



# the Rural

## THINK TANK 2005

UNDERSTANDING ISSUES FAMILIES FACE LIVING IN RURAL AND REMOTE COMMUNITIES

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The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.

**PROJECT SPONSORED BY:**

Catholic Family Counselling Centre  
(Region of Waterloo)  
400 Queen St. S.  
Kitchener, Ontario  
N2G 1W7  
[www.cfcchelps.ca](http://www.cfcchelps.ca)

Catholic Family Counselling Centre exists so that people find the strength, skills and confidence to deal with life's challenges and opportunities.

**PROJECT COMPLETED BY:**

Community Action Program for  
Children of Waterloo Region  
400 Queen St. S.  
Kitchener, Ontario  
N2G 1W7  
Telephone (519) 749-1229  
E-mail [capc@cfcchelps.ca](mailto:capc@cfcchelps.ca)

Community Action Program for Children of Waterloo Region is a community based partnership of parents, volunteers and service providers who believe:

- Children are an important priority and
- Raising healthy children is a shared responsibility of the community.

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**Rural Think Tank Project Staff**

Waterloo Region Community Action Program for Children

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# Background

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## **COMMUNITY ACTION PROGRAM FOR CHILDREN (CAPC) AND CANADA PRENATAL NUTRITION PROGRAM (CPNP)**

Funded by the Public Health Agency of Canada, Community Action Program for Children (CAPC) provides the resources to community coalitions to deliver programs that promote the health and development of children from birth to age six, who are living in conditions of risk. CAPC recognizes that communities have the ability to identify and respond to needs and emphasizes partnerships and community capacity building.

The Canada Prenatal Nutrition Program (CPNP) is also funded by the Public Health Agency of Canada. CPNP is a comprehensive community-based program for pregnant women facing difficult circumstances that threaten their health and the healthy development of their babies. Services include: food and vitamin supplements, nutrition counselling, education and referrals related to health and lifestyle issues.

Currently, there are 794 projects across Canada – specifically, 464 CAPC projects and 330 CPNP projects.<sup>1</sup>

### **CAPC/CPNP NATIONAL PROJECTS FUND**

The Rural Think Tank was funded by the Public Health Agency of Canada through the CAPC/CPNP National Projects Fund (NPF). The CAPC/CPNP National Project Fund is designed to support time-limited projects, which are national in scope and intended to strengthen CAPC and CPNP projects.

The Rural Think Tank was awarded to Community Action Program for Children of Waterloo Region, whose sponsoring agency is Catholic Family Counselling Centre (Region of Waterloo).

### **PURPOSE OF THIS RURAL THINK TANK**

Rural issues were identified as a priority in a national survey of CAPC and CPNP projects and later confirmed by the NPF Working Group, comprised of the Public Health Agency of Canada (PHAC) program consultants.

This research project was designed to investigate rural issues as they relate to CAPC and CPNP projects specifically and record the experiences of rural and remote CAPC and CPNP projects and the families they serve.

<sup>1</sup> Email Correspondence Public Health Agency of Canada staff, May 2005



#### **RURAL THINK TANK PROJECT GOALS**

To design and facilitate a participatory dialogue with stakeholders in order to understand the issues facing families living in rural and remote communities

To identify the unique role of CAPC/CPNP projects in supporting at-risk families and to highlight successful strategies to address rural issues





Historically, Think Tank sessions have brought together stakeholders of CAPC and CPNP projects from across Canada to further understand specific issues. This process has usually taken place in a large urban area and could only involve a limited number of stakeholders due to logistics.

When planning this project, a deliberate decision was made to speak directly to the people living in rural and remote Canada. By going to the rural and remote communities, more opportunities existed for participation at a grass roots level and provided the participants with a meaningful way to share their experiences.

A National Advisory Committee (NAC) comprised of staff from CAPC and CPNP projects in rural and remote communities was established to guide and support the development and implementation of this research project.

## METHODOLOGY

The Rural Think Tank used participatory action research, to gather information from various stakeholders across Canada.

**A literature review** was conducted to illustrate the current realities of rural and remote Canada. This information was used by the National Advisory Committee to reach a common understanding of key themes and concepts and to identify key questions for the focus groups, web survey and key informant interviews.

**Focus Groups** were organized for program participants, staff and partners to directly offer their personal experiences related to living and working in rural and remote communities.

Seventeen focus groups were held in seven provinces and territories across Canada, in communities ranging in population size from 500 to 15,000 people. A minimum of two focus groups were held in each location, one for CAPC and CPNP program participants and one for CAPC and CPNP staff and community partners. Of the 17 focus groups, 8 involved program participants and 9 involved CAPC and CPNP staff and partners.

In total, 136 people took part in the focus groups, with an even split between participants (68) and program staff and partners (68).

A **web based survey** was developed to obtain a breadth of information from CAPC and CPNP project managers across Canada. The web survey was emailed to all CAPC and CPNP projects and only those projects that self-identified as rural and/or remote were asked to complete the survey. Sites which did not have internet access were faxed a copy of the survey to complete and technical assistance was provided to programs as needed.



In total, 167 surveys were completed; 103 from Anglophone projects and 64 from Francophone projects. All provinces and territories, with the exception of Nunavut, are represented in the survey results.

Finally, representative **key informants** from across Canada, recommended by the NAC, were interviewed to provide a broad understanding of rural and family support issues. A total of 10 interviews were completed.

This report presents a summary of the research findings, organized in the following sections:

- Context
- CAPC and CPNP in Rural and Remote Communities
- Lessons Learned

This report focuses on the most commonly reported issues and should not be considered an exhaustive summary of the issues facing families in rural and remote communities.





# Context

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## RURAL AND REMOTE CANADA

### Rural Population Distribution

Canada is a vast country covering over 9.5 million square kilometers. Of that, 95% of Canada's land mass is considered rural, remote and Northern.<sup>2</sup> In 2001, approximately 9 million people or 30.4% of the total population lived in rural, remote and Northern areas of Canada. However, the proportion of the population living in rural or remote areas varies from region to region, from 19.4% of Ontarians to the entire population of the three territories.<sup>3</sup>

Each rural community is unique in size, population and distance to a major urban centre and each face different social, health and economic challenges.

### Defining Rural and Remote Canada

Canada has no official single definition of what is considered a rural or remote community. Several alternative definitions are used by Statistics Canada for policy analysis purposes. Each definition emphasizes different criteria (population size, commuting distance etc.) and results in different thresholds.

The question seems to be whether “rural” is a geographical concept, a location with identifiable boundaries on a map or whether it is a social representation, a community of interest, a culture, or a way of life.<sup>4</sup>

After reviewing a variety of existing national, provincial and organizational definitions, the National Advisory Committee made the decision to ask CAPC and CPNP projects to self define as a rural or remote project when responding to the survey.

## BENEFITS OF RURAL LIVING

The three benefits most commonly identified in the Rural Think Tank research, from all sources are:

1. Sense of community
2. Sense of security
3. Rural way of life

### Sense of Community

The heart of rural and remote living is found in the “sense of community” that people have. Communities are friendly and “everyone knows you” were common themes expressed by 88% of the Rural Think Tank focus groups. People have a rich history of coming together and supporting each other.

<sup>2</sup> According to the Organization for Economic Cooperation and Development (OECD) definition. It refers to individuals in communities with less than 150 people per square kilometer.

<sup>3</sup> Bath et al. (2003)

<sup>4</sup> du Plessis, Beshiri & Bollman, (2002)



## FROM THE LITERATURE • SENSE OF COMMUNITY

Sense of Community is a feeling that members have of belonging, a feeling that members matter to one another and to the group, and a shared faith that members' needs will be met through their commitment to be together.

**Source:** McMillan & Chavis (1986)



*“Your friends become your family.”*

Participant focus group

All of the key informants also identified the high level of social support as a strength of rural and remote communities. Community problem solving is the usual and expected manner of meeting the needs of residents in that community. This process is one of the main components of a sense of community.

The perception that “everyone knows you” can

impact, both positively and negatively, on people living or working in a rural or remote community.

Focus group participants offered the following general example to describe this situation. You know where to get information and resources, and you rely on the support of your neighbours, however, people of the community also tend to know “all your business”. They know where you go, who you see, and when you do so; which can make confidentiality and anonymity a challenge.

Another issue identified by just under half (44%) of the staff and partner focus groups is the feeling of being under the constant watchful eye of the community.

For example, a nutritionist shared that she felt people were looking in her grocery cart to see what she was buying. Other program staff were conscious of being role models for program participants, especially when they were in the public with their own children. In a small community, it is not unusual to see participants outside of the program, making it sometimes difficult to separate work and family roles.

### Sense of Security

In response to the question “what do you like best about raising your children in a rural and remote community?” 87.5% of the participant focus groups responded that it is a safe place to raise children. Parents said that everyone looks out for your children. Half of the key informants also spoke about the feeling of safety families have in a rural and remote community.

*“It is easier for me to protect my child in a rural community. I know a lot of people.”* Participant focus group

*“We feel safer raising children here.”* Participant focus group



However, there was some discussion in the focus groups about whether a rural and remote community is actually safe or if it just feels safe. This is an important distinction as community members begin to question the reality of the level of safety that exists.

Another theme that emerged from the literature review was the issue of staff safety in rural and remote communities, yet only 22% of the staff and partners focus groups raised issues of personal safety.

In general, staff and partner focus group participants felt secure working in a rural or remote community. Although, when conducting home visits out in the country, some focus groups conceded that staff could face potential risks.

Some programs supply staff with cellular phones, however, in rural areas cellular telephone service may not be reliable and as a result cellular telephones are not always a dependable method of communication.

### Rural Way of Life

Canadian rural and remote communities offer an environment and a 'way of life' that many people aspire to experience, even if it is just for a weekend.

Most of the focus groups (71%) attributed their high quality of life to the natural environment around them and the fact that they live so close to nature.

Another asset that rural and remote communities offer is a slower pace, "but not too slow" as described by half of the focus group participants. They considered rural living to be less stressful, with less noise and less traffic. Despite other transportation issues, focus group participants appreciated that they do not face traffic congestion. A majority (77%) of the focus groups believe that parents have more time to spend with their children and as a family because of these realities.

*"The lifestyle of the rural family is wonderful."* Staff and partners focus group

## FROM THE LITERATURE • MYTHS

Common myths about rural and remote communities include; rural residents are self-sufficient and individualistic; rural areas are cleaner and safer thus ideal places to raise children and finally the concept that rural communities are family-oriented with strong ties among community members. In reality, rural and remote communities are often geographically isolated or have far distances to travel to services and neighbours and thus people are actually more socially isolated in rural areas than the perceived close-knit community that myths perpetuate.

**Source:** Struthers and Bkiemeier (2000)





Focus group participants also talked about how important the rural way of life is for them. The heritage of living off the land, whether farming, fishing, or logging provides a rich resource to the country. This is still an important way of life for participants in many of the focus groups (58%).

These are just some of the reasons, according to focus group participants, why they made the conscious decision to move to, or remain in a rural or remote community to raise their children.

## CHALLENGES OF RURAL LIVING

The challenges most commonly identified in the Rural Think Tank research are:

1. Access to services and transportation
2. Economic and employment realities
3. Food security

Transportation and access to services were the most frequently reported challenges and are closely linked together.

### Access to Service

Access to services is one of the main issues people living in rural and remote areas of Canada face. All parent focus groups and 56% of the staff and partners focus groups, identified access to services as an issue. The main areas noted include access to healthcare, childcare and quality education. Families who live in rural and remote Canada also have limited choice and higher travel costs associated with accessing services.

In a rural and remote community, it can be difficult to maintain anonymity and confidentiality when accessing services. For example, if a woman was to enter a women's shelter the receptionist may be her aunt or a neighbour.

*"Family, friends, and neighbours know your vehicle, see you visit, and feel they have a sense of entitlement to know what you are doing there."* Key Informant

The Romanow report, a national study of the Canadian health care system, concluded that "geography is a key determinant of health" and identifies rural residents as a "special population" subject to an "Inverse Care Law."



### FROM THE LITERATURE • INVERSE CARE LAW

"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"

Source: Romanow (2002)

Context



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## Transportation

The Rural Think Tank research demonstrated an overwhelming challenge of living in a rural and remote community is the lack of transportation and the need to travel great distances for goods and services. This rural fact of life was mentioned in the literature review, by all focus groups, in the web survey, and by all key informants.

The majority of focus groups (88%) recognized transportation as a complex issue. Without a vehicle, transportation alternatives are limited, because there is a lack of public transportation. In some communities, taxis may be available but are often cost prohibitive and only used for a real emergency.

If a family does own a vehicle, it can be very expensive to operate because of geography and the distances travelled. Road conditions in rural and remote areas are often less than ideal. Heavy equipment and trucks used in the forestry and mining industries cause road deterioration, which can be damaging to passenger vehicles. A logging road or a windy seaside road, combined with adverse weather and poor visibility can be dangerous. Finally, many families only own one vehicle and that is “the car that goes to work”.

CAPC /CPNP staff also talked about the effect transportation has on their work and transportation barriers were identified as one of the top three challenges they face working in a rural and or remote community.

Many program staff routinely travel to see clients, often involving considerable time and distance. This determines the number of families that can be seen in a day, which increases the cost to deliver the programs and limits the amount of service offered.

*“You know you’re rural when your mileage cheque is bigger than your pay cheque.”* Staff and partners focus group

## Economic and Employment Realities

Historically, the economy of rural and remote communities was based on primary production, such as farming, mining, logging or fishing. Today, only a minority of employment nationwide is involved in primary production and the farm population is declining.<sup>5</sup> A key informant further explained that existing resource based economies face “boom and bust” cycles.

When asked to identify the overall issues that people face living in rural and remote areas, 80% of the key informants discussed the state of the rural economy and how this impacts people’s ability to find full time jobs that pay well.

*“The ongoing challenges being faced in the agricultural industry are forcing families to make life-changing decisions, in many cases young families are moving away from the farm and in some cases away from the community.”* Key Informant

<sup>5</sup>Fellegi (1996) and Bollman, (2000)





*“When living and working in a close – knit community, the reality is the whole community feels the impact of the economic downswings. Whether it is the local store owner, the movie theatre or the person running the food bank, it is hard not to notice that people are living in poverty.”* Key Informant

Living in a rural and remote area compounds the effects of low income because basic needs are more expensive and there are limited choices. This economic uncertainty and hardship adds to the stress levels for families.

*“Especially if you are poor because you are spending all day taking care of what you have to do if you’re poor. It’s a full day’s job to be poor.”* Participant focus group

*“We are just such a resource based economy – that’s it – it is very polarized here. You’re doing OK or not so good – there is not really a lot in the middle, although there are people who are perceived as being in the middle – I bet there are a lot of those people who four months ago were plush and thought things were great but now that men aren’t working... {local mill closed} When it’s good, it’s good!”*

Participant focus group

### Food Security

According to the World Food Summit (1996), food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.

Two-thirds (67%) of parent focus groups identified food security as an issue, both in terms of quantity and variety of food available.

Food must be transported from where it is produced, often over long distances, which increases the cost and compromises the quality of the food. Parents explained that even some basic foods are hard to get if your child has allergies or requires a special diet. Some parents choose to travel to a larger community to shop for more selection, the prices are lower but there is the time and travel involved, which increases the overall cost.

*“If I want milk I have to go on certain days, because we only get a truck twice a week and usually it is gone by the next day. So I have to go as soon as the truck comes in. Things like that – we don’t have 5 grocery stores to go to.”* Participant focus group

*“Once you buy your groceries, because they are so expensive, you can’t afford to do anything else.”*  
Participant focus group



## WORKING IN A RURAL COMMUNITY

Most (67%) of the staff and partner focus group participants are happy with the work they do in rural and remote communities and stated “they would not change working in [a rural community] for anything”. Staff believed they made a difference in the community, because they could see the immediate effects of their work. Front line staff enjoyed the independence and flexibility to do what is needed for families in the community.

The majority of staff and partner focus group participants (78%) described themselves as a generalist. As a “jack of all trades,” staff fulfill many roles in an attempt to respond to the needs of program participants.

*“I feel like an octopus. We are always running around creating things, even though our job description doesn’t say that... there is a wonderful part about living in a rural area; you can be really creative and you can meet with people and create something really quickly ...”* Staff and partner focus group

A summary of the positives and negatives of working in a rural or remote community, as described by CAPC/CPNP staff and partners is presented in the following chart:



### POSITIVES

- Variety of work, staff are generalists
- Staff feel they make a difference
- Can see the immediate benefits of their work
- Have independence and flexibility
- Can be career advancement due to small pool of workers
- Travel to a variety of places to work
- Enjoy thoughtful times alone
- Scenic environment

### NEGATIVES

- Lack of training opportunities
- Personal – professional life imbalance
- Staff are considered full time role models
- Often work in isolation
- Fewer qualified staff available
- Chronically understaffed
- Lack of competitive wages
- High staff turnover
- Required to travel long distances
- Unpredictable weather and road conditions can be stressful





# CAPC and CPNP

IN RURAL AND REMOTE COMMUNITIES

## PROGRAM BENEFITS

In response to the question, “What is good about the CAPC/CPNP program?” focus group participants identified three main areas:

- The staff who deliver the program
- The content and resources available through the program and,
- The support and advice parents receive from the staff

### Staff

Staff are an important factor responsible for the success of CAPC and CPNP programs according to 94% of the focus groups. Often, participants strongly identify or associate the program with the staff, so it is critical to have individuals who are well-suited to their roles. Programs that have the resources to employ a team benefit from a wider range of expertise and personalities.

The team’s respectful approach to all parents, children, and families sets the tone for building positive relationships. Families talked about how anyone in the office would give you the support needed.

*“The CAPC worker is like the fairy godmother of information.”* Participant focus group

*“If you have a problem you can talk to anyone here and they will do their best to help you.”*

Participant focus group

Surprisingly, only two of the Rural Think Tank focus groups mentioned volunteers and their role in delivering CAPC and CPNP programs. The literature described volunteers as the “fabric of rural communities” and a “great strength to non-profit organizations”.<sup>6</sup>

Over 80% of the CAPC and CPNP rural projects that responded to the web survey acknowledged the use of volunteers in the delivery and management of programs. The number of volunteers ranged from 1 to over 25 per project.

### Content and Resources

Practical resources were identified as an important part of the program according to 88% of the focus groups. Practical supports such as breast pumps, playpens, car seats and food vouchers, are enthusiastically received by parents and caregivers. Frequently in rural and remote communities, CAPC and CPNP projects are the only programs to provide these resources, according to all of the staff focus groups.

*“I find that parents living in rural areas have no access to other supports with parenting and they are really, really appreciative of everything we offer.”* Web survey respondent

<sup>6</sup> The Ontario Rural Council, 2002



CAPC and CPNP programs promote healthy child development, parent education, nutrition education, pre-natal and post-natal supports and offer additional resources. Participants are encouraged to develop links with other parents and with community resources. This was identified as an asset according to 71% of the focus groups.

*“I parent differently because of CAPC.”* Participant focus group

### Support and Advice

The support and advice of staff is a valued part of the program according to 82% of the focus groups. The program creates a welcoming space and provides learning opportunities where people can meet, discuss issues, and learn from each other. Parents appreciated that program staff encouraged them and offered role models for parenting.

The value of peer interaction was also recognized. Almost three-quarters (71%) of the focus groups identified parenting and peer support as a constructive way to help participants find solutions to their daily realities. CAPC and CPNP programs facilitate and nurture relationships between program participants and others in the community, which contributes to a sense of community.

*“My circle is quite big now, because of the groups I have been involved with.”* Participant focus group

The staff and partner focus groups offered a slightly different perspective on the benefits of the programs.

Because the CAPC and CPNP programs are founded on community development principles, the aim is to strengthen the child and the family, and the community as a whole. This philosophy matches the values and principles of rural and remote communities.

*“The objectives of CAPC and CPNP are vital to rural community development and human well-being.”*

Key Informant

This broad mandate, according to 67% of the staff and partners focus groups, allows the flexibility and freedom to meet identified local needs and enables CAPC and CPNP projects to do what works best in the community.

*“CAPC and CPNP gives the allowance and the rural is the how ...”* Staff and partner focus group

Staff and partner focus group participants unanimously agreed that the programs build leaders through empowerment and a community capacity building model. This is important because people must have the skills, knowledge and confidence to meet their own needs before they can meet the needs of their neighbours.





*“When they first come to the program they are overwhelmed. It is nice to see the progression as they are getting on their feet; it’s like “showing them how to fish.”* Staff and partners focus group

Staff are recognized as creative and resourceful, with the talent to stretch resources to maximize the potential for meeting the needs of the community. Many innovative programs are developed when “staff think outside of the box”.

## PROGRAM IMPROVEMENTS

In response to the question, “What could be improved about the CAPC/CPNP program?” focus group participants identified three main areas:

- Building of a program marketing campaign
- Investing in human and physical resources
- Development of a rural funding policy

### Marketing

A marketing campaign was identified by 88% of the focus groups as an important next step to increase awareness of CAPC and CPNP programs. However, participants and staff had different motivations for suggesting this strategy. Participants would like to see more programs available to families, while staff considered marketing important to demonstrate the value of the programs.

Both CAPC and CPNP programs are not necessarily offered together in all communities. Parents felt they were missing out on an important opportunity when they could not take part in both of these programs. Together, they provide continuous service to families with children from prenatal to 6 years of age.

Marketing these programs has the potential of reaching a wider population. This creates a dilemma for the staff as they see the need in the community but recognize that many programs are already functioning at maximum capacity.

### Human and Physical Resources

Another limitation identified by 76% of the focus groups was that the programs were “chronically understaffed and overcrowded.”<sup>7</sup> These issues can compromise the quality of the programs.

The physical environment needs to be conducive to running a parent and child program. Many programs reported overcrowding or operating in less than ideal locations because there were no alternatives. CAPC and CPNP projects attempt to offer additional programs to accommodate more participant groups, in different locations or at different times. Budget constraints often eliminate this possibility.

<sup>7</sup> Focus group participant.



No matter where the program is offered, focus group participants pointed out that it is important to have a communal space in which adults and children can interact with their peers. It is equally important to have a private area for staff to talk with participants. This helps to safeguard privacy and confidentiality, a particular concern in rural and remote communities.

### Program Funding

CAPC and CPNP projects in rural and remote Canada need the continued support of the Public Health Agency of Canada.

All of the staff and partners focus groups felt strongly that rural and remote CAPC and CPNP projects do not receive adequate funding. While CAPC and CPNP projects have been operating for just over 10 years, the funding that projects receive has essentially not changed since 1993. Sufficient and sustainable funding is needed in order to continue to provide the same level of services.

*“I want to do less with more, not more with less.”* Staff and partners focus group

Rural and remote CAPC and CPNP projects face additional expense in administering programs. This includes increased transportation costs and higher heating and utility bills caused by extreme weather conditions. Projects must also be able to offer a competitive wage in order to recruit suitable staff, but also increase the likelihood that they will be retained.

In order to run an effective program, project managers need to have a realistic budget. A realistic budget would take into account the actual cost of program supplies and resources, adequate food vouchers for grocery basics, current equipment, and a competitive wage. According to the focus group participants and key informants, these items cost more in a rural community.

### CONTRIBUTIONS OF CAPC AND CPNP PROJECTS TO RURAL COMMUNITIES

The introduction of the federally funded CAPC and CPNP projects provided the opportunity for the grassroots development of local projects in communities across Canada. This was accomplished through local needs assessments and decision making which lead to the creation of programming specific to the community. This process benefited rural and remote communities in developing programs that reflected the realities of rural communities. Today, parents and community members continue to have a key role in the planning, implementation and evaluation of CAPC and CPNP programs.

The significant role CAPC and CPNP projects play in their communities, as indicated by 100% of key informant interviews, is shaped by the way in which they deliver programs, interact with their participants and partner with



other organizations. In fulfilling these roles, CAPC and CPNP projects and their staff strengthen and support families, create leaders and build community capacity.

The strong sense of community noted in rural communities is a definite asset for community development activities.

CAPC and CPNP programs are dedicated to the healthy growth and development of children and pregnant women and their infants. To achieve this, projects create a support system for parents that include activities like parent and child groups, home visiting programs, transportation assistance, or other practical resources and supports. Participants are also actively encouraged to link with other parents and community resources to reduce isolation and barriers. Across Canada, CAPC and CPNP projects are recognized as innovative, flexible programs that are committed to supporting children, regardless of their cultural, socio-economic or developmental status, to reach their full potential. Projects work in partnership across sectors to avoid duplication and maximize resources. In rural and remote communities, the informal sector including voluntary organizations, faith communities and Aboriginal groups are prominent partners, in addition to other services and businesses that may exist in the community.

Interestingly, the contributions of CAPC and CPNP projects identified in the Rural Think Tank are consistent with the guiding principles for CAPC and CPNP outlined in the original program framework. The guiding principles are:

- Community-based
- Children First (CAPC)
- Mothers and Babies First (CPNP)
- Strengthen and Support Families
- Equity and Accessibility
- Flexibility and
- Partnerships







# Lessons Learned

FROM THE RURAL THINK TANK RESEARCH

## LESSONS LEARNED FROM THE RURAL THINK TANK RESEARCH

Rural and remote communities in Canada have a tradition of being resourceful and self-reliant in order to meet their needs. CAPC and CPNP projects continue this tradition, by mobilizing the community to deliver innovative, successful programs. More importantly, the involvement of residents helps ensure that a “rural lens” is applied and appropriate services are created.

*“Very often rural communities are viewed as very traditional, however, they often need to think creatively to address issues on a local level.”* Key informant

### Community Capacity Building

Focus group participants and key informants emphasized the importance of feeling connected, respected and included in community life. CAPC and CPNP programs contribute significantly to a sense of community, by connecting program participants and the broader community.

Consider the 3 R’s, to learn about your community and the strengths that exist.



### THREE R’S OF COMMUNITY INVOLVEMENT

**ROOTS** What does your community mean to you?

What does it mean to others?

**We heard:**

*“My Grandmother, who was 104 years old when she passed on, told me I always had to know where I came from in order to know where I was going.”* staff and partner focus group

**RESPONSIBILITIES** How involved are you in your community?

Do you know your neighbours and the people you work with?

**We heard:**

*“I can go to the grocery store and get a lot of business done.”* staff and partners focus group

**REWARDS** How does the community benefit from your participation and investment in this community? What are your personal rewards?

**We heard:**

*“I can see the effect of what I do.” “I wouldn’t trade working in rural for anything. I feel that I am making a difference.”* staff and partner focus group



### Other points to consider:

- Trusting relationships and a sense of belonging are important as they can contribute to the development of other initiatives, for example a Rural Watch program.
- CAPC and CPNP projects must be responsive to changing needs and take appropriate approach to changing demographics.
- 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.
- Regular check-ins with stakeholders will assist CAPC and CPNP projects to identify trends in the community and confirm whether their programs are meeting the needs of the community.
- CAPC and CPNP build future leaders in the community through the implementation of an asset based community development approach to family support.
- It is important to have open communication with your community to explore new ideas for improving CAPC and CPNP projects. The Lessons Learned from the Rural Think Tank Research may be a starting point for the discussion.

### Service Delivery Models

CAPC and CPNP project managers were asked why their project is successful in meeting the needs of rural and remote participants. The most common responses create the acronym “GROWS”.



- G**o to where participants are
- R**espect for all participants
- O**ffer the program with no fees
- W**ork to promote healthy child development
- S**hare with and listen to the participants



### Checklist for Successful Program Delivery

- ✓ Flexible
- ✓ Inclusive
- ✓ Affordable or free
- ✓ Build community capacity
- ✓ Build trust in a supportive environment

### Other points to consider:

- The research identified the importance of flexibility in delivering programs. There should be flexibility in how, when and where programs are available. From a community development perspective, flexibility also recognizes the uniqueness and diversity of each situation and responds accordingly.
- Collaboration between CAPC and CPNP and their partners make efficient use of limited resources.
- Building partnerships and networking helps to increase and maintain the level of community support and investment in the projects.
- Networking and relationship building requires time and effort. If there is a conflict among partners, every effort must be made to rebuild the relationship because there are limited options for partnering in rural and remote communities.
- The broad mandate of CAPC and CPNP enables program staff and partners to develop a program that is specific to local needs. Applying a “rural lens”, program staff develop programs that are sensitive to the social, cultural and economic realities of their community. For example, home visiting with participants eliminates a transportation barrier, reduces isolation and improves access to services for families.

### Staffing

Rural Think Tank focus group participants described staff as having certain qualities that contribute to delivering successful programs.



**S**upportive and innovative in delivering services

**T**eam approach to planning and delivering program

**A**pproachable

**F**acilitate leadership development

**F**lexible and a “jack of all trades”



### When selecting program staff consider individuals who:

- ✓ Are passionate about helping rural and remote residents
- ✓ Share their ideas and skills willingly
- ✓ Understand the realities of living and working in a rural and remote community
- ✓ Recognize local skills and build local leaders
- ✓ Think and plan creatively

### Other points to consider:

- CAPC and CPNP staff play an important role in helping to link families to professional services. CAPC and CPNP projects promote healthy child development in all domains – physical, social, emotional and cognitive – and parents respect the judgement of staff. In this role, project staff can be influential in the early identification of potential child development concerns and encouraging and supporting parents to seek help.
- Rural and remote project staff are proud of their work and make an investment in their community.
- The foundation of successful community development and family support programs is strong relationships among all stakeholders. A change in staffing can impact on the progress and development of a program until the new staff person has an opportunity to establish their own relationships. Many rural projects are small projects with few staff and are especially affected by staff turnover.
- Opportunities for staff training and development are limited in rural areas. Ideally, staff would like to participate in training that includes a rural perspective and is relevant to CAPC and CPNP programs.
- Staff must set and maintain personal and professional boundaries because family and work relationships can overlap in a small community.
- It is essential to have the “right person for the job”, someone who is sensitive to rural values and attitudes and creates an atmosphere of trust and respect.



### Concluding Remarks

Strong rural and remote communities are essential to the health and vitality of Canada. The Rural Think Tank research revealed many examples of creativity and innovation that exists in rural and remote communities and in CAPC and CPNP projects.

We found that CAPC and CPNP projects play a leadership role in supporting at-risk families. Access to services is a common challenge for residents in rural and remote Canada. CAPC and CPNP projects deliver needed supports and services to families with young children and create linkages to other services.

We learned that parents appreciate and welcome the support of CAPC and CPNP programs. CAPC and CPNP projects provide families with the skills, information and resources required to ensure children reach their full potential.

An essential lesson learned from this research involves capacity building. An important first step in building parental capacity is to provide a welcoming and nurturing environment, where families can meet, access information, learn and grow together. We learned that CAPC and CPNP projects create caring, non-judgmental environments for children and families.

CAPC and CPNP programs play an important role in developing local leaders by building the capacity of individuals, which subsequently builds community capacity. This research shows that working together as a community is a key strategy to address rural and remote issues. CAPC and CPNP projects have demonstrated success when working as a team with local partners. This helps to build on the strong sense of community found in rural communities.

The Rural Think Tank research shows that rurality is an influential determinant of health and must be taken into consideration when delivering services to at-risk populations.

It is evident that CAPC and CPNP projects must have adequate, sustainable funding to continue to deliver these important programs to families. Projects located in rural and remote areas face higher operating costs than projects in urban areas. Funding models based on population distribution puts rural and remote regions at a disadvantage. Funding policies should consider rural realities and make adjustments accordingly.

The strength, resilience and innovation demonstrated by people living in rural and remote communities can be an inspiration to us all.

Proudly, in partnership with families and community partners, CAPC and CPNP projects are recognized as true leaders in rural and remote communities.





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