



From The Women's Health Contribution Program

Supported by the Bureau of Women's Health and Gender Analysis, Health Canada

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Rural, Remote and Northern Women's Health

At Issue

There are clear disparities in health status between women living in rural and urban parts of the country. Rural, remote and northern living women in Canada have recommendations about ways to improve their health status that need to be addressed by researchers and policy-makers.

Our Analysis

Over one in five Canadian women live in a rural area. There are clear disparities in health status between women living in rural and urban parts of the country.¹ Rural women carry great responsibilities for their families, communities and family farms or businesses. Poverty and financial insecurity, primarily as a result of unemployment, job insecurity, low wages or seasonal work, is the most important determinant of health for rural women and their families. Elderly, Aboriginal or disabled women are particularly vulnerable.

Rural women understand that health is more than health care and emphasize the positive aspects of rural living for maintaining health. There is consistency in rural health priorities across the country, but a need to recognize the diversity of rural communities. Geographic isolation and limited access to health services affect health, as well as sociocultural characteristics of communities that influence health-seeking behaviour.

Women around the country describe the health care system as strained, vulnerable, unreliable and insufficient to meet their needs. Cutbacks in services inherent in health reform have led to more travel, often without easy access to transportation, more stress, and less personalized care for rural and northern residents. Rural women lack access to women-centred care.

In June 2004 the Centres of Excellence for Women's Health released the report *Rural, Remote and Northern Women's Health: Policy and Research Directions*. The two-year project was conducted with women from across southern and northern Canada. Follow-up work with rural women in Saskatchewan has found that the women have constructive solutions in mind for their communities but they require enough resources to mobilize and be heard.

Our Recommendations

The *Rural, Remote and Northern Women's Health* report policy recommendations:

- Factor gender, place and culture into all health policy.
- Define health policy as more than health care services.
- Improve health by improving access to: information, health care services, appropriate care and decision-making.

The following are some of the specific actions suggested:

- **Any research on rural, remote and northern women** would be useful, especially research recognizing the differences between urban and rural living and the diversity of rural women.

Advancing the health of women

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- Use **gender/place/culture lenses** in policy development, health planning and programming, and **involve women in the analysis**. Create a “GPA—Gender Place Analysis” policy change network of women in rural, remote and northern Canada and policy makers.
- **Make it possible for rural women to be actively engaged** in policy-making through support for leadership training, networking, proposal writing, travel, honoraria and childcare. Have the Rural Health Access Fund and other sources provide stable, long-term operational funding for community-based involvement in economic, political and social services.
- Increase resources to **further involve rural, remote and northern women with the Centres of Excellence for Women's Health** in community research, developing and disseminating locally appropriate information, education and advocacy materials.
- **Create a Centre of Excellence for Women's Health for the Yukon, Northwest and Nunavut Territories**.
- **Address the factors outside the “healthcare silo”** including income security, social services and transportation that influence health.
- Increase awareness of health services. **Coordinate intersectoral health information access points** for rural, remote and northern users throughout Canada, for example through local libraries, telephone information lines, interactive websites, or community health centres.
- **Expand coverage for health services**, e.g. prescription drugs and complementary therapies.
- **Cover all costs related to travelling** away from home for necessary care.
- **Address shortages in rural health care services, and scarcity of “appropriate care”** including female practitioners,

complementary practitioners, or those trained in cross-cultural care and meeting the needs of diverse rural populations.

- Establish incentives for all health profession students to **specialize in service delivery to under-served rural, remote and northern populations**, particularly Aboriginal and other historically disadvantaged groups. Accelerate accreditation for foreign-trained practitioners.
- Facilitate health professionals' involvement **in integrated community health centres with mobile service delivery capabilities**.

For Further Information

Rural, Remote and Northern Women's Health: Policy and Research Directions, Centres of Excellence for Women's Health, June 2004. Two-year project with women from across southern and northern Canada. A community resource kit has been produced for the use of rural women. www.pwhce.ca/RR.htm

A Rural Women's Health Program: The Experience of the South Westman RHA, An Exploration of Health-Related Impacts of the Erosion of Agriculturally Focused Support Programs for Farm Women in Saskatchewan, and Women and Health: Experiences in a Rural Regional Health Authority are available at www.pwhce.ca/research.htm

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¹ *Rural, Remote and Northern Women's Health: Policy and Research Directions*, pages B5-B6.