Dr. C. Stuart Johnston, MSc (Civil Eng), MB, ChB, FRRMS. Director, Rural Coordination Centre of BC. Clinical Associate Professor, Department of Family Practice, UBC.

I have an Irish and Scottish cultural background, but grew up in Southern Africa before moving to South Africa to complete a Masters in civil engineering and later a medical degree at the University of Cape Town. After working in South Africa and New Zealand as a family physician, I moved to British Columbia (BC), Canada. I have lived and worked in small rural communities here for the past 29 years. During this time, I have provided primary care, surgical and maternity care and flown into remote Indigenous communities to provide health care both in BC and North of the Arctic circle in Nunavut. As a Clinical Associate Professor in the Department of Family Practice at the University of British Columbia I have been involved with teaching medical students and Residents. For the past 20 years I have worked within provincial organizations (the JSC and RCCbc) that are dedicated to improving rural health care in BC.

My experience of low resource communities in Africa and remote communities in rural Canada have shaped my views concerning the necessary resilience of these communities and the systems that impact their medical care; also, how relationships (trust) are central to well-functioning health care. I am cognizant of the health inequities that exist for those who live and work in rural areas. I have been aware of racism at times wherever I have worked, but have had the good fortune to work alongside Indigenous colleagues and patients in BC who have shaped my views on cultural safety and systemic racism.

I acknowledge that my past experiences, together with my empathy for the patients, providers, administrators and others who strive to ensure the best possible health care for their communities, will have impacted my interview techniques and data interpretation.

Krystal Wong BSc

I am Asian of Chinese and Filipino heritage, born as a second generation Canadian. I am currently located on the traditional lands of the Coast Salish Peoples, including the territories of the Musqueam, Squamish and TsleilWaututh, known as Vancouver, British Columbia.

I completed a Bachelor of Science degree in Health Sciences at Simon Fraser University and my education consisted of traditional western science views as well as a multidisciplinary approach to health. My interest to health promotion and communications led my volunteer and career experience in these areas, as well as in community development, chronic disease prevention, food insecurity in rural and urban populations, and implementation science. Currently I am a Project Coordinator for the Rural Site Visits Project (SV Project) at the Rural Coordination Centre of BC (RCCbc).

I recognize that my viewpoint shapes the way I have developed and amended the SV Project process, in particular the recruitment and data collection. My previous experience has shaped the method of the SV Project through a community development, strengths-based, and iterative approaches. I also recognize I have never lived in a rural community and my exposure to rural communities has been majority through the SV project. Meeting with participants directly in rural communities and hearing their stories and experiences of their health care services and delivery has further shaped my awareness and

understanding of rural health issues, however, I am not an expert and I have not lived through similar experiences.

Erika Belanger BSc, MSc.

I am a female Caucasian settler on this land, with both myself and my brother being the first generation to be born as Canadian in our family. My historical family roots are grounded in Denmark, where my grandparents resided for most of their lives prior to immigrating to British Columbia.

I am currently located on the Lheidli T'enneh traditional territory, known as Prince George, where I have lived and worked for the past four years. I was brought up both in Prince George, and on the Ligwiłda'xw peoples territory, known as Campbell River on Vancouver Island. From there, I moved to Victoria where I completed a Bachelor of Science degree in Psychology at the University of Victoria and returned to Prince George to complete my Master of Science degree in Health Sciences.

My undergraduate education comprised of very traditional western science views, with projects focusing primarily on quantitative data collection and analysis methods. It wasn't until I was exposed to qualitative research methodologies within the first year of my Master's degree, that I realized the importance of qualitative research; how it can contribute to policy and healthcare, and my interests in such methodology.

I believe that qualitative data, such as stories, experiences, and perspectives, should be held with equal regard to that of quantitative based research methodologies; and hope that the stigmas associated with using qualitative research as evidence, decreases over my life time as qualitative work continues to emerge. I further hold the belief that every person's perspective, and the experiences associated with such views, is valid; and recognize that multiple realities and worldviews exist outside of my own.

As a Research Coordinator and Data Analyst for the RCCbc Site Visits Project, I acknowledge that my viewpoint shapes the way in which I analyze the data of this project, and recognize that I may interpret data differently than those who chose to contribute such information. While I bring a previous lens of working in the pharmacy field, I recognize that my experience working with rural physicians and the experiences that they encounter daily, is limited and therefore my ability to pick up on certain nuances may be lesser compared to someone who has a lived experience as a rural health care provider in BC.

It is through my background, my education, and my beliefs, that I position myself in the work that I've done through the Site Visits project. The experiences I've had prior to this work have shaped the ways in which I have approached the development of the analytic methodology of this work and the experiences of meeting with participants in their communities directly, has further shaped how I've hoped to illuminate each contribution from our participants to date.

David Snadden MBChB, MClSc, MD, FRCGP, CCFP. Professor Family Practice.

I live in Prince George BC on the traditional territory of the Lheidli T'enneh. I am a first-generation immigrant to Canada. I am Caucasian of Scottish parents and grew up in India, Singapore and Scotland. I trained in undergraduate medicine at the University of Dundee and as a family practitioner in Inverness in the north of Scotland. I then practiced in a rural Highland community for 11 years. I then completed a master's degree in Family Medicine at the University of Western Ontario, Canada, returning to Academic Practice in Dundee where I completed a doctoral degree with a focus on qualitative methods and medical education. I came to Canada in 2003 to lead the establishment of the Northern Medical

Program in Prince George, BC, the Northern and Rural Distributed Campus of the UBC Faculty of Medicine. My time in BC has enabled me to visit many rural, remote and indigenous communities throughout the province and has instilled in me a deep sense of the health inequities that exists between urban and rural areas, a sense I first developed as a rural practitioner. I have been involved in qualitative research projects since 1991, firstly in the areas of patient experiences and in medical education. Subsequently my interests have evolved to rural issues in terms of recruitment and retention of rural practitioners and in health systems change. Qualitative data deepens our understanding of issues through conversations and stories and provides a rich context to help illuminate experiences, which, through careful interpretation, help deepen our understandings of important issues. I do recognize that I bring my own perspectives to the interpretation of research data and believe that to help bring changes to our systems I do need to embrace and give voice to the varied perspectives of those we talk to and to learn from them in a way that can help us together advocate for solutions and system changes that will improve rural health care.