



Investing in Rural Health Care: An Economic Stimulus for Canada



2019 Pre-Budget Submission to House of Commons
Standing Committee on Finance
Submitted by: The College of Family Physicians of Canada
August 3, 2018



The College of Family Physicians of Canada (CFPC) makes this submission with the Society of Rural Physicians of Canada (SRPC) as part of its work to advance rural family medicine in Canada.

The submission is based on the work and mandate of the Rural Road Map Implementation Committee (RRMIC), led by the CFPC and SRPC, whose key purpose is to implement the *Rural Road Map for Action: Directions* (RRM) to improve equitable access to safe, quality health care close to home for rural Canadians. The RRMIC provides a forum whereby members can report and deliberate ways to advance and spread the RRM across Canada at all levels.

RRMIC members represent the Royal College of Physicians and Surgeons of Canada, Indigenous Physicians Association of Canada, Indigenous Health Research Cameco Chair, University of Saskatchewan, Canadian Medical Association, Association of Faculties of Medicine of Canada, Federation of Canadian Municipalities, Canadian Association for Rural and Remote Nursing, Canadian Foundation for Healthcare Improvement, Canadian Association of Staff Physician Recruiters, and HealthCareCAN.

Recommendation #1:

That the federal government invest \$12 million annually to establish a pan-Canadian network of rural health innovation generators (RHIGs) enabling rural communities to develop, test, and evaluate health care solutions made by and for rural communities, improving their health and potential to contribute to Canada's economy.

Recommendation #2:

That the federal government establish targeted, annual funding to improve the health care of rural Canadians and stimulate rural Canada's economic growth:

- a. Establish a \$15 million annual Rural Health Innovation Fund for RHIGs to study and deploy innovation projects to improve rural health care practices.*
- b. With 18% of Canada's population living in rural Canada, allocate 18% of existing research funding across the Canadian Institutes of Health Research (CIHR) annually to address rural communities' specific health care needs to improve rural health outcomes.*

Healthier Canadians support a healthy economy

A healthy economy supports healthy Canadians

Priorities:

- Invest in improving rural health care access to improve rural Canadians' health, enabling them to contribute fully to Canada's economy
- Maximize implementation and dissemination of effective rural health care innovations through the establishment of a pan-Canadian rural based mechanism called Rural Health Innovation Generators (RHIGs)
- Use strategic funding to support rural-focused research and innovations, and implement rural health policies to create a sustainable rural health care workforce that can strengthen the health and economic growth potential of rural communities

When Canadians are in good health they work better, are more productive, and contribute to the economy. People in rural* areas have a higher burden of illness, reduced life expectancy, and are often older, poorer, and sicker than urban populations. Poor health impacts quality of life and economic potential. An opportunity exists to narrow health disparities by providing care closer to home. When rural communities are healthy they can fully contribute to Canada's economy. When they do better, Canada does better.

Rural Canada is home to about 28% of employed Canadians,¹ one-third of Canada's population, and a significant proportion of Canada's Indigenous people.² It provides employment and production in farming, fisheries, forestry, mining, oil and gas, and tourism, which are vital to Canada's economy.

Rural communities need an effective health care system with a stable workforce. They can achieve this through policy, planning, and practice innovations that demonstrate impact. Innovative strategies and initiatives have demonstrated success in many rural communities; however, there is no way to share lessons learned. Policy decisions are often guided by urban health care models without understanding the potential negative impacts in rural communities. Rural communities need rural-based solutions and to develop regional capacity to innovate, experiment, and discover what works. They need a mechanism to share lessons learned and tailor policies that meet their needs.

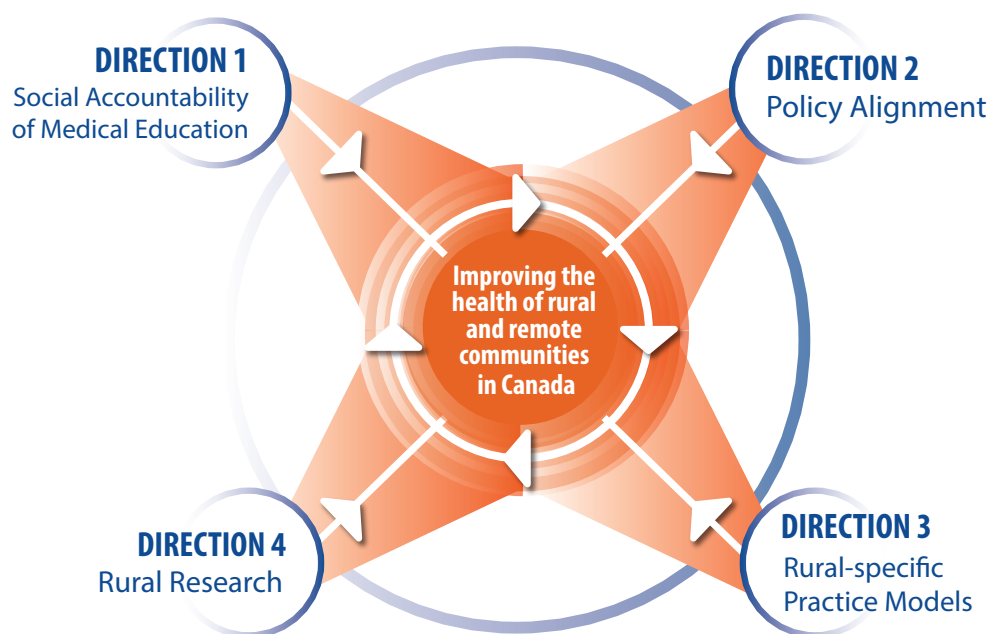
* In this document, "rural" is used as an encompassing term and is defined as those communities that are geographically located in rural, remote, and northern regions of Canada, and are distinctly or partly populated by Indigenous people.

Providing a solution

The CFPC and SRPC have worked with rural communities, governments, health care practitioners, and others, to understand what rural Canada needs for equitable access to health care. They launched the RRM,³ with recommendations endorsed and implemented by national health organizations. The RRM was developed from lessons learned advocating for a multi-stakeholder approach. The RRM provides a framework (Figure 1) for a pan-Canadian approach to rural health care planning that articulates jurisdictional roles and inter-jurisdictional collaboration. With the increase of Canada's aging population and those retiring in rural Canada, access to health care, social services, and seniors' housing is a priority for rural municipalities. The RRM highlights the need for rural-focused health care policies informed by innovations and research carried out by rural-based researchers.

The RRM provides a bold strategy. As shared in a federal report, "... a different model of federal engagement [with health care is needed] – one that depends on an ethos of partnership, and on a shared commitment to scale up existing innovations."⁴ The federal government is being asked to invest in the creation of a pan-Canadian network of RHIGs. RHIGs will be rural-based hubs for communities to identify, develop, and apply for funding to deploy innovations and evaluate impact.

Figure 1 Four Directions of the *Rural Road Map for Action*



Recommendation

Establish a pan-Canadian network of rural health innovation generators (RHIGs) enabling rural communities to develop, test, and evaluate health care solutions made by and for rural communities, improving their health and potential to contribute to Canada's economy.

RHIGs will:

- Bring community leaders, educators, practitioners, policy-makers, and researchers together with governments to create local solutions using the RRM as a guide
- Build capacity to compete for research funding to answer specific questions, providing best evidence to inform rural-specific health care policies, planning, and practices
- Work with rural communities, governments, and academic partners

Interventions will be examined for effectiveness and scalability. Barriers will be eliminated and access improved for all health care needs.

To maximize success, each RHIG will be supported by representatives from all levels of government, regional health authorities, and communities. Each RHIG will be connected to a university that provides health professions education in rural communities and supports rural-based research capacity and growth. By strengthening collaborations, RHIGs will be catalysts for change.

To utilize the potential of and promote collaboration among RHIGs, a central coordinating body is needed. It will identify funding opportunities, track progress, and enhance the scale and spread of what works. RHIGs will learn with, from, and about each other, influencing workforce planning and sharing lessons learned to improve health care access. RHIGs will build on work already developing, bringing about change quicker and enabling sustainability.

Health care and economic indicators provide evidence that investments have improved rural health professions education and enhanced health care access. However, application of what works has not been effectively shared. The Northern Ontario School of Medicine (NOSM) was created to support rural communities in Canada. It has increased the rural health workforce in northern Ontario through its engaged approach to education and health care. It has provided a significant economic boost to the region estimated at \$122 to \$134 million (2016/2017).⁵

Another example is NunaFAM, the first family medicine residency program in the circumpolar region of Canada. Twenty three per cent of its family medicine graduates have been recruited to work long-term in Nunavut or in similar rural communities elsewhere in Canada. The number of full-time physicians in the territory is the highest it has been and Nunavut now has a well-established practice community that integrates both research and teaching. NunaFAM's success stems from federal start-up funding, collaboration between Newfoundland and Labrador and the government of Nunavut, and leadership from Memorial University with those who practice in Nunavut.

These examples highlight the need for partnerships with governments, and to share lessons learned to influence other jurisdictions. RHIGs will provide the infrastructure to uncover the research evidence and innovation needed to improve rural health policy, planning, and practice, resulting in better health for people who live and work in rural Canada.

Rural Health Innovation Fund

Recommendation

Establish a \$15 million annual Rural Health Innovation Fund for RHIGs to study and deploy innovation projects to improve rural health care practices.

RHIG key functions are to advance a pan-Canadian approach to implement health innovations, test ways to improve health care access, increase efficiencies, and improve patient outcomes. Effective deployment of long-distance technology is an innovative practice that RHIGs can test. A potential focus for RHIGs is creating effective rural-urban networks of care. These types of initiatives can reduce long wait and travel times, improving morbidity and mortality⁶ rates often faced by those living in rural communities. Making care more accessible aligns with the **Canada Health Act**.

Rural health research to improve health outcomes

Rural communities have been disadvantaged in accessing federal health care research funds. They have lacked either researchers who live and work in their communities or the time and infrastructure to be competitive in applying for resources. The federal government has not made targeted rural health research investments in the last two decades. Rural communities need to study their own health issues to develop, synthesize, and mobilize knowledge needed to support their health.

Recommendation

With 18% of Canada's population living in rural Canada, allocate 18% of existing research funding across the Canadian Institutes of Health Research (CIHR) annually to address specific health care needs of rural communities to improve rural health outcomes.

In 2018, the federal government invested in supporting equality for women and men, and positioned this goal at the forefront of scientific and technological innovation. It also focused on creating more opportunities for Indigenous peoples. An opportunity to equalize the playing field for rural Canada now exists. Dedicated funding for rural health research connected to RHIGs means local solutions meeting local needs. This will enable more effective and efficient evidence-based rural health care planning, practices, and policy development.

Conclusion

Population health should be part of economic policy development. A healthy population translates into a healthy economy. Populations at a disadvantage like those in rural communities including Indigenous populations making up a large proportion of northern communities experience poorer health and health inequities. Canada can strategically invest and develop focused, innovative, and effective strategies to achieve improvements in health and wellness for this population. A rural economic policy that narrows the existing disparities in health and wellness can ensure that rural Canadians have better access to health care and an opportunity to realize their economic potential. The proposed RHIGs will catalyze rural communities' abilities for employment, improve health care efficiencies, strengthen rural communities' infrastructures for health, and ultimately attract more Canadians to live, work, and invest in some of Canada's most promising communities.

References

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5. Hogenbirk JC, Robinson DR. *The Economic Impact of the Northern Ontario Medical School of Medicine on Northern Ontario in 2017. Final Report. Prepared for the Northern Ontario School of Medicine*. Sudbury, ON: Centre for Rural and Northern Health Research (CRaNHR)–Laurentian University; 2017.
6. Fleet R, Bussi res S, Tounkara FK, Turcotte S, L gar  F, Plant J, et al. Rural versus urban academic hospital mortality following stroke in Canada. *PLoS ONE* 2018;13(1): e0191151.