

Issues Affecting Access to Health Services in Northern, Rural and Remote Regions of Canada



by **Annette Browne**

In Canada, access to health care reflects the strong social value of equality, defined as the distribution of services to those in need for the common good and health of all residents. Many would argue, however, that access is not the same for people residing in northern, rural or remote regions compared to those residing in southern, urban regions. Geographic distance, a limited range of services, hospital downsizing, and cultural differences can create barriers to accessing health services. The purpose of this article is to identify the major factors that contribute to inequities in access to health services for people residing in northern, rural and remote regions of Canada.

Geographic Barriers

Health care facilities in northern and rural areas are fewer and more dispersed than in urban areas. As a result, people in northern and rural regions typically travel great distances to obtain services that cannot be obtained in their local communities. It is not uncommon for persons requiring specialized health services or diagnostic testing to travel 200 kilometers or more to the nearest regional hospital. In the Arctic, people from remote communities may travel up to three hours by plane to obtain routine hospital-based services. In northern regions, the problem is compounded by harsh weather conditions that make road or air travel dangerous or impossible for days at a time.

Travel is not only stressful in terms of financial burdens; families and communities must find ways of coping without members who may be parents, wage-earners or community leaders. Pregnant women from communities that lack hospital facilities must relocate to a regional centre weeks before the delivery of their babies. This separation from their families and home communities takes a toll in terms of relationships, child care issues and related stresses.

Limited Availability of Health Care Personnel and Services

People residing in northern, rural and remote regions of Canada are faced not only with fewer services, but with a limited number of practitioners who can provide services. Rural communities generally face a higher turnover of health care staff including nurses, physicians, dentists and others. Part of the difficulty in attracting and retaining health care providers to northern and rural regions stems from the challenging working conditions. These challenges include long working hours, a lack of colleagues to share the workload, the lack of extra education, difficulties obtaining routine continuing education, and a perceived lack of opportunities for spouses and children.

Long-term care services are also limited in many northern, rural and remote communities, creating potentially stressful situations as family members care for elderly persons without adequate support. Alternatively, families are faced with isolating elderly relatives in institutions located in larger communities away from home. As the Canadian population continues to age and the proportion of elderly persons rises, it will be increasingly important to find ways of supporting the elderly in their home communities.

Impact of Health Care Reform

Health care reform in Canada can be broadly defined as the structural changes needed to increase the effectiveness and efficiency of the health care system. Reform involves three broad initiatives: developing more cost appropriate ways of delivering health care, a shift to community-based versus hospital-based care, and an increased focus on the social determinants of health including the health effects of poverty and powerlessness.

One example of the impact of health reform is the devolution of power over health planning and service delivery to local and regional health boards. Devolution has resulted in the downsizing of hospital-based services and simultaneous down-loading of responsibilities to local/regional health boards. This continues to occur without sufficient community-based programs, financial resources or personnel in place. In northern and rural regions, family members, community nurses, family physicians and social service workers are left to cope with the increasingly acute health problems that people experience when they are either not cared for in hospitals or are discharged early. Unreasonable demands are then placed on the already overburdened (and limited) community-based health services.

Cultural Factors Influencing Access

Canadians whose cultural heritage is not that of the dominant society frequently experience language barriers, lack of familiarity with the health system, discrimination, and power imbalances between health care professionals and their clients. In particular, aboriginal Canadians as a group experience significantly higher rates of disease and death, and shorter life expectancies than non-aboriginal Canadians. Equally important are the high rates of poverty and unemployment facing aboriginal communities in northern and remote regions of Canada. Increasing access for aboriginal Canadians will involve

culturally appropriate services, efforts to counter past injustices, and attention to socioeconomic disparities.

New Initiatives

Most provinces and territories now have well-developed strategies and incentives for recruiting and retaining health care personnel. In an effort to prepare newly graduated practitioners for practice outside of urban areas, several nursing and medical educational programs are providing the training needed for northern and rural practice as part of their basic programs. Several research units affiliated with Canadian universities, including UNBC, are specifically focusing on strategies for increasing access to health care in northern and rural regions. Without such initiatives and in light of current cutbacks to health care expenditures, northern residents will continue to encounter unique challenges to accessing health care.

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