MODULE 1

Rural Healthcare in Alberta

Key Highlights

- Rural and remote communities aren't simply 'non urban'; they are best defined by their unique characteristics, population density and distance from larger centres.
- There is workforce maldistribution in Alberta with healthcare professionals choosing urban centres.
- The healthcare workforce is changing with increasing internationally educated professionals choosing Alberta.
- Increasing opportunities to train more healthcare professionals in rural and remote communities is key to attraction and retention.
- A strong healthcare system can lead to a more resilient community.
- Changes to Alberta's health system make it even more important for Attraction, Integration & Retention Committees to work closely with local health employers.

RHPAP
CHAMPIONING RURAL HEALTHCARE

Rural Healthcare in Alberta

It is often said that when you know one rural community, you really only know one rural community. The point being that no two rural communities are the same.

While this statement may be true, it might cause us to overlook some of the common features of Alberta's rural and remote communities, including:

- Agriculture and resource-based industries (oil, gas, forestry), with a focus on small business and dependency on commodity prices
- Low population density, with an aging population as young people move away for schooling and work
- Strong Indigenous presence
- Increasing number of individuals born outside of Canada
- Limited public transportation and long distances to reach specialized healthcare services
- Strong community ties, with high levels of volunteerism and traditional values.

In this module, we explore what we mean by the term *rural* and how rural health services are organized in Alberta. We will also explore how strong rural healthcare services can strengthen the overall sustainability of rural and remote communities as well as the influence that the increasing globalization of the healthcare workforce has on the attraction and retention of this workforce to rural Alberta.

Defining Rural

Describing how a rural community or region differs from an urban one can be pretty apparent especially if you *live* in a rural area. But developing an all-encompassing definition of *rural* has proven difficult over the years.

In fact, researchers and government have struggled with defining the notion of rural. This lack of clarity can impact policy and program decisions as well as things like eligibility criteria for attraction, integration and retention funding.

There are essentially two schools of thought when it comes to defining rural: in contrast to urban or using measurements like population size, people per square kilometre and distance from large centres.

RHPAP defines rural as communities located outside of the defined Census Metropolitan Area (CMA) boundaries of Edmonton or Calgary with a population of 15,000 people or less. Other organizations in Alberta (and Canada) use varying definitions.

See Appendix 1-1 for a detailed discussion of how rural is defined.

Alberta's Rural Healthcare Workforce

Attracting, integrating and retaining healthcare professionals in rural Alberta is a challenging task and requires new ideas, innovation and a fresh approach led by community-based committees and groups. It is important to have a background understanding of healthcare workforce issues in rural Alberta to do this effectively. For example, while some communities have a degree of good fortune in maintaining their health services, other communities have witnessed service reductions, closures and ongoing turnover of physicians, nurses and allied health professionals.

The reasons for these reductions, closures and workforce turnover are complex but can be traced back to fewer healthcare professionals choosing to work and live in rural and remote communities.

The Government of *Alberta's Rural Health Strategy (2024)* states that, while over 18% of Albertans live in rural and remote communities (close to 900,000 people), fewer than 7% of family physicians work in those

communities, with similar ratios for nurses and some other healthcare providers. This mismatch between rural and urban regions is called *maldistribution*, which means the uneven geographic distribution of healthcare professionals resulting in some areas having an oversupply while others face significant shortages. The reality of maldistribution is that, while larger regional and urban centres still suffer from shortages of healthcare professionals, they tend to attract a disproportionate number of these professionals as compared to rural regions.

Strategies to address and reduce maldistribution and encourage more healthcare professionals to choose rural are explored in Module 5 of this Toolkit.

The Aging Population and Healthcare Workforce

The ongoing maldistribution and general shortages in the healthcare workforce are unlikely to improve as the Baby Boomer generation (born between 1946-1964) moves into retirement *en masse*. Many healthcare professionals in Alberta are part of the Baby Boomer generation, and there are fewer people entering the workforce to replace them. Without strong policy and action, this generational shift has the potential to make the current disparity and general shortages in the healthcare workforce even worse.

When you look at the population of rural Alberta, it's evident that seniors are the fastest growing population group. While Alberta has the youngest population out of the provinces, just like the rest of Canada, its overall population is aging. In 2023, 15% of Albertans were aged 65 years and older and this percentage is expected to increase to 20 % by 2051.

The aging population in Alberta will influence the healthcare workforce as significant numbers of physicians, nurses and allied professionals retire in the next few years. This mass retirement will impact the ability of the healthcare system to deliver services. Technology like Artificial Intelligence may offer some solutions, but healthcare professionals will always be needed in rural and remote Alberta communities.

The World at Your Doorstep

Rural Alberta continues to welcome internationally educated healthcare professionals (IEHPs) as a key strategy to meet its health workforce needs. The global healthcare workforce makes up an increasing proportion of the health professionals settling in Alberta. They come from places like the Philippines, Nigeria, Egypt and the United Kingdom.[1] The internationally educated health workforce includes people who are new to Canada, as well as Canadians who have chosen to take their training in another country and are returning home to live and work.

All IEHPs meet strict Canadian licensing standards including qualification examinations, additional training where needed and, once licensed, their performance is closely supervised for a period by other healthcare professionals, as well as additional oversight by both the national and provincial licensing bodies.

Moving to a new community is stressful enough – imagine the added stress of moving around the globe to a new country and culture. It can be challenging for IEHPs and their families to adjust to life in Canada – especially when moving to a close-knit rural community. Committees can be a huge support to IEHPs and their families dealing with unique needs and stresses by taking time to help welcome the newcomers and engaging them in the community. Welcoming and supporting IEHPs is explored in Module 6.

[1] Changes in training and licensing enacted in 2011 seriously reduced the number of physicians from South Africa coming to Canada.

Expansion of Rural Medical Education

The Government of Alberta has invested $225 million dollars to aggressively expand the number of medical doctors who can be trained in the province, with most of those new spots being assigned for rural medicine. These spots are being offered through a distributed medical education campus approach based on considerable evidence that shows that people tend to practise where and how they are trained.

The University of Calgary and University of Alberta, in partnership with the University of Lethbridge and Northwestern Polytechnic, have developed two new distributed rural medical education campuses in Lethbridge and Grande Prairie. Both sites will focus on the specialized training of rural physicians and providing opportunities for students to spend a considerable proportion of their time working alongside physicians in rural and remote communities in the north and south. In addition, medical school admissions pathways have been created to enable more rural and Indigenous applicants to seek careers in medicine closer to home.

These distributed training sites will produce about 60 to 100 new rural physicians each year. This number is in addition to the over 300 new physicians who graduate each year from Alberta's two medical schools in Calgary and Edmonton.

Strong Healthcare Services Means a Strong Community

Many rural Albertans will tell you that strong, accessible and quality healthcare services are the lifeblood of rural and remote communities. This relationship is supported by research that shows that a sustainable healthcare system goes hand in hand with the ongoing economic and social sustainability of the community itself. Healthcare services help retain current, and attract new residents, businesses and industries which all contribute to helping the community remain a safe and prosperous place to live.

When your community has a sufficient complement of healthcare professionals, it means they can sustain the services and programs currently offered and provide more care closer to home, so community members don't have to drive long distances for tests, to deliver babies, have surgery, undergo cancer treatments or access other forms of high-level care.

The Alberta Chamber of Commerce has stated that the business community has a shared interest with rural and remote communities in sustaining rural healthcare services, with specific reference to physicians.

> *The ability of rural residents to access healthcare provided by rural physicians is of great importance to Alberta's economic recovery and long-term prosperity in the province. With the growing concern of physicians leaving rural and remote communities, residents of rural and remote communities are at risk of losing much more than local medical care; reduced access to physician care also impacts businesses' ability to attract skilled workers and grow which, in turn, impacts the vitality and sustainability of rural and remote communities.*[2]

The Rural Municipalities Association of Alberta (RMA) also prioritizes attracting more healthcare professionals to rural and remote communities to reduce out-of-town travel for healthcare and sustain rural community health services. The RMA is advocating to government and health service organizations for improved rural healthcare funding, better recruitment/retention strategies, and maintenance of existing rural health facilities.

Seeing the linkages between the overall social and economic health of your community and the sustainability of its healthcare services can be a helpful perspective as your Committee begins its important work to attract, integrate and retain healthcare professionals.

[2] https://www.abchamber.ca/wp-content/uploads/2022/02/Access-to-physicians-supports-rural-economic-development.pdf

Alberta's Changing Rural Health Landscape

The Government of Alberta is refocusing the province's healthcare sector and how services are delivered to Albertans. Alberta Health Services (AHS) is being reorganized and will be joined by four additional health service organizations:

- Primary Care Alberta
- Acute Care Alberta
- Assisted Living Alberta
- Recovery Alberta

The Government states that the four new organizations will make the province's healthcare system less complex and more coordinated.

Healthcare services for people living in rural and First Nations communities will be supported by a network of Regional Advisory Councils (RACs) and Indigenous Advisory Councils (IACs) to integrate community and Indigenous perspectives into health system planning. RACs and IACs provide advice on strategies and engagement approaches, inform practices and protocols with culturally appropriate programs and services, and support local decision-making by ensuring health programs meet Indigenous peoples' health and wellness needs.

The Government notes that the refocused health system will address rural healthcare workforce issues by "working with front-line workers…and listening to Albertans" through its new *Rural Health Action Plan*.

During this period of transition, it will be vitally important for community-based Committees to maintain their relationships with their local health employer organizations. Ensuring a high level of communication and collaboration at the community level will help ensure that attraction, integration and retention strategies and activities can remain coordinated with the recruitment work being done across the four new health organizations overseeing services in rural and remote communities.

Appendix 1-1: Defining Rural

Trying to define the concept of rural may seem like a simple task for most people living in rural Alberta communities; however, the differences between a rural area and an urban one can be both obvious and a bit unclear at the same time.

Researchers and governmental organizations have basically attempted to define rural in two ways.

Some have suggested that rural is defined as simply being not urban meaning that it lacks the things found in cities. A rural physician once argued that rural and remote communities have Tim Hortons while urban communities have Starbucks. But even this comparison is likely quite inaccurate. The *not urban* approach is overly simplistic in addition to being problematic because it characterizes rural places only by what they lack, rather than by what they offer (their distinct characteristics and strengths). Viewing rural and remote communities from a deficit perspective also overlooks some of the complex social and economic relationships rural and remote communities have with urban centres.

An alternative definition of rural looks at objective statistical data, specifically population size and population density (i.e., people per square kilometre). These definitions may also include additional measures that consider the notion of *remoteness* (i.e., distance from urban centres) combined with geographic and professional isolation (i.e., where is the nearest professional support).

An example of a population-based definition of rural is used by RHPAP, which considers a rural community as being "located outside the defined census metropolitan areas of Calgary or Edmonton, with a population of fewer than 15,000 people."

Various other organizations and research studies have defined rural by the distance to a big city:

- Statistics Canada defines a 'rural and small town' as a population living outside the commuting zones of larger urban centres[3] (similar to RHPAP's definition).
- The Canadian Association of Emergency Physicians describes rural communities as being further than 400 km or about 4 hours transport time in good weather from a major regional hospital.[4]
  While a similar study from Australia defined 'remote' medical practice as more than 300 kilometres or 3 hours from support services.[5]
- In Ontario, *isolated* communities are defined as those with fewer than 10,000 people, and more than 80 km from a regional centre of more than 50,000 people.[6]

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[3]du Plessis, V., Beshiri, R., Bollman, R.D., & Clemenson, H. (2002). *Research Paper: Definitions of Rural.* https://www150.statcan.gc.ca/n1/en/pub/21-601-m/2002061/4224867-eng.pdf?st=TFLHW7pP

[4]Arvier, P.T., Walker, J.H., McDonagh, T. (2007). Training emergency medicine doctors for rural and regional Australia: can we learn from other countries? *Rural Remote Health*, Apr-Jun;7(2):705

[5]Hays, R.B., Craig, M., Wise, A., Nicholls, A., Mahoney, M.D., Atkins, P.D., Sheehan, M., & Siskin, V. (1994). A sampling framework for rural doctors. *Australian Journal of Public Health*, 18(3).

[6]Rourke, J. (1997). In search of a definition of "rural." *Canadian Journal of Rural Medicine*, 2(3), 113–115.

In Alberta, the *Official Standard Geographic Areas* framework[7] defines three types of rural and remote communities and one type of regional community:

- Large Rural Centres (pop. 10,000 to 24,999) - considered rural but act as regional business and cultural centres. These centres include communities such as Brooks, Cold Lake, Wetaskiwin, and Camrose.
- Rural Areas - pop. less than 10,000 and up to 200 kilometres from an urban area, inclusive of towns, villages, hamlets, First Nations communities, Métis Settlements and agricultural areas. These areas would include communities like Bonnyville.
- Rural Remote Areas - typically resource communities including oil/gas, agricultural and tourism located more than 200 kilometres from a metro or urban centre found primarily in northern Alberta. Examples include High Level, LaCrete and Grande Cache.
- Regional centres such as Grande Prairie, Lethbridge, Red Deer and Medicine Hat are classified as urban or significantly influenced by a nearby metropolitan area in terms of economy, services and cultural activities. Calgary and Edmonton are classified as metropolitan centres which impacts the rural status of communities such as Airdrie and Stony Plain.

Another example of a geographically based definition of rural is used by the Rural Remote Northern Program (RRNP), managed by the Alberta Medical Association and funded by the Government of Alberta. The program provides financial incentives for physicians who choose to live and work in rural Alberta communities.[8] The RRNP calculates the amounts paid to physicians using seven different factors that consider things like geography (e.g., community size), proximity to a referral hospital (i.e., remoteness) in addition to measures of professional and social isolation. Under the RRNP system, communities that are more isolated score higher on the scale of isolation points. This system may offer a reliable measure of the relative rurality of communities. For example, La Crete in northwestern Alberta scores 39 RRNP isolation points while Morinville scores only 1.5 because of its proximity to Edmonton. While Morinville is arguably rural, La Crete would likely fall into the Alberta government's 'Rural/Remote' classification.[9]

Both the Alberta *Official Standard Geographic Areas* framework and RRNP isolation factors provide additional layers of detail that recognize that rural is much more than simply being *not urban*. And while definitions of rural may differ, at the end of the day, rurality is best understood by a community's geographic, social and economic distance from larger metropolitan centres combined with its relative isolation, which includes factors such as transportation links (e.g., road, air) and, with regard to healthcare, how close the nearest help is.

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[7] Government of Alberta & Alberta Health Services. (2018). *Official Standard Geographic Areas*. https://open.alberta.ca/dataset/a14b50c9-94b2-4024-8ee5-c13fb70abb4a/resource/70fd0f2c-5a7c-45a3-bdaa-e1b4f4c5d9a4/download/official-standard-geographic-area-document.pdf

[8] https://www.albertadoctors.org/practice/physician-compensation/rrnp/

[9] https://open.alberta.ca/publications/rrnp-community-rate-table