



# Health Care in Rural and Aboriginal Western Canada

Notes from the Co-operative Innovation Project — December 2015

*Health care is the number one concern in rural and Aboriginal communities across western Canada. What are communities saying?*

## The Co-operative Innovation Project

From 2014-2015, the Centre for the Study of Co-operatives at the University of Saskatchewan led the Co-operative Innovation Project, to examine the possibilities of co-operative development in rural and Aboriginal communities in western Canada.

Through on-line and telephone surveys and open events in communities in Manitoba, Saskatchewan, Alberta, and British Columbia, the Co-operative Innovation Project asked: what are the needs in your community?

What we learned: rural and Aboriginal communities across western Canada are deeply concerned about health care. *“Health care – what health care? You have to decide when you will be sick – in two months from now – so you can get to see a doctor”*. Whether they are a First Nation facing multiple social and health crises, a rural community squeezed for space and support to care for aging citizens, or participants expressing widespread deep and insistent concerns with health supports, everywhere we went, health care was a hot topic.

## Mental Health

The most critical health care need facing rural and Aboriginal communities is support for mental health. No longer is mental health swept under the table; in rural and Aboriginal western Canada, it is the number one health priority. Health Canada estimates that one in five Canadians, including two of every nine workers, are affected by mental health disorders. The estimated direct and indirect societal cost of mental illness in Canada is nearly 50 billion dollars. But in rural and Aboriginal western Canada, critical supports are inadequate or non-existent. *“There is a locum that comes once a month and tele-health, which are not*

*good solutions when you have immediate mental health needs.”*

Access to immediate support during a crisis event is one aspect of mental health service, but community-based and ongoing diagnosis, regular counselling, and drug support are all necessary for robust mental health services. In many cases, mental health is closely related to addictions, which is also a major area of health concern in rural and particularly Aboriginal western Canada.

## Doctors

Doctors are the lynchpin in Canada’s medical care system. Doctors provide diagnoses, prescribe medicine, track patient health, and open doors to other health professionals, such as specialists, surgeons, physiotherapists or other health supports.

Rural and Aboriginal communities report problems with hiring, keeping, or accessing doctors. In some cases, doctors choose not to work in rural or remote locations. In others, health care services provided by a locum or itinerant doctor can negatively affect health care outcomes. It takes time to build trust, to build a picture of patient health, to put all the pieces together. Culturally-appropriate care is required in Aboriginal communities. Without regular access to a familiar doctor, patient health can suffer.

Rural doctors with large patient loads can be overburdened and burned out. Yet, limiting doctor hours can leave patients stranded. Rural and remote solutions, such as Telehealth, are not always viable in serving complex medical cases. Few specialists are available using those technologies – and few rural and Aboriginal communities have appropriate receiving technology. Beginning of life and end of life issues, as well as chronic or severe health concerns,

often result in patients leaving rural and Aboriginal communities to access better support.

### Health Specialists

Canada's current health care system tends to place specialists in large urban hospitals, often teaching hospitals attached to universities. While efficient, rural and Aboriginal communities note that these practices leave them without local access to specialists.

In addition to health specialists, rural and Aboriginal communities noted a need for more generalized health services, such as chiropractors, physiotherapists, massage therapists, dentists, optometrists, and other related professionals, many of whose services are not covered under provincial health care plans.

### Community-Based Health

Health care in Canada is shifting from a focus on treatment to a focus on healthy living and prevention. The problem for rural and Aboriginal communities in western Canada is that the support system for a community-based health program does not meet expectations. Aging in place, dying with dignity, community-based mental health, and home care requires an increased mandate and focus to serve rural and Aboriginal communities.

Programs relating to healthy eating and lifestyle are also part of community-based health. Aboriginal communities in particular note a need for community-based addiction services to help residents address and solve addiction issues in their home context. Local treatment options, including access to (for example) dialysis or diabetes treatment, is another clear need. Health issues that require ongoing and regular treatment several times per week can have a huge impact on residents in rural and Aboriginal communities.

### Medical Transportation

Medical transportation is a critical issue in rural and Aboriginal communities in western Canada. Transportation issues affect personal circumstances. Travel, lost work time, cost, and increased pressure on family and support systems compounds the problem.

But the medical system itself faces transportation challenges. From Medivac to ambulance services, there remains inadequacy, inconsistency, and gaps in how medical transportation is provided. Medical transport stopgap solutions can become the norm, as communities become over-reliant on emergency services, where (for example) ambulance or other crisis units are transformed into med-

ical taxis, taking them out of community and away from their primary role.

### Hospital Services

In rural and Aboriginal western Canada, rural hospital closures are a reality, and in other places, an imminent possibility. Few Aboriginal communities, particularly reserves, have hospital beds in the community. Having a local space with doctor and nursing services, where residents can rest and recuperate close to home, is key. Hospital services tends to be a scaled need: those without any, need something; those with limited local service see the need for more.

In places where hospital or local medical service space is available, there may still be shortages. Basic hospital services that other regions take for granted – x-rays, lab tests, or ultrasound technology – may not be available. Travel remains necessary.

### Nurses and Nurse Practitioners

Communities suggested that one of the strongest growth areas in rural health could be better support for, and an increased number of, nurse practitioners. A nurse practitioner takes on a larger medical role, akin to a doctor. Those that are practicing have a full case load, and more are needed.

There may be, in some places, a shortage of rural nurses. In larger centres with more than one hospital, nurses can make a living through on-call and shift work. In rural regions, these practices are still needed to augment staff, but they limit nursing careers.

### Health Care – is there a co-operative solution?

The co-operative business model continues to be used successfully in many Canadian provinces as a way to provide local health care solutions. From co-operative community clinics to social services co-ops to senior's co-operative housing, co-ops can help. Elder Care co-ops are among the most recent innovations, as well as ambulance co-ops and home care co-ops.

For more information about health care co-ops, visit [healthcoopscanada.coop](http://healthcoopscanada.coop), contact your provincial co-operative association, or call us.



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