



Society of Rural Physicians of Canada
Société de la médecine rurale du Canada

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Speaking Notes

Rural Health is in need of repair.

The Center for Health Information's report of 2006 September on the health of rural Canadians shows that rural residents have higher overall mortality rates and shorter life expectancies. Those living in the most remote communities are the most disadvantaged. Life expectancy is lower in rural areas compared with urban areas by as much as 3 years.

Health care access is a major concern for rural Canadians.

While 19 percent of Canadians live in rural areas, only about 9.4 percent of physicians practise there. The rural problem is one of access.

Urban-focused approaches such as the wait time strategy have made important gains in reversing some of the efficiency losses caused by reductions in operating time and beds. These measures have had limited or no rural impact where the system is already very efficient. Although the rural population has poor health status, the cost per capita in dollars spent, and health care providers engaged is well below urban standards.

There is a strong link between rural health and the national economy

We cannot ignore the link between health care and the sustainability of rural communities. Having access to health care is important in ensuring that people will be willing to live and companies will be willing to develop industries in rural communities. Limited health care access is forcing rural Canadians to relocate to urban centers. From a sovereignty, self-sufficiency and economic perspective, rural depopulation has negative long term implications for our country. The primarily rural based natural resource sector accounts for approximately 40% of our national exports. Canada's rural natural resources provide employment, forest products, minerals, oil and gas, food, tax revenue and much of our foreign exchange. In the future with the decline in the supply of non renewable fuel and in the interest

of reduction in pollution there will be an increasing reliance on biofuel produced in rural Canada

If our government is interested in the environment, they also need to address rural health.

Rapid, unplanned and unsustainable patterns of urban development are making developing cities focal points for many emerging environment and health hazards. As urban populations grow, the quality of the urban environment will play an increasingly important role in public health with respect to issues ranging from solid waste disposal, provision of safe water and sanitation, and injury prevention, to the interface between urban poverty, environment and health. Unsustainable patterns of transport and urban land use are a driver, or root cause, of a number of significant and interrelated environment and health hazards faced by urban dwellers in developing countries. Urban air pollution could become a public health and environmental problem of crisis proportion early in the next century. The proportion of global disease caused by environmental factors is 24% and the proportion of all deaths caused by pollution is 23%. The current rural depopulation and urbanization is not in the best interest of Canada nor of the world. One of the main reasons rural Canadians are moving to urban centers are to get better access to health care.

Health Care requires professional human resource.

The ability to provide health care is very dependent on the ability to recruit and retain highly and broadly skilled health care professionals. Because of the challenges of isolation, sicker patients and limited infrastructure rural communities, need the best doctors with a broad range of skill sets.

Dealing with this issue is one of the most complex and challenging aspects of health care policy. Mr. Romanow suggested that we devote \$1.5 Billion to developing a comprehensive rural health access strategy. For less than 10% of this cost, the Society of Rural Physicians of Canada is proposing a comprehensive list of solutions that addresses the need. The Society of Rural Physicians of Canada believes it's time to take a step forward and proposes the following human resource solutions:

Rural Access Scholarships

will increase access to medical education for rural and remote residents who are 10 times more likely than urban based students to choose rural practice after graduation.

Rural Access Development Program

will permit medical schools to study mechanisms to increase rural representation to equitable levels and will provide performance grants to help them meet set goals.

Enhanced training of residents in rural residency programs

will ensure rural physicians are highly and broadly skilled for practices generally carried out in relative isolation. This will allow rural and remote communities to have greater access to an increased variety of medical services and will reduce the need to travel long distances for specific medical services.

Rural Medicine Skill Enhancement Program

will increase rural medicine skills training in current medical school training programs and will allow existing rural doctors to upgrade their skills and competencies in areas such as surgery, maternity care, anaesthesia, endoscopy and cardiac care.

Extension of Medical School to Rural Communities

will provide longitudinal training of medical students in rural communities during the entire clinical training period, thereby leading to higher retention of medical graduates in rural communities.

Rural health research

Health research will support evidence based decisions for the delivery of health care in rural and isolated communities.

National Rural Medical Round Table

This will bring together Canada's licensing, teaching, accrediting and professional medical associations to identify collaborative strategies to improve rural health and health care.

There is a serious lack of services in rural and remote communities.

We can fix this with political will and leadership. We need a specific rural health strategy that is formulated not by urban based policy makers but by rural communities and rural health professionals. Rural communities need the best trained doctors and many more of them.

I believe that - health care professionals, legislators, and policy makers – all have a responsibility to ensure that all Canadians whether rural or urban have reasonable and equitable access to health care. A two tiered health system – the lower tier for rural Canadians and the higher tier, with better access, for urban Canadians – is not acceptable. I believe that with the help of the federal government, we can implement the proposed solutions – and that we have a moral obligation to do so.

Thank for your interest in the well being of rural Canadians.