



Rethinking Health Care in Rural and Northern Ontario

Speaking Notes for the Rural and Northern Health Care Panel

November 27, 2009



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Good afternoon. My name is Wendy Fucile, and I am the President with the Registered Nurses' Association of Ontario (RNAO). RNAO is the professional organization for registered nurses who practise in all roles and sectors across Ontario. With me today is Rob Milling, the Director of Health and Nursing Policy at RNAO.

We are pleased to offer our submission to the Rural and Northern Health Care Panel. Rural and northern communities face distinct and long-standing challenges in accessing health care. The development of a Rural and Northern Health Care Framework is long overdue, but very welcome. We want to ensure that stage one of the process – the work of the Panel – delivers changes worthy of the wait.

Before addressing the questions posed by the Ministry of Health and Long-Term Care in its invitation to us, we will make two points on the framework development process, in the current context.

First, the process must respond to the unique context of rural and northern communities. It is imperative that the local communities most directly affected be consulted in an open and transparent way and that the input derived from those consultations be used in a meaningful way in any subsequent action. Part of that consultation will take place in the planned second stage of framework development. We believe however that the Panel would also benefit from hearing from affected communities, to better fulfil its mandate. This present consultation is a start, but we urge that the Panel also consult with people where they live, work and use local health and hospital services,

Second, we urge the government to halt any hospital cuts and closures at least until the Panel has completed its work and until the government has finished its consultations with potentially affected communities. This is particularly urgent for communities in rural and northern Ontario, hard-hit by falling demand for forest and manufacturing products. There, local hospitals not only provide scarce health care services, they are also hubs for the community and major employers in those communities. Any northern and rural hospital cutbacks represent a disproportionately large blow to the people served by, and serving in, those hospitals.

We now address the questions put to us by the Panel:

What are the top 3 challenges or barriers to accessing health care services in rural, remote and northern areas today?

First, challenges or barriers to health care access. Our submission discusses in detail the following challenges: identifying and meeting the unique health care needs in these areas, availability of health care professionals, and access to community care services including primary health care and home health care, as well as the prospect of hospital cutbacks and closures.

In the short time available, we discuss briefly the unique needs in rural and northern areas.

The challenges are related to distance and low population densities. The result is health-care facilities are smaller, and that means that individual health-care workers must deal with a broad range of cases, often without the level of support available in larger centres. These smaller centres also have a harder time delivering full-time employment for nurses. All of this contributes to the problem of recruitment and retention and locally exacerbates the shortage of nurses, which is a province-wide problem. In sum, the application of typical population-based ratios for the allocation of health care resources leads to inequitable access to health care services in low density population areas of the province where issues of critical mass, distance and support are often lacking.

Distance and remoteness present other problems. For example, transportation to access health-care resources remains a significant challenge. Patients generally have further to travel to access any kind of care. Trauma patients regularly wait hours for transportation to trauma services. Consideration needs to be given to a dedicated northern and rural emergency transportation system or the present system of transport needs to be completely overhauled.

Furthermore, populations in Northern and Rural areas of the province are aging faster than the provincial average. This means that need is greater than in other parts of the province.

Compounding the difficulties is an inadequate local economic base to raise funds to support capital infrastructure development for health-care facilities, equipment and research.

All told, this means that more resources are required to deliver equitable services in rural and northern communities.

What do you feel should be the founding vision for improving access to health care in rural, remote and northern areas of the province?

Second, our founding vision is simple.

People in all parts of Ontario should have equitable access to health and all essential health care services. In addition, as we address the health care needs of people we must also urgently address the social determinants of health. People should have the same life chances, wherever they live.

What are the guiding principles that are needed to support the province and LHINs in their decision making?

Third, our submission discusses at length guiding principles.

We now mention just two of these key principles:

- **Transparency and accountability for decision-making.**

- **Responsiveness to local needs, which are to be assessed through local consultation.**

What are the top 3 changes/strategies that you feel will have the most impact in improving access to health care in rural, remote and northern areas?

Fourth, our submission considers three strategies: a rural and northern nursing strategy, addressing all health determinants, and broad consultation.

- **Develop a nursing strategy targeted to the needs of rural and northern communities:**
 - **Restore funding to add the promised 9,000 nursing positions.**
 - **Expand the 1:1 tuition reimbursement to new graduates who choose to relocate to northern, rural and underserved communities, and not just to new graduates from those communities.**
 - **Provide funding to more closely reflect the demographics of selected rural and remote communities**
 - Provide dedicated funding and specific access options to support the entry of First Nations, Métis and Inuit students into nursing schools
 - **Adequately prepare and support faculty and RN students for the broad scope of work:**
 - Provide targeted funding for northern universities and colleges to support PhD education for faculty.
 - Develop and fund specialized RN education programs for rural and northern nursing.
 - Fund more rural and northern clinical placements for RN students, including specifically funding travel and housing costs for students who elect to take clinical practice placements in rural and northern communities.
 - Develop and fund programs to orient and mentor new hires in rural and northern settings.
 - **Maximize and fast track the opening of nurse practitioner-led clinics to broaden access to primary health care.**
- **Address social, environmental and economic inequities that affect health inequities, such as poverty, inequitable distribution of resources and power, racial background.**
- **Consult broadly with all stakeholders on how to address access to health care.**
 - In particular, ensure that communities with inequitable access to health care are consulted: Aboriginal communities; racialized communities; lower income people; and rural and northern communities.

Any other comments that you feel are important for the Panel to consider at this early stage of planning.

Finally, we have two additional comments to add:

- Investments in evaluative research are essential to determine policy interventions that would improve population health outcomes of people living in northern and rural communities.
- We urge the Government and the LHINs to weigh carefully all social costs and benefits before hospital restructuring, as savings have proven elusive while costs have been underestimated.

We appreciate the opportunity to present the views of Ontario's nurses and contribute to the work of the Rural and Northern Health Care Panel.