

## ELECTION 2021 STATEMENT SRPC CALLS FOR ALL FEDERAL PARTIES TO ADDRESS INEQUITIES TO ACCESS TO HEALTH CARE IN RURAL CANADA

September 8, 2021

As we are weeks away from a federal election, the Society of Rural Physicians of Canada (SRPC) calls on all politicians to answer rural and Indigenous populations' demands to make access to health care a priority for people living in Canada's rural and remote communities.

The COVID-19 pandemic has exposed our fragmented, overburdened health care system and its inability to adequately address inequities on access to health care in rural, remote, and Indigenous communities. These communities face unique challenges that must be managed effectively and collaboratively.

In regions hardest hit by outbreaks, rural health care centres have often found themselves short-staffed, exhausted, and barely able to cope with the number of patients requiring care. Rural communities are dependent upon small health workforces. Now experiencing the fourth wave of COVID-19, our understaffed rural health workforce cannot afford to lose more staff members. Before the pandemic, many rural hospitals across the country were already struggling to maintain their health human resources, leaving programs such as obstetrical, emergency, and surgical care at risk of closing. In some communities, services have been temporarily or permanently closed due to a lack of staff. With the absence of rural health workforce planning, not enough health care providers are being trained in the added competencies necessary for high performance in rural and remote settings, in working with Indigenous communities, and in disaster situations.

The pandemic has adversely impacted access to care for vulnerable populations. The mobilization of health care resources and providers from one part of the country to another to help communities in need is limited. This has resulted in the inability to recruit adequate numbers of health care providers to meet increased demands and has led many health care workers to suffer from burnout or illness. In many cases, the lack of national licensure is a critical barrier to providing help in rural Canada.

The SRPC often hears stories from people in communities across Canada who do not have access to family physicians or primary care teams in rural and Indigenous communities. During the pandemic, some rural communities have had access to virtual health care, while others do not have the appropriate bandwidth to support these services. Challenges are also faced when providers attempt to transfer patients from rural communities to bigger centres because of inadequate resources throughout the system.

"Rural communities need an effective health care system with a stable workforce. Rural communities need rural-based solutions that work in addressing their unique health care needs. These issues need to be part of a national dialogue in this election," - Dr. Gabe Woollam, SRPC President

Federal parties must consider ways to work more effectively with those who work and live in rural Canada to come up with concrete solutions to address the continued inequities that rural populations face every day.



The SRPC calls upon all federal parties to commit to investing in resources and infrastructures that will address the following:

- Enable a National Rural Health Care and Workforce Strategy: Execute a comprehensive, robust
  rural health care and workforce strategy that will recognize the rural realities in planning national
  initiatives from a health standpoint. This should include planning and committed funding for
  training of physicians and allied health providers to work specifically in rural communities and
  support rural Canadians' health and economic vibrancy.
- Provide Access to Rural Health Care: Review and adopt a national regulatory/policy framework to
  facilitate access to health care services regardless of where you live. This would include establishing
  national licensure that allows health care providers to work anywhere in Canada, develop
  standards/guidelines for legislative initiatives that will permanently reduce barriers to crossprovincial/territorial practice for providers, and allow access to networks of care such as primary
  care, mental health, virtual health care, and patient medical transport.
- **Promote Rural Health Care Innovation**: Explore and adopt rural health care innovation such as new broadband investments to improve the inequities in the rural health care systems. Specific investments in building rural and Indigenous health research capacity in Canada are needed to effectively improve care in these communities.
- Prioritize Indigenous Health Services: Address adverse health effects on Indigenous people in
  Canada by working in partnership with Indigenous leaders to create concrete solutions for priorities
  that have remained unaddressed in the Truth and Reconciliation Report. These include committing
  to resources that will improve health services, acknowledging the social determinants of health,
  reducing systemic racism in the health care system, and promoting safe communities. This should
  include fully funding mental health and other services to support Indigenous peoples in dealing with
  traumas caused by colonial policies and practices, in accordance with their wishes.
- Collaborate with rural Canada: Engage in a national dialogue with rural patients/communities and develop collaborative partnerships in developing rural health care solutions, including discussion for a national rural economic strategy.

The status quo is no longer acceptable. We need to work collectively to improve health, health systems, and the health workforce. Everyone in Canada is entitled to high-quality health care and equitable access to care — not only during crises but at all times. The appropriate deployment of both health care resources and the health care workforce to address long-standing health human resource shortages effectively in rural, remote, and Indigenous communities and to be prepared for any future crises or disasters affecting vulnerable populations must be a priority during this election.

"These recommendations are not new. While we look forward to recovery and resilience, we hope that the next federal government will truly act upon these recommendations and demonstrate care in addressing the inequities within our health care system in rural Canada. Our voices must be heard! It is what everyone in Canada deserves and expects."

- Dr. Gabe Woollam, SRPC President



The Society of Rural Physicians of Canada (SRPC) is the national voice of Canadian rural physicians. Founded in 1992, the SRPC's mission is championing rural generalist medical care through education, collaboration, advocacy, and research. On behalf of its members and the Canadian public, SRPC performs a wide variety of functions, such as developing and advocating health delivery mechanisms, supporting rural physicians and communities, promoting, and delivering continuing rural medical education, encouraging and facilitating research into rural health issues, and fostering communication among rural physicians and other groups with an interest in rural health care. The SRPC is a voluntary professional organization with over 1,900 members representing rural physicians spanning the country.

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