

Research funding by the Canadian Institutes of Health Research: More rural needed!

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Canada is a huge country with a large rural population. The health of Canadians living in remote, rural and indigenous communities is substantially worse than the general population. In general, rural Canadians are older, poorer and sicker than their urban counterparts. They face more difficult access to health care and have poorer health care outcomes. As documented by Statistics Canada in May 2019, this includes much higher preventable and treatable mortality.¹

Research should play a vital role in policy and planning in rural health-care delivery. Urban-based health research generally does not reflect an understanding of rural realities and often leads to policies, planning, programs and practices that do not work well in rural communities. The Rural Road Map for Action (RRM) Direction 4 recommends: Institute a national rural research agenda to support rural workforce planning aimed at improving access to patient-centred quality-focused care in rural Canada.²

Since 2002, there have been a series of national reviews such as with the

Standing Senate Committee on Social Affairs, Science and Technology³ and the Ministerial Advisory Council on Rural Health⁴ about the status of rural health-care delivery, including calling for expansion in rural, remote, northern and aboriginal health research. While there are some excellent examples of rural health research that has had an impact over the past 20 years, progress seems to have been limited by poor funding and a lack of coordinated support.

The Canadian Institutes of Health Research (CIHR) is the predominant source of health research funding in Canada and usually unlocks matching provincial and other funding. To achieve its mandate under the CIHR Act to improve the health of Canadians and the health-care system through research, the CIHR must effectively address current, future and emerging health issues and challenges for rural Canadians.

How has the CIHR responded to this identified national need for rural health research? The RRM Implementation Committee (RRMIC*) asked the CIHR to conduct a search of its internal database to find out.

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CIHR-FUNDED APPLICATIONS

CIHR has funded a total of 60,378 applications from April 2000 to August 2019 (19.5 years). A total amount of \$19.5 billion has been spent/promised on these applications, equivalent to approximately \$1 billion/year. The search on funded applications looking for the word 'rural' in the research title, or keywords the applicant supplied, found a total of 403 applications that meet this criterion. A total of \$109,624,919 has been spent/promised funding them or approximately \$5,621,791 annually. This equates to approximately 0.67% of CIHR-funded applications and approximately 0.56% of CIHR application funding.

While it could be reasonably expected that funded research applications that were designed to have a major rural component would have the word 'rural' in the title or keyword, it is possible that some did not.

Discussion

Comparing CIHR-funded applications with the situation, in the US (with a similar proportion of population as rural – World Bank statistics: US, 18% and Canada, 19%), the National Institutes of Health funds approximately USD \$294 million or approximately CAD \$391 million per year on rural health research.⁵ This is more than six times as much funding per rural person. In addition, the Federal Office of Rural Health Policy funds rural health research centres and rural health policy analysis initiatives and has funded individual researchers and other research centres.⁶

Unfortunately, the very low level of CIHR funding for rural health research indicates that rural health has been a very low priority for CIHR. This is a serious problem for rural Canada. The 2019 State of Rural Canada, 'We don't know what we don't measure,' notes that the gaps in existing data represent some of the more pressing issues for rural and remote communities.⁷ The CIHR is currently updating its structure and strategic plan for 2020 and this provides an opportunity for positive change.

RRMIC recommends that governments and CIHR prioritise the development of rural health research to play a crucial role needed for evidence-based health-care policy and planning

by governments and health-care organisations to improve the lives of rural Canadians.

This will require focus and funding to:

1. Build capacity for rural research, including innovative rural community-engaged research
2. Develop and support a pan-Canadian Rural Health Research Network
3. Target annual funding for rural health research studies
4. Provide a rural lens to broader studies to ensure that applicability to Canada's rural populations is included in study design and knowledge translation.

Please see the RRM² and Investing in Rural Health: An Economic Stimulus for Canada⁸ for further information.

Canada needs appropriately funded and coordinated rural health research networks with strength in every province and territory. The time to act is now!

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*The RRMIC was established by the SRPC and the CFPC to address rural health-care policies, planning, programs and practice. The RRMIC is composed of senior leaders in the health, education and research sectors. This includes the Canadian Medical Association, Canadian Nurses Association, Indigenous Physicians Association of Canada, Royal College of Physicians and Surgeons of Canada, HealthCareCAN, Federation of Canadian Municipalities, Association of Faculties of Medicine of Canada, Canadian Association of Emergency Physicians, Canadian Association of Physician Recruiters and Canadian Association for Rural and Remote Nursing.

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