



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

FACT SHEET- Rural Health Care

Geographical Determinants of Health

- Studies on disparities in health care confirms the view that geography is a determinant of health. People living in rural and remote communities typically have poorer health status than Canadians who live in larger centres.ⁱ
- Canadians living in rural areas of the country are more likely to be in poor socio-economic conditions, to exhibit less healthy behaviours and to have higher overall mortality rates than urban residents.ⁱⁱ
- In fact, life expectancy for people in predominantly rural regions is less than the Canadian average.ⁱⁱⁱ While health regions with lower life expectancy tend to have small populations and cover large geographic areas, regions with higher life expectancy generally have large populations and small geographic areas.^{iv}
- Disability rates are also higher in smaller communities, as are rates for accidents and poisoning. People living in remote northern communities are the least healthy and have the lowest life and disability-free life expectancies.^v

Disproportionate Access

- People in rural communities have poorer health status and greater needs for primary health care, yet they are not as well served and have more difficulty accessing health care services than people in urban centres.^{vi}
- Access to care that urban dwellers consider routine, such as mental health services, counseling, care of handicapped children, speech therapy, physiotherapy, occupational and work therapy, support groups and so on, is either rarely found in rural areas or is improvised by the very practitioners who are in such short supply.^{vii}
- Problems with access to health services stem from severe shortages of health care providers for even the most basic health services. Rural communities often have difficulty accessing primary health care and keeping health care providers in their towns, let alone accessing diagnostic services and other more advanced treatments.^{viii}
- This added burden on rural physicians, nurses and administrators only adds to the current problem of recruitment and retention.^{ix}
- People in rural communities also have the added burden of paying for the high costs of travel in order to access the care they need. This often means days or weeks away from their family and social support, as well as the added cost of accommodation and meals.^x
- Then there is the hidden cost associated with adverse outcomes caused by having to transfer patients for care. Obstetrics is an example of where the absence of local maternity services is shown to increase prematurity of newborns, hospitalizations and costs, even if the referral hospital is of the highest standard.^{xi}

- The density of rural communities coupled with the need to provide acute interventions in the "golden hour" of trauma, the 30 minutes for caesarean and the other time-based standards that save lives, indicate that health facilities and medical services need to be located near the people.^{xii}
- In some cases, the delays may have no adverse effect on prognosis, but it may cause considerable anxiety. In other cases, waiting leaves people in considerable pain, diminishes capacity or increases the risk of health decline or even death. Delays in the journey can, therefore, cause anxiety, prolong suffering and, in some cases, affect outcomes following care.^{xiii}

Importance of Rural Health Care

- A reduction of rural services can have significant adverse effects on the local economy, it often does not realize savings, it may actually increase costs and it will further complicate efforts to attract new physicians.^{xiv}
- There is a strong link between health care accessibility and the sustainability of rural communities.^{xv} According to his 2002 report on the future of health care, Commissioner Roy Romanow stated that "people's choice of whether or not to live in smaller communities is affected by whether or not they can get reasonable access to health care."^{xvi}
- Access to health care is an important factor in ensuring that people will be willing to live and companies will be willing to develop industries in rural communities. Limited access to health care forces many rural Canadians to relocate to urban centers.^{xvii} Sustaining and improving rural health care is, therefore, extremely important to ensure the economic survival of rural communities and that people can continue to live there.^{xviii}

ⁱ Commission on the Future of Health Care in Canada *Building on Values: The Future of Health Care in Canada – Final Report* Commissioner: Roy J. Romanow, November 2002

ⁱⁱ Reimer, Bill, *Rural Canada by the Numbers*, Federation of Canadian Municipalities, May 2009

ⁱⁱⁱ Commission on the Future of Health Care in Canada *Building on Values: The Future of Health Care in Canada – Final Report* Commissioner: Roy J. Romanow, November 2002

^{iv} Statistics Canada, Health Reports, Vol. 11 no. 3, Life expectancy, Gilmore, Jason, Wannell, Brenda, March 31, 2000.

^v Ibid.

^{vi} Ibid.

^{vii} The Society of Rural Physicians of Canada. Comment on "Improving Access to Needed Medical Services in Rural and Remote Canadian Communities: Recruitment and Retention Revisited" by Morris L. Barer and Greg L Stoddart The Society 1999

^{viii} Society of Rural Physicians of Canada, PRESS RELEASE - *Current wait time guarantees are not addressing the desperate health needs of rural Canadians*, November 2, 2006

^{ix} The Society of Rural Physicians of Canada. Comment on "Improving Access to Needed Medical Services in Rural and Remote Canadian Communities: Recruitment and Retention Revisited" by Morris L. Barer and Greg L Stoddart The Society 1999

^x Commission on the Future of Health Care in Canada *Building on Values: The Future of Health Care in Canada – Final Report* Commissioner: Roy J. Romanow, November 2002

^{xi} Society of Rural Physicians of Canada, THE FUTURE OF RURAL HEALTHCARE SRPC SUBMISSION TO THE COMMISSION ON THE FUTURE OF HEALTH CARE IN CANADA, AUGUST 14th, 2001

^{xii} Ibid.

^{xiii} Canadian Institute for Health Information, Health Care in Canada 2009: A Decade in Review (Ottawa, Ont.: CIHI, 2009).

^{xiv} Society of Rural Physicians of Canada, *Rural Hospital Services Closures*, Quebec, April, 2009

^{xv} Society of Rural Physicians of Canada, PRESS RELEASE - *Current wait time guarantees are not addressing the desperate health needs of rural Canadians*, November 2, 2006

^{xvi} Commission on the Future of Health Care in Canada *Building on Values: The Future of Health Care in Canada – Final Report* Commissioner: Roy J. Romanow, November 2002

^{xvii} Society of Rural Physicians of Canada, PRESS RELEASE - *Current wait time guarantees are not addressing the desperate health needs of rural Canadians*, November 2, 2006

^{xviii} Society of Rural Physicians of Canada, *Rural Hospital Services Closures*, Quebec, April, 2009