Supporting rural seniors' engagement in health research, planning and policies: Findings from a rural cognitive health study

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Background

- Although the need for patient engagement is well-documented, rural seniors' perspectives remain largely absent from health research, planning, and policies.
- As patients, rural seniors face unique health barriers such as limited financial resources, education, public transportation, and access to health and support services (Averill, 2012).
- Since most healthcare services (e.g., medical specialists, diagnostics) exist within urban centres, rural seniors must travel to access services or forego them.
- Effective strategies to support patient engagement with seniors is limited, especially with seniors living in rural communities (Giunta &Thomas, 2015).

Objectives

- Drawing on our community-based health research study focused on rural seniors' cognitive health, this presentation aims to:
 - 1) Identify key strategies for supporting rural seniors' engagement in health research, planning and policies; and
 - 2) Offer insight for new researchers, health professionals and policy-makers engaging in community-based research with rural seniors.

Approach

- Prior to beginning our study, a community advisory team was established to provide local input throughout the research process.
- Memorandum of understanding collaboratively developed with community partners to identify shared goals, responsibilities, and study deliverables.
- Guided by community-based research principles, data were collected through participant observation and interviews with 42 seniors (ages 60+) in rural Saskatchewan (Bacsu et al., 2019).
- Data were compiled and coded using thematic analysis.
- Community workshops held to ensure findings accurately reflected seniors' views.



- Community Relevant- Conducted community-driven research through local collaboration to address the cognitive health concerns of seniors living in rural communities. In-person meetings and workshops held to ensure research resonated within the rural communities.
- Trust & Partnership Building- Established trust by spending time in rural communities, having the same contact-person throughout the study, using face-toface interviews, providing a toll-free telephone number, traveling to rural seniors' homes and mailing thank you cards.
- Flexible Approach- Modifications made to the data collection methods based on rural seniors' suggestions including changing from closed to open-ended interviews and simplifying the study's terminology from "cognitive health" to "brain health".
- Knowledge Translation & Exchange- Developed community-informed knowledge translation and exchange (KTE) activities such as writing local newspaper articles, hand-delivering invitations to events, hosting community workshops, and mailing a biannual Brain Power Newsletter.

Conclusion

- Our strategies to support engagement with rural seniors ranged from using a flexible approach to developing community-informed knowledge translation strategies.
- Only through the development of collaborative research and engagement strategies can we improve equitable access to health services and supports for rural seniors.
- Findings from our study can help to support rural older adults' engagement in health research, planning and policies.











