



Health
Canada

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Canada



*Canada's Rural
Health
Strategy:* 
A One-Year Review

● Regional Successes

● National Initiatives

● Office of Rural Health

● Directory of Health Canada Programs and Services

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Health
Strategy:* 
A One-Year Review





Our mission is to help the people of Canada maintain and improve their health.

Health Canada

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Canada's Rural Health Strategy: A One-Year Review



Message from Minister Rock	3
1. Rural Health Strategy	4
2. Office of Rural Health	6
3. National Initiatives	7
4. Regional Successes	9
4.1 The North	9
4.2 British Columbia	10
4.3 Western Canada	11
4.4 Ontario	12
4.5 Quebec	13
4.6 Atlantic Canada	14
5. Health Canada Directory of Programs and Services	15



Minister of Health



Ministre de la Santé

Allan Rock

Ottawa, Canada K1A 0K9

Canada's vast rural, remote and northern lands are home to nine million people. Put another way, 30% of our population is scattered across 99.8% of the second largest nation on earth.

As Health Minister, I have had the honour of travelling to many of Canada's great rural communities and I am anxious to visit more.

Rural Canadians speak with one voice when it comes to their concern about personal health and the health of their communities. Their concerns are taken seriously by the provincial and territorial jurisdictions, which have the primary responsibility for delivering health services. But in such a huge, diverse country, the challenges are enormous. No one government can succeed in isolation.

The Government of Canada has long recognized this and taken action to help. A group of parliamentarians set out to develop a clear plan of action. Last June, I was delighted to accept the fruit of their labour, an important national rural health strategy to guide our efforts.

This is our one-year update on the steps since taken to improve the health of rural Canadians. It recaps the national strategy, highlights regional and national successes, explains the work of our Office of Rural Health, and lists programs and contact information relevant to rural communities.

This is only a progress report. We know there is much work yet to be done. We plan to build on our successes and continue in the spirit of collaboration fostered by the Canadian Rural Partnership, led by my colleague, the Honourable Andy Mitchell, P.C., M.P., Secretary of State (Rural Development).

I look forward to continuing to work with Canadians to ensure excellent health care services for people in rural Canada.

A handwritten signature in blue ink that reads 'Allan Rock'.

Allan Rock

1 Rural Health Strategy

On June 12, 2000, in Chesterville, Ontario, Health Minister Allan Rock joined MPs from rural ridings across Canada to announce a national rural health strategy.

This national strategy drew on the advice garnered from rural citizens and local health care providers during riding workshops, and a series of rural summits held in Prince George, British Columbia, Belleville, Ontario and Magog, Quebec.

The result was a plan that prioritized the major issues, and proposed ways for the Government of Canada and rural communities to work together to solve them. It also demonstrated the need for national leadership to:

- address the shortage of rural health practitioners and medical training;
- improve rural health infrastructure;
- support the principles of the Canada Health Act;
- foster research;
- develop health information technology;
- improve primary health care;
- establish a National Rural Health Council;
- promote good health.



Despite the seriousness of the issues and concerns, the national strategy also identified a great optimism among Canadians in rural and remote areas – an optimism generated in large part by the consultation process and by important measures already being put forward by the provincial, territorial and federal governments.

The future of Canada's rural and remote regions is a significant priority for the entire nation. The national strategy was a milestone on the road to ensuring Canadians from coast to coast to coast have reliable access to quality health care. It provides a standard and context by which our progress can be judged.



Some Important Facts

- 99.8% of Canada's landmass is rural.
- Towns with less than 10,000 residents account for 22.2% of the population – 6.4 million Canadians.
- Rural Canadians are served by only 10.1% of Canada's physicians.
- Life expectancy in Canada is among the highest in the world at 79 years – up from 59 in the 1920s.
- Canadians in some rural communities have life expectancies less than 75 years.
- Aboriginal people live, on average, five or more years less than other Canadians.

2 Office of Rural Health

In February 1999, the Government of Canada announced funding of \$50 million over three years for the “Innovations in Rural and Community Health Initiative.”

This Innovations Initiative was to focus on four priority areas:

- rural and remote care;
- home and community care;
- access to and affordability of drugs;
- integration of service delivery.

Prior to June 2000, Health Canada established the Office of Rural Health, with a mandate to ensure that the views and concerns of rural Canadians were better reflected in national health policy.

The Office of Rural Health has taken a leadership role in applying a “rural lens” to all federal health initiatives, including those dealing with:

- research;
- early childhood development;
- First Nations health;
- health information technology;
- health promotion;
- national HIV/AIDS, diabetes and FAS/FAE initiatives;
- primary health care;
- accountability.

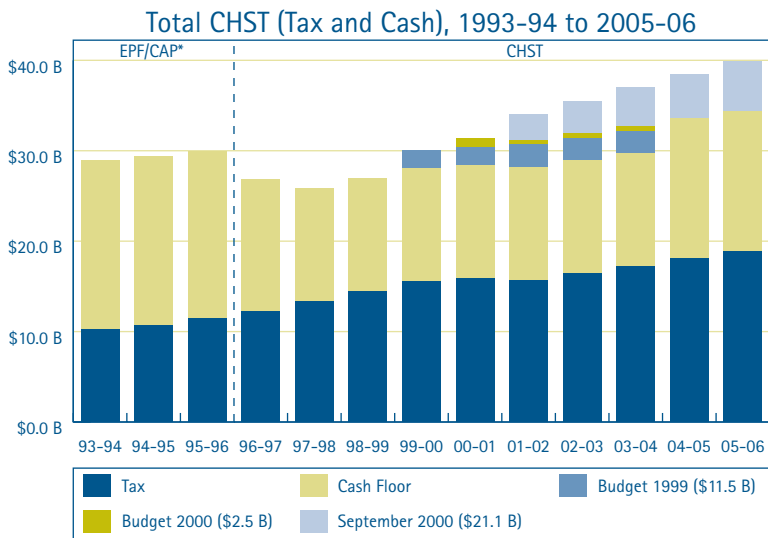
3 National Initiatives

In September 2000, Prime Minister Jean Chrétien and provincial premiers and territorial leaders negotiated the First Ministers' agreement on health care. To support this agreement, the Government of Canada increased transfer payments to the provinces and territories (see chart on page 8) and provided targeted funding for medical equipment, health information technology and primary health care reforms. These investments are outlined further below, along with a number of other national measures that help to address rural health issues:

- \$21.1 billion in increased Canada Health and Social Transfer (CHST) payments to help provide health care services in Canadian communities and for early childhood development;
- as part of the First Ministers' agreement, the development with provinces and territories of a health action plan that identifies common priorities, such as the recruitment and training of health care professionals;
- also as part of the First Ministers' agreement, a commitment by all governments to improve accountability by reporting regularly to Canadians on health status, health outcomes, and the performance of publicly funded health services;
- \$2.65 billion for a national Infrastructure Program to improve municipal water and sewer systems and expand community facilities;
- \$1 billion for the purchase and installation of new medical equipment;
- \$800 million for a national primary health care fund to encourage innovation and integration of health care services;
- \$580 million for the development of health information technologies such as telehealth.
- appointment of a Special Advisor for Rural Health within the Canadian Institutes of Health Research (CIHR);

- establishment of a Ministerial Advisory Council on Rural Health;
- expanded information analysis and public reporting capacity through the Canadian Institutes of Health Information (CIHI);
- establishment of a national commission to review the sustainability of health care, led by former Saskatchewan Premier Roy Romanow.

Total CHST (Tax and Cash) Reaches New High



September 2000 investment impact on the CHST

- CHST had already exceeded \$30 B prior to September 2000 funding agreement.
- September agreement brings total CHST contribution to a new high of \$39.9 B by 2005-06.

Source: Health Care Policy Division, Health Policy and Communications Branch

4 Regional Successes

In addition to the national efforts outlined in this report, the Government of Canada has announced contributions to many important regional community health and research initiatives affecting rural Canada.

4.1 The North



The Government of Canada is contributing over \$20 million to help Canada's northern territories improve access to health information technology, Aboriginal health, early childhood development and health promotion.

This is in addition to the \$67-million increase in CHST payments and a \$3.3-million share of the medical equipment fund for the North provided to support the September 2000 First Ministers' agreement on health.

Some Northern Success Stories

- Nunavut Department of Health and Social Services – Up to \$3.7 million for development of the Ikajuruti Inungnik Ungasiktumi (IIU) Telehealth Network.
- Canadian Public Health Association – Over \$70,000 to encourage community youth anti-smoking initiatives in Yellowknife and Northwest Territories, such as the Kick the Nic 2000 project.
- Dawson Shelter Society, Skookum Jim Friendship Centre – Over \$1 million for prenatal nutrition and social support programs for young mothers-at-risk.

4.2 British Columbia



The Government of Canada is contributing more than \$45 million for various rural health initiatives in British Columbia, including community environmental protection efforts, early childhood development, First Nations health, research, and health information technology.

In addition, funding to support the September 2000 First Ministers' agreement on health is providing British Columbia with a \$2.8-billion increase in its CHST payment, and a \$132-million share from the medical equipment fund.

Some British Columbia Success Stories

- Thompson Health Region – Up to \$2.5 million to develop a teleradiology system to assist patients in northern B.C. communities.
- Northern Families Health Society – More than \$200,000 to expand its “Healthiest Babies Possible” program in Prince George and other areas of northern British Columbia to combat FAS/FAE and improve early childhood development.
- Nelson and Area Health Council – More than \$90,000 to develop a women-focused primary health care facility.
- Health Association of B.C. – Up to \$3 million to develop a province-wide electronic network of much needed telehealth applications.
- University of Victoria – More than \$1.3 million for a research initiative involving primary care systems in rural British Columbia.



4.3 Western Canada



The Government of Canada is contributing over \$45 million to Alberta, Saskatchewan and Manitoba for rural and community health initiatives dealing with community wellness partnerships, First Nations health, early childhood development, health information technology and diabetes prevention.

These contributions are in addition to the \$3.6-billion increase in CHST payments and the \$148-million share of the medical equipment fund flowing to Western Canada to support the September 2000 First Ministers' agreement on health.

Some Western Canadian Success Stories

- **PALLIUM** – A \$250,000 palliative care research partnership among western Canadian universities, headquartered at the University of Calgary. The project will help improve the care of terminally ill patients.
- **University of Alberta** – \$800,000 to develop mobile diabetes screening units to service all 44 Alberta First Nations communities.
- **Community Action Program for Children's Community Developers Initiative** – Federation of Saskatchewan Indian Nations, Metis Family and Community Justice Services, and Saskatchewan Institute on Prevention of Handicaps – More than \$270,000 annually to provide community development support to communities with the highest numbers of vulnerable children, in the delivery of early childhood development programs.
- **Manitoba Telehealth Network** – \$3 million to the Winnipeg Regional Health Authority to expand a telehealth network to rural and remote Manitoba and Northern Ontario in partnership with all Manitoba Regional Health Authorities, the University of Manitoba, Manitoba Health and a consortium of communities in Northwestern Ontario.



4.4 Ontario



The Government of Canada is contributing more than \$70 million for various rural health initiatives in Ontario, including efforts aimed at training health care professionals, improving First Nations health, early childhood development and health information technology.

This is in addition to an \$8.1-billion increase in Ontario's CHST payment and a \$380-million share of the medical equipment fund provided to support the September 2000 First Ministers' agreement on health.

Some Ontario Success Stories

- North Network – Up to \$8.5 million to expand from 14 to 47 sites, including referral centres in Thunder Bay and Sudbury. The Network will provide access for rural communities to services in over 30 medical specialties and distance education activities.
- Southwestern and Eastern Ontario health information technology telehealth systems – \$7.5 million to expand health information technology services based at Pembroke General Hospital, University of Ottawa Heart Institute, London Health Sciences Centre and St. Joseph's Health Care.
- Algoma Family Services – More than \$3 million under the Community Action Program for Children to promote healthy babies through outreach programs and in-home support in 22 communities.
- Council of Ontario University Programs in Nursing – \$1.5 million to strengthen a network of nurse practitioners in rural Ontario and provide its members with resources to deal with specific health issues in rural and remote areas.



4.5 Quebec



The Government of Canada is contributing over \$50 million to various community rural health projects in Quebec, in areas such as early childhood development, health promotion and health information technology.

Quebec is also receiving an increase of almost \$5 billion in its CHST payment and a \$239-million share of the medical equipment fund provided to support the September 2000 First Ministers' agreement on health.

Some Quebec Success Stories

- Corporation de transport adapté de la Petite-Nation – \$148,000 to develop an integrated collective transportation system to improve rural access to health and social services, work, education and leisure activities for low-income families, youths, students, persons with disabilities and seniors.
- Centre local de services communautaires (CLSC) Orléans – Up to \$3 million for a tele-homecare project using the latest technology to make patients' information accessible to homecare professionals on site or in transit.
- Carrefour naissance-famille du Bas Richelieu – \$150,000 to help provide support to low-income, single or young mothers of children 0 to 2 years old.
- La Société Alzheimer Chaudière-Appalaches – \$160,000 to develop new home support for Alzheimer victims and their family caregivers.



4.6 Atlantic Canada



The Government of Canada is contributing over \$40 million for various Nova Scotia, New Brunswick, Prince Edward Island and Newfoundland community rural health projects. They are intended to improve health information technology, early childhood

development, First Nations health, and research.

Atlantic Canada is also receiving a \$1.6-billion increase in CHST payments and an \$82-million share of the medical equipment fund provided to support the September 2000 First Ministers' agreement on health.

Some Atlantic Canadian Success Stories

- Health Infostructure Atlantic – Up to \$12 million for a project by all provincial governments in this region to develop a regional telehealth system.
- Antigonish Women's Resource Centre – \$108,000 to help plan health care services in northeastern Nova Scotia.
- Beausejour Hospital Corporation – Up to \$1.2 million to develop a comprehensive cervical cancer screening system across New Brunswick.
- Memorial University Faculty of Medicine, St. John's, Newfoundland - \$322,614 to develop an electronic rural medicine strategy - a national professional development effort for enhancing the retention of rural and remote physicians.
- Early Childhood Development Association of Prince Edward Island – More than \$200,000 to help rural communities support children with speech problems and increase awareness of the importance of early language development.

5 Health Canada Directory of Services

Health Canada provides many programs and services aimed directly or in part at Canadians living in rural, northern and remote areas. They include:

- Innovations in Rural and Community Health
- Aboriginal Head Start Program
- First Nations and Inuit Home and Community Care
- First Nations Health Information System
- Non-Insured Health Benefits Program
- Canada Prenatal Nutrition Program (CPNP)
- Brighter Futures and Building Healthy Communities Initiative
- Safe Environment Program: Drinking Water Safety
- Advisory Services on prevention and mitigation of health effects of mold in homes
- Tobacco Control Initiative (TCI)
- Farm Family Health Newsletter
- Farm Business Health Model
- NURSE Fund
- Community Action Program for Children (CAPC)
- Centres of Excellence for Women's Health
- Family Violence Initiative
- Northern and Arctic Contaminant Health Initiative
- Canadian Health Network (CHN)
- Canadian Strategy on HIV/AIDS
- Population Health Fund
- Hepatitis C Community Development Fund
- Canada Diabetes Strategy
- Fetal Alcohol Syndrome/Fetal Alcohol Effects Strategic Project Fund
- Health Transition Fund
- Canada Health Infostructure Partnerships Program

Health Canada has also developed a number of important information resources of benefit to Canadians, including those residing in rural areas:

- Canada's Food Guide to Healthy Eating
- Canada's Physical Activity Guide
- Canada's Physical Activity Guide for Older Adults
- Canada's Child Health Record
- Seniors' Guide to Federal Programs and Services
- Canada's Guide to Federal Programs and Services for Children and Youth

For more information about these or any other Health Canada programs, please visit our web site at www.hc-sc.gc.ca or call (613) 954-5995.

For more information on Government of Canada Programs and Services call toll-free:

1 800 0-Canada (1 800 622-6232)

TTY/TTD: 1 800 465-7735

or visit: www.canada.gc.ca



Minister Rock talking to residents of High River, Alberta about health care