Waterloo Wellington **LHIN**

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March 2010

HEALTH CARE IN OUR RURAL AREAS

The WWLHIN covers approximately 4,800 square kilometres of land – almost 90% is rural.

We enjoy our urban/rural mix; heading to one of our many farmers' markets or taking a drive to explore the countryside. If you live 'in the city' perhaps you have even thought about moving to a rural community.

Recently, the WWLHIN conducted a review of rural health services to better understand the health status of rural populations, health services that are available and challenges to accessing those services. The review was conducted by a Rural Health Working Group of health care professionals chaired by Dr. Chris Rowley, rural physician in North Wellington, and assisted by Rural Health Consultant, Jim Whaley. The complete review is available on the WWLHIN website.

Over the past year, residents of our rural communities were invited to consultations about their needs and priorities. In addition, the working group reviewed international, national, and provincial literature on rural health issues. The differences between the urban and rural health care experience were explored.

The review did find differences. The research shows that rural individuals may: be less healthy, have less education, and less money than their urban counterparts. They use the internet less often. They are older and need more health care while at the same time have travel issues – transportation can be a challenge when living down a snow-covered side-road! There may be religious or cultural resistance. And, rural folks have an independent, self-reliant streak; they are prepared to look after themselves and their neighbours.

To move forward, the Rural Health Working Group proposed a framework for rural health services consisting of four components:

1. Comprehensive primary health care
2. Community supports and home-based care
3. Hospital-based acute and emergency care
4. Integrated rural health care models

Under this framework, nine recommendations were made – described in full in the report, available on the website.

Let's look at the first part of the framework — comprehensive primary health care. Primary care is defined as the patient's first point of contact with the health system, usually a family doctor working with nurses and other health professionals.

Visit our website www.wwlhin.on.ca for the complete Rural Health Care Review Final Report

Jim Whaley suggests that primary care can be divided into three categories of service availability. The first category is areas that have no primary care – there are no doctors. The Southgate (Dundalk, Swinton Park) area of the WWLHIN and Puslinch/Eramosa areas are examples.

The second category is areas where some primary care is available – there are doctors (often working in solo practice) but there is no team of allied health professionals to support them.

Thirdly, some rural communities are served with Family Health Teams and Community Health Centres; examples include Center Wellington (Fergus and Elora), North Wellington (Palmerston and Mount Forest) and Erin.

These models of comprehensive primary health care – Family Health Teams and Community Health Centres, can offer far-reaching services to benefit residents in rural communities. The Woolwich Community Health Centre in St. Jacobs is a hub of health care for rural residents and offers satellite clinics in Linwood and Wellesley.

Langs Farm Village Association is planning to create the North Dumfries Community Health Centre to offer primary health services to residents of Ayr and surrounding rural communities. The Minto-Mapleton Family Health Team has offices in both Drayton and Clifford.

Hospitals are also part of the rural framework. While not considered primary care, they have a role to play in supporting primary care for rural residents. North Wellington Health Care (Palmerston District and Louise Marshall) and Groves Memorial Hospital, as well as Homewood Health Centre and Trellis Mental Health and Developmental Services have all demonstrated collaboration, innovation and leadership in addressing rural health service needs.

Much positive work has been accomplished. More needs to be done as outlined in the Rural Health Care Review to integrate primary care, community supports and home-based care, hospital-based acute and emergency care, and rural health care models.

"I believe that the WWLHIN is placing an emphasis on primary health care in rural areas, even though it doesn't control all of the funding. But this LHIN, Waterloo Wellington, says that primary care is the foundation upon which improvements can be made in rural health service delivery and I am excited that the WWLHIN will get behind it," said Whaley.

Sandra Hanmer
Chief Executive Officer

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