

Background

Individuals who live in rural communities tend to have comparatively poorer health outcomes and socioeconomic status when compared to their urban counterparts. British Columbians living in rural parts of the province often face unique challenges due to a lack of available care providers, geographical remoteness, low population density and weather conditions. Specifically, British Columbians living in rural and remote areas face challenges in accessing quality primary care services, pathways to specialized care, and accessing services that support aging in place.¹

In 2011, approximately 14 percent of B.C. residents lived in rural and remote areas², and according to the Ministry of Health, 11.3 percent of the rural population identified as Aboriginal, compared to the 3.7 percent in urban B.C. Furthermore, as younger generations leave these communities for educational and economic opportunities, the population tends to fluctuate, leaving baby boomers, many of which are now considered seniors, to make up an increasingly large portion of the rural population³. In 2015, individuals aged 45-64 made up 28% of the Northern Health Authority population, and individuals aged 65+ made up 13 percent.⁴ Within the Interior Health Authority, individuals aged 65+ made up 22% of this population.⁵

Among the rural and remote population, there is a higher rate of disease and injury, as well as premature death compared to those living in urban areas⁶. Major contributors to this health gap include lower socioeconomic status, isolating employment conditions, unhealthy lifestyles leading to high rates of chronic disease and lack of access to perinatal, primary care, surgical and trauma services due to geographic location. The Ministry of Health policy papers also indicate that across rural B.C., many regions report poorer perinatal indicators, increased potential years of life lost to causes such as motor vehicle accidents, falls, and drownings, and differences in life expectancy (as high as five years when compared to some urban areas).

Major barriers to improving service provision in rural and remote B.C. include difficulties in recruiting and retaining healthcare providers into rural and remote communities, as well as establishing a balanced staff mix. Incentives to recruit healthcare providers, particularly physicians, have helped to increase the number of healthcare providers in some rural and remote areas of B.C., however difficulties persist in retaining these providers due to poor professional development opportunities and lack of support. In addition, incentives for non-physicians such as nurses are virtually non-existent.

1 BC Ministry of Health. (2015). *Rural health services in BC: A policy framework to provide a system of quality care*.

2 Statistics Canada. (2011). *Population, urban and rural, by province and territory*.

3 BC Ministry of Health. (2015). *Rural health services in BC: A policy framework to provide a system of quality care*.

4 Northern Health Authority. (2015). *Healthy aging in the north: Action plan*.

5 Office of the Seniors Advocate. (May 2015). *Seniors' Housing in B.C.*

6 Canadian Institutes of Health Research. (2011). *Research Profiles: A Rural Way to Health*.

Issues Brief

Key Messages:

- Individuals living in rural and remote areas generally have poorer health outcomes compared to their urban counterparts⁷ because they have difficulty accessing healthcare services in a timely and cost-effective way.
- Aboriginal peoples and seniors make up a large portion of the rural population in B.C. and services need to be targeted towards these subgroups (e.g. assisted living, home care, primary healthcare, chronic disease management, etc.)
- Nurses have worked in rural and remote areas in Canada since the 1950s, and provide the bulk of primary healthcare in rural and remote B.C. While they have the expertise to develop solutions in mitigating existing barriers, nurses should be provided the necessary support for professional development and continuing education opportunities in order to care for increasingly complex patients.
- All healthcare providers should be utilized to their full scope and government should ensure that incentives, continuing education and professional development opportunities are available to support these provider
- Innovative technology and models of care must be continued to be explored and used to its full potential in order to improve the health outcomes of British Columbians living in rural and remote communities.

Questions for Nurses

1. From your personal experiences, what are some of the barriers that prevent nurses from engaging in nursing practice in rural and remote areas?
2. What can, or should be done to mitigate these barriers?
3. What innovative technology and models of care are you aware of, that can be applied here in B.C.?
4. How can ARNBC further support nurses who wish to work in rural and remote communities?

Further Reading

- Grzybowski, S. & Kornelsen, J. (2013). [Rural health services: Finding the light at the end of the tunnel.](#) Healthcare Policy, 8(3), 10-16
- [Issues affecting access to health services in northern, rural and remote regions of Canada.](#)

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⁷ DesMeules, M., Pong, R., Lagacé, C., Heng, D., Manuel, D., Pitblado, R., Bollman, R., Guemsey, J., Kazanjian, A. & Koren, I. (2006). *How healthy are rural Canadians. An assessment of their health status and health determinants.* Ottawa, ON: CIHI.

