. Ronald Labonté

Session and Poster Presenters

The Conference Planning Committee

The Scientific Review Committee

For the concurrent sessions and networking breakfast
Conference Moderators

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9:00am-4:00pm	Pre-Conference Workshop (**half day - morning**) **The Social Determinants and Structural Underpinnings of Indigenous Wellbeing in Canada** Hosted By: National Collaborating Centre for Aboriginal Health	Room 207
9:00am-3:30pm	Pre-Conference Workshop (**full day**) **Ethics and Community-based Research** Hosted By: BC Child and Youth Health Research Network	Room 203
9:00am-11:00pm	Pre-Conference Workshop (**half day – morning**) **Working Together for Healthy Aging: Multi-disciplinary Approaches** Hosted By: BC Network for Aging Research and the Prince George Yellowhead Rotary Club	Room 208
12:00pm-1:30pm	Networking Luncheon and Opportunities for Research Group Meetings	Auditorium 101
1:30pm-3:00pm	Pre-Conference Workshop (**half day –afternoon**) **Active Aging: Addressing the Challenges for Seniors and their Families** Hosted By: BC Network for Aging Research and the Prince George Yellowhead Rotary Club	Room 208
1:30pm-4:00pm	Pre-Conference Workshop (**half day – afternoon**) **Untangling Sex and Gender: How do Sex and Gender Influence Health, Well-Being, and Disease?** Hosted By: Women's Health Research Network	Room 201
4:00pm-5:30pm	Meet your Colleagues	
5:30pm-7:30pm	Evening Reception and Poster Presentations Poster Authors in Attendance 6:30-7:00pm	Room 208

Wednesday May 14, 2008		
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7:30am-9:00am	Registration	Lower Lobby
9:00am-9:15am	Opening and Welcome	Auditorium 101
9:15am-10:30am	Keynote Address Dr. Ronald Labonté Health Equity in a 'Glocalizing' World	Auditorium 101
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2:50pm-3:00pm	Transition	
3:00pm-4:00pm	Concurrent Sessions	Rooms 201-208
4:00pm-4:30pm	Wrap-up and Student Awards	Auditorium 101

Poster Presentations at a Glance

Authors in Attendance Tuesday May 13th 6:30-7:00pm & Wednesday May 14th 1:00-1:30pm	
1	Temporal and Spatial Trends in the Place of Death for BC First Nations Populations. **Maria Barroetavena, Michael Regier**
2	Knowledge to Action Working Group: Supporting Partnerships. **Trina Fyfe, Tanis Hampe, Cindy Hardy, Martha MacLeod, Donna Bentham, Melanie Morgus**
3	Genomic Marker Dissimilarities in the PCK1 Promoter Region as a Link to Type 2 Diabetes in Ojibwa Cree Natives. **Francisco Grajales III, Deryck Persaud, Alma I. Barranco-Mendoza**
4	Fertilizer and Fertilizer Contaminant Exposure Among B.C. Tree Planters. **Melanie Gorman**
5	Differences in Mental Health Services Utilization Between Rural and Urban Areas. **Cindy Hardy, Karen Kelly, Don Voaklander**
6	Factors Related to Compensation of Mesothelioma in British Columbia. **Tracey Kirkham**
7	Trends in Occupational Injuries in Canada. **Rakel Kling, Chris McLeod, Mieke Koehoorn**
8	Physical Activity and Colorectal Cancer Occurrence in British Columbia Sawmills. **Rakel Kling, Paul Demers, Aleck Ostry, Hugh Davies**
9	Facilitating Knowledge Exchange in a Rural British Columbia Health Authority: The Innovative Role of Research Facilitators. **Jennifer Miller**
10	Rural Job Selection by UBC Pharmacy Graduates. **Marion Pearson**
11	Rural Acute Care Nursing Certificate: Researching Practice-Driven, Reality-Based Curriculum in British Columbia. **Jessica Place, Martha Macleod, Norma John, Monica Adamack, Elizabeth Lindsey, Lynda Williams**
12	Community Level Factors that are Associated with Food Sales, Availability, and Food Policy Implementation in BC Public Schools. **Kathy Proudfoot**
13	Social Competence Within a Cultural Context: First Nations' Perspectives. **Sherri Tillotson**
14	Evaluation of the Impact of the Northern Medical Program on the Community: Perceptions of the Community Stakeholders. **Patricia Toomey, Joanna Bates, Chris Lovato, Neil Hanlon, Gary Poole**

Keynote Speaker

Dr. Ronald Labonté

Health Equity in a 'Glocalizing' World

Abstract

Three survival challenges face today's world: improving health equity, eradicating poverty and sustaining the environmental commons. Indeed, only by reducing inequalities in economic power and preventing climate change can health equity be improved. Some work towards these challenges is being done locally. But globalization demands that more of this work be done at a transnational scale. This poses new demands on health workers and health research. This wide-ranging talk, drawing from two new soon-to-be-released books and several recent articles, will identify the key 'drivers' of modern globalization; globalization's benefits and risks to health equity; the implications of these for rural and remote health; ethical challenges of local actions in a globalizing context; and a clearly stated set of possible (and not so possible but vitally important) policy measures needed to progress on meeting our global survival challenges.

Labonte, R. and Laverack, G. *Health Promotion: From Community Empowerment to Global Justice,* London: Palgrave Macmillan. (scheduled for September 2008 release).
Labonte, R., Schrecker, T., Packer, C., and Runnels,V. (eds) *Globalisation and Health: Pathways, Evidence and Policy*, London: Routledge. (scheduled for January 2009 release).

Ronald Labonté holds a Canada Research Chair in Globalization and Health Equity at the Institute of Population Health; and Professor in the Faculty of Medicine, at University of Ottawa. Prior to his appointment in 2004 at the University of Ottawa, he was founding Director of the Saskatchewan Population Health and Evaluation Research Unit (SPHERU), a bi-university interdisciplinary research organization that was committed to "engaged research" on population health determinants at local, national and global levels.
For the past decade, Dr. Labonté's work has focused on the health equity impacts of contemporary globalization. This has included reviews of globalization/health analytical frameworks undertaken for the World Health Organization, an ongoing study of G8 health and development commitments, policy measures to mitigate the negative health impacts of global health worker migration, the impacts of globalization on the health of Canadians and participatory research to advance comprehensive primary health care in many parts of the world. Most recently, he chaired the Globalization Knowledge Network for the World Health Organization's Commission on the Social Determinants of Health. Prior to his work in global health, Dr. Labonté worked, consulted and published extensively on health promotion, empowerment and health, and community development for over twenty years, including 15 years employment with provincial and local Canadian governments. Dr. Labonté has over 100 scientific publications and several hundred articles in popular media.

Pre-Conference Workshop Schedule
Tuesday May 13th, 2008

Pre-Conference Workshop Schedule

Tuesday May 13, 2008		
8:00am-9:00am	Conference Registration and Continental Breakfast	Lower Lobby and Auditorium 101
Grant Writing for Healthy Communities 9:00am – 3:45pm Hosted By: Network Environments for Aboriginal Research BC		
9:00am-10:30am	Introduction to Proposal Writing ➢ Introductions ➢ Course Overview and Objectives ➢ Common Mistakes in Proposal Writing ➢ Reading a Call for Proposals ➢ Letter of Intent ➢ Letter of Support	Room 206
10:30am-10:45am	Coffee Break	Upper Lobby
10:45am-12:00pm	Agency Overview The Needs Section	Room 206
12:00am-1:30pm	Lunch for Conference Participants	Auditorium 101
1:30pm-2:30pm	Proposal Goals and Objectives Proposal Activities and Methods	Room 206
2:30pm-2:45pm	Coffee Break	Upper Lobby
2:45pm-3:45pm	Project Evaluation Proposal Budget and Final Proposal Items Wrap Up/ Course Evaluation	Room 206
5:30pm-7:30pm	Evening Reception and Poster Presentations	Room 208

Pre-Conference Workshop Schedule

Tuesday May 13, 2008		
8:00-9:00am	Conference Registration and Continental Breakfast	Lower Lobby and Auditorium 101
The Social Determinants and Structural Underpinnings of Indigenous Wellbeing in Canada 9:00am-12:00pm **Hosted By: National Collaborating Centre for Aboriginal Health**.		
9:00am **9:15am** **10:15am**	Opening Prayer and Remarks (Margo Greenwood) Aboriginal-Specific Initiatives in Social Determinants of Health NEAR BC (Julia Morris) BC Initiatives (Donna Atkinson) NCCAH (Sarah deLeeuw) Questions and Discussion	Room 207
10:30am-10:45am	Coffee Break	Upper Lobby
10:45am **11:15am**	Concepts of Indigenous Wellbeing W.H.O. (Bernice Downey) Indigeneity (Margo Greenwood) Questions and Discussion	Room 207
12:00pm-1:30pm	Lunch for Conference Participants	Auditorium 101
2:30pm-2:45pm	Coffee Break	Upper Lobby
5:30pm-7:30pm	Evening Reception and Poster Presentations	Room 208

Pre-Conference Workshop Schedule

Tuesday May 13, 2008		
8:00am-9:00am	Conference Registration and Continental Breakfast	Lower Lobby and Auditorium 101
Ethics and Community-based Research 9:00am-3:30pm Hosted by: BC Child and Youth Health Research Network		
9:00am–10:30am	Challenges to ethics review of community-based research Workshop participants discuss challenges they have faced, both in ethics reviews and with working in communities. Participants are welcome to bring specific problems or ethics review questions.	Room 203
10:30am-10:45am	Coffee Break	Upper Lobby
10:45am–12:00pm	Ethics in community based research with children youth	Room 203
12:00pm-1:30pm	Lunch for Conference Participants	Auditorium 101
1:30pm–2:30pm	Ethical issues in working with aboriginal communities; including discussion of the new (2007) *CIHR Guidelines for Health Research Involving* Aboriginal People	Room 203
2:30-2:45pm	Coffee Break	Upper Lobby
2:45 to 3:30pm	Wrap-up and questions.	Room 203
5:30-7:30pm	Evening Reception	Room 208

Pre-Conference Workshop Schedule

Tuesday May 13, 2008		
Lower Lobby	Conference Registration and Continental Breakfast	Lower Lobby and Auditorium 101
Working Together for Healthy Aging: Multi-disciplinary Approaches **9:00am-11:00am** **Hosted By: BC Network for Aging Research and the Prince George Yellowhead Rotary Club**		
9:00 – 11:00am	Health and social service providers, administrators, planners, funders, advocates, researchers and students are encouraged to attend this presentation. Dr. Gutman will speak to key issues concerning housing for seniors, providing acute and long-term care and assisted living, and promoting healthy aging in northern BC. She will also discuss the importance of identifying best practice guidelines, adapting them to the local context and monitoring their use. Program evaluation is another topic she will address. Examples will include recently completed studies she has conducted in Edenized facilities and at Burnaby Hospital. She will also discuss how the BC Network for Aging Research can facilitate research and evaluation of local facilities and services.	Room 208
12:00-1:30pm	Lunch for Conference Participants	Auditorium 101
Active Aging: Addressing the Challenges for Seniors and Their Families **1:30pm-3:30pm** **Hosted By: BC Network for Aging Research and the Prince George Yellowhead Rotary Club**		
1:30pm– 2:30pm	Seniors along with their families and caregivers are encouraged to attend this afternoon presentation by Dr. Gloria Gutman as she draws on her wealth of expertise and experience in the field of aging health. Various challenges to healthy aging commonly faced by seniors will be discussed along with innovative ways in which communities can support seniors to age well in northern BC.	Room 208
2:30pm-2:45pm	Coffee Break	Upper Lobby
2:45pm-3:30pm	Workshop continued	Room 208
5:30pm-7:30pm	Evening Reception and Poster Presentation	Room 208

Pre-Conference Workshop Schedule

Tuesday May 13, 2008		
8:00am-9:00am	Conference Registration and Continental Breakfast	Lower Lobby
9:00am-10:30am		
10:30am-10:45am	Coffee Break	Upper Lobby
10:45am-12:00pm		
12:00pm-1:30pm	Lunch for Conference Participants	Auditorium 101
Untangling Sex and Gender: How do Sex and Gender Influence Health, Well-being, and Disease? 1:30pm-4:00pm **Hosted By: Women's Health Research Network**		
1:30pm-1:40pm **1:30pm-2:00pm** **2:00pm-2:30pm**	Introducing Women's Health What's so wrong with the 70 kg man? Untangling sex and gender: presentation and group work Beyond gender: considering the intersection with other forms of diversity	Room 201
2:30pm-2:45pm	Coffee Break	Upper Lobby
2:45pm-3:15pm **3:15pm-3:45pm** **3:45pm-4:00pm**	Mountain Pine Beetle and other questions of women's health Discovering diversity in your own research question Next steps and other resources	Room 201
5:30pm-7:30pm	Evening Reception and Poster Presentation	Room 208

Conference Schedule
Wednesday May 14th, 2008

Conference Schedule

Wednesday May 14, 2008		
7:30am-9:00am	Conference Registration	Lower Lobby
7:30am-8:45am	Networking Breakfast	Auditorium 101
9:00am-9:15am	Conference Opening Welcome and Introduction	Auditorium 101
9:15am-10:30am	**Keynote Speaker:** Dr. Ronald Labonté Health Equity in a 'Glocalizing' World'	Auditorium 101
10:30am-11:00am	Refreshment Break	Lower Lobby
Concurrent Sessions		
11:00am-12:00pm	1-A Room 207 **Access to Information and Services in Aboriginal Communities** Moderator: Laverne Gervais	1-B Room 206 **Aging and Related Caregiving** Moderator: Paulette Lacroix
11:00am-11:20am	Ktunaxa Community Learning Centres: Knowledge Translation Through Community Engagement. -**Elizabeth Stacy**	Women's Caregiving in the Context of Rural Economic Decline: Implications for Women's Health and Health Care Policies. - **Heather Peters, Dawn Hemingway, Anne Burrill**
11:20am-11:40am	Developing a Focus on Aboriginal and Rural Specific Public Health. -**Katrina Ludwig**	Using Geographic Information Systems to Determine Suitable Locations for Regional Hubs of Palliative Care in British Columbia. -**Jonathan Cinnamon, Nadine Schuurman, Valorie Crooks**
11:40am-12:00pm	No presentation	Illuminating Weakness and Aging from the Perspective of Place. -**Kathy Rush, Wilda Watts, Jennifer Miller, Leslie Bryant-MacLean**
12:00pm-1:30pm	Lunch Auditorium 101	

Conference Schedule

Wednesday May 14, 2008		
Concurrent Sessions		
11:00am-12:00pm	1-C Room 203 **Medical Services in Rural and Northern Communities** Moderator: Alan Davidson	1-D Room 201 **Health Education** Moderator: Donna Bentham
11:00am-11:20am	Unattached Patients in Prince George: Who are They and What are Their Needs? -**Catherine Elliot**	Building Collaborative Research and Inter-professional Rural Health Capacity in the Interior. –**Julie Drolet, Tracy Christianson, Natalie Clark, Denise Tarlier**
11:20am-11:40am	Web-Based Medical Risk Assessment Systems: A Tool for Patient Education, Lifestyle Modification, and Chronic Disease Prevention in Rural Communities. -**Francisco Grajales III, Deryck Persaud, Alma Barranco-Mendoza**	Taming the Techno Demons of Disorientation and Incompatibility. **-Vince Salyers, Linda Williams**
11:40am-12:00pm	Restructuring a 'Sense of Community': Impacts of the Northern Medical Program on Physicians in Prince George, BC. -**Neil Hanlon, Laura Ryser, Greg Halseth**	No presentation
12:00pm-1:30pm	Lunch Auditorium 101	

Conference Schedule

Wednesday May 14, 2008		
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1:30pm-1:50pm	Speaking from the Land: Culturally Grounding Research. -**Theresa Healy, Juniper Project Research Team**	Knowledge Translation Strategies to Communicate Research about Parent-child Attachment Relationships. -**Cindy Hardy**
1:50pm-2:10pm	Personal Impact of Long QT Syndrome. -**Lee-Anna Huisman**	Use of Child Car Safety Restraints in British Columbia, Canada. -**Erica Clark, Heather Correale**
2:10pm-2:30pm	Complex Contexts: Understanding Aboriginal Women's Experiences of Bingo, Safety, and Second-hand Smoke Exposure in Rural Reserve Communities. -**Joanne Carey, Roberta Mowatt, Joan Bottorff, Joy Johnson, Colleen Varcoe, Peter Hutchinson, Debbie Sullivan, Wanda Williams**	Community Mapping and Identifying Community Contexts that Promote or Hinder Youth Well-being on an Isolated Island. -**Jayne Pivik**
2:30pm-2:50pm	Taking Stock: Synthesis of Aboriginal Health Policy. -**Laverne Gervais, Josée Lavoie**	Person, Place, and Perception: Supporting Rural Youth in Life-career Transitions. -**Meg Kapil, Blythe Shepard**
2:50pm-3:00pm	Transition	

Conference Schedule

Wednesday May 14, 2008		
Concurrent Sessions		
1:30pm-2:50pm	II-C Room 203 **Knowledge Translation and Exchange in Health Authorities** Moderator: Dawn Hemingway	II-D Room 201 **Rural Nursing** Moderator: Vince Salyers
1:30pm-1:50pm	Building Research and Knowledge Exchange Capacity in a Northern Health Authority. -**Tanis Hampe, Jeanette Foreman, James Chan, Martha MacLeod**	Carving Out a Place: Establishing a New Nurse Practitioner Practice in Rural and Remote Canada -**Donna Bentham, Martha MacLeod**
1:50pm-2:10pm	Research Capacity and Knowledge Translation Activities: Successes and Challenges in the Vancouver Island Health Authority. -**Wanda Martin**	Nursing and Living in Rural New Zealand Communities. -**Michele Barber**
2:10pm-2:30pm	Developing Knowledge Exchange Activities to Enhance Health Services Research Capacity Within Interior Health. -**Jennifer Miller, Leslie Bryant-MacLean, Patricia Coward, Anne-Marie Broemeling**	A Problem of Distance and Difference: Recruiting to the Rural and Northern ER. -**Susan Johnson**
2:30pm-2:50pm	Models of Knowledge Translation and Exchange: Their Applicability to Rural and Northern Practice Settings. -**Martha MacLeod, Trina Fyfe, Cindy Hardy, Tanis Hampe, Tammy Klassen, Jeannette Foreman, James Chan, Donna Bentham, Jennifer Dupuis, Candice Manahan**	Supporting and Celebrating Rural Nursing Work! -**Karen MacKinnon**
2:50pm-3:00pm	Transition	

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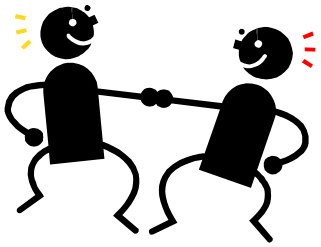
Youth in Rural and Northern Communities
Moderator: Meg Kapil</td></tr>
<tr><td>3:00pm-
3:20pm</td><td rowspan="3">Auditorium 101
  </td><td>Lesbian Gay Bisexual Transgender Youth Sexual Health in Rural and Northern BC.
Rod Knight, Jean Shoveller, Cathy Chabot</td></tr>
<tr><td>3:20pm-
3:40pm</td><td>Exploring the Impact of Place on Contraception Use among Youth in Northern BC.
-Jennifer Reade</td></tr>
<tr><td>3:40pm-
4:00pm</td><td>“I Ain’t a Woman…Yet, It’s a Girl Thang”: Centering Girl’s Voices Within the Context of Women’s Health Research and Practice.
-Natalie Clark</td></tr>
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4:30pm</td><td colspan="2">Wrap up and Student Awards
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Conference Schedule

Wednesday May 14, 2008		
Concurrent Sessions		
3:00pm-4:00pm	III-C Room 203 **Primary Health Care in Rural Communities** Moderator: Catherine Elliot	III-D Room 201 **Allied Health Professionals** Moderator: Cindy Hardy
3:00pm-3:20pm	Uncovering Models of Primary Health Care in Rural and Remote Canada: A Realist Review Approach. -**Davina Banner, Martha MacLeod**	Occupational Health and Safety Issues among BC Ambulance Service Personnel in Northern BC. -**Leanne Wiltsie**
3:20pm-3:40pm	Association between Ruralness and Health Outcomes After Adjusting for Differences in Individual and Family Practice Characteristics: A Scottish Data-linkage Study. -**Paulos Teckle, Phillip Hannaford**	"Who Works in Rural Areas?": Characteristics and Experiences Shared by Long-term Rural Health Care Professionals in Northern British Columbia - **Candice Manahan**
3:40pm-4:00pm	The Social Risks that Care Providers Perceive in Providing Intrapartum Maternity Services in Small Rural Communities. -**Stefan Grzybowski, Jude Kornelsen**	The Experience of Northern Helping Practitioners: Considerations of Historical, Intergenerational, and Vicarious Trauma -**Linda O'Neill**
4:00pm-4:30pm	Wrap up and Student Awards Auditorium 101	

Abstracts – Oral Presentations

Abstracts appear as submitted and have not been edited.

Wednesday May 14, 2008	
I-A **Access to Information and Services in Aboriginal Communities** Moderator: Laverne Gervais	**11:00-12:00** **Room 207**

11:00

Ktunaxa Community Learning Centres: Knowledge Translation through Community Engagement.

Elizabeth Stacy, Research Coordinator, Division of Continuing Professional Development and Knowledge Translation, UBC.

This presentation will provide an overview of the Ktunaxa Community Learning Centres (KCLC) project. Through this project's lens, we will describe lessons learned in community engagement, and provide concrete examples of successful knowledge translation (KT) activities. The KCLC project is an innovative model which promotes community health by increasing access to health information through the use of Community Learning Centres (CLCs). Each CLC has Internet-linked computers and web-based health information accessible to all community members. This project is a collaborative between the Ktunaxa Nation communities and the University of British Columbia Division of Continuing Professional Development and Knowledge Translation (UBC CPD-KT). The overall aim of this project is to implement and evaluate CLCs in the Ktunaxa Nation in British Columbia and identify best practices for implementation of future CLCs

Various KT activities exist in the KCLC project. KT activities within communities include hiring and mentoring community members as evaluation and technical leads to develop local expertise and sustain the CLCs. In fact, the CLCs themselves are KT vehicles, providing community members opportunities to learn and interact with health content from Western and traditional perspectives. Internationally, KT occurs between CPD-KT and the CLC concept originators at Mexico's Monterrey Tec University, providing valuable lessons about CLC development and sustainability. Finally, KT occurs across contexts via university-community partnerships, where principal investigators and project team members come from a range of backgrounds. This synergy brings tangible benefits, illustrating how engagement between communities and academia can lead to sustainable and mutually rewarding approaches to KT.

11:20

Developing a Focus on Aboriginal and Rural Specific Public Health.

Katrina Ludwig, Coordinator & Research Associate, UNBC & Consortium.

The National Consortium for Aboriginal and Rural Public Health Education is an innovative inter-university collaborative project to increase Public Health access and capacity in Aboriginal and rural communities.

Through consultation with Aboriginal, Métis and Inuit communities/agencies, rural communities and rural practitioners from across Canada, an inequality in accessing public health training/education for those who live/work in Aboriginal and/or rural communities has been identified. The consortium partners: University of Northern British Columbia, Lakehead University, Memorial University, University of Saskatchewan and Northern Ontario School of Medicine recognize this inequality and in an effort to increase capacity of these communities to prevent and respond to public health challenges, the consortium is collaboratively partnering to expose greater numbers of learners to basic and advanced training/education oriented to the specific needs of Aboriginal and rural communities. Building on the unique educational strengths of each of the consortium institutions, the consortium has developed a partnership based on shared curriculum, offering a pre-degree certificate and post-degree diploma. Transferable and geared towards bridging students into a variety of health science options, the consortium hopes to reduce the accessibility challenges for those in Aboriginal and rural communities. Curriculum is based on multi-modal methods of instruction: web streaming, distant, and online and onsite intensive summer/fall/winter institutes.

Wednesday May 14, 2008	
I-B **Aging and Related Caregiving** Moderator: Paulette Lacroix	**11:00-12:00** **Room 206**

11:00

Women's Caregiving in the Context of Rural Economic Decline: Implications for Women's Health and Health Care Policies.

Heather Peters*,** Assistant Professor UNBC, ***Dawn Hemingway, Associate Professor, Chair of the School of Social Work, UNBC, ***Anne Burrill***, MSW Candidate, UNBC.

Many northern rural communities of British Columbia are experiencing significant economic decline. Quesnel, the focus of this presentation, relies primarily on the natural resource of forests as the primary economic base and was (is) undergoing transition and restructuring at the time of the study. This is marked by loss of employment, disruption to forestry and related industries, outward migration, social disruption, and pressure on communities to transform their economic base. We interviewed 15 women from Quesnel to explore the effects of economic disruption on their lives, their health and their roles as paid and unpaid caregivers. Caregiving work provided by women is intimately connected to their own health, but also contributes to the health care system as much of women's caring work is to provide services for people with health issues. The effects of caregiving during economic decline on women's health have important repercussions for rural health policies and practices. Results from the research project demonstrate the complex relationships between economic contexts, rural women's health and health policies. Our presentation will share the research results from the Quesnel interviews and will articulate implications for social policies in general and health and caregiving-related policies specifically. Analysis of the data has focused on health issues in rural and northern contexts.

11:20

Using Geographic Information Systems to Determine Suitable Locations for Regional Hubs of Palliative Care in BC.

Jonathan Cinnamon, SFU, ***Nadine Schuurman, Valorie A. Crooks*.**

The purpose of this research is to determine appropriate location(s) for siting palliative care services (PCS) to better service rural and remote areas of British Columbia. Providing access to good quality palliative care has become a priority in British Columbia and around the world as a result of a growing push to improve the quality-of-life for those affected by life-limiting illness, death, and bereavement. This has been compounded by the aging of the population which has resulted in inadequate palliative care delivery. In 2006, the British Columbia Ministry of Health released a framework for end-of-life care in which it outlined their dedication to providing high quality palliative care for all citizens of the province in the area that they live, or as close as possible to their home. These factors have provided a catalyst for improving palliative care delivery so that it is accessible by all residents of British Columbia. Palliative care services (PCS) are not available in many areas because it is simply not feasible to provide the full range of services in areas with sparse populations and inadequate health and support services. Robust Geographic Information Systems (GIS) methods can be employed to determine areas of the province that lack PCS, and then determine suitable locations that could serve as regional hubs of palliative care. These hubs could provide PCS to the un-serviced surrounding regions, which will improve access to these important health services for the residents of rural and remote British Columbia.

11:40

Illuminating Weakness and Aging from the Perspective of Place.

Kathy Rush, Associate Professor University of British Columbia Okanagan, ***Wilda Watta, Jennifer Miller, Leslie Bryant-MacLean.***

Representing one of the most common, yet complex, and poorly defined phenomenon in older adults, weakness is a primary risk factor for falls, frailty and functional disability. In seeking to unravel the complexity inherent in age-related weakness, a group of researchers have undertaken two foundational,

concurrent activities: i) analysis and synthesis of multi-disciplinary usages of the concept of weakness found in the literature; and ii) qualitative inquiry of older adults' perceptions of weakness from the perspective of place. This paper will present findings from both activities as background but will foreground their commonalities and disparities. In particular it will highlight the focus on place in the qualitative work that illuminated facets of weakness not evident in the literature analysis. For example, one cross-disciplinary literature usage of the concept revealed weakness to be a state or condition denoting less than an ideal standard, yet without reference to place the dynamics and variations of weakness could not be elucidated. In contrast, features of place figured prominently in qualitative findings from focus groups with rural and urban seniors who described weakness as a disruption of their taken-for-granted "effortlessness" in meeting daily situational demands. Features of place will be described as they influenced older adults' perceptions of effort in relation to everyday demands in the communities in which they lived. A synthesis of these two complementary sets of findings will be proposed and future research directions of this work will be addressed.

Wednesday May 14, 2008	
I-C **Medical Services in Rural and Northern Communities** Moderator: Alan Davidson	**11:00-12:00** **Room 203**

11:00

Unattached Patients in Prince George: Who are They and What are Their Needs?

Catherine Elliot, Resident, Rural Family Medicine and Community Medicine, UBC.

Objective: To describe the demographic characteristics and healthcare needs of patients in Prince George who don't have a regular family physician (unattached patients) and are using the emergency department at Prince George Regional Hospital (PGRH).

Methods: Data regarding demographic characteristics and emergency department use was extracted from the emergency department database (EDIS) from Nov 2005 to October 2006. Patients were included in this analysis if they either had a Prince George family physician or had 'no family physician' recorded. Retrospective case control study was then used to determine whether unattached patients who live in Prince George were more likely to have chronic diseases, use substances or have psychiatric conditions and whether unattached patients were more likely to have frequent visits to the emergency department. Patients were matched by sex and age and data was collected through review of charts from April to May 2007. Ethics approval was obtained through Northern Health.

Results: Eighteen percent of the 42,487 visits to the emergency department between November 2005 and October 2006 were by patients with no family physician (7,546 visits). The male:female ratio of visits by unattached patients was 3:2 compared with 1:1 for attached patients. A larger portion of the visits by adults were by unattached patients (21%) compared with children (11%) and seniors (10%). There were 162 pairs in the case control study. Compared with attached patients matched for age and sex, unattached patients were not more likely to have chronic disease (OR 1.03; 95% CI 0.64-1.66), psychiatric conditions (OR 1.00; 95% CI 0.49-2.00) or substance use (OR 1.15; 95% CI 0.55-2.42). Fifty-one percent of patients had more than one visit to the ED in the 4.5 month period. Unattached patients comprised 68% of those who had more than 5 visits.

Discussion and Conclusion: Unattached patients have similar presenting complaints as other patients using PGRH emergency department. A larger portion of unattached patients are male and adults. Unattached patients comprise a large portion of those who attend the emergency department frequently.

11:20

Web-Based Medical Risk Assessment Systems: A Tool for Patient Education, Lifestyle Modification, and Chronic Disease Prevention in Rural Communities.

Francisco Grajales III, Research Assistant and Systems Analyst, TWU Medical Informatics Research Group. ***Dr. Deryck Persaud, Dr. Akma I. Barranco-Mendoza*.**

According to the WHO, chronic disease is the leading cause of worldwide death. Three out of every five deaths are directly caused by diabetes, cardiovascular disease, obesity, chronic reparatory disease, or cancer. This alarming, rapidly increasing problem is compounded in rural communities where access to health care professionals is difficult and where the decreasing numbers of health care practitioners in rural practice forces patients to travel great distances. Web-based risk assessment systems (RAS) are software-based tools for patients and health care professionals.

They allow for primary prevention and management in accordance with provincial clinical practice guidelines by educating the patient on how their genetic and environmental risk factors contribute to the onset of their disease. This paper reviews the currently available systems, strengths, weaknesses, and their use for education, management, and prevention in rural and remote communities.

11:40

Restructuring a 'Sense of Community': Impacts of the Northern Medical Program on Physicians in Prince George, BC.

***Neil Hanlon*,** Associate Professor of Geography, UNBC, ***Laura Ryser, Greg Halseth*.**

In August 2004, the Northern Medical Program at UNBC admitted its first medical students. The program was established to respond to physician shortages in communities throughout northern BC. The NMP is a reality in no small measure due to a strong commitment and active participation from the physician community, and promises to confer all sorts of benefits to this professional community, including attracting new members and enhanced opportunities for collegial support and interaction. But what of the program's impacts on physicians already practicing in its host community? Using key informant interviews with physicians in Prince George, BC, this paper explores whether, and in what ways, the NMP has restructured a sense of community amongst physicians. Despite confirming the long-standing and ongoing presence of a strong, collegial medical community in Prince George, our findings also suggest that the NMP has introduced important disruptions to the professional working environment. These disruptions include added roles and responsibilities for already busy practitioners, the integration of new staff and routines, and a perceived loss of informality and familiarity amongst the local physician community. While the NMP is still in its early stages of operation, the findings suggest a need to continue monitoring this facet of the program's impacts to ensure the continued support of local practitioners, as well as to anticipate impacts in other practice communities throughout the region as the program expands.

Wednesday May 14, 2008	
I-D **Health Education** Moderator: Donna Bentham	**11:00-12:00** **Room 201**

11:00

Building Collaborative Research and Interprofessional Rural Health Capacity, a Research Initiative between the School of Social Work and Human Service and the School of Nursing at Thompson Rivers University, Kamloops, BC.

Julie Drolet, Assistant Professor, Thompson Rivers University, ***Natalie Clark***, TRU, ***Tracy Christianson***, TRU, ***Denise Tarlier***, TRU.

Interprofessional, community-oriented education is seen as an important strategy for achieving health for all (Barr, 2000). Most healthcare providers, educators and administrators now agree that interprofessional education is a worthwhile, and even necessary endeavour (Stone, 2006). Rural academic health models, which include rural student placements/practice education, have been part of

this movement. The increased importance of interprofessional education in rural settings is well documented (RAHP, 2007). An integrated, interprofessional academic health setting provides training experiences for students, encouraging them to practice in rural communities, while responding to the needs of the participating rural community (Slack et al., 2002). In addition, "best practice is ensured through university-community partnerships, as academic institutions build meaningful authentic connections with rural communities by working together to meet community needs, while demonstrating sensitivity and respect for cultural perspectives" (Jensen & Royee, 2002). The research team includes three field education coordinators – Dr. Julie Drolet (Social Work), Natalie Clark (Human Service) and Tracy Christianson (Nursing) at TRU – with Dr. Denise Tarlier (TRU), a qualified health researcher in the School of Nursing that brings expertise in rural and remote health research in British Columbia. This paper presentation will share our experiences in developing an interprofessional research team that builds on pre-existing field education partnerships in rural settings for student placements in social work, human service and nursing. A discussion of the methods adopted including focused meetings with community service-providers and community members, community meetings, consultations with practitioners and policy-makers will be highlighted. The larger research agenda this study will help support is a mixed research methods study identifying best practices in rural student placements through community-based, culturally relevant, educational health programs and services in health and wellness in the Interior of BC.

11:20

Taming the Techno Demons of Disorientation and Incompatibility.

Vince Salyers, Associate Professor and Chair of the Nursing Program, UNBC, ***Lynda Williams***, Instructional Designer, Nursing Program, UNBC.

Technology is great -- except when it drives your students and faculty crazy. Lynda Williams, an instructional designer with the Nursing Program at UNBC, will review key interventions by Program Chair Dr. Vince Salyers and herself over a sixth month period beginning in the summer of 2007 and resulting in smoother sailing for students and faculty. The adoption of the ICARE system of content organization in BCE6 (i.e. WebCT), championed by Dr. Vince Salyers, is the centerpiece of the changes, underpinned by re-organization of support, creation of a repository for courses while not in use, and development of a training shell for faculty by Lynda Williams. Presenters will explain the ICARE system, originally developed at San Diego University in California, how to use it, and why it is particularly helpful to nursing students who want to spend as little time as possible messing around with the busywork component of computer use. Attention will also be paid to the approach taken in encouraging adoption of ICARE by faculty without infringing on academic freedom. By the winter of 2008, ICARE had become the de facto standard for both the undergraduate program and the Rural Acute Care Nursing Certification Program. The TRAINER course was developed to model good practice using ICARE while simultaneously providing an orientation to online instruction for sessional faculty. Temporary access to TRAINER will be provided to attendees to browse its content in their own time.

Wednesday May 14, 2008	
II-A **Aboriginal Health** Moderator: Katrina Ludwig	**1:30-2:50** **Room 207**

1:30

Speaking from the Land: Culturally Grounding Research.

Theresa Healy, Adjunct Professor, UNBC/Research and Special Projects Positive Living North, **The Juniper Project Research Team**: Nancy Gleason, Magdalena Sweetgrass, Taryn Cutler, Dorothy MacKay, Victoria Prince, Lorelyn Sampre.

Positive Living North No khēyoh t'sih'en t'sehena Society (PLN), with funding from the Vancouver Foundation and Northern Health, was the host organization for the Juniper Project. The Juniper Project involved recruiting and developing young champions from remote communities and training them in basic research approaches and tools for effective building a trusted network of people from diverse villages. This process was a key mechanism for the evolution of an ethical and familiar research practice that supported

the exchange of information and the translation of local research knowledge into practice in the community. Even at the earliest stages of the Juniper project, the participants from Gitkxaahla,Gitlakdamix, Tahltan, Sik-E-Dahk, Nak'azdli, Lheidli and Nazko were sought out by community members as trusted local resources and experts on research questions and on the topic of HIV. Elders, the traditional teachers in the participants' home communities, sought information from these young researchers so that they could understand the issues and pass the knowledge along to others in the community in the "elders" way.

This participatory approach supported an in-depth exploration of not only the research question but also of what constituted an ethical approach to research within Northern and smaller Aboriginal Communities. In spite of the sensitive and difficult nature of the research topic (HIV in rural and remote Aboriginal communities), the outcomes of the project resulted in a substantial legacy of new knowledge and political will and a significantly increased capacity in northern Aboriginal communities to engage in their own problem solving research on HIV and other issues of concern to their communities.

1:50

Personal Impact of Long QT Syndrome.

Lee-Anna Huisman, Graduate Student, University of British Columbia.

Some First Nations families in Northwest, BC are affected by the same novel genetic mutation that predisposes them to Long QT syndrome (LQTS) – a genetic heart disease putting individuals at increased risks for irregular heart rhythms and sudden death.

Previous studies of LQTS focused on biological aspects. My proposed research will explore the personal impact of LQTS, with the understanding that results will inform genetic counseling. Western counseling techniques may not be entirely appropriate for First Nations patients, who have significantly different notions of healing and unique worldviews. This project looks at what facilitates and hinders resiliency when learning and understanding a LQTS diagnosis, adding a psychological support dimensions to the existing clinical study. We hope to improve genetic health care services.

Aims
1. Characterize health and psychological needs of individuals/families
2. Explore what facilitates or hinders resiliency and coping for individuals/families.
3. From a cultural context, understand the impact of having LQTS and concerns for the next generation.

Methods
I will use three participatory action research methods. First, individual interviews will explore the impact of LQTS. Interviews will be recorded, transcribed, and analyzed for categories and themes. Secondly, participants will be invited to take part in creating Photovoice stories, using photographs and written narration to portray their stories. And thirdly, I will invite participants to take part in Talking Circles.

2:10

Complex Contexts: Understanding Aboriginal Women's Experiences of Bingo, Safety, and Second-hand Smoke Exposure in Rural Reserve Communities.

Joanne Carey, Research Co-ordinator, UBC Okanagan, ***Roberta Mowatt, Joan Bottorff, Joy Johnson, Colleen Varcoe, Peter Hutchinson, Debbie Sullivan, Wanda Williams.***

High rates of exposure to second hand cigarette smoke and maternal smoking during pregnancy and postpartum are persistent health concerns in many Aboriginal reserve communities and contribute to health disparities between Aboriginal and non-Aboriginal Canadians. As part of an ethnographic community-based research project to develop ways to protect young pregnant women and those who have young children from cigarette smoke, bingo was identified by participants as a frequent site for exposure to second hand smoke. Thematic analysis was conducted using data collected through interviews with key informants, group discussions with young women, and observations of the participating rural reserve communities in BC. Recognition of the ongoing effects of colonialism on the economic, social and cultural well-being of both the Aboriginal and non-Aboriginal peoples of Canada anchors this analysis. Findings indicate that women were directly influenced by their geographic and socio-historic environment which promoted the bingo economy that existed in their communities. Bingo provided a safe refuge from

everyday experiences of stress and trauma as well as opportunities for social engagement. Embedded in the social context of smoky bingos were three women's issues: 1) smoking to participate in social life, 2) expectations that women minimize exposure to second hand smoke for themselves and their children, and 3) the dilemma created by women's responsibilities for childcare and limited opportunities to socialize. The study findings have implications for supporting Aboriginal women's involvement in tobacco control measures in their communities.

2:30

Taking Stock: Synthesis of Aboriginal Health Policy.

Laverne Gervais, Research Associate, National Collaborating Centre for Aboriginal Health, ***Josée Lavoie, Ginette Thomas, Jessica Toner, Odile Bergeron.***

Objective: In 2007, the NCCAH embarked on an Aboriginal Health Policy Synthesis exercise. The overall objective of the exercise - was to develop a comparative inventory of public/community health policies and legislations impacting Aboriginal (First Nations, Inuit and Métis) health in Canada.

Methods: The scope of the review covers a forty year span, beginning with the birth of Medicare in the1960s and building on policy development until 2007. For each jurisdiction (Aboriginal, federal, provincial and territorial), Internet searches were used to locate primary documents (legislations, policies, regulations) that were produced by ministries or departments of health. Gaps in information were completed, where possible, with relevant literature.

Results: A comprehensive discussion paper which highlights areas of strengths has been produced as well as case studies on the impact of health policies in Aboriginal communities across Canada. In the longer term, the comparative inventory will lead to the development of a series of tools, which could include: a downloadable policy synthesis reference database and references; an interactive Timeline tool that provides a graphic illustration of the evolution of Aboriginal health policies in Canada; and a framework for jurisdictional analyses.

Conclusions: To a large extent, this exercise confirms what is already known in Aboriginal health policy circles. Its main contribution is in the creation of a comprehensive inventory that will assist decision-makers and researchers by providing them with the policy context in Aboriginal health policies in Canada.

Wednesday May 14, 2008	
II-B **Health Promotion and Services for Children and Youth** Moderator: Linda O'Neill	**1:30-2:50** **Room 206**

1:30

Knowledge Translation Strategies to Communicate Research about Parent-Child Attachment Relationships.

Cindy Hardy, Associate Professor, UNBC.

In recent years, research findings that document the importance of the early parent-child relationship for later health and well-being (e.g., Keating & Hertzman, 1999) have been widely recognized by policy makers and front line service providers. At the same time, a number of interventions designed to promote healthy parent-child attachment relationships have been developed and shown to be effective (Cohen, Muir, & Lojkasek, 2003; Madigan, Hawkins, Goldberg, & Benoit, 1999; Marvin, Cooper, & Hoffman, 2002). The Northern Attachment Network is a network of service providers who live and work in northern BC and who are interested in learning more about parent-child attachment theory, evidence, and interventions. This paper will contain a description of knowledge translation strategies used by the network to communicate research findings about parent-child attachment relationships, with the goal of developing the capacity of communities in northern BC to promote and support healthy parent-child attachment relationships. Processes, outcomes, challenges and rewards encountered will be described, and implications for theory and methods of knowledge translation will be discussed.

1:50

Use of Child Car Safety Restraints in BC, Canada.

Erica Clark, Research Assistant, UNBC*,* ***Heather Correale*****.**

Motor Vehicle Crashes (MVCs) in British Columbia (BC) and the rest of Canada continue to be the leading cause of death and severe injury in children under the age of 14. Planning appropriate health promotion programs to reduce childhood injury and death due to MVCs requires information about the use and knowledge of child car safety restraints. Observations and surveys about the knowledge and use of child car safety restraints were conducted at 32 intersections across BC as part of a national study. Proper installation and use of child car safety restraints was checked in parking lots near the 32 intersections while observations were made at the intersections of all children in car safety restraints in vehicles traveling through the intersection. Drivers were also surveyed for their knowledge of child car safety restraints while the restraints in their vehicles were checked. Of the 32 intersections surveyed, 12 were in northern BC, 4 in the interior Okanagan and Kootenay area, 4 were on Vancouver Island, and the remaining 12 were spread across the Greater Vancouver Regional District (GVRD). Findings within BC indicate that rate of proper use of child car safety restraints in rural areas was similar to most urban BC areas. The highest rate of non-use of child car safety restraints was in part of the GVRD. The results have implications for the focus of further research, policy, legislation, and health promotion planning.

2:10

Community Mapping and Identifying Community Contexts that Promote or Hinder Youth Well-being on an Isolated Island.

Jayne Pivik, Post Doctoral Researcher, Human Early Learning Partnership, UBC.

Using a community mapping approach, 82 children aged 4 – 14 years participated in identifying the community contexts that promote or hinder their well-being on a semi-isolated rural island. They identified why their community was good and not good for kids, solutions to those problems, places where they play with friends and do after school activities and where they would go in an emergency if their parents weren't home. Each child participated in the following activities: 1) cognitive mapping; 2) individual interviews; 3) community asset mapping and, 4) group discussions. The results identified four core themes of importance to all of the children regardless of age: the natural environment, social cohesion and networking, a sense of safety, and available resources, programs and services. As well, themes specific to their developmental stage were identified. Methodological considerations for involving children in identifying their perspective is highlighted and the effect of their efforts on community development is provided.

2:30

Person, Place, and Perception: Supporting Rural Youth in Life-career Transitions.

Meg Kapil, MA student, University of Victoria, ***Dr. Blythe Shepard*****.**

To support the current mental health of rural youth and their transition into adulthood, policy makers, community agencies, and counsellors must understand the unique challenges faced by this population. Declines in forestry, farming, and fishing have impacted rural community function and viability, leaving rural youth with reduced access to higher education and health services, limited employment choices, and relatively high unemployment. As part of a larger study, Paths to the Future, a mental health focused on-line survey of 96 rural youth in the West Kootenay region, was undertaken. The interaction between rural adolescent self-concept, sense of community, and hopes and fears for the future were identified.

Results were shared with community partners and participants in an interactive workshop and indicate that youth need support in fostering their sense of capability to meet future goals. Localized education and training would give them the option to remain in the community and to gain life and work skills. A transitional worker who could provide concrete information about navigating complex organizations (e.g. banks, universities, public utilities) is one way to assist rural youth in making healthy rural-urban transitions. Rural youth were also actively involved in developing a workshop entitled, Future Bound. The study has significance for Canadians because it promotes better understanding of the special mental health needs of rural youth whose contributions are essential for ensuring rural sustainability. Results will inform how community connections and services foster healthy self-concepts, a sense of capability, and support the mental health of rural youth.

Wednesday May 14, 2008	
II-C **Knowledge Translation and Exchange in Health Authorities** Moderator: Dawn Hemingway	**1:30-2:50** **Room 203**

1:30

Building Research and Knowledge Exchange Capacity in a Northern Health Authority.

Tanis Hampe, Regional Manager, Research and Evaluation, Northern Health, ***Jeanette Foreman***, Research and Evaluation Coordinator (Northwest), Northern Health, ***James Chan***, Research and Evaluation Coordinator (Northern Interior), Northern Health, ***Martha MacLeod***, Associate Professor, Nursing and Community Health Programs, UNBC.

Background: Northern Health (NH) serves 310,000 residents living across the top two-thirds of British Columbia. Northern and rural health research is scant and most managers and providers have limited capacity to engage in or apply relevant research.

Methods: A grant from the Michael Smith Foundation for Health Research enabled NH to establish research and knowledge exchange (KE) infrastructure, including the development of a Research and Evaluation Department (RED). The RED supports clinical staff and managers in research use and evaluation, and facilitates research activity. A series of strategies have been undertaken, some in partnership with UNBC, which are serving to shift the organization to evidence-informed practice and decision-making, and to increase the capacity to do health research in the North.

Results: Initial response to the new capacity-development initiatives has been largely positive as measured by informal feedback, strong uptake of RED services, conference and training evaluations, and steady progress in laying groundwork for research partnerships with UNBC.

Discussion: This presentation will discuss how NH has moved from an organization without any research or KE infrastructure or strategies to one with tangible structures and processes that are stimulating knowledge mobilization and organizational change as well as research relevant to the North. Evaluation, and the development of new strategies and approaches, including collaboration with other health authorities, is ongoing.

1:50

Research Capacity and Knowledge Translation Activities: Successes and Challenges in the Vancouver Island Health Authority.

Wanda Martin, Project Coordinator, Vancouver Island Health Authority.

Background: The Vancouver Island Health Authority (VIHA) was formed in 2001, serving all of Vancouver Island. It has included a formal Research and Academic Development Department since 2004. Within the department, the Research Capacity Building Team, funded by Michael Smith Foundation for Health Research (MSFHR) Health Authority Capacity Building (HACB) grant, has been working to enhance and mentor VIHA employee's participation in research, providing support and education for research activities.

Objectives: To evaluate the effectiveness of the Research Capacity Building Team by examining successes and challenges.

Methods: MSFHR funding provided needed research support to VIHA through the provision of research personnel, whose goal is to provide research assistance and training for staff. Examples of activities include the development of a knowledge translation network, research seminars and workshops, consultations, research tool kit, and collaborations with the University of Victoria.

Discussion: Evaluation of the work of the Research Capacity Building team is an important aspect of the work that is being completed, to encourage ongoing funding support from the HA. This presentation will share the successes and challenges of research capacity building activities. Stimulating a dialogue around the value of such activities will help focus VIHA's research capacity building efforts toward enhancing health service and policy research activities to improve patient care.

2:10

Developing Knowledge Exchange Activities to Enhance Health Service Research Capacity Within Interior Health.

Jennifer Miller, Research Facilitator, Interior Health, ***Leslie Bryant MacLean, Patricia Coward, Anne-Marie Broemeling.***

Issue: Interior Health (IH) is one of five regional health authorities in British Columbia. Over half of the population IH serves is considered to be rural/remote (~3 people/km2), contributing to difficulties in sharing research information. Through the research capacity enhancement initiative, funded by the Michael Smith Foundation for Health Research (MSFHR), an initial assessment of IH's research capacity revealed a need for enhanced communication of health research results and education. A key goal of the initiative is to develop and evaluate knowledge exchange (KE) strategies to increase capacity and mobilization of health services research throughout the region.

Methods: Monthly research seminars highlight ongoing health research within IH and the local academic community. Research Skills Workshops include sessions on critically evaluating research and translating findings into policy/practice. Annual IH Research Conferences highlight examples of evidence-informed policies/programs and provide networking opportunities for researchers and decision makers. A workshop "road show" and video-conferencing options allows for enthusiastic participation from rural/remote communities.

Results: Feedback from participants (n>600) on the 2- years of KE strategies in a variety of healthcare portfolios has been positive. Follow-up evaluations are ongoing but initial response indicates the information gained from the KE strategies continue to be applied to practice and policy.
Discussion: The provision of KE opportunities is critical to enhancing health services research capacity within a largely rural/remote regional health authority. Future initiatives including joint initiatives with other health regions will further enhance those currently implemented within this region.

2:30

Models of Knowledge Translation and Exchange: Their Applicability to Rural and Northern Practice Settings.

Martha MacLeod, Associate Professor, UNBC, ***Trina Fyfe, Cindy Hardy, Tanis Hampe, Tammy Klassen, Jeanette Foreman, James Chan, Donna Bentham, Jennifer Dupuis, Candice Manahan.***

It is increasingly acknowledged that integrated approaches to knowledge translation and exchange (KTE) are needed in order to achieve the development of relevant, responsive health services research, and to enable the uptake of that knowledge in practice. In recent years, a number of knowledge translation and exchange theories and models have been created. Most models have been developed in urban settings, and carry with them implicit assumptions of resources and context. Their applicability in rural, remote and northern settings has not been systematically assessed.

The Knowledge to Action Working Group of Northern Health,s and UNBC,s partnered Closing the Gap Capacity-Building Initiative and Rural and Northern Practice Research Team has been developing resources and processes that make it easier for researchers, managers and practitioners to engage in partnered research and KTE. As part of its work, the Knowledge to Action Group has undertaken a review of theories and models of KTE. The objective is to examine the theories and models in light of their applicability to the rural and northern context.

This presentation will focus on the approach to the review, key KTE theories and models at the micro (practitioner), meso (program/organizational) and macro (policy) levels that are relevant to partnered research approaches, and issues in their application in rural and northern settings. The presentation will conclude with a discussion of the potential usefulness of KTE models in evaluating the effectiveness of a health authority-university partnership.

Wednesday May 14, 2008	
II-D **Rural Nursing** Moderator: Vince Salyers	**1:30-2:50** **Room 201**

1:30

Carving out a place: Establishing a New Nurse Practitioner Practice in Rural and Remote Canada

Donna Bentham, RN BScN Research Coordinator,UNBC, ***Martha MacLeod***, RN PhD Associate Professor Nursing and Community Health Science, UNBC

Across the country, the development of legislation and new employment opportunities are encouraging the implementation of nurse practitioners (NPs) in a variety of acute care and primary care settings. In the literature the roles and practices of NPs are reviewed primarily from the perspective of availability, quality, and accessibility of health care services. The NP is a new health care provider role, practicing independently in rural and remote communities. There is little information on how new NPs enter a community and establish a practice or what sustains them in their practice. There is limited research, particularly in the Canadian health care context from the perspective of NPs themselves. Without the perspective of the experiences of establishing a new NP practice in rural and remote communities, knowledge of appropriate, context specific supports to recruit and retain NPs in rural communities is limited.

This presentation will discuss the results of a qualitative interpretive study of the experiences of nurse practitioners as they establish new NP practices in rural and remote communities across Canada. The data for this study is from in-depth interviews conducted with six nurse practitioners for the Nature of Nursing Practice in Rural and Remote Canada Study. Carving out a place for practice was found to be a challenging process that requires time and support in order for the NP to develop a presence in the community. As the first and only NPs in their communities, resources including appropriate policies, administrative and clerical support, and mentorship opportunities are needed to support the development of these new roles and promote job satisfaction and ultimately retention of these much needed health care providers.

1:50

Nursing and Living in Rural New Zealand Communities.

Michele Barber, Nurse Consultant, West Coast District Health Board.

Nursing within the rural New Zealand context offers its own unique challenges. One of these challenges is how nurses manage their personal and professional selves while living in a small rural community. While the nature and extent of these challenges have yet to be fully explored, a recent study used interpretive description as method to gain an understanding of what this construct means for a small group of rural nurses on the West Coast of the South Island of New Zealand. The long-term sustainability and viability of this service was the key rationale for undertaking this study.

Rural nursing is distinctive: rural nurses are specialist-generalists who use insider knowledge of the communities they live/work/study in, combined with advanced clinical skills to provide a nurse-led service, particular to the unique health needs of their community. Professional and personal roles are interwoven so managing professional/personal boundary issues along this continuum are critical to achieving success in the role.

This study has provided a better understanding of rural nursing by informing those who are responsible for local and national service development to focus on relevant systems that advance rural nursing as a specialty area of practice. A flow-on effect would be long-term policies that sustain and grow the rural nursing workforce in New Zealand.

2:10

A Problem of Distance and Difference: Recruiting to the Rural and Northern ER.

Susan Johnson, Assistant Professor, UNBC.

Nursing in rural areas presents unique challenges for RNs. The role of the RN in smaller rural hospitals is broader, with nurses taking on additional roles in order to provide a full service where patient populations are too small to justify a specialist practitioner. To make this situation more complicated, leadership is often at a distance – perhaps hundreds of miles away – and educational opportunities are harder to access. In the rural emergency room, the range of presentations is identical to that of the larger urban areas, but the frequency that they are seen is less, the resources fewer, and specialist support may be miles away. Not surprisingly, then, the ubiquitous problem of nurse shortages, while an issue in all areas, becomes more acute in rural emergency rooms. Add into this, the demographics of emergency room RNs, traditional barriers to RNs working in critical care specialist areas, and recruitment becomes an emergent issue – one worthy of a CTAS 1 classification. This paper will explore the issues of difference and distance and propose ways in which they may be overcome to supply ER nurses to this specialty area.

2:30

Supporting and Celebrating Rural Nursing Work!

Karen MacKinnon, Assistant Professor, School of Nursing, University of Victoria.

Recent trends have documented an impending crisis in the provision of maternity care for Canadian women. The shortage of skilled maternity care providers requires the exploration of new ways of thinking about rural health services and interprofessional collaboration. This presentation will highlight findings from two recent studies that focused on rural nurses' work of providing maternity care in both hospital and community settings in nine rural B.C. communities. These studies adopted the standpoint of rural nurses who provide maternity care to women and families.

Interviews and observations with these front-line nurses focused on their work activities; on what nurses actually do and on the particulars of their everyday interactions with childbearing women and their families, with physicians and other health care providers, and with a variety of hospital and community workers. Guided by Institutional Ethnography, analysis focused on painting a more complex picture of the work of rural nurses and identifying traces of social organization.

The work of nurses who provide maternity care was characterized as broad in scope, as requiring complex knowledge and skills, with a significant amount of professional responsibility, in an environment with limited resources. Many rural nurses also demonstrated significant creativity in their work. This presentation will focus on understanding the social and institutional determinants of nursing work in these rural communities, identifying possibilities for change that would better support nurses, and celebrating what seems to be working well so that nurses' who work in other settings can also learn from the nurses' experiences.

Wednesday May 14, 2008	
III-B **Youth in Rural and Northern Communities** Moderator: Meg Kapil	**3:00-4:00** **Room 206**

3:00

Lesbian Gay Bisexual Transgender Youth Sexual Health in Rural and Northern BC.

Rod Knight, Research Assistant UBC, ***Jean Shoveller***, Associate Professor, ***Cathy Chabot***, Research Coordinator.

The sexual health of youth is strongly affected by the complex processes they go through when coming to terms with their sexuality. This experience is shaped by social interactions and structural conditions (e.g., local culture; gender norms), and as lesbian, gay, bisexual and transgender (LGBT) youth turn to their social context for clues about sexuality, the gender, culture and place they live in can put their sexual health and social well-being at risk. For LGB youth who are either learning to hide their sexuality or cope

with a stigmatized identity, their sexual health is often further exacerbated by limited or no access to LGBT-appropriate or sensitive health services in rural, northern or remote areas. While research has suggested the promotion of efforts to enhance measures of social capital (e.g., collective indicators such as the perceived levels of trustworthiness; individual access to LGBT-specific health information channels), a paucity of research exists on the relationship between social capital and LGBT youth sexual health. Furthermore, while geography can isolate rural, northern and remote LGBT youth from LGBT-specific social resources (e.g., LGBT community centres; Gay-Straight Alliances), recent advances in technology can transcend these barriers(e.g., LGBT-friendly social networking websites). Nonetheless, little is known about the effects these 'online' communities may have on rural, northern or remote youth sexual health and social well-being. We provide a conceptual framework for how structural and socio-cultural forces intersect to shape the experiences of LGBT youth sexual health, and provide direction for LGBT youth-centered sexual health promotion and research.

3:20

Exploring the Impact of Place on Contraception Use Among Youth in Northern BC.

Jennifer Reade, Research Coordinator, UBC.

Experiences with contraception are critical to youth's sexual health and warrant further investigation, especially in places where, as is evidenced by high teenage pregnancy rates, it appears that many youth may be facing barriers to accessing and using contraception effectively. Teen pregnancy rates are disproportionately high in many communities in rural and northern Canada as compared to southern, urban areas. While research into health service utilization suggests that factors such as age, sex, income, ethnicity and availability of services are important, the nature of "place" also plays a critical role, and often in unanticipated ways. Thus, we interviewed 40 youth (15 – 19 years of age) with varied contraceptive experiences and 10 community health providers living in Fort St. James, B.C. to investigate their experiences accessing and using contraception. Early findings suggest that issues of privacy and transportation; lack of education about contraception and services available; negative media images; and experiences with local health care professionals featured predominately in our interviews. While individual risk factors provide part of the explanation for the sexual health disparities experienced by northern youth, emerging evidence indicates that socio-cultural and structural level factors, such as gender, culture and place, are major determinants of youth sexual health and represent key intervention targets that are amenable to change through health policy and program initiatives.

3:40

"I Ain't a Woman…Yet, It's a Girl Thang": Centering Girl's Voices Within the Context of Women's Health Research and Practice.

Natalie Clark, Faculty/Field Education Coordinator, Thompson Rivers University.

Regardless of the words used to describe them, including adolescent female, girl, younger woman – research, policy and practice within the area of health and women's health has continued to ignore the unique experiences of this age group. At best, they are an add on to the dialogue about women's health and experiences of violence and at worst their experiences are not considered at all. Further, Natalie's research has consistently highlighted the absence of, and need for research focused on rural and remote communities which considers the impact and intersections of gender, culture, sexuality and geography on the health and service needs of young women living in these communities.

In this presentation, Natalie will center girls and younger women's experiences of their health and experiences of violence within an intersectional framework. In highlighting several research studies she has conducted with girls throughout BC, including marginalized girls and rural girls, the girls' own voices, speaking directly to the experiences concerning their own health and well-being form the paradigm (or context) for this discussion. In addition, Natalie will share the girl's group model she developed, which provides a space to explore a wide range of issues that impact their daily lives. Natalie will share how girls groups are a unique model to support and identify young women's health needs – and will share her research and practice with girls group she is currently facilitating including a group for at-risk and marginalized girls in Kamloops BC, and an Aboriginal girls group in a rural community.

Wednesday May 14, 2008	
III-C **Primary Health Care in Rural Communities** Moderator: Catherine Elliot	**3:00-4:00** **Room 203**

3:00

Uncovering Models of Primary Health Care in Rural and Remote Canada: A Realist Review Approach.

Davina Banner, Postdoctoral Research Fellow, UNBC, ***Martha MacLeod***, Associate Professor, UNBC.

Rural and remote communities in Canada face significant health disadvantages as a result of poorer access to healthcare services, geographical and climatic factors, lack of infrastructure, and challenges in recruiting and retaining healthcare professionals. Improving the organization and delivery of primary healthcare (PHC) services is a central mechanism for improving the health of Canadians and is essential given the growing ageing population, prevalence of chronic disease and health disparities. Northern Health's PHC renewal initiative, "Care North" has been developed to address these issues. To inform the research direction of Care North, there is a need to understand what PHC models work well in rural and remote areas, and why. A review of the contemporary literature and policy will provide insight into the types and characteristics of PHC delivery models along with the contexts, enablers and barriers that may determine their success and sustainability. A systematic review of the literature is traditionally seen as the gold standard of reviews, but these are too specific, being suited to investigating more focused interventions. A Realist synthesis extends beyond this to include an examination of discrete, interpersonal and infrastructure factors collated from a wide range of sources. Such an approach has the potential to uncover explicit and useful information that could inform research and service development. This presentation will outline an approach to a realist review of PHC models in Canada, and will describe the advantages and disadvantages of realist synthesis as a means of informing service delivery and outcomes in northern British Columbia.

3:20

Association Between Ruralness and Health Outcomes After Adjusting for Differences in Individual and Family Practice Characteristics: Scottish Data-linkage Study.

Paulos Teckle, Scientist, BC Cancer Control Research, ***Phillip Hannaford*.**

Association between ruralness and health outcomes after adjusting for differences in individual and family practice characteristics: a Scottish data-linkage study

Objective: To examine the association between ruralness and health outcomes after adjusting for differences in individual and general practice characteristics.

Design: Pooled-data from cross-sectional surveys

Setting: Respondents in 1995 and 1998 Scottish Health Survey who gave consent to follow-up and linked to hospital records.

Main outcome measures: Hypertension, all-cause premature mortality, total hospital stays and admissions due to CHD.

Results: Adjusted for individual and practice characteristics no consistent pattern of better or poorer health in rural areas was found compared to primary cities. However, individuals living in remote and very remote small towns had lower risk of hospital admissions for CHD and more hospital stays, than primary cities. Total hospital stays were significantly higher in very remote rural areas than primary cities. Older age and being economically inactive were strongly associated with increased hospital admissions.

Conclusion: As improving health outcomes is one of the core objectives of the National Health Service, administrative data provided important insight in planning and monitoring health services in rural communities of Scotland. Measures used in this study did not show significant differences when adjusted for individual and practice characteristics. Further research needed to examine whether higher hospital stays in very remote rural areas stem from disease severity or distance from place of residence. Compositional determinants of health (age and gender) were found to be better predictors of health outcomes than contextual factors (including rurality).

3:40

The Social Risks that Care Providers Perceive in Providing Intrapartum Maternity Services in Small Rural Communities.

Stefan Grzybowski, Co-Director Centre for Rural Health Research, VCHRI, ***Jude Kornelson***.

Background: A significant number of Canadian rural communities that offer local maternity services to parturient residents are witnessing a high outflow of women leaving to give birth in larger centres in order to ensure immediate access to cesarean section capabilities. A minority of women choose to stay in their home communities to give birth in the absence of such access. Care providers and birthing women decide who would be an appropriate candidate to birth locally. Decision-making criteria and conceptions of risk between physicians and parturient women, however, may not align due to the privileging of different risk factors. Methods: In-depth qualitative interviews and focus groups with 27 care providers and 43 women from four rural communities in B.C. Results: When birth was planned locally, physicians expressed an awareness and acceptance of the clinical risk incurred and the social risks to themselves should there be an adverse outcome due to lack of local surgical capability. Likewise, when birth was planned outside the local community, parturient women expressed an awareness and acceptance of the social risks incurred.

Conclusions: The question of "risk" in medicine has traditionally prioritized a clinical perspective as defined by care providers. This approach has excluded adequate consideration of the psycho-social influences that have a substantial impact on patients' and physicians' decision-making processes. A balanced approach to risk management grounded in a comprehensive view of health is a necessary step towards more efficacious decision-making concerning location of birth for rural parturient women.

Wednesday May 14, 2008	
III-D **Allied Health Professionals** Moderator: Cindy Hardy	**3:00-4:00** **Room 201**

3:00

Occupational Health and Safety Issues Among BC Ambulance Service Personnel in Northern BC.

Leanne Wiltsie, Anthropology Honors Student, UNBC.

As first responders, EMS paramedics bridge the gap between institutionalized health settings and the 'real world'. The very nature of their work, responding to emergency situations, means they must make immediate decisions with limited information about a number of variables, including the amount and type of protective gear they will wear. Further, emergency medical personnel must balance their needs with those of people in the process of becoming patients. Sandman and Nordmark (2006:592) note, "...the pre-hospital emergency team will have to face difficult priorities between conflicting values and norms that may have far reaching consequences, and where members of the emergency team sometimes make decisions usually made by more qualified careers or other medical professionals." Therefore, paramedics provide a unique opportunity to evaluate the way in which professional deals and best practice guidelines intersect with the lived everyday experiences and decisions of emergency medical staff. This paper will address occupational health and safety issues among British Columbia Ambulance Service (BCAS) personnel in Northern BC. Using an ethnographic model grounded in practice theory, this paper describes research conducted among paramedics in the Prince George region. Specifically, the paper will explore the way that policies, technologies and procedures designed to protect emergency medical staff (paramedics) alter the relationships between them and those they serve. In particular it delineates the difference between emergency medical service (EMS) policies and the lived behaviors of BCAS paramedics with respect to the use of prophylactic garments and biohazard exposures.

3:20

"Who Works in Rural Areas?": Characteristics and Experiences Shared by Long-term Rural Health Care Professionals in Northern British Columbia.

Candice Manahan, Graduate Student/ Research Assistant, UNBC.

With the creation of new health sciences programs designed to serve northern British Columbia (B.C.), student recruitment will focus on not only those who have the capacity to complete the programs, but also those who are likely to stay and practice in northern B.C. The primary objective of this project was to identify personal characteristics and experiences shared by selected health care professionals who have lived and worked in northern B.C. long term, and who plan to continue working in the region. The major goal was to identify personal characteristics and experiences shared by selected long term health care professionals in northern B.C. to potentially create a suitability component for future health education program selection criteria. A qualitative descriptive design was used to examine the influences in choosing rural training, initiating rural practice and remaining in rural practice. The preliminary results of the thematic content analysis research will be presented and discussed as a potential guide for the future development of an assessment tool for the recruitment of health care professionals and health sciences students in rural and northern B.C. The findings of this research will inform health sciences student selection, aid in the future creation of a rural suitability assessment tool and provide evidence that will inform recruitment and retention strategies for health sciences programs.

3:40

The Experience of Northern Helping Practitioners: Considerations of Historical, Intergenerational, and Vicarious Trauma.

Linda O'Neill, Counseling Faculty, UNBC.

This research study considered the experience of northern helping practitioners in providing trauma support in isolated communities. In northern BC and Yukon communities, access to specialists in the field of trauma counseling is severely restricted due to distance from main centres. Economic and cultural factors leave the essential support of survivors of trauma to helping practitioners in various fields with varying levels of training and supervision (Boone, Minore, Katt, & Kinch, 1997; Trippany, Kress, & Wilcoxon, 2004). Many northern communities have experienced historical trauma and continue to experience intergenerational trauma, contributed to by current psychosocial conditions linked to the legacy of colonization (Brave Heart, 2003; Duran, Duran, Brave Heart & Davis-Yellow Horse, 1998; Tafoya & Del Vecchio, 1996). In remote communities, helping practitioners may be working in their home communities, sometimes sharing similar trauma experiences to that of their clients (Morrissette & Naden, 1998). Helping practitioners in the north are also hired from "outside" to provide service to communities, arriving with limited knowledge of the specific context of the communities. These helping practitioners may be put at personal and professional risk of developing secondary traumatic symptoms from repeated exposure to clients' trauma in the helping relationship (Baird & Jenkins, 2003). Using a narrative inquiry process, the stories of eight helping practitioners were analyzed using a three phase analysis. The themes that emerged from the data indicated the effects on practitioners and the strategies used by practitioners in maintaining their ability to practice under challenging conditions.

Abstracts – Poster Presentations

Authors in Attendance
Tuesday May 13th 6:30-7:00pm & Wednesday May 14th 1:00-1:30pm

1. Temporal and Spatial Trends in the Place of Death for BC First Nations Populations.

Maria Barroetavena, Scientist, BC Cancer Agency, ***Michael Regier***.

Background: The health of First Nations (FN) has been identified as a key priority for the Government of British Columbia. Cancer is the second leading cause of death in First Nations populations living on reserve in Canada. This study aims at exploring the use of health services at end of life among FN living in reserve and who died of cancer between 1997 and 2003.

Objectives:
• To identify trends in the place of death for British Columbia First Nations in reserve communities
• To characterize movement among Health Service Delivery Areas for end of life care among FN living in reserve communities.

Methods: We linked data from the BC Cancer Registry with the BC Vital Statistics (VS). All BC adults, who lived in a BC First Nations community and died in BC from cancer in the period 1999 to 2003 were identified. Data analyses used contingency tables and logistic regression models.

Results: Over the period 1997-2003 hospital deaths occurred 60% to 81 % of the time. Deaths at home increased over the same period. Approximately 79% of cancer patients who lived in a FN community died in the same HSDA in which they lived. Approximately 93% of cancer patients died in a location within one hour travel time of their place of usual residence.

Conclusions: The findings provide useful information for administrators for planning services.

2. Knowledge to Action Working Group: Supporting Partnerships.

Trina Fyfe, Health Sciences Librarian, UNBC, ***Tanis Hampe, Cindy Hardy, Martha MacLeod, Donna Bentham, Melanie Mogus.***

Background: The University of Northern British Columbia (UNBC) and Northern Health (NH) are working to advance rural and northern practice through partnered research and capacity development. The Michael Smith Foundation for Health Research has funded two initiatives to foster this development:

- Rural and Northern Practice and its Development Research Program at UNBC
- Closing the Gap Capacity-Building initiative at Northern Health

These two initiatives have formed the Knowledge to Action (KTA) Working Group.

Goal: The goal of the KTA Working Group is to develop an infrastructure process that will support knowledge synthesis, translation and exchange and health research done in collaboration between UNBC and NH without being prescriptive or exclusionary.

Methods: The poster will review the steps taken to meet the objectives of the KTA Working.

Group: selecting members of the working group, developing shared/common language and holding a working session for stakeholders. We will emphasize the importance of working in partnerships and with stakeholders to develop an infrastructure process that works for the unique context for which it is situated.

Results: The information collected from the working session determined that there are a great number of challenges and barriers to research and KSTE in northern BC. The recommendations and discussion derived from the working session supports the initiatives of the KTA working group. It is evident that there is a need for such a working group that will lead the direction in creating an infrastructure process and support materials to assist researchers, decision-makers and practitioners to synthesize and assess research knowledge, as well as to engage together in knowledge exchange.

3. Genomic Marker Dissimilarities in the PCK1 Promoter Region as a Link to Type Diabetes in Ojibwa Cree Natives.

Francisco Grajales III, Research Assistant and Systems Analyst, TWO Medical Informatics, ***Dr Deryck Persaud, Dr. Alma I. Barranco-Mendoza.***

The Ojibwa Cree First Nations community of Northern Ontario has the highest worldwide incidence of Type 2 Diabetes Mellitus (T2DM). Phophoenolcarboxykinase 1 (PCK1) is recognized as one of the key enzymes involved in the development of Oji-Cree T2DM. Genomic analysis of Oji-Cree has found a single nucleotide polymorphism (SNP) at location 232 (C→G) in the PCK1 promoter. The current literature shows paucity in genomic-wide analyses of this SNP. This poster presents a Homo Sapiens genome-wide homology analysis of promoter SNP 232 C→G, its implications, and consequences in the development of T2DM.

4. Fertilizer and Fertilizer Contaminant Exposure among B.C. Tree Planters.

Melanie Gorman, MSc. Student, UBC.

Abstract: Reforestation in B.C. employs 5000 tree planters who plant 230 million trees annually. Tree planting is extremely strenuous, increasing both metabolic and inhalation rates. Work sites are remote with limited opportunities for hand washing, bathing, and laundry. Payment is piece-rate, likely discouraging breaks for rest and hygiene.

Fertilizers contained in perforated paper sachets are often planted with seedlings. Fertilizer source material may contain metals. This study was motivated by anecdotal reports of skin and respiratory illness among tree planters.

In 2006 and 2007 we monitored exposures to 54 tree planters at five geographically dispersed worksites. Arsenic, lead, cadmium, chromium and nickel were measured by ICP/MS on post-shift hand wipes, full-shift air samples, in bulk soil, seedling root balls, and fertilizer samples. Because this work environment can be dusty, inhalable particulate exposure was measured with gravimetric analysis of air filters.

Ninety-seven percent of air metals measurements, eighty-eight percent of blood metals measurements and over ninety percent of arsenic and cadmium skin wipe measurements were below detection limits. Chromium , nickel and lead were detectable on the majority of skin wipes with geometric means of 4.8 x 10-3 (SDg = 2.17), 2.3 x 10-3 (SDg = 1.73), 3.2 x 10-3 (SDg = 2.30) ug/cm2 respectively. Geometric mean inhalable particulate exposure was 0.86 mg/m3 (SDg = 2.0).

Although exposures to inhalable particulate and heavy metals appeared low, multiple regression determinants of exposure modeling was performed for inhalable particulate and skin chromium exposure. Work rate, work site conditions and PPE use were examined.

5. Differences in Mental Health Services Utilization between Rural and Urban Areas.

Cindy Hardy, Associate Professor, UNBC, ***Karen Kelly, Don Voaklander*.**

Canadian researchers have begun to examine issues related to rural/urban differences in mental health services utilization (e.g., Langille, Lyons, & Rogers, 2002; Robinson, 2002). In the present study, the Canadian Community Health Survey on Mental Health and Well Being (Statistics Canada, 2003) was analyzed to provide much-needed evidence regarding rural and urban differences in mental health services utilization. From the nationally representative sample (n = 35140), approximately 8% sought help for emotional, mental, or behavioural problems from a mental health professional in the previous year. Predictor variables were demographics including rural versus urban geographic location, general health, social support, substance use, severity and chronicity of psychological distress, and previous year use of medications and hospital services. The predictors were tested first in bivariate and then in multivariate logistic regression analyses predicting use of any professional services and, for those who accessed services, predicting use of four types of professional services (physician, psychiatrist, psychologist, counselor). Although rural/urban geographic location was a significant predictor of use of psychiatric and psychological services at the bivariate level, it was not significant when other predictors were controlled. Findings will be interpreted in light of how they might inform effective design and delivery of mental health services in rural Canada.

6. Factors Related to Compensation of Mesothelioma in British Columbia.

Tracey Kirkham, PhD Candidate, School Of Environmental Health, UBC.

Mesothelioma is well recognized as an occupational cancer; however man jurisdictions compensate less than half of identified cases. This is thought to be largely due to cases not seeking compensation. We examine potential factors that may be associated with the lack of mesothelioma compensation in BC.

Methods: All compensated mesothelioma WorkSafe BC claims (the provincial workers' compensation authority) and all British Columbia Cancer Agency (BCCA) registry cases from 1970-2005 were requested. Compensated and non-compensated BCCA cases were compared by age-at-diagnosis, gender, cancer site, and geographic area.

Results: 1182 BCCA mesothelioma cases and 485 WorkSafe BC claims were identified. The compensation rate over the study period was 33%. Few cases prior to the 1980s were identified, after which case numbers increased until a peak in 2001. The proportion of compensated cases generally increased over time.

The very young and old were compensated less than those between 55 and 64 years of age. Women were 8 times more likely to have an uncompensated case. Mesothelioma of the lung, peritoneum, and "other sites" were compensated 2.3, 5.4, and 5.5 times less than mesothelioma of the pleura. Compensation rates also varied by region suggesting that public knowledge in large industrial settings with known exposures may influence awareness of compensation claim benefits.

Conclusions: Compensation rates are increasing but are much lower than the 80% or more believed to be occupationally caused. Although an early notification system was recently implemented, further efforts may be needed to ensure that all mesothelioma cases receive proper evaluation for compensation benefits.

7. Trends in Occupational Injuries in Canada.

Rakel Kling, Research Coordinator, Centre for Health Services and Policy Research, UBC, ***Chris McLeod, Mieke Koehoorn.***

The purpose of this study was to examine the variation in work injury rates over time in Canada and to begin to identify factors that are contributing to this variation. This study used data (public use files) from the Canadian Community Health Surveys (CCHS) Cycles 1.1, 2.1, and 3.1. The cohort included all working-age respondents (age 15-64) who had worked in the 12 months prior to the survey (n= 76,458). Adjusted injury rate comparisons and multivariable logistic regression, stratified by gender, were conducted within each survey year.

The occupational injury rate in Canada decreased over the study period from 5.1 injuries per 100 workers in 2001, to 4.0 injuries in 2003 and 3.8 injuries in 2006. The injury rate fell for both males (6.7, 5.3, and 5.2 injuries per 100 workers respectively) and females (3.3, 2.5, and 2.2 injuries per 100 workers respectively) in each of the three years, but males had over twice the injury rate of females in all years. The adjusted occupational injury rates declined through all three waves in all provinces except for British Columbia and Alberta that both had an increase between 2003 and 2006. This increase was especially pronounced for young males aged 15-29.

This study substantiated that the occupational injury rate is decreasing over time in Canada; however, this decrease appears to have leveled off and is increasing in some provinces. Future research and prevention efforts should focus on understanding and ameliorating the reasons for these differences.

8. Physical Activity and Colorectal Cancer Occurrence in British Columbia Sawmills.

Rakel Kling, Research Coordinator, Centre for Health Services and Policy Research, UBC, ***Paul Demers, Aleck Ostry, Hugh Davies.***

Workplace physical activity has been associated with a decreased risk of colorectal cancer; however, there is little understanding of the time periods that most contribute to this protective effect. This study examined the effect of cumulative workplace physical activity, as well as different time periods of activity and their effect on the risk for colorectal cancer in a cohort of Western Canadian Sawmill Workers.

This study was based on a larger cohort of sawmill workers. A nested case-control methodology was used; cases were sawmill workers diagnosed with colorectal cancer, healthy controls were matched to cases. Physical activity was assessed by expert reviewers who rated 54 job titles common to the industry. An internal comparison of cumulative as well as 10 and 20 year lagged levels of workplace physical activity and colorectal cancer was conducted using Logistic regression.

The cumulative exposure analysis found that moderate activity (53.5-71.8 physical activity-years) was associated with the lowest decreased risk for colorectal cancer (OR=0.65, 95% CI=0.40-1.04) compared to the lowest level of activity whereas with a 10 and 20 year lag, lower activity levels (16.8-32.4 physical activity years) were associated with the lowest decreased risk for colorectal cancer (OR= 0.72 in both analyses) compared to the lowest level of activity. However, physical activity, lagged by 20 years, was largely associated with a non-significant increased risk for colorectal cancer.

More recent workplace physical activity or lower levels of activity over a longer period of time may be most associated with a protective effect for colorectal cancer.

9. Facilitating Knowledge Exchange in a Rural British Columbia Health Authority: The Innovative Role of Research Facilitators.

Jennifer Miller**,** Research Facilitator, Interior Health.

Background: Interior Health (IH) serves the healthcare needs of 717,545 people who live in the mainly rural and remote interior of British Columbia. To support knowledge exchange (KE) for evidence-informed decision making within the health authority, IH successfully piloted the role of Research Facilitators (RFs) via a research capacity enhancement initiative, funded by the Michael Smith Foundation for Health Research, Health Services and Policy Research Support Network.

Description: Two RFs surveyed the capacity of IH staff to use and do research and evaluate research literature. Outcomes from this survey set the direction for education, KE and research support strategies. A primary KT role for RFs is that of liaison, externally building collaborative partnerships with academic researchers and internally facilitating positive/interactive relationships between decision-makers, clinicians and healthcare staff.

Results: Over a 2-year period, the RFs have successfully organized, facilitated, and begun to evaluate two research conferences, research skills workshops and seminar series, and regional decision-maker/university researcher 'meet and greets' (n>600). RFs have completed literature syntheses/summaries (n>25) and sit on several working groups as evidence leaders (n>10) to guide the KT process. RFs are continually developing collaborations between clinicians, academic researchers and IH decision-makers. They have assisted with multiple grant proposals (n>12), including a CIHR-funded Aboriginal Health Planning grant.

Discussion: The innovative role of RFs, particularly as liaisons, has proven to be a powerful tool in developing and enhancing KE for evidence-informed decision-making in rural and remote locations. RFs have, and continue to, significantly impact KT and research in IH priority areas.

10. Rural Job Selection by UBC Pharmacy Graduates.

Marion Pearson, MA student (and Senior Instructor), UBC.

The shortage of pharmacists in BC is considered particularly acute in rural and remote locations. Assuming that graduates return to their home areas, the Faculty of Pharmaceutical Sciences at UBC is differentially admitting students from outside Metro Vancouver and the Fraser Valley.
This study evaluates the assumption underlying this practice and identifies some of the factors influencing the locations where pharmacy graduates take their first jobs. A survey was piloted in the Class of 2006 and then administered to the Class of 2007. Location type was defined using Statistics Canada designations and geographic area was defined using the College of Pharmacists of BC's districts. Most respondents were planning to live in Census Metropolitan Areas (CMAs), with some in Census Agglomerations (CAs) and a few in Rural and Small Towns (RSTs). Most were taking jobs in locations other than, but of a similar type to, where they grew up. The most common migration patterns were from smaller to larger communities (e.g., from a CA to a CMA) and from elsewhere into District 1 (which includes Vancouver and some of its suburbs). Strong influences on job location included familiarity with the location, good work conditions, proximity to significant others, and relationship and career plans. Smaller community size, ability to practice in the manner desired, and pace of work were of more importance, and access to cultural, entertainment, and/or social activities were of less importance, to those taking jobs in RSTs than in other location types.

11. Rural Acute Care Nursing Certificate: Researching Practice-Driven, Reality-Based Curriculum in British Columbia.

Jessica Place, Research Associate, UNBC, ***Martha MacLeod, Norma John, Monica Adamack, Elizabeth Lindsey, Lynda Williams.***

In British Columbia (BC), Registered Nurses (RNs) in rural communities are increasingly working in diverse practice roles within small healthcare facilities. In response to this challenge, the BC Nursing Directorate funded a three-phase pilot project to determine what kind of curriculum should be developed and how best to deliver it. The project represents a unique partnership between practice and the academy, and has been jointly driven by the Chief Nursing Officer Council (the CNOs) led by the CNOs of the Interior and Northern Health Authorities and, beginning in Phase III, the University of Northern British Columbia (UNBC).

The project is currently in Phase III, which involves implementing and evaluating the Rural Acute Care Nursing Certificate (RACNC), a new post-basic provincial certificate program that was developed during Phases I and II. This study employs action research to examine how the new Certificate program is affecting nursing practice and university nursing education. The RACNC is an innovative provincial program, developed and delivered through a unique partnership between practice and academia; its evaluation and subsequent evolution has the potential to revolutionize practice and education by providing accessible, responsive and relevant education for rural nurses.

12. Community Level Factors that are Associated with Food Sales, Availability, and Food Policy Implementation in BC Public Schools.

Kathryn Proudfoot, MSc. Candidate, Dalhousie University.

Objective: The purpose of this study is to build on a survey measuring junk food availability and nutrition policy development in B C public schools by identifying socio-economic and locational (rural vs urban) community level factors associated with junk food sales, availability, and nutrition policy implementation to improve healthy eating in BC public schools.

Methods: Food sales and policy implementation were determined in the 2005 BC School Nutrition Survey. Socio economic variables for census districts where each surveyed school was located were derived from the 2006 Statistics Canada census. Schools were assigned rural or urban locations using Statistics Canada MIZ codes. Univariate and multivariate analyses were undertaken to explore associations between community socio-economic and locational status and the availability of "junk food" in BC's schools as well as the extent of nutrition policy development and implementation.

Results: Preliminary analyses show that rural schools have fewer beverage and snack machines present in their schools compared to schools in urban regions. As well, rural schools are significantly more likely to have a nutrition committee in place helping implement steps towards a healthy school food environment. Rural schools are also significantly more likely to have implemented a school –wide nutrition policy in their school. Further analyses which consider community level SES variables will provide additional evidence about factors that shape the effectiveness of policies and the school environment.

Conclusion: This study demonstrates that, in BC, rural schools appear to provide more healthy eating environments than urban schools.

13. Social Competence Within a Cultural Context: First Nations' Perspectives.

Sherri Tillotson, Masters of Pschyology Trainee, UNBC.

Research has shown that chronic stress produced during social interactions is a determinant of cardiovascular diseases. People who are more socially competent negotiate interpersonal situations (a manifestation of behaviors, affect and cognitions) with greater satisfaction than those who lack adequate social skills. As a result, those who are more socially competent may experience fewer stress-related experiences over time and be less susceptible to cardiovascular diseases. However, social competence research has been defined and researched largely from mono-cultural perspectives. Given the higher rates of cardiovascular diseases in some First Nations (FN) populations we sought to identify culturally specific social competencies among FN populations in Northern BC. Interviews with FN students discussed whether features of a current psychometric tool were relevant in their culture (i.e. quality of speech, self-directed goals). Results from interviews suggested that overt behaviors such as linguistic expression were different for some FN peoples. As well, the cognitions relevant to maintaining in-group homeostasis were deemed more important in determining how an individual goes about achieving their goals. Social competence, a combination of behaviors, cognitions, and affect appear to have qualitatively different features dependent upon culture.

14. Evaluation of the Impact of the Northern Medical Program on the Community: Perceptions of the Community Stakeholders.

Patricia Toomey, University of British Columbia, ***Dr. Joanna Bates***, UBC, ***Dr. Chris Lovato***, UBC, ***Dr. Neil Hanlon***, UNBC, ***Dr. Gary Poole***, UBC.

Introduction. Northern and rural communities have fewer physicians per capita than urban areas. Training undergraduate medical students in regional sites is one strategy to enhance physician recruitment and retention in rural regions. To this end, the Northern Medical Program (NMP) was implemented in Prince George in 2004. This study described perceptions of the broader impacts of the NMP in a medically underserved community.

Methods. Qualitative, using a "constructivist evaluation" paradigm. Interviews were administered to community leaders in various sectors of Prince George (n=23). Using analytic induction methodology, data were coded based on a conceptual model which was developed from Carpiano's social capital framework.

Findings. Areas of perceived impact included education, health services, economy, politics, and physical, human and social capital. Forms of social capital included trust, social leverage, community organization participation, partnerships, and knowledge. Context data regarding "the state of the North" prior to the implementation of the NMP as well as other potential explanations for perceived impacts of the NMP were also included in the analysis.

Conclusions. Perceptions of impacts of the NMP are broad and pervasive. Evaluation of wider impacts, including social capital, should be considered when implementing medical education programs. An important finding was the existence of "restricted networks", which precluded access to knowledge regarding potential human capital gains from the program. Programs should consider developing a communication strategy for stakeholders to limit anticipated disappointment. Carpiano's social capital framework is limited in this context, as additional forms of social capital may be integral. Further research is needed.

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British Columbia Environmental & Occupational Health Research Network

The BC Environmental and Occupational Health Research Network (BCEOHRN) recognizes the diversity of needs, locations, expertise and topics relevant to its potential membership. The Network aims to remove obstacles that arise from this diversity by increasing knowledge within the research community of common resources, common questions and shared opportunities. It will help researchers and research users navigate the EOH community in BC so as to ensure efficient access to information and capabilities. The Network will assist in attracting and maintaining a vibrant research community in BC by supporting training, research development and communications.

NETWORK ENVIRONMENTS for Aboriginal Research BC

NEARBC supports the development of Aboriginal health research by building linkages that will cultivate province-wide communication and collaboration. NEARBC is working to bring creative minds together throughout BC to create a platform for knowledge transfer across organizational and functional boundaries. Our vision as an Aboriginal Research Network is to improve and enhance the health and well-being of Aboriginal Peoples in BC. The mission of the NEARBC is to create an environment where researchers and communities collaborate to develop research capacity that is relevant to Aboriginal Peoples and is competitive in national and international arenas.

Building on BC's past and existing achievements, the BC Network for Aging Research is a unique framework for bringing together researchers from different disciplines, research streams, academic institutions, community based organizations and health regions. It is our goal to provide opportunities for these researchers to collaborate in generating innovative aging research. BCNAR will facilitate the development of new aging research proposals by providing access to shared resources, support and infrastructure to increase capacity and leverage funding for aging research in BC.

The Women's Health Research Network (WHRN) is a catalyst for bringing together innovative groupings of gender and women's health researchers and research collaborations drawn from academic, health service, policy and community settings. It fosters the generation, application and mainstreaming of new knowledge and is specifically dedicated to women's health research that will increase the understanding of and capacity for sex and gender-based analyses and for integrating women's health concerns into other areas of health research. With an inclusive, multisectoral and multidisciplinary approach to research, the WHRN encourages the brokerage of knowledge regarding the health of girls and women in BC.

Collaborators and Sponsors

The BC Child & Youth Health Research Network (CYHRNet) supports development of a vigorous, more integrated and collaborative research environment for BC's child and youth health researchers, to raise research to a new level of innovation and excellence, and strengthen researchers' capacity to compete for national and international funding.

The National Collaborating Centre for Aboriginal Health, located at UNBC, is one of six centres created by the Public Health Agency of Canada. With a focus on knowledge synthesis, translation and exchange, the goals of the NCCAH include gathering current, quality information about Aboriginal public health and ensure that it forms the foundation for public health policies, practices and programs developed by and for Aboriginal people. While supporting the direct participation of Aboriginal people in the Canadian public health system, the ultimate goal of the NCCAH is to contribute to improving the health of Aboriginal people across Canada.

Northern Health is responsible for the delivery of health care across Northern British Columbia, including acute care, mental health, public health, addictions, and home and community care. The Authority covers almost two-thirds of BC's landscape, which is home to over 300,000 people.

The BC Rural and Remote Health Research Network University of Northern British Columbia arm is led by Scientific Co-Leader Dr. Martha Macleod, PhD. Network Manager, Rachael Clasby, and Communications Coordinator Larine Sluggett are also housed at UNBC. Planning for the conference was primarily undertaken by the conference assistant, Stephanie Matchett, who was also housed at UNBC. The UNBC BCRRHRN staff are positioned within the Department of Nursing at UNBC.

The BC Rural and Remote Health Research Network University of British Columbia arm is led by Scientific Co-Leader Dr. Stefan Grzybowski, MD. Network Coordinator, Lana Sullivan, and Program Coordinator Lynn Tran are also housed at UBC. The UBC BCRRHRN staff are positioned within the Centre for Rural Health Research, in the Department of Family Practice at UBC.

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