



How to Reach Rural Populations

This is one in a series of Best Start Resource Centre “How To” resources that focus on skill development to help service providers address specific strategies for preconception, prenatal and child health.

best start
meilleur départ

by/par health *nexus* santé

Acknowledgements

The Best Start Resource Centre would like to thank Jane Hoy for researching and writing this document. We would like to express our sincere thanks to everyone who gave us a contact, recommended a program, provided a suggestion, or told their story. We also would like to thank the many people and organizations who found the time to share ideas and program examples for this resource. Living and working in rural and remote areas requires understanding. Your efforts and knowledge are evident.

With appreciation

- Christine Booker, Community Resource Centre of North and Centre Wellington
- Beverly Budd, Rural Response for Healthy Children
- Jane Calhoun, Midwives Grey Bruce
- Elizabeth Calvin, Durham Region Health Department
- Janice Dolliver, Perth Middlesex Early Years Centre
- Jennifer Flood, Algoma Public Health
- Anita Frayne, Grandparent
- Sarah Galliher, Mums the Word Facebook group
- Selena Hazlitt, Owen's Light Mothering Project
- Heather Kane, Perth District Health Unit
- Judy Kay, Community Living Dryden-Sioux Lookout
- Joanne King, Community Resource Centre (Killaloe) Inc.
- Jane Leach, Perth District Health Unit
- Dawna Monk Vanwyck, Wellington Dufferin Guelph Public Health
- Erin O'Dacre, Durham Farm and Rural Family Resources
- Suzanne Renon, Parent
- Amanda Smith, Parent
- Anne Smith, North Bay Parry Sound District Health Unit

Wendy Burgoyne was the staff lead for this publication.

Table of Contents

Introduction	2
What is a rural community?	2
Myths and truths about rural communities	3
Who lives there?	6
Why live there?	8
Why work there?	10
Challenges	11
Connecting with rural families	16
Stories of rural initiatives	23
Useful resources and links	28
References	29



Disclaimer

This document has been prepared with funds provided by the Government of Ontario. The information herein reflects the views of the authors and is not officially endorsed by the Government of Ontario. The resources and programs cited throughout this guide are not necessarily endorsed by the Best Start Resource Centre or the Government of Ontario.

Use of this Resource

The Best Start Resource Centre thanks you for your interest in, and support of, our work. Best Start permits others to copy, distribute or reference the work for non-commercial purposes on condition that full credit is given. Because our resources are designed to support local health promotion initiatives, we would appreciate knowing how this resource has supported, or been integrated into, your work (beststart@healthnexus.ca).

Citation

Best Start Resource Centre (2010). *How to Reach Rural Populations*. Toronto, Ontario, Canada: author.

Introduction

Living and working in rural Ontario presents unique demands. People who live in rural areas are there for numerous reasons – gainful employment, independent lifestyle, family ties, or insufficient resources to move elsewhere. There are unique challenges, social conditions, networks, health issues, perspectives and realities when living and working in rural communities.

Preconception, prenatal and child health strategies designed for large urban centres may not be effective in reaching families living in rural areas. This resource will help service providers to strengthen their services in rural areas and to engage rural families. It addresses issues

affecting those who are planning a pregnancy, pregnant women, their partners, and families with young children who live in rural areas. It shares background information, a range of ideas, and examples of innovative and successful rural services.

This resource was developed based on discussions with service providers and families who live and work in rural areas. These individuals shared their advice, perspectives and the strategies they found to be helpful. However, people living in rural areas are diverse, rural communities differ widely, and strategies must be tailored to a specific population of interest. Reading this resource and getting to know your own rural communities, will help you in selecting effective strategies or in strengthening existing strategies.

It is beyond the scope of this resource to discuss specific populations who may be living in rural areas, such as First Nations, Francophone populations and newcomers to Canada. For information on working with these and other populations, visit www.beststart.ca.



What is a rural community?

The term “rural” refers to areas with populations of less than 10,000 that are located outside of urban centres (Statistics Canada, 2008). Rural communities can be defined as geographic areas, cultures, or ways of living (du Plessis et al., 2002). Commuting and work location are sometimes referenced in the definition of a rural community (i.e. less than 50% of the labour force commutes to an urban centre for work) (Statistics Canada, 2008).

Rural areas differ widely, and may include farming communities, resource-based communities (e.g. mining or logging), communities that are living off the grid or off the land, and communities that are supported by a tourism resource such as a natural or historical feature. Northern rural communities often describe themselves as “remote” rather than “rural.”

Myths and truths about rural communities

There are many different beliefs and stereotypes about rural life. This section looks at the similarities and differences between rural and urban populations and explores health status, stress levels and safety in rural areas.

The study, “Are Rural and Small Town Populations Really at an Advantage?” (Statistics Canada, 2005) shows that there are differences and similarities between rural and urban residents.

Similarities:

- Levels of social engagement, cohesion and participation are similar in urban and rural residents.
- People living in rural and urban areas are equally supportive of people that they know, for example, providing help to relatives, neighbours or friends.
- Rural and urban residents report similar levels of social isolation from close friends and relatives.
- Levels of political involvement are similar in communities of all sizes.
- The level of trust towards other people in general is similar in both urban and rural places.

(Statistics Canada, 2005)

Differences:

- Residents of rural areas are more likely than urban residents to know all or most of their neighbours.
- People living in rural areas are more likely to trust their neighbours.
- Rural residents are more likely to have done some volunteer work.
- Rural residents are more likely to have a strong sense of belonging to their community.

(Statistics Canada, 2005)



MYTH or TRUTH? Rural communities are helpful close-knit communities

“I am considered new to the County, although I’ve been here 35 years.”

– Resident in a rural community

One common assumption is that rural communities are tightly knit and that everyone is helpful and friendly. This is true in some rural communities, but not in others. Within a community there may be individuals and families that are caring, and others who are not. Some families feel quickly welcomed when they move to a rural community, but it can take initiative to reach out, get involved and make the first efforts by volunteering and joining community events. If you were not born and raised in the community that you live in, you may always be considered an outsider.

MYTH or TRUTH? Rural communities are healthy communities

Life in the country conjures an image of robust health. A study titled, “How Healthy Are Rural Canadians?” states:

“In general, rural residents exhibited less-healthy behaviours than urban residents. Rural residents in some areas exhibited less-healthy dietary practices, lower leisure time physical activity and higher smoking rates than their urban counterparts.”

(Canadian Population Health Initiative, 2006)

For pregnant women, parents, and young children in rural areas, special attention is required to address immediate health risks and long-term implications.

The Romanow report, a national study of the Canadian health care system, identifies that geography is a key determinant of health. This report indicates that rural residents qualify as a special population.

“People in rural communities have poorer health status and (therefore) have greater needs for primary care, yet they are not as well served and have more difficulty accessing health care services than people in urban centres.”

(Romanow, 2002)

MYTH or TRUTH? Rural communities are low-stress communities

Living in a rural area is thought to be less stressful, with a slower pace. Many people find that rural areas are a peaceful place to live. They may find that the pace of life, the sense of community, and connection to the land in rural areas, supports their well-being.

For others, life in a rural area brings its own stress. In rural areas, many people are farmers or self-employed with a small business, and there is no getting away from the realities and

pressures of work. Their place of employment is also their residence. Many families face added financial strain due to limited education and employment options, higher costs for meeting basic needs, and the unpredictable income from running a farm, small business or from working in a seasonal/resource-based industry. Some may find it difficult to cope with this stress, and this can lead to heavy drinking, binge drinking, suicide, or violence. These have direct impacts on parenting, mental health, family income, family structure, and a family's sense of hope.

MYTH or TRUTH? Rural communities are safe communities

Rural areas are perceived to be safe places to raise a family, but statistics show a different picture. Rural areas have higher homicide rates, more road safety issues, and higher rates of child injuries and fatalities.

For the past 10 years, there has been a higher homicide rate in rural areas with 2.5 homicides per 100,000 people in rural areas, 2.0 in large urban areas and 1.7 in small urban areas (*Statistics Canada, 2007a*).

Even though there are fewer vehicles to contend with, there are more road safety issues in rural areas. There are hazards associated with the heavy equipment used to work the land and harvest the crops, and in resource-based industries such as mining or logging. Rural areas often have poor road conditions due to hills, winding roads, blowing snow, ice, and lower levels of municipal road maintenance. Rural roads are often the last to be ploughed or sanded in the winter, and can be a lower priority in terms of general maintenance and repairs. Road safety is a concern for families when running errands, accessing services, or visiting friends or family.

The child injury and fatality statistics for farms are high:

- In Ontario, children and youth aged 1 to 19 years accounted for 17.4% of all farm fatalities. Over a third of these farm fatalities were to children aged 1 to 4 years old. These are extremely high statistics considering that young children don't actively participate in farm work. On farms, the most common causes of child fatalities include runovers of bystanders or fallen passengers, drowning, being caught under or struck by an object, animal related, and machine rollovers.
- In terms of injuries, 19% of all farm injuries in Ontario are in children and youth aged 1 to 19 years. These injuries tend to be animal related, falling from height, tractor related, entanglements in machinery, and exposures to toxic substances.

(*Canadian Agricultural Injury Reporting, 2007*)

Even though these statistics paint a landscape of danger, people in rural areas often leave their doors unlocked, invite strangers into their homes, and maintain a spirit of generosity with pride. The beauty of the land and sky can make up for anxious moments. People who live in rural areas are often amazed and somewhat saddened that their urban counterparts do not see nature, the night sky and stars on a regular basis.



Who lives there?

“It is important to understand the diversity that exists in a rural and remote community. There are differences in family structures, race, language, colour, gender, sexual orientation, religion, ethnic origin, and ability. Programs that respond to these differences promote the inclusion of all children and families.”

(Public Health Agency of Canada, 2005)

People live in rural areas for different reasons. There are families who have been in the community for generations and there are newcomers adjusting to life in Canada. Individuals living in rural areas reflect a wide range of education and income levels and personal interests. Some residents long to leave their rural area, but do not have the financial resources or job prospects to make the transition. After completing a post-secondary education, young people may return to their rural roots to raise children and be close to extended family.

There is a solution-focused approach to life in rural areas. The following examples illustrate the range of families living in rural areas, successful rural collaborations and partnerships, and the attitude of owning the problem and coming up with a creative solution.

- Selena returned to her home community in a rural area and was inspired to give something back. Assistance from a Doula with the birth of her first child made her concerned about individuals who may not have sufficient financial resources to afford a Doula. A project called Owen’s Light Mothering Project was created, a Board of Directors formed and partnerships established. Fundraising dinners and a Mom-to-Mom sale raised funds. The local Public Health Unit informs Owen’s Light when a woman could benefit from the coaching of a Doula. The Public Health Nurse connects the Doula and expecting mother, and the Board of Directors pays the fee. Owen’s Light never knows who the beneficiary is. They are happy knowing they have provided positive birthing experiences to many mothers.



- The Petawawa Military Family Resource Centre saw a need and responded by forming a partnership with Community Resource Centre – Killaloe. Families with young children may arrive at Petawawa Military Base without knowing a single person other than their immediate family. When a family member is deployed for military assignment, the rest of the family is left behind to continue their usual daily functions. The programs offered at the Petawawa Military Family Resource Centre allow for contact, support and care to these isolated families.
- The Perth District Health Unit, Canada Prenatal Nutrition Project worked to decrease their rate of low birth weight and gained valuable insights into working with rural communities.

“Before we met with the women, we asked to meet with the people who had leadership roles in the community, to explain what was happening with the low birth weight babies in their community. This was done with no blame or shame; just information for education and asked if we could offer assistance with this and what would be the most appropriate way.”

– Public Health Nurse

They suggest that the approach needs to be slow and deliberate. It is critical to invest time in building relationships. It is important to be up front with families and sensitive to community milestones or issues. The community now asks the Public Health Nurses to assist with problems. Community members approach the Public Health Nurses with health questions. This indicates that they are accepted, effective and trust is established.

GOOD ADVICE:

- Read about the community’s history
- Be modest/humble
- Help people feel comfortable
- Dress in simple/plain clothes
- Learn local terms (for example “with child” instead of pregnant)
- Know your role
- Have respect and understanding
- Share who you are
- Make connections
- Ask for their perspectives on the health concerns in their community
- Ask about what would make the most difference, and how this could best be accomplished
- Care
- Take time, do not rush

Why live there?

When families are asked what they like about living in rural areas, common themes include:

- The high quality of life due to the natural environment around them
- The slower pace of life
- Less stress, noise and traffic
- Lower housing costs

(Public Health Agency of Canada, 2005)

Young families benefit from inexpensive housing in rural areas. Two out of five young adults living in rural areas with incomes under \$30,000 a year were homeowners. This was double the proportion who lived in a large urban centre (Statistics Canada, 2007b). While housing is more affordable in rural areas, the cost of living can be higher, including transportation, heating, food, and maintaining a well and septic system.

The following table summarizes the positive and negative aspects of living in a rural area.

SITUATION	PRO	CON
Transportation	Low traffic volume and congestion.	Less road maintenance and limited or no public transportation.
Housing	Housing is less expensive.	Inexpensive properties are further away from town, increasing travel expenses. Higher costs for heating, water, septic, and maintenance.
Employment	Businesses and agencies have less staff and more personal engagement.	Fewer jobs. Employment is often secured through long-term social connections.
Schools	Lower populations. Children and their families know one another.	Children may spend a lot of time on school buses. Special arrangements may need to be made for children to play with their friends.
Internet and Phone	Entrepreneurs can remain in rural communities because they are able to communicate and provide services for customers.	Internet may be limited, costly, or not available. There may be limited or no cell phone coverage.
Tight knit communities	People rally when there is a crisis. It is easy to volunteer and get involved. Neighbours are more apt to know their neighbours.	Circles of friendship are already established. Service providers must make the effort to create relationships. Anonymity is limited.
Entrepreneurship	Decisions are in your control.	Chain stores may make it difficult or impossible for small businesses to compete.
Food	May have access to seasonal gardening.	Fresh foods may travel long distances and may not be good quality. Lower sales volumes mean higher prices.
Hospitals	Shorter wait times.	Long distances to travel to urban centres for specialized medical care.
Lifestyle	Easy access to nature and outdoor recreation.	Long distances to urban centres for shopping, art galleries and theatre.

Families and service providers can benefit from having a realistic view of rural life. Like life in any community, there are challenges and there are benefits to rural living. A sense of humour and a practical approach can help service providers. You may identify with emails that relate to the realities, strengths and weaknesses of rural life:

- Someone in the Co-op store offers you assistance and they don't work there.
- You have a lengthy telephone conversation with someone who dialled a wrong number.
- You measure distance in hours.
- You know several people who have hit a deer more than once.
- You install security lights on your house and garage, but leave both unlocked.
- You design your kid's Halloween costume to fit over a snowsuit.
- Driving is better in the winter because the potholes are filled with snow.
- You are unavailable because it is harvest time, goose season, deer season, moose season, or the opening week for pickerel fishing.
- The weather determines what you will do that day – plough the field, put out the nets, cut firewood, hang clothes on the line, or not.
- You lift one finger or two off the steering wheel to wave when driving, depending on whether you actually know the person.
- You wear a sweater when temperatures reach -2C in March, because it is too warm for a winter coat.
- Most importantly – you actually understand these insights, and share them with your friends.



Why work there?

Professionals who are keenly interested in serving children and families in rural areas indicated they would not choose anything different. Families can be more appreciative of the services offered in their communities or homes. There are more health concerns and fewer services in rural areas. Service providers working in rural areas know that they make a big difference to rural families through the services that they offer.

“I’ve often felt that rural areas, because of a different kind of connectedness, are actually ahead of urban areas in identifying issues of concern, and more noticeable results can be achieved when we work with such groups. I also feel we are more accountable to the public when we work in rural areas – we meet the mayor in the grocery store and get questioned about an issue.”

– Public Health Nurse

Is working in a rural area what you expected?

“NO! I came from the city for this job. In large organizations, bureaucracy can be slow. Here there is much more autonomy and flexibility at the grassroots level with an expectation that you quickly respond to need. You do your own troubleshooting – no tech support and no clinics for referral.”

– New staff

“People are so happy to see me – they know I have come a long way to spend time with them, often in bad weather.”

– Service Provider

“These are my people. I come from here and this is where I belong.”

– Public Health Nurse

Challenges

While there are many positive things about living and working in rural areas, there are also challenges for parents and for service providers.

Employment

The face of many rural communities is changing due to the shrinking number of family farms, the closure of small businesses, and the closure of companies in single industry towns. It is common that one person in a rural family owned business must work off the farm or in town to make ends meet. People in rural areas are moving or driving distances to find work. Industrial farming is making it difficult for the small, diversified family farms to be sustainable, let alone competitive. Large retail stores are replacing small businesses, and small northern resource-based communities are losing their young people because of lack of local work.



Transportation

Transportation is one of the main challenges for people living in rural areas. Often there is little or no public transportation and getting around can be difficult for many families. Families with young children face the dangers of driving long distances, the unexpected weather changes, and the risks of driving at night when large animals may also be on the road. In addition, it is costly to maintain vehicles that are used on secondary roads, and to keep gas in the family car.

Service providers who work in these areas go the extra mile – literally! They face the same difficulties with driving long distances, road safety and wear and tear to their vehicle. One

professional’s accountant scolded her because she had too many repairs and was going through too many vehicles.

Work is not 9 a.m. – 5 p.m. for many staff who work in rural areas. To make the most of the travel costs, many service providers put in long days with combined travel and service delivery.

“You know you’re rural when your mileage cheque is bigger than your pay cheque.”

– Service Provider
(Public Health Agency of Canada, 2005)

Access to the Internet and Cell Service

Another challenge for families and service providers in rural areas is access to the internet, which may be limited, unavailable or very slow. Cell service may be unavailable as well.

“Everyone I know uses the internet on a regular basis to get information about health, to connect with friends, or to shop on-line.”

– Young Mother

While internet has the potential for communication and learning across great distances, people in rural areas of Canada are less likely to have access to the internet. In 2009, only 68% of rural residents had access to the internet. This may be due to socio-economic factors, availability or other issues (*Statistics Canada, 2007c; 2009*).

Technology issues in rural areas can affect service providers as well

as families. Service providers may not be able to check their email or phone messages during the day, depending on cell coverage, whether the staff person is working from their car, or has access to local office space with internet. If there is no cell coverage, they may not be able to connect with co-workers, or they may be unable to let family and co-workers know about a delay or accident while travelling.

Privacy and Confidentiality

Neighbours in rural areas tend to know who is doing what, where, when and with whom. They may have heard from others that a certain family member was in the doctor’s office or the pharmacy, and out of concern, they will ask about the health of the family.

In rural areas, there are challenges for service providers in maintaining confidentiality and in separating work from private life. As a service provider, you may have attended the same social events and now need to discuss the dangers of drinking alcohol during pregnancy. People recognize the vehicles of individual service providers when they visit for personal or work reasons, have children who play on the same team as their children, and ask for advice (or challenge) in public spaces.

For more personal concerns, such as preconception health, rural residents may prefer anonymous ways of accessing information (i.e. access to internet or print information, rather than public preconception classes).



Isolation

Families can feel isolated in rural areas. Homes may not be located close to other homes, or to services and stores. Connecting families for social support is key in rural areas.

Service providers in rural areas can also feel isolated. They may have to wear many hats, working as generalists rather than specialists. They may not have the access to team discussions, referral or support resources that are available in urban areas.

Funding Realities

When organizations and agencies receive funding to serve a vast region, funds may not reach rural areas. Administrators may believe that they are being inclusive since rural residents can participate in centralized urban services. However, transportation, childcare and timing may create undue barriers for rural families. Funders exacerbate this inequality when evaluations focus on the number of participants attending, rather than an assessment of the geographic areas serviced through the funding.

“Decisions are made in cities by people who don’t know what it is like to live in rural areas.”

– Service provider

Being Accepted

Being accepted into a rural community takes personal initiative, patience and a smile. “Curious” and “cautious” are good descriptors for the initial building stages of connecting in a rural community. Every community has its own unique features. Some will be more open, and others more reserved. One new employee felt accepted right away. For another, it took three years of buying at the local butcher shop for the owners to finally smile back outside of their work place. Perseverance, friendliness and kindness go a long way to breaking the ice and warming up a community.

“Take it slow and easy for the first while. Start where the community is. Take a step back to build relationships. There is a different feel and you need to figure this out.”

– Service Provider

Parents use the same cautious approach with unfamiliar service providers. It is important to remember that building relationships is critical. Even if a program or service has all the right resources, participation can be influenced by the level of sincere acceptance felt by the attendees.

There is groundwork to cover before moving into a community with set expectations and programs. Respect and follow protocols when you meet or work with a community leader. If you are working with a specific population, get to know the local cultural protocols. Learn who to approach, and how.

Sustained funding and relevant initiatives are also important in building trust.

“Being an insider can lend credibility when trying to get an initiative off the ground. It’s also important to understand there are fewer bodies to do the work, key people tend to wear more than one hat, and we have to respect their already heavy workload when we are looking for assistance in an initiative.”

– Public Health Nurse



Meeting Needs

With fewer services and service providers, meeting complex family needs can be a challenge in rural areas. Service providers need to focus on meeting community and family needs, while recognizing that the services required may not be a perfect fit with the mandate of any specific organization. Service providers are encouraged to build in time to assess needs, to determine if needs have changed, and to see how well services are meeting needs.

“We often talk about “moonlighting” in relation to our work in rural communities. This is when we make sure family needs are met, even if it is not exactly our mandate in terms of type of services, type of client, timing etc. We need to be more flexible in rural areas.”

– Service Provider

Families that speak a language other than English may have particular challenges in accessing needed services in rural areas. They may also have limited or no access to books, schools, daycares, radio stations, and newspapers in their home language.

GOOD ADVICE:

- Buy local
- Get involved, volunteer
- Accept invitations
- Persevere
- Make sure your actions match your words
- Listen to the stories
- Attend local events
- Attend to your attitude
- Be outwardly friendly
- Try not to complain (except about the weather)
- Acknowledge with eye contact or a wave
- Leave city comparisons behind
- Build relationships with people
- Take time
- Be thoughtful
- Job shadow another service provider
- Take opportunities to network – planned and unexpected
- Help other service providers who are new to the area

Connecting with rural families

Approaches that are successful in urban communities, may not work in rural communities. Many factors influence the success of a program, and consideration of these factors can help in selecting and maintaining effective approaches. This section covers tips from service providers and families on assessing needs, building your reputation, forming partnerships, linking parents, meeting needs, optimizing timing and location, providing reliable links and promoting services.



“I work in the rural part of a region bordering a large urban centre. A few years back a colleague and I did some work in this area (comparing rural and urban dynamics) as we were frustrated by the promotion and use of approaches more appropriate to urban areas. Working in rural areas requires acknowledgement of certain distinct characteristics, and of course different strategies.”

– Public Health Nurse

Assessing Needs

It is critical to assess needs before starting a new service. It is also important to assess needs on a regular basis in established programs, to keep services strong. New trends or concerns may emerge. Listen, pay attention, and respond.

Clientele can change over time, for example, there may be increases or decreases in young parents, working parents, caregivers or extended family. It can be very isolating providing childcare in the home. It is important to give parents and caregivers the support they need.

Farm safety emerged as a serious concern in the Durham Region. Durham Farm and Rural Family Resources is an organization that is working to keep farm children safe (see page 23 for Life on the Farm).

Building Your Reputation

It takes time to gain a community's trust. When rural families need help, they turn to friends, family, community members or to service providers. Once supportive relationships are established, families will continue to return to a trusted source.

Communication styles are important. An interview committee in one rural community decided that one of the applicants would have difficulty fitting in because they talked too fast. A gentle strength of confidence in yourself and the service you provide is helpful, and service providers are encouraged to take their time in listening and responding to clients. A humble posture of learning will go a far greater distance to gain trust than being the "all knowing" professional.

Be patient, it takes time for trust to develop and less time for the word to spread. See page 25 for The Station of Motherhood, about midwifery services in rural areas.

Once a service provider relationship is established, consistent staffing is important. Continuity increases trust and efficiencies. Established working relationships result in better services to clients, and effective use of limited resources.

"I will probably make mistakes; please teach me how to work with you."

– Service Provider starting to work in a rural area

Forming Partnerships

Working together is a way of life in rural areas, for families and for service providers. Partnerships can enhance services to children and families, and strengthen the morale of agencies and front line staff. In rural areas, resources may be limited and service providers may have to take on multiple roles. Consider realistic and feasible partnership strategies. Time, funding, energy and commitment all contribute to the strength of partnerships.

"We work in partnership in rural and northern areas. We always have. We could not exist otherwise."

– Service Provider

Partnership potential is influenced by the decisions and values of the organization. Many organizations place a high value on partnerships and are proud of their collaborative efforts. They share space, toys, and coordinate schedules to maximize delivery of services and avoid duplication. In contrast, some service providers may feel pressure to fulfill only their own direct mandate.

Networking, newsletters, email and blogging help to enhance communication between partners. When a service gap is identified, partnerships can add or enhance services.

Look for unexpected partners. Business partners can be as vital to ongoing exposure, promotion, and support as service delivery partners. Bowling alleys have offered a foyer for parents to meet, the back banquet room for childcare space, and a light lunch at the refreshment booth.



When a mobile toy lending library lost all of its resources to a flood, a local store stepped up to refurbish the supply at reduced rates.

A young mother in a rural area was able to provide breast milk for her premature baby in the city, thanks to a creative partnership. The Kidney Van of the local service club picked up her expressed breast milk and carried it, along with dialysis patients, to the hospital in the city. The baby has grown into a healthy child, meeting all milestones.

See page 26 to learn how the Wellington Transportation Services coordinated transportation to people who live in their rural area.

Linking Parents

Creative approaches may be needed to link parents in and between rural communities. Email, social networking, and the internet allow young families to support one another. Recently, a young mother from an isolated northern community was flown to a large urban hospital with her premature infant. There were four children back at home, and no friends in the city. A friend of the young mother contacted another friend who invited this young mother into her home for relief and comfort. No government-funded program can replicate this type of compassionate response from mother to mother.

In rural areas many health units put important prenatal and child health information online, recognizing the challenges with winter travel.

“Mums the Word” is an example of an individual online initiative to link young parents. See Sarah’s story on page 24 – about how her circle of support expanded from a handful of close friends to an information sharing community of 120 members.

Meeting Needs

Parents appreciate receiving information whether it is advice, brochures, handouts, a recommended website or an opportunity to chat. In Huron County, parents turn to staff at T.H.E. Bus program of Rural Response for Healthy Children because they know the staff will help them to access needed information. A trusted relationship is key and service providers don't need to have the answer. They do need to be well connected with a range of resources and service providers, in order to provide effective support.

“Everyone was concerned about how YOU are feeling and how YOU are managing the winter. It was the personal approach. Staff takes time to learn about each person and then follow up the next week to see how your week has been. Other programs are for the children. T.H.E Bus values each of us as individuals and our family as a whole.”

– Program Participant

The Breastfeeding Peer Support Program for North Bay and Area takes a number of approaches to support new mothers who are breastfeeding. It is not uncommon for a Public Health Nurse to travel over 250 km in one day to make one or two home visits. When distance and weather make this impossible, a phone call from a peer volunteer “who has been there” is welcomed. Support groups also provide information and encouragement during this critical time.

“It is really helpful to have my peer support call every month to see how things are going with breastfeeding and I have a chance to ask any questions. Things are going good for me.”

– Young Mother

The Perth Middlesex Early Years Centre shares their tips for engaging and retaining families:

- Provide perks for the children to get the families out
- Whatever you offer at the main site, offer at the outreach program
- Provide field trips that go to each of the outreach areas on a rotating system
- Support the community by attending local activities – fairs, summer events, parades, etc.
- Help fundraise for a local initiative

One sign of success is when parents have built the capacity to realize their own abilities. A mother of six children was asked, “What would be your advice to a new parent?” Her response, “Relax; know yourself; have confidence.”

Optimizing Timing and Location

Success can be measured in many different ways. A group of women was late for an important meeting because their husbands were out in the field. The women had to wait for them to come back to the house to watch the children so they could attend the meeting. Is this ineffective, irresponsible, and lacking commitment, or determined, tireless, and committed?

“Connecting is so important to new mothers who are transitioning into their role.”

– Public Health Nurse

There are many reasons for missed appointments, no shows for school meetings, and low attendance at local events. It is always important to reflect on expectations, outcomes and interpretations. Unfortunately, when numbers are low, funding bodies question whether the impacts carry high enough value. Nevertheless, rural service providers feel that people who live in rural areas deserve equal support and services.

The Perth Middlesex Early Years Centre suggests that you set program times and locations and don’t change them. Other groups have found that programs need to change with the seasons, or as community needs change.

When possible, programs should be offered close to where people live. For many, this means right in their homes. For some it may be the church basement in the closest small village. For others it might be a drive to a recreation centre in a larger community where they can combine grocery shopping, the post office, a hair appointment, and a visit with Granny in the nursing home.

When considering possible program options, ask yourself:

- How will people get to the program?
- Do people travel up the highway or across the back roads?
- When is the best time of day to offer programming?
- Is it at naptime?
- Will the children be hungry?
- Can people get home before dark?

Attendance increases when schedules are coordinated with partner agencies. This coordination is a fundamental strength of the Community Resource Centre – Killaloe. The Renfrew County and District Health Unit and The Toy Bus share space and coordinate schedules to attract families to attend Child Health Clinics. The clinics provide screening for hearing, dental care, speech and language and developmental milestones. The Toy Bus offers play groups with interactive programs for the children as well as social supports for the parents. When combined clinics are offered at the local community sites, parents will come despite the great distances they may need to travel. A single effort addresses information needs, concerns about child health, and provides much needed social support for parents and activities for the children. This collaborative programming made a difference in meeting family needs at one location and time.

Even if you have carefully thought through location and timing, weather conditions, travel challenges and other issues can affect program availability. Have a back up plan for the unexpected. Carry phone numbers and a cell phone. Know the local radio stations to announce cancellations. Find out if there is someone nearby who can post a note on the door if the program is cancelled unexpectedly.

Providing Reliable Links

Finding reliable information can be a challenge for families. While there is a lot of parenting and health advice on the internet, parents may feel overwhelmed with the amount of information, and may not know how to select reliable information. The Breastfeeding Peer Support Program for North Bay and Area recommends specific websites to mothers that provide accurate information about breastfeeding. The Farm Safety Association, Just for Kids, provides online child safety information that is specific to risks and safety measures on the farm.

Promoting Services

Service providers may want to promote their services to rural families, either to improve participation or when initiating a new service. Here are some effective methods of reaching rural families:

- Local newspaper – feature stories are free advertising
- Website – a link on partner agency websites
- Word of mouth – find your community champions
- Community calendars – community newspaper, daycares and schools
- Libraries – librarians make referrals and help families to find information
- Laundromats – bulletin boards
- Agencies serving families with young children – midwives, daycares, child protection, women’s shelter, high school adult learning program
- Grocery store – bulletin board, grocery bag insert
- Doctor’s office – nurse or administrative staff
- Community networking groups – share information with other service providers
- Presentations at service clubs – Lions, Kinsmen, Rotary, Women’s Institute, Farm Safety committees

Radio stations provide rural residents with a key link to the outside world. Rural families may switch stations a number of times during a day to catch the local weather and upcoming events, as well as a more global perspective. Radio can be an effective method of promoting local services and activities to rural families. Learn when rural families listen to the local radio station. This may be a community calendar, the weather, or an early morning announcement for school bus cancellations.



Community Resource Centre – Killaloe in Renfrew County promotes their services through the newspaper, radio, doctor’s office and a brochure. A recent advertisement in the Valley Vendor brought new attention from first time mothers. The Valley Vendor advertises second-hand articles and is popular among parents with limited incomes.

Durham Farm and Rural Family Resources recognizes that winter is the time to promote their summer On-Farm Childcare program. In some rural communities, advertising is predominantly by word of mouth. It is important to have a presence over the winter months at meetings associated with rural life. This may include the farming association meeting, a miners’ safety meeting, or card games at the community hall. Staff need to learn how to get invited, and how to promote word of mouth advertizing. When spring arrives, there is a shift in activity from winter planning and fun, to summer action.

There are also the unexpected ways that information travels: at the feed mill, coffee shop, gas station, Co-op store, grain elevator, tack shop, auctions, or the landfill site on dump day.

A rural women’s shelter came up with a creative approach to getting information about abuse to isolated women – they collaborated with local veterinarians. When the vets were making a house call, they could discretely leave information with a woman who might be at risk of abuse. This method of distribution honoured anonymity for the woman, educated a business/service sector in a social issue, built a partnership with a unsuspected advocate, and did what rural people do best – problem solving using available resources.

“When you know the needs, provide a program that meets those needs and be ready to adapt as you go. You’re in it for the long run.”

– Service Provider

STORIES OF RURAL INITIATIVES

Life on the Farm

Childcare needs of farm families tend to increase during the spring, summer, and fall seasons. There is a limited seasonal window of opportunity for planting and harvesting. The intensity of work increases with the use of heavy farm equipment and the need to maximize use of daylight hours. Modern lighting now allows even longer hours of work in the field on some farms. This seasonal stress, on top of managing animals, requires every adult to be available to drive tractors, provide food for people working, or pick up other duties to keep the farm running. Farming is all about maximizing value and minimizing risk – for the business and the family.



Durham Farm and Family Resources was founded to address the rising incidence of injuries to farm children. In the early 1990's a survey demonstrated the need for family resource centres. Durham Farm and Rural Family Resources aims to provide quality and flexible children's services and programs to farm and rural families in Durham Region. Their goals are to reduce injuries to farm children living on farms, increase programs for children and their families and increase communication and coordination between agencies.

Farm children in the Durham Region can be safer thanks to a childcare initiative offered by Durham Farm and Family Resources. The On-Farm Childcare program meets the challenge of seasonal farm demands. Quality childcare is provided on the family farm from April to September. The caregivers are post-secondary students with studies in child development living in these rural communities. They are trained in infant care, safety on the farm and in the home, programming for children and behaviour management. The Caregiver brings a box of activities based on diverse themes. Student placement grants and community donations make the program affordable for farm families.

This flexible on-the-farm program is designed to provide quality childcare for farm families. Parents can concentrate on farm work during peak times without having their children in the workplace. Having a part time person dedicated to promoting, organizing and managing this program has been critical to its success.

For more information:

www.durhamfamilyresources.org/live/on-farm_childcare

STORIES OF RURAL INITIATIVES

Mums the Word

Sarah was born in a small rural hamlet in Ontario. She is 28 years old and has one young child. In becoming a mother, she gained an understanding and compassion for her mother's own experience. At eighteen years old her mother said good-bye to her husband and the car every morning, living in a drafty old farm house, with no groups to attend, young children, little money... feeling stuck. For Sarah, technology provided new access to resources and support that is emerging – the internet.



Sarah formed a Facebook group called Mums the Word. Sarah and many of her friends are at a similar “baby stage” in their life and she thought it would be more efficient to form a group rather than emailing separate individuals. Friends added friends and now there are 120 members with a common passion – their babies and young children.

This type of online friendship is the focus of today's talk shows and university studies – is it authentic, is it meaningful? While much concern lies around the potential loss of intimacy of friendship, Sarah and her friends say otherwise.

Facebook can be accessed any time, day or night, and it is quite surprising how many are online at all hours. One young mother in a rural area, using her Blackberry, posted at 12:15 am that she was in labour, and by 12:30 am, she had seven responses. This is the type of support that young parents need.

Checking status updates of their friends, and hearing a ping of notification sparks excitement. When a question or dilemma is posted at night, the responses are something to look forward to in the morning.

Searching the internet for information can be overwhelming for some. In the Facebook Mums the Word group, there is comfort that responses come from someone with a similar experience, a voice of reassurance, or honesty about getting help, all without judgment.

Facebook provides opportunities to connect friends. For instance, people post what they are planning to do on the weekend. One person posts that they are going swimming, which happens to coincide with a friend's visit from the city. Swimming is coordinated and babies, mothers and friends reconnect. Likewise, the internet can increase program participation. A Breakfast with Santa fundraiser had a high number of infants attending because a young mother posted the event on Facebook.

STORIES OF RURAL INITIATIVES

The Station of Motherhood

Midwives make accommodations every day. They navigate and advocate for the women and babies in their care. The amount of information available on pregnancy, childbirth and infant care can be overwhelming. Women use the information and links provided by the midwives to access credible services such as Motherisk www.motherisk.org for information ranging from morning sickness and use of medications, to breastfeeding and vitamins.

What better recommendation than that of a satisfied customer. For one young woman living in a rural area, her midwives were a source of education and support through pregnancy, labour and post birth care. She describes them as open minded and down to earth. Midwives provided information and loaned her resources. She found that the care after birth was superb. To be visited in your home at 24 hours, then 3 days, a week, and again on week 2 and 4, and then when needed up to 6 weeks, provides solid grounding for new mothers learning about the new little person in their lives. For this new mother, it wasn't just the care of the umbilical cord, or the monitoring for jaundice; it was also the care for her. The way in which the midwives honoured her role, even though she was inexperienced, was appreciated.

Words of encouragement like, "What a great Mom, Levi has" can promote confidence and parenting capacity. The midwives were described as relaxed, unhurried and sincerely excited about her and her baby.

In stark contrast, another young mother talked about her trek across one of Ontario's large cities on public transit for her doctor's appointment, on the third day after birth with her newborn. She told her story with sadness and anger and made a commitment that her daughter will never have to experience the nightmare of mothering alone. She didn't know midwives were available, but her daughter will.

For more information:
www.midwivesgreybruce.com



STORIES OF RURAL INITIATIVES

From A to B and Back Again

Lack of transportation is one of the first hurdles identified in almost all communities in rural Ontario. The County of Wellington is not one of them. Wellington Transportation Services gives rides to people who do not have access to transportation. This could mean getting a ride from the farm, going to the larger city for medical care, or a drive across town. A ride can be booked for reasons such as:

- Necessary appointments – medical, social services, government services, legal
- Social and healthy living – visiting family in long-term care, participation in active lifestyle programs
- Daily living – grocery shopping, banking

Agencies that provided transportation for their own clients came together to share their resources and to provide a more efficient service. Victorian Order of Nurses (VON), Family & Children's Services, Fergus/ Elora Senior Trans, East Wellington Community Services, Seniors for Excellence, North Wellington Senior Council, and The Community Resource Centre of North and Centre Wellington are all partnering agencies who serve different populations in need of transportation.

Volunteers generously offer their time and are only reimbursed for fuel costs. Volunteers might drive for one of the partner agencies or they may offer their services to a few or all of them. Having a common registry facilitates an efficient response to a drive request.

Initially, there was a media recruitment campaign for volunteers. After a year of focused effort, recruitment took on a life of its own and volunteers now offer their services. Fulfilled volunteers became ambassadors and word of mouth promoted the program. To keep things running smoothly, a toolkit was developed for volunteers and for program administration.

For the people of Wellington County, one call is all they have to make to find a needed ride. Depending on their individual circumstances, some agencies require a payment for the service, while others offer a subsidy based on income. If it does not fall under any of the collaborators' mandate, then Wellington Transportation Services does their best to accommodate requests.

Three major elements contribute to the success of this vital service – the volunteers, the collaborative spirit between partner agencies, and the critical annual funding from the County of Wellington.

For more information: <http://communitylinks.cioc.ca/record/GUE0185>



REMEMBER:

- Introduce yourself to other groups and staff providers
- Listen and find out what they are doing
- Augment services – avoid duplication or competition
- Collaborate with partners to deliver the best service
- Consider how you can provide more to a community
- Know your agency’s marketing plan
- Find parents where they already are e.g. classroom for mature students, women’s baseball registration, bible study group at a church, Fall Fair
- Be creative when addressing issues of transportation
- Remain open to local priorities or concerns
- Remember it is not about your agenda
- Learn from others and work with them – listen and communicate
- Remember that, whether intended or not, how you are perceived is interpreted by visible presentation, tone of voice and mannerisms
- Look through the eyes of the people you support – what are the unspoken messages (interested, concerned, caring or too busy, rushed, not within your mandate)
- Fulfilled volunteers become your ambassadors and word of mouth can be the best way to promote programs



**“It can take only one person to recognize a growing need,
reach out and make change.”**

– Service Provider

Useful resources and links



www.farmsafety.ca

Provides up-to-date health and safety information for Ontario farmers.

www.fs4jk.org

A website about the importance of farm safety for children. It includes activities, games and worksheets.

www.childrensinfo.ca

A website offering one-window access to information about provincially-funded services for children, youth and their families in Ontario.

www.ontario.ca/earlyyears

Ontario Early Years Centres are located across the province and provide a range of services for families.

References

- Canadian Agricultural Injury Reporting. (2007). *Fatal and hospitalized agricultural injuries among children and youth in Canada*. Retrieved March 28, 2010, from www.caisp.ca/childrep.html
- Canadian Population Health Initiative. (2006). *How healthy are rural Canadians? An assessment of their health status and health determinants*. Retrieved January 15, 2010, from www.cihi.ca/cihiweb/products/summary_rural_canadians_2006_e.pdf
- du Plessis, V., Beshiri, R., Bollman, R. D. (2002). *Definitions of "rural"*. Retrieved January 15, 2010, from www.statcan.gc.ca/pub/21-601-m/2002061/4224867-eng.pdf
- Farm Safety Association. (2009). *Just for kids*. Retrieved January 15, 2010, from www.farmsafety.ca/pages/children_justforkids.html
- Public Health Agency of Canada. (2005). *The rural THINK TANK 2005 – Understanding issues families face living in rural and remote communities*. Retrieved January 15, 2010, from www.phac-aspc.gc.ca/dca-dea/pubs/rtt-grr-2005/2-eng.php
- Romanow, R. (2002). *Building on values: The future of health care in Canada (chap. 7)*. Retrieved January 15, 2010, from www.phac-aspc.gc.ca/dca-dea/pubs/rtt-grr-2005/2-eng.php
- Statistics Canada. (2005). The rural and small town Canada analysis bulletin: Social engagement and civic participation: Are rural and small town populations really at an advantage? *Rural and Small Town Canada Analysis Bulletin*, 6(4), 1-24. Retrieved January 15, 2010, from www.statcan.gc.ca/pub/21-006-x/21-006-x2005004-eng.pdf
- Statistics Canada. (2007a). Study: *A comparison of urban and rural crime rates*. Retrieved January 15, 2010, from www.statcan.gc.ca/daily-quotidien/070628/dq070628b-eng.htm
- Statistics Canada. (2007b). Study: Home ownership among young Canadians. Retrieved January 15, 2010, from <http://www.statcan.gc.ca/pub/11-008-x/11-008-x2007005-eng.htm>
- Statistics Canada. (2007c). Factors associated with Internet use: Does rurality matter? *The Rural and Small Town Canada Analysis Bulletin*, 7(3). 1-15. Retrieved January 15, 2010, from http://dsp-psd.pwgsc.gc.ca/collection_2007/statcan/21-006-X/21-006-XIE2007003.pdf
- Statistics Canada. (2008). Canada's rural demography (1851 to 2006). *The Rural and Small Town Canada Analysis Bulletin* 7(7), 1-2. Retrieved January 15, 2010, from www.nlreda.ca/content.php?cid=94&nav=100
- Statistics Canada. (2009). *Canadian Internet use survey, Internet use, by location of access, household type, urban or rural distribution*. Retrieved July 15, 2010, from <http://cansim2.statcan.gc.ca/cgi-win/cnsmcgi.pgm>



Best Start: Ontario's Maternal, Newborn and
Early Child Development Resource Centre

180 Dundas Street West, Suite 301, Toronto, Ontario M5G 1Z8

Tel: 1-800-397-9567 or 416-408-2249

Fax: 416-408-2122

beststart@healthnexus.ca

www.beststart.org

best start
meilleur départ

by/par health **nexus** santé

The Best Start Resource Centre supports service providers across Ontario through consultation, training and resources, in the areas of preconception, prenatal and child health. The Best Start Resource Centre is a key program of Health Nexus.