



# NURSE PRACTITIONERS IN RURAL AND REMOTE COMMUNITIES

## EQUITABLE ACCESS TO HEALTH CARE

The more than six million people living Canada's in rural and remote communities<sup>1</sup> are facing the biggest health human resources shortage in the country. Innovation and initiative are essential to provide equitable health services to all Canadians.

## HISTORY

Nurses in extended roles have been caring for people in Canada's rural and remote communities since the 1950s. The regional nurses, outpost nurses and community health nurses who first did so took additional training to provide the bulk of primary health care in our country's most isolated settings.

In the 1970s nurse practitioners (NPs) were seen as the way to address the issue of the lack of physicians in remote and rural areas. As registered nurses (RNs) with extended training, a number of NPs began providing health care to communities that had been relying solely on visiting physicians. Through this process, primary health care largely became NPs' responsibility. From their work over many years, governments, nurses and nursing associations set out to more clearly define advanced nursing practice — seeking a common name and set standards for nurses' additional education and training and ways to support them in these roles. As a result NPs now have protected titles and common standards for their education and practice.

## MULTIDISCIPLINARY TEAMS

The full range of primary health care services that NPs provide in rural and remote communities is valued. But NPs are also highly effective in these communities when working as part of teams, which can include clinical nurse specialists, physicians, RNs, midwives and other care providers. In fact, the success NPs within such teams shows their potential to resolve access issues in many settings — though, as a number of studies have shown, there are still not enough NPs working under this model.

## RETAINING HEALTH-CARE PROVIDERS

While building on the successful initiatives in place, a special effort is needed to maintain health-care workforce levels in Canada's rural and remote communities. Nurses and doctors who are either trained in rural settings or are from rural and remote communities are more likely to continue practising in these areas. The data suggests

that retention efforts would be most effective by training community members for local health-care positions.

## NEW MODELS OF CARE

In Manitoba, mobile clinics are bringing health care to Canadians living in smaller, rural areas, who may not have access to primary care providers. The clinics are specially designed buses staffed with NPs and RNs whose wide-ranging services include complete checkups, immunizations, prescription renewals, and health promotion and education. This mobile health model helps reduce transportation costs for patients while bringing services directly to them.<sup>2</sup>

In rural southwestern Ontario, the Care for Seniors model of care began in 2008 when a North Perth family health team hired an NP to develop and implement a program to help older adults with complex medical conditions. Under this model, the NP collaborates with other primary care providers to deliver coordinated, comprehensive care to geriatric patients. In addition, the NP holds monthly clinics, helps patients transition to new living situations (e.g., long-term care, retirement homes), accepts referrals from other health-care professionals and assists with care plans via weekly multidisciplinary meetings at the local hospital. Care for Seniors has helped patients get timely access to primary care providers (they would otherwise not have) and address many of the challenges associated with rural older adult care, including lack of geriatric expertise.<sup>3</sup>

British Columbia has a number of rural communities that rely on NPs to provide health care. One such community is home to a health centre established in 2013 by an NP. The Sorrento Community Health Centre clinic brings primary health care to hundreds of residents who would not otherwise have access. In 2015, the donations that supported its services were bolstered by additional funding from the province. As he announced the new funding, B.C. Health Minister Terry Lake singled out the contribution of NPs to rural communities: "By continuing to invest in the integral role nurse practitioners play in the delivery of health care in the province, today's funding supports the delivery of high-quality community-based health care that focuses on the needs of patients."<sup>4</sup>

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<sup>1</sup> Statistics Canada. (2011). Population, urban and rural, by province and territory. Retrieved from <http://www.statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/demo62a-eng.htm>

<sup>2</sup> Manitoba. Southern Health. (2013). Mobile clinic. Retrieved from <http://www.southernhealth.ca/service.php?id=234>

<sup>3</sup> Prasad, S., Dunn, W., Hillier, L. M., McAiney, C. A., Warren, R., & Rutherford, P. (2014). Rural geriatric glue: A nurse practitioner-led model of care for enhancing primary care for frail older adults within an ecosystem approach. *Journal of the American Geriatrics Society*, 62, 1772-1780. doi:10.1111/jgs.12982

<sup>4</sup> British Columbia. Interior Health. (2015, May 22). Funding to benefit community health programs in Shuswap region [Media release]. Retrieved from <https://www.interiorhealth.ca/AboutUs/MediaCentre/NewsReleases/Documents/Funding%20to%20benefit%20community%20health%20programs%20in%20Shuswap%20region.pdf>