

OVERVIEW

The Health and Learning Knowledge Centre's Adult Working Group (AWG) conducted consultations to identify themes, gaps and needs for Canadian adults living in rural and remote areas.

Participants included adults living in rural and remote areas and service providers from Inverness, Nova Scotia; Seaforth, Ontario; and Fort Liard, Northwest Territories.

The report highlights the barriers faced by these individuals and provides some recommendations to better support the health of this group. Some of these are directed to policy-makers and others to health-care and service providers.

The cost of living makes it hard to buy healthy food and it's expensive to travel for appointments.
– COMMUNITY MEMBER, Fort Liard, Northwest Territories

THE QUESTIONS WE ASKED

- What health means to adults living in rural and remote areas
- How they keep in good health
- How they learn about health and get the information they need (barriers and what is working well)
- Their experiences with what is working well in the health-care system and what is not, and who should learn what
- What needs to be done

THE PARTICIPANTS

Participants in the consultations were adults living in rural and remote areas and service providers who work with them. The Adult Working Group worked closely with The Ontario Rural Council, Aurora College, and the Inverness Family Place Resource Centre and the North Inverness Community Health Board to identify potential hosts and locations for the consultations.

THE METHODOLOGY

Consultations were held to gather information. In total, 41 community members and 17 service providers participated.

- One focus group took place in each of the selected locations: Inverness, NS; Seaforth, ON; and Fort Liard, NWT.
- Each consultation was three to four hours long. At the beginning of the consultation, ethics and informed consent procedures were conducted with participants.
- Participants also completed an anonymous participant profile sheet which provided information on gender, age range, employment status and level of education.
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If you don't have good health, you don't have anything.

– COMMUNITY MEMBER, Inverness, Nova Scotia

KEY FINDINGS:

The main barriers to good health

- Poverty
- High cost of living
- Geographic and psychological isolation
- Lack of transportation

The main barriers to accessing information

- Lack of knowledge about where to go or what to ask
- Challenges using print information that is complex in its sentence structure, vocabulary and design
- Low literacy

Key barriers to accessing health-care services

- Lack of overall health-care services
- Little access to family doctors, specialists and mental health services
- The cost of health-care services, including transportation to access specialists and services
- Cultural barriers

WHAT SHOULD COME NEXT?

Supporting research by funding:

- Community-based participatory research on interventions and approaches which are working
- A research agenda that focuses on localized issues in rural and remote areas
- The evaluation of policy interventions to address poverty, housing, literacy and other social determinants of health in rural and remote areas
- Research on the effects of the lack of health care professionals in rural and remote areas
- More research on the often overlooked, under-researched interventions and profound resiliency found in many marginalized communities

KEY RECOMMENDATIONS

1. Address social factors related to poverty, employment, food security and housing.
2. Improve access to health care services, including more health care workers and incentives to attract and keep them in the area.
3. Offer alternatives to current medical models, including homecare, nurse practitioners, midwives and alternative treatments.
4. Have more plain language writing for health-related information and medical instructions.
5. Focus on health promotion and prevention strategies.
6. Increase local services and strengthen community capacity and sharing best practices across communities

THE RESEARCH TEAM

These consultations were conducted by the following members of the Health and Learning Knowledge Centre's Adult Working Group and their partners:

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The Health and Learning Knowledge Centre is composed of a 17-member consortium led by the Faculty of Education at the University of Victoria. The centre brings together a wide variety of professional health and learning individuals based in British Columbia, Yukon and across Canada.

The AWG focuses on four priority groups: adults with low-literacy levels, immigrants and refugees, adults living with HIV/AIDS, and adults living in rural and remote communities.