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Authors: Amanda Mongeon, Leith Deacon, & Kate Mulligan

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A Conceptual Framework for Governance of Health and Wellbeing in Rural Communities

Amanda Mongeon
University of Guelph
Guelph, Ontario, Canada
amongeon@uoguelph.ca

Leith Deacon
University of Guelph
Guelph, Ontario, Canada
leith.deacon@uoguelph.ca

Kate Mulligan
University of Guelph
Guelph, Ontario, Canada
kate.mulligan@utoronto.ca

Abstract

This paper synthesizes theories and concepts related to rurality, health and wellbeing, and governance to propose a new conceptual framework for researching health and wellbeing in rural communities. The framework emphasizes positive framing of health and wellbeing; the influence of governance concepts; considering impact of decisions on diverse populations; responding to change through resilience, adaptation, and transformation; fostering creativity and collaboration; maintaining a focus on health; and ongoing capacity building.

Keywords: rural, health, governance, wellbeing, social-ecological model

Un cadre conceptuel pour la gouvernance de la santé et du bien-être dans les petites communautés ou les communautés rurales

Résumé

Cet article synthétise les théories et les concepts liés à la ruralité, à la santé et au bien-être et à la gouvernance afin de proposer un nouveau cadre conceptuel pour la recherche sur la santé et le bien-être dans les petites communautés rurales. Le cadre met l'accent sur le cadrage positif de la santé et du bien-être ; l'influence des concepts de gouvernance ; tenir compte de l'impact des décisions sur diverses populations; répondre au changement par la résilience, l'adaptation et la transformation ; favoriser la créativité et la collaboration; maintenir l'accent sur la santé; et le renforcement continu des capacités.

Mots clés : rural, santé, gouvernance, bien-être, modèle socio-écologique

1.0 Introduction

Understanding health and wellbeing requires a transdisciplinary, systems approach (Choi & Pak, 2006; Ellis, 1995; Lang et al., 2017; Lawrence & Gatzweiler, 2017; Lotz-Sisitka et al., 2015; Ramadier, 2004). This paper presents a conceptual framework for governance for health and wellbeing in rural communities (herein referred to as ‘rural’), exploring theories, concepts, and relationships between rurality, health, and governance. While previous models have addressed community wellbeing (e.g., Caldwell et al., 2015; Kee et al., 2015; Ramsay & Smit, 2002), this paper contributes by incorporating social and political contexts of health and rurality, examining often unexplored concepts, and adopting a system-of-systems approach to rural health governance. It is important to note that this framework does not apply to Indigenous governance structures, recognizing the importance of using appropriate theoretical and research approaches with Indigenous communities.

2.0 Theories and Concepts of Rurality, Health, and Governance

2.1 Rurality

Rurality is a contested concept, varying across communities and viewed from social and geographical perspectives (Bollman & Reimer, 2019; Cloke, 2006; Halfacree, 1993; Hoggart, 1990; Murdoch & Pratt, 1993; Nelson, et al., 2021; OECD, 2020; Woods, 2011) that are complex and evolving (Afifi et al., 2022; Kevany & Fromstein, 2019). Halfacree (1993) suggests understanding rurality through social representation, based on the ways in which people within communities understand their own rurality. Rural communities can also be considered complex socio-ecological systems due to their close connection to the natural environment (Berkes & Ross, 2013). These diverse representations, complex histories, and ties to nature all support the need for place-based governance tailored to each community’s unique qualities. Table 1 presents key concepts and works cited in relation to rurality, showcasing their significance to the topic, interconnectedness with other explored concepts and opportunities and constraints for promoting health and wellbeing.

2.2 Health

Health and wellbeing are often used without a clear sense of their meaning; related concepts are presented in Table 2. Salutogenesis, asset-based approaches, and wellbeing share key ideas and support a positive framing of health while also corroborating other concepts such as the social-ecological model and determinants of health. Salutogenic theory presumes living systems to be “*inherently* flawed, subject to unavoidable entropic processes and unavoidable final death” (Antonovsky, 1996, p. 13), in contrast to the pathogenic orientation that presumes health as a default and focuses on factors that negatively influence it (Antonovsky, 1996). This affirmative theory of health suggests that every person is situated somewhere on a continuum of health and focuses on health-promoting factors, providing actors something to build, rather than only something to avoid. In salutogenesis we can intervene at the population level to move the population towards the health end of the continuum.

Table 1. *Summary of Theories and Concepts Related to Rurality*

Theory or Concept	Key Points	Implications for health and wellbeing in rural communities	Opportunities, Constraints	Works Cited
Rurality	No single definition; not simply understood in contrast to urban.	Use a constructivist approach to determining rurality, focus on size of local government; governance in rural communities is less resourced than in larger ones.	A rurality lens in governance promotes community-compatible approaches and structures.	Afifi et al. (2022) Bollman & Reimer (2019) Cloke (2006) Halfacree (1993) Hoggart (1990) Kevany & Fromstein (2019) Murdoch & Pratt (1993) Nelson, et al. (2021) OECD (2020)
Social-Ecological Systems and Complexity	Reflect the multiple levels at which health and wellbeing are determined: individual, social, and environmental; recognition of complexity of systems that interact with and/or are embedded within one another; helpful in appreciating the links between humans and ecosystems	Useful for rural communities because of close relationship to natural environment; helps integrate ecological determinants of health.	Treating rural communities as complex social-ecological systems integrates natural resource management, recreation planning and other activities that relate to the natural environment into governance, linking them to health and wellbeing. Siloed governance structures can hinder a community's ability to support its health and wellbeing and that of the natural environment.	Anderies et al. (2004) Berkes & Ross (2013) Buse et al. (2022) Chaffin, et al. (2016) Folke, et al. (2002) Lang et al. (2017) Macintyre et al. (2018) McLeroy et al. (1988)

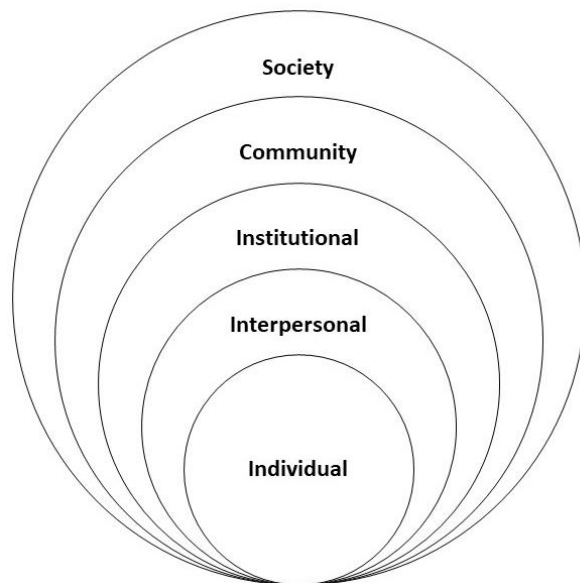
The asset-based approach to health is also positively framed (Van Bortel et al., 2019) and can be used at multiple levels of the social-ecological model, described later (Perez-Wilson, et al., 2021). It emphasizes assets such as (a) resilience; (b) self-esteem; (c) sense of purpose and commitment to learning, family and relationships or supportive networks; (d) intergenerational solidarity; and (e) community cohesion, among many others (Perez-Wilson, et al., 2021; Van Bortel et al., 2019), focusing on how health can be “co-created rather than how it can be fixed” (Van Bortel et al., 2019, p. 9) and distributing responsibility for the health system to the various stakeholders who can impact it, directly and indirectly.

Wellbeing also supports the basic hypothesis of salutogenesis, philosophically rooted in notions of flourishing and achieving one’s potential (Corbin et al., 2021) and understood as a balance between the resources an individual can access, and the challenges faced in their daily life (Dodge et al., 2012).

Health is also culturally defined. Indigenous health, for example, is affected by determinants that may differ from non-Indigenous populations due to social, economic, and political history and ongoing colonial influences (National Collaborating Centre for Aboriginal Health, 2013). The Medicine Wheel is a holistic model depicting dimensions of health among Indigenous peoples in Canada; it also considers health as more than an absence of disease (King, Smith, & Gracey, 2009). This model speaks to health as requiring balance among physical, emotional, spiritual, and mental domains, as well as within one’s family and community; connection with the land is also a key component of health as are identity, culture, and language (King et al., 2009).

The social-ecological model (see Figure 1) helps us appreciate the various levels at which health and wellbeing are determined (McLeroy et al., 1988); the character and resiliency of these environments influence the health of the people within them. This model also creates a framework in which to understand additional health concepts such as determinants of health and health equity.

Figure 1. Social ecological model of health.



Adapted from McLeroy, Bibeau, Steckler, & Glanz, 1988

Determinants of health include political, social, cultural, and natural environment factors, as well as historical influences like colonialism and racism (Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas, 2019; Corbin et al., 2021). These structural forces are linked to ecological (Canadian Public Health Association, 2015; Hancock, 2015), social (Braveman & Gottlieb, 2014) and commercial determinants of health (McHardy, 2021): ecosystems whose boundaries have been surpassed by human activity, social and socioeconomic such as income, housing, working conditions, and education and private sector-driven strategies that affect health. In rural communities, industries like, (a) tobacco, (b) alcohol and cannabis, (c) processed food, (d) mining, (e) gambling, and (f) fossil fuel impact health (McHardy, 2021), as do environmental factors and hazards (Buse, et al., 2022; Veitch, 2009).

Improving health for everyone requires tailored and often intensified approaches for disadvantaged populations (Braveman, et al., 2018), noting that decisions that appear to be in the best interest of some can sometimes negatively impact others (Holahan & Lubell, 2016), widen equity gaps or impact shared resources that affect people other than the decision-maker.

Health literacy plays a crucial role in shaping individuals' understanding of their role as patients, potential disease risks, and citizens with agency in shaping their community (Freedman, et al., 2009; Sorensen, et al., 2012). With knowledge about the complexity of health, actors can better participate in effective governance (de Leeuw, 2017). Ecological literacy is also vital for understanding connections between ecosystems and human health (Orr, 1992, pp. 85–96). Local ecological knowledge enhances social-ecological resilience (Folke, et al., 2002) while traditional ecological knowledge, also called Indigenous Knowledge, is integral to ecosystem wellbeing, requiring approaches that emphasize self-determination and opportunities for land-based learning (Latulippe & Klenk, 2020). Table 2 presents concepts related to health and wellbeing.

2.3 Governance

Health requires “peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice, and equity” (World Health Organization [WHO], 1986, p. 1), all of which fall outside the health sector (de Leeuw, 2017) and need to be addressed using an intersectoral approach (de Leeuw, 2022). Table 3 introduces related governance concepts.

Government plays a significant role in shaping levels of the social–ecological model through public policy, plans, programs and services and governance involves diverse actors collectively influencing these structures. Communities govern and support the physical and legal structures that support human settlements (Burris & Lin, 2021) and the way we collectively govern these settings is how we create health. Lack of appreciation of how decision-making impacts health, wellbeing and equity can lead governments to have negative impacts on the populations they serve (Burris & Lin, 2021).

Table 2. *Summary of Theories and Concepts Related to Health and Wellbeing in Rural Communities*

Theory or Concept	Key Points	Implications for health and wellbeing in rural communities	Opportunities, Constraints	Works Cited
Salutogenesis	Positive-framed; every person on a continuum of health with potential to improve; key concepts include sense of coherence, generalized and specific resistance resources; assumes change	Health is influenced by factors that play out in local communities; everyone can benefit from health promoting interventions	Despite its potential for health promotion, this theory is often overlooked in policy and practice and overshadowed by the pathogenic model. Creating a shared understanding of the salutogenic theory can enhance recognition of intervention opportunities as well as interventions themselves. This theory aligns with concepts of resiliency, adaptation and transformation discussed below.	Antonovsky (1979; 1987; 1996) Eriksson (2022) Mittelmark & Bauer (2022) Perez-Wilson, et al. (2021)
Asset-Based Model	Positive-framed; distributes responsibility for health to multiple actors; acknowledges multiple domains' influence on health; focus on social capital	Can be acted on by multiple actors, in multiple domains	Asset-based approaches are commonly used in public health practice to shape interventions and community planning. Building on asset-based approaches may help to increase understanding of salutogenic theory and/or increase governance for health at the community level.	Morgan (2014) Perez-Wilson, et al. (2021) Van Bortel et al. (2019)
Wellbeing	Positive state achieved through a balance between one's resources and challenges; influenced by social and ecological factors and by one's environment	Intervention needs to include attention to the environment and to levels beyond the individual	Pairing wellbeing with health supports a more complete target for governance. Wellbeing is also well aligned with salutogenesis.	Corbin et al. (2021) Dodge et al. (2012) Fisher (2019)
Indigenous Health and Wellbeing	Affected by social, economic, and political history tied to ongoing colonial influences; holistic approaches; health as balance among physical, emotional, spiritual, and mental domains, and among family and community; emphasis on connection with land, identity, culture, and language	Promoting health and wellbeing among Indigenous populations requires appreciation that they are not universally defined concepts	Colonialism's legacy hinders health and wellbeing. In Canada, the Truth and Reconciliation Commission's Calls to Action and the Final Report of National Inquiry into Missing and Murdered Indigenous Women and Girls' Calls to Justice outline steps for governance actors to alleviate harm and promote for Indigenous communities' health.	King et al. (2009) Bohensky & Maru (2011) Latulippe & Klenk (2020) National Collaborating Centre for Aboriginal Health (2013)

Table 2 continued

Social-Ecological Model	Recognizes that health is shaped by complex social and environmental factors at multiple levels of society	Draws attention to multiple levels at which governance can manifest	Complements social-ecological systems approach discussed in other disciplines	Buse et al. (2022) McLeroy et al. (1988)
Determinants of Health	Conditions that determine the health of people, e.g., structural, ecological, social, and commercial	Require system-level intervention	Siloed governance structures and neo-liberal approaches emphasizing individual responsibility fail to address determinants of health. Low voter turnout and inadequate representation further undermine efforts in this field.	Braveman & Gottlieb (2014) Corbin et al. (2021) Hancock (2021) McHardy (2021) Veitch (2009) WHO (1986)
Health Equity	Many people are disproportionately affected by systemic obstacles to health	Interventions must be tailored and intensified for some groups of people; interventions must also consider equity implications to avoid worsening conditions for some or benefitting only those who are already well served by the system	Applying a health equity lens to all aspects governance can have a positive impact on health and wellbeing.	Braveman, et al. (2018)
Health Literacy	Personal knowledge and competencies to support health in its multiple domains	Not only applicable to one's own health; actors' roles and decisions that impact others will be influenced by their level of understanding of health	Building health literacy may increase the ways in which health and wellbeing are considered in governance. Health literacy can be fostered through ongoing learning at all levels of the social-ecological model.	de Leeuw (2012; 2017) Folke, et al. (2002) Freedman, et al. (2009) Orr (1992, pp. 85–96) Sorensen, et al. (2021)

Theoretical perspectives highlighted in the table, such as narrative and interpretive theory, social systems theory, and evolutionary governance theory, highlight the complexity of governance. It is context-specific, dynamic, and influenced by the people and experiences involved. Individuals within these systems can act independently and as part of the systems in which they are embedded (Van Assche et al., 2014). In rural communities, this complexity is evident in dynamics such as urban-to-rural migration, economic diversification, and cultural changes that impact local governance (Cloke, 2006).

In the legislative context, formal roles in local governance are assigned and influenced by factors such as current policy contexts, past decisions, personal history, values, and power relations (Van Assche & Hornidge, 2015). In rural communities, individuals often take on multiple roles which can limit the diversity of perspectives and values. Policy networks and expert groups, with varied local knowledge, are often included in formal governance to shape both policy direction and implementation (Bowen & Zwi, 2005; Jordan et al., 2005;). Local governments can enhance the diversity of perspectives and depth of knowledge by engaging informal actors who have important influence on governance (Burriss & Lin, 2021; 2015).

In the context of local governance in rural communities, organization theory helps understand how actors are positioned within municipal governments, and how the design and composition of municipal departments can influence the framing and approach to various topics (Egeberg et al., 2016). Factors such as staff turnover and small staff complements in relation to number of elected officials, which often change with election cycles, can disrupt path dependencies, actor interdependencies and goal dependencies (Van Assche & Hornidge, 2015). These dependencies and interdependencies may manifest differently in smaller communities than they would with larger and more stable municipal staffing structures and historical knowledge.

Multi-level governance recognizes that policy is made at various levels but is implemented largely at the local level (Burriss & Lin, 2021). In promoting the health of communities, local governments can collaborate with other actors to advocate for the implementation of policies and governing tools such as taxation, labelling and availability, at provincial and federal levels (McHardy, 2021). Given that various policy-related factors including social, ecological, and commercial determinants shape health, the question of how local governance can effectively participate in multiple levels of governance becomes crucial.

While government has ultimate authority to implement policies, plans, programs and services, governance involves a range of actors who can employ both binding and voluntary measures to validate or enforce government actions. The success of these measures depends on the specific context and when implemented with broad consensus, laws that regulate behaviour, shift norms, and address commercial determinants of health can have a lasting effect (Burriss & Lin, 2021; McHardy, 2021).

Underlying the tools and structures of governance are forces, often under the surface, that shape decision-making, including power, deliberation, risk, and accountability. Power plays a significant role in rural communities, where expertise and perceived best practices can wield influence in decision-making, often reflecting unarticulated biases and inequities in knowledge creation,

access, type, and who has access to resources to become experts (Haugaard, 2016; Bohensky & Maru, 2011). The societal prioritization of material wealth has contributed to widening equity gaps, threatening community well-being, and undermining multi-dimensional value systems that fostered belonging and identity (Van der Leeuw, 2018). Consequently, those with more power may use their influence to maintain power and protect their interests (Geels, 2020). Recognizing the legacy of power and its impact on diverse populations as well as understanding how governance perpetuates power relationships is integral to governance aimed at promoting wellbeing (Bourke et al., 2012). Addressing issues of colonialism, systemic racism, and power imbalances requires working within these power relationships to foster new relationships, change problematic practices, and promote inclusivity (Latulippe & Klenk, 2020). Democratic participation can help reintroduce a diversity of values into communities (Van der Leeuw, 2018) but it is often limited by structural factors such as first-past-the-post elections and by low voter turnout in many jurisdictions.

In governance roles, individuals are tasked with estimating, evaluating, and managing risks, as well as monitoring and controlling them (Klinke & Renn, 2012). However, the types of risks prevalent today, such as those related to climate, health, and the economy, pose significant challenges for local communities. These risks and their consequences transcend geographical borders, unfold over the long term and are increasingly complex and hard to predict (Beck, 2006).

Accountability is a significant force in governance especially in rural communities where individuals can hold multiple roles and represent various interests. Elected officials and other formal actors have explicit accountability to the electorate but for informal actors, accountability is often assumed and unspoken. Experts are expected to be accountable within their institutions or professional bodies (Goodin, 2003) and other actors representing community groups and organizations may primarily feel accountable to their respective organizations rather than to the public (Papadopoulos, 2016).

To be effective, governance relies on knowledge and learning of various types such as behavioural, cognitive, science-oriented, or policy-oriented (Macintyre et al., 2018; Geels, 2020). Social learning, “learning in and with social groups, through interaction, leads to new knowledge, shared understanding, trust, and ultimately, collective action” (Lebel et al., 2010, p. 334). It is essential for adaptiveness, resilience and transformation, enabling communities to respond to environmental reduce vulnerability (Imperiale & Vanclay, 2021). However, social learning is often overshadowed by scientific learning, leading to an overly technocratic perspective on complex issues such as climate change (Bruckmeier, 2016, pp. 385–398).

Deliberation then becomes an important process to integrate various types of knowledge into decision-making. It involves active participation, articulation, listening, and reconsideration of positions as information evolves, with the aim of reaching consensus and agreement on the way forward (Obert, 2016). The sincerity and openness of participants, as well as the potential influence of power, process, and context can support or hinder genuine and inclusive deliberation. Generating, disseminating, and using knowledge about the complex topics of health and wellbeing are ongoing and essential to effective governance (de Leeuw, 2017; Burris & Lin, 2021) and which develop and evolve time

(Bowen & Zwi, 2005). Self-reflection is also a critical element in fostering transformation and transdisciplinarity (Popa, Guillermin, & Dedeurwaerdere, 2015), and it should be regularly practiced by actors alongside and as part of their deliberative practices.

The concepts of social learning and deliberation, influenced by the forces discussed above, bring us to transformative learning, a deep and self-reflective form of learning that can lead to changes in how individuals think, feel, relate to and act in the world; it is considered necessary for effective engagement in issues of sustainability (O'Sullivan, 1999; Pisters et al., 2020) which makes it equally necessary for governance of health. Table 3 presents theories and concepts related to governance in rural communities.

2.4 Rural Governance for Health in the Context of Disruption

Governance systems must respond, adapt and transform to meet system needs (Chaffin, et al., 2016). Resilience, especially in ecology, is crucial for withstanding change (Folke, et al., 2002). Resilience can be fostered at various levels including the built environment, individuals, organizations (including local government organizations and others), and the local economy (Berkes & Ross, 2013; Morton & Lurie, 2013). Community resilience involves social processes that enhance wellbeing and address shared risks and challenges (Imperiale & Vanclay, 2021). However, true community wellbeing requires communities to change, adapt, and transform in response to stresses and inequities (Davoudi, 2012). The COVID-19 pandemic, for example, highlighted inequities to which bouncing back, in the more traditional view of resilience, would be irresponsible. Systemic inequities that repeatedly call on some groups or individuals to demonstrate resilience may in some cases be better overturned (Chaffin, et al., 2016; Davoudi, 2012; Mulligan, 2022; Porter & Davoudi, 2012; Van Assche, et al., 2020). Transformative governance enables intentional and significant changes, challenging power dynamics, economic systems, and institutions. It is shaped by actors' ability to imagine and challenge dominant structures, legislative frameworks, institutions and structures, and previous experiences with adaptive governance (Chaffin, et al., 2016).

3.0 Conceptual Framework: Governance for Health and Wellbeing in Rural Communities

The framework depicted in Figure 2 captures key concepts and considerations for governance of health and wellbeing in rural communities. It acknowledges the influence of context, actors, and forces on governance, drawing on narrative and interpretive theory.

Table 3. *Summary of Theories and Concepts Related to Governance in Rural Communities*

Theory or Concept	Key Points	Implications for health and wellbeing in rural communities	Opportunities, Constraints	Works Cited
Narrative and Interpretive Theory	Approaches informed by individual perspectives; highly situation-dependent; assumes change	Governance is pragmatic and varies according to those involved and their experiences; change is normal.	Understanding governance as largely informed by the perspectives of actors creates opportunities to explore and adjust at the local level. Accepting and expecting change as normal aligns with theories of resilience, adaptation, and transformation.	Folke, et al. (2002) Turnbull (2016)
Social Systems Theory and Evolutionary Governance Theory	Social systems are shaped by their own dynamics and experiences and those around them; governance systems are a product of evolution, the people & institutions involved, & histories and values	Governance is context specific.	Viewing governance as a system creates opportunity to build understanding by exploring components (sub-systems), the forces that influence them, and the ways in which these components relate to one another.	Burris & Lin (2021) Van Assche et al. (2014) Van Assche & Hornidge (2015)
Actors: Formal and Informal	People who influence decision-making; can be formally or informally linked to one another and to decision-making processes; roles evolve	The identities and experiences of actors can shape decision-making, including who benefits; promoting diversity and equity in governance can improve outcomes. In rural communities, actors are likely to play various roles, both formal and informal.	Actors are essential to governance; investing in their participation, learning and ongoing reflection may deeply influence the effectiveness of governance while supporting health and wellbeing.	Bowen & Zwi (2005) Burris & Lin (2021) Jordan et al. (2005) Van Assche & Hornidge (2015)

Table 3 continued

Organization Theory	As organizations, municipal governments' capacity is influenced by design and makeup of departments	Rural communities have small municipal organizations, which can impact their capacity to govern for health and wellbeing; departmental divisions within municipalities can help or hinder their ability to govern for health and wellbeing; staff and leadership turnover may have a greater impact than in larger centres.	Rural community governments can benefit from working collaboratively with others to develop effective and appropriate interventions for their communities and the stability that may not be present in local governance structures may be found in community.	Egeberg et al. (2016)
Intersectoral Governance	Working across sectors of society, or more optimally, viewing governance as a web of actors (formal and informal) and organizations	Because health and wellbeing are affected by so many factors, they need to be addressed by multiple sectors working in a coordinated or integrated way.	Where governance structures do not lend well to intersectoral work, efforts to work across sectors can be slow and require additional effort. Complex interventions such as those addressing health and wellbeing may be particularly affected by these structural barriers.	de Leeuw (2017; 2022) World Health Organization (1986)
Multi-Level Governance	Multiple levels of government and non-government actors sharing jurisdiction; policy is informed, passed, and implemented at different levels	Consequences of most decisions made by multiple levels of government play out at the local level; tension arises when local communities are not adequately resourced to respond; actors can advocate for decision-making at higher levels to consider local implications.	Rural local governments can benefit from knowledge, expertise, and project-based funding from regional organizations (e.g., local public health agencies) as well as regional and federal government leadership on issues relating to health and wellbeing. They may also experience human resource and financial barriers to implementing interventions (including policies) recommended by other levels. Rural governments may benefit from specific support from other levels of government and institutions to address their unique needs.	Burriss & Lin (2021) de Leeuw (2017) McHardy (2021) Wilson (2004)

Table 3 continued

Power	Can be held by some actors over others; people often use power to maintain status quo and protect self-interest; tied to ongoing colonialism and system racism	Power imbalances at individual and structural levels must be acknowledged and overcome to address determinants of health and health inequities	Addressing power structures is essential to improve health and wellbeing, particularly inequities; actors can build awareness of power imbalances and of their impact while aiming to shift the balance of power.	Bohensky & Maru (2011) Geels (2020) Haugaard (2016) Latulippe & Klenk (2020) Van Assche & Hornidge (2015) Van der Leeuw (2018)
Risk	Understood in terms of complexity, probability of undesired outcomes; tendency to individualize response	Both action and inaction among decision-makers carry risk; perceptions of risk can impact actors' decisions; communities need to govern for risk mitigation; mitigation can be supported with resiliency, adaptation, and transformation	Broadening types of risks being considered to include chronic diseases and poor mental health may help to reframe risk dimensions of decision-making. Health and ecological literacy may improve the ability to do this effectively.	Beck (2006) Renn & Klinke (2016)
Deliberation	Type of decision-making involving articulating, listening, and reconsidering positions as information evolves	Fostering deliberation that considers power, process and context will improve outcomes.	Digital inequity and shifts in structures supporting social cohesion such as religious groups and service clubs may impact the ability of actors in rural communities from participating in decision-making, limiting the efficacy of deliberation.	Obert (2016)
Accountability	Accountability for one's position and role can vary among formal and informal actors, may be assumed to exist when it does not, and those to whom actors are accountable may vary (i.e., to an organization vs. to the public)	Being mindful of the impact of and assumptions related to accountabilities can improve governance.	Demonstrating and being transparent about accountability may help to normalize doing so, prevent false assumptions, clarify interests, and build trust among actors.	Goodin (2003) Papadopoulos (2016)

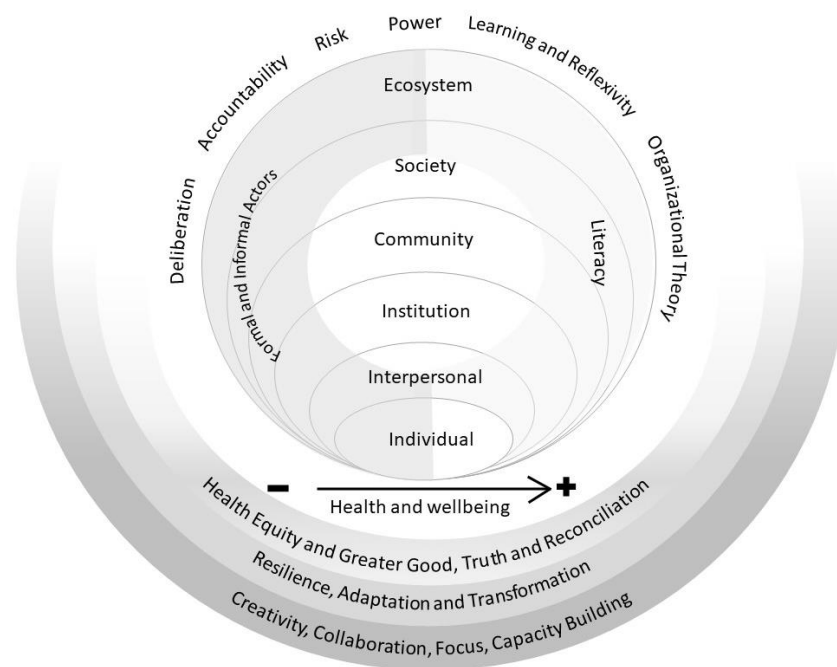
Table 3 continued

Learning	Multiple types: behavioural, cognitive, science-oriented, policy-oriented, organizational, social, transformative, transgressive; tied to decision-making, effective practice, change and environmental sustainability	Ongoing learning in multiple domains is essential for effective and appropriate decision-making and response to disruption.	A culture that embraces ongoing learning may increase actors' ability to adapt and transform in the context of change and disruption; support for this culture can come from various actors and institutions.	Bowen & Zwi (2005) Bruckmeier (2016. pp. 385–398) de Leeuw (2017) Geels (2020) Imperiale & Vanclay (2021) Lebel et al. (2010) Macintyre et al. (2018) Mulligan (2022) O'Sullivan (1999) Pisters et al. (2020) Popa et al. (2015)
Hard and Soft Governing Tools	Legally binding, authoritative (hard) or voluntary, can be put in place by non-government actors (soft).	Efficacy is influenced by context, especially history and culture; harder tools can create social norms and protect health; may be strong ethical implications to policy if not everyone has resources to comply with measures.	Collectivist societies may more successfully use soft governing tools; where society is more individualistic, harder tools may be required yet met with resistance.	Blomqvist (2016) Burris & Lin (2021) Jordan et al. (2005) McHardy (2021)
Collective Action Theory	Decisions that benefit some stakeholders may negatively impact the broader collective or some groups who may not have the ability to influence	Relates to health equity, where decisions that benefit some may adversely impact others. It also relates to ecological health.	Decision-makers can maintain awareness of those affected by decisions and foreground work to benefit health and wellbeing in a broad sense. Social connectedness may also support actors' interest in supporting decision-making that benefits the community overall.	Holahan & Lubell (2016)

Table 3 continued

Resiliency, Adaptation and Transformation	Resilience supports withstanding disruption; adaptation supports adjusting to better weather disruption; transformation involves learning and change into something better	Necessary for promoting and protecting health and wellbeing in the context of change or disruption e.g., related to climate change	Rural communities have few formal social supports in place to mitigate the impacts of disruption on populations; investing in community cohesion can help communities better withstand the impacts of disruption. Anticipating change, learning from past experiences, and addressing structural inequities can help mitigate the impacts of ongoing change. Rural communities are impacted by a variety of forces, changes, and responses.	Bruckmeier (2016, pp. 385–398) Chaffin, et al. (2016) Davoudi (2012) Folke, et al. (2002) Imperiale & Vanclay (2021) Lotz-Sisitka et al. (2015) Mulligan (2022) Morton & Lurie (2013) Pisters et al. (2020) Porter & Davoudi (2012) (Ramsay & Smit, 2002) Van Assche, et al. (2020) Van der Leeuw (2018)
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Figure 2. Conceptual framework of governance for health and wellbeing in rural communities.



The model can be understood in five sections:

1. *Positively framing health and wellbeing, at multiple levels.* The framework highlights core concepts of health and wellbeing, with the ecosystem integrated into the social ecological model. It depicts health and wellbeing on a continuum, manifested at multiple levels alongside health and ecological literacy. The framework emphasizes the role of actors in governance, operating at different levels that can influence policy, plans and programs. Each level is nested within those above it but activities at any level have the potential to impact any of the other levels. This framing supports the consideration of locally and culturally determined interventions, goals, and measures.
2. *Key governance concepts shape decision-making to impact health and wellbeing.* The first ring highlights concepts (deliberation, accountability, risk, etc.) that influence decision-making in rural community governance. Drawing on interpretive and evolutionary governance theories to recognize the individual perspectives and experiences that shape governance roles, bringing these concepts to the forefront can enhance health-promoting decision-making. Informal governance occurs at all levels while formal multi-level and intersectoral governance structures exist primarily at the institution, community, and societal levels of the social-ecological model.
3. *Governance for health considers its impacts on various populations.* Foregrounding health equity, the greater good, and truth and reconciliation benefits the entire community and helps to address potential biases that prioritize certain interests over others. These are shown in the next ring.

4. *Governance involves response to ongoing change and disruption through resilience, adaptation or transformation.* By considering disruption to be a normal way of being, actors can work to reduce vulnerabilities and support positive change that reduces the impact of disruption. This is presented in the second-to-outer ring.
5. *Governance for health in rural communities calls for creativity and collaboration, focus on health and ongoing capacity building.* In rural communities, governance faces challenges due to competing interests, limited formal capacity, and diverse informal capacity. This makes it challenging to address important issues that may appear to be non-urgent or non-essential. To govern for health in rural areas, there is a need for sustained focus on health, as well as creativity and collaboration to understand decision impacts and drive initiatives forward. These are reflected in the outer ring.

4.0 Conclusion

This paper integrates transdisciplinary and systems approaches by assembling ideas from several disciplines (each one—rurality, health and governance—a complex, system concept) to propose a conceptual framework for promoting health and wellbeing in rural communities. This framework emphasizes the interplay of rurality, health, and governance, highlighting the importance of positive framing, multiple levels of influence, and the role of local governments. It acknowledges the forces of governance, such as paths, risk, power, accountability, learning, and reflexivity. The framework emphasizes the need for health equity, resilience, adaptation, and transformation, considering the unique challenges and strengths of rural communities.

This framework aligns with global policy documents (OECD, 2020; WHO, 2021; Commission of the Pan American Health Organization on Equity and Health Inequalities in the Americas, 2019; United Nations Office for Disaster Risk Reduction, 2015) and various pandemic recovery frameworks (Just Recovery, 2022; Keesmat, 2020; MacArthur et al., 2020; Public Health Ontario, 2022; Canadian Rural Revitalization Foundation, 2021; Mulligan, 2022; Public Health Agency of Canada, 2020). Future work could apply this framework and seek to identify meaningful ways to measure community health to support effective governance. Feedback and improvement of the framework are encouraged to advance understanding of governance for health and wellbeing.

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