Terms of Reference: Rural, Remote and Northern Area - Nursing Task Force

Background:
In 2006, there were over 1.8 million Canadians living in rural areas.¹ The Canadian Institute for Health Information (CIHI) reports that approximately 18 per cent of Canada’s RNs are located in rural areas.² Ontario-based research has identified significant nursing human resource gaps within rural nursing practice, including significant challenges in retaining and recruiting the rural nursing workforce.³⁴ For example, rural areas are often competing with larger urban settings for new nursing graduates, while comprising an aging workforce that is nearing retirement.⁵ These workforce challenges will become a crisis unless significant interventions are applied.

Unique facets of the rural landscape include the existence of remote First Nations communities across northern Ontario and a higher concentration of Francophone residents. Ontario has the most remote First Nations communities in Canada.⁶ Vukic and Keddy identify that “nursing practice in remote communities is highly complex, with unique challenges created by isolation, geography and cultural dynamics.”⁷ These complexities create distinct nursing recruitment and retention challenges for these communities. In addition, approximately 6.2 per cent of Ontario’s rural population is comprised of Francophones (largely in northern and eastern Ontario), compared to 4.4 per cent of the province’s urban population.⁸ Local Health Integration Networks (LHINs) “… are required to provide French speaking residents with reasonable access to health services in their own language” however, a shortage and/or misdistribution of French-speaking health professionals can make this requirement a challenge.⁹¹⁰

Definitions:
The Rural and Northern Health Care Framework¹¹ offers the following definitions:

a) Rural - ‘Rural’ communities in Ontario are those with a population of less than 30,000 that are greater than 30 minutes away in travel time from a community with a population of more than 30,000.

b) Northern - Northern Ontario is comprised of 10 territorial districts (145 municipalities): Kenora, Rainy River, Thunder Bay, Cochrane, Algoma, Sudbury, Timiskaming, Nipissing, Manitoulin, and Parry Sound. This area covers over 800,000 square kilometres, representing nearly 90 percent of the Province of Ontario’s land area. It extends across two time zones, from the southern boundary of the District of Parry Sound, north to Hudson Bay and James Bay, and westerly from Quebec to the Manitoba border.

c) Remote - ‘Remote’ communities are those without year-round road access, or which rely on a third party (e.g. train, airplane, ferry) for transportation to a larger centre.
Purpose:
To ensure a stable and sustainable nursing workforce exists in rural, remote and northern areas of Ontario by bringing together policy-makers, professional and labour associations, administrators, researchers, educators and other stakeholders.

Objectives:
1. To identify the enablers and barriers impacting the retention and recruitment of Registered Nurses, Nurse Practitioners and Registered Practical Nurses in Ontario’s rural, remote and northern areas.
2. To propose short, medium and long-term strategies to ensure the retention and recruitment of Registered Nurses, Nurse Practitioners and Registered Practical Nurses in Ontario’s rural, remote and northern areas.

Composition of the Task Force:

Co-Chairs:
David McNeil (Past-president RNAO)
Vice President Clinical Programs and Chief Nursing Officer
Health Sciences North

Louise Paquette
Chief Executive Officer
North East Local Health Integration Network

Members and Organizations:

Doreen Armstrong-Ross
Senior Vice President Patient Care Services
Dryden Regional Health Centre

Connee Badiuk (Association of Ontario Health Centres)
Program Director
Waasegiizhig Nanaandawe'iyewigamig Health Access Centre

Catherine Brown (Association of Ontario Community Care Access Centres)
Chief Executive Officer

Candace Chartier (Ontario Long-Term Care Association)
Chief Executive Officer

Bernice Downey (Aboriginal Nurses Association of Canada)
Minoayawin - Good Health Consulting
Darryl Galusha (Ontario Association of Non-Profit Homes and Services for Seniors)
Administrator
Rainycrest Long-Term Care Home

Claire Goldie (Health Canada)
Regional Nursing Officer

David Groulx (Association of Nursing Directors and Supervisors in Official Public Health Agencies in Ontario)
Manager Professional Practice and Development Resources, Research, Evaluation and Development Division
Sudbury District Health Unit

Bonny Johnson (Association of Ontario Health Centres)
Nurse Practitioner
Whitewater Bromley Community Health Centre

Charlotte Koso (Ontario Home Care Association)
Director, Program Development and Innovation
CarePartners

Johanne Labonte (HealthForceOntario Marketing and Recruitment Agency)
Regional Advisor (North East)

Pam Mancuso (Ontario Nurses Association)
Vice President, Region 1

Michelle Marie Spadoni
Associate Professor, School of Nursing
Lakehead University

Dianne Martin (Registered Practical Nurses Association of Ontario)
Executive Director

Jennifer Michaud (North East LHIN)
Chronic Disease/Diabetes Management Officer

Susan Pilatzke (North West LHIN)
Senior Director, Health System Transformation

Karen Poole (Council of Ontario University Programs in Nursing)
Director of the School of Nursing
Lakehead University

Julia Scott (Ontario Hospital Association)
Vice President Clinical Services and Chief Nurse Executive
Grey Bruce Health Services

**Ex officio Members:**

Provincial Chief Nursing Officer  
Nursing Policy and Innovation Branch

Doris Grinspun (RNAO)  
Chief Executive Officer

**Staff Support:**

Tim Lenartowych (RNAO)  
Director, Nursing and Health Policy

**Frequency of Meetings:**

Five - two hour teleconferences will take place between April 2014-January 2015. Additional teleconferences may be scheduled at the discretion of the co-chairs.

Attendance is strongly encouraged at all meetings. Delegates may be sent if absolutely necessary.

**Decisions:**

The task force will strive to make decisions by consensus. Where a consensus cannot be reached, a majority vote will determine the decision outcome.

**Reporting Structure:**

The task force will report to the Chief Executive Officer (CEO) of RNAO.

**Minutes:**

Meeting minutes will be outcomes-based and available publicly once approved by the task force.
Appendix A

Distribution of First Nations Communities in Ontario

Statistics Canada (2007). Ontario. 2006 Census Subdivisions (CSDs) with an Aboriginal Identity Population of 250 or more

Appendix B
Map 1.1
Percentage of the population with French as first official language spoken (with random\textsuperscript{26} distribution of the English–French category) among census subdivisions, Ontario, 2006


REFERENCES