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## Strengthening healthcare in rural, remote and northern Canada

Canada cannot deliver on Arctic sovereignty, major projects, critical minerals development, food security or economic resilience without strong rural, remote and northern communities. Strong communities need reliable access to high quality health care.

Approximately 20 per cent of Canadians live in rural, remote and northern communities where physicians are scarce, emergency departments are often closed, and acute and primary care capacity is limited. Many patients cannot access basic tests, prescribed medications or diagnostic imaging close to home. One in four patients in rural and remote areas face a high travel burden to access care. This is driven by limited local services, a greater prevalence of older populations with more complex needs, and is impacted by long distances, poor road infrastructure, and urgent hospitalization requirements.

These challenges are no longer only a health equity issue. They are a national resilience issue.

The federal government is making the Arctic and North central to its economic and security agenda, with recent priorities focused on Arctic sovereignty, trade-enabling infrastructure, critical minerals, major projects, northern food security and stronger transportation corridors. These investments will not reach their full potential if health systems in the same northern, rural and remote communities remain fragile.

New mines, transportation corridors, defence investments and industrial projects will increase demand for health services in communities that are already stretched. On-site medical facilities for large industrial projects can also draw health workers away from local hospitals and clinics, compounding shortages and increasing pressure on fragile teams.

Canada risks building the infrastructure of the future on top of health systems that do not have the workforce, support, facilities, broadband, transportation links or virtual care capacity to support the people and communities expected to drive economic growth.

### THE CHALLENGE

Canada currently lacks a rural, remote and northern health strategy. The absence of a coordinated federal approach has contributed to persistent staffing shortages, particularly in nursing, primary care and specialized roles such as physiotherapy and occupational

therapy, and has also contributed to the lack of meaningful, measurable health outcome improvement.

Health workforce recruitment and retention challenges are compounded by limited housing, lack of employment and education opportunities for family members, insufficient professional development, burnout and limited access to services and supports. The prolonged use of private staffing agencies has increased costs without building sustainable local capacity. In many cases, it also pulls health workers from the local, regular workforce in community deepening shortages and exacerbating burnout.

These pressures are especially acute in rural, remote and northern communities with large Indigenous populations. Persistent racism, the legacy of colonialism and lack of culturally safe care often lead patients to delay seeking care until their condition becomes urgent or critical because they want to avoid discrimination or unsafe experiences.

At the same time, rural, remote and northern communities are essential to Canada's future. They are home to critical minerals, energy projects, transportation corridors, Indigenous-led development and Arctic sovereignty priorities. Health care must be treated as part of the enabling infrastructure needed to support these communities.

**WHAT IS WORKING**

HealthCare*CAN* members are already demonstrating practical solutions that could be spread and scaled. The following three examples represent a very small selection of the many examples of work happening across the country.

SE Health, through the SE Career College of Health, has delivered more than 24 certified Indigenous blended-delivery Health Care Aide, Personal Support Worker and Community Health Representative cohorts, with more than 153 graduates and additional cohorts underway. These programs provide Indigenous-led education and training while minimizing time away from home communities and helping students work confidently in those communities after graduation.

Alberta's Health System (formerly Alberta Health Services) is reducing barriers by bringing breast cancer screening to women in 120 rural and remote communities across Alberta, including 26 Indigenous communities. Mobile units are also being used to provide MRIs, dialysis, kidney disease screening, diabetes care, hypertension screening and obesity-related care.

Newfoundland and Labrador Health Services has expanded the scope of registered nurses at the Labrador South Health Centre, enabling patients in rural communities to access

emergency, mental health, child, youth and family services as well as diagnostic testing without the burden of travel.

These examples show that better care is possible. But too often, these solutions remain patchwork, siloed and dependent on local capacity. The federal government can help scale what works by treating rural, remote and northern health as part of Canada's broader nation-building infrastructure agenda and by understanding that Canada's rural, remote and Northern citizens are worthy of excellent care.

## WHAT THE FEDERAL GOVERNMENT CAN DO

### 1. Treat rural, remote and northern health infrastructure as nation-building infrastructure

Federal investments in Arctic infrastructure, major projects, broadband, housing, transportation and economic corridors must be accompanied by health system planning and investment.

Health infrastructure in rural, remote and northern Canada includes more than buildings. It includes reliable broadband, virtual care capacity, diagnostic equipment, mobile care units, patient transportation services, staff housing, culturally safe spaces and the digital systems needed to connect patients with care.

The federal government should:

- Ensure rural, remote and northern health facilities are eligible and prioritized within federal infrastructure programs, including physical, digital and community infrastructure streams.
- Align federal investments in Arctic infrastructure, trade corridors, major projects with health infrastructure so that new economic development includes health system impact assessments and related health capacity planning.
- Improve broadband affordability by addressing overage fees, data caps and cost burdens for rural, remote, northern and Indigenous households.
- Increase investment in Low Earth Orbit satellite technology, ensuring compatibility with legacy systems where fibre-optic infrastructure is not practical.
- Support digital infrastructure that enables virtual specialist consults, remote monitoring, shared diagnostics, secure data exchange and team-based care with continuity of provider across sites and over time.

### 2. Build and retain the rural, remote and northern health workforce Canada needs

The federal government's Arctic, infrastructure and major projects agenda will increase demand for health workers in regions already facing shortages. A rural, remote and northern workforce strategy is needed to ensure a set of principles under which work can be aligned, the workforce can be supported and sustained, relationship-based care in continuity over time can be increased, long-term local capacity can be built and improvement in outcomes can be measured.

The federal government should:

- Establish a federal rural, remote and northern health workforce strategy with targets, metrics and public reporting.
- Expand Practice Ready Assessment capacity and streamline licensure pathways for internationally educated health professionals.
- Invest in Indigenous-led and northern-based training pathways so more students can train close to home and stay in their communities.
- Support housing, childcare, continuing education and family supports that improve recruitment and retention.
- Adapt First Nations and Inuit Health Branch (FNIHB) guidelines to expand scope of practitioners under physician supervision by following successful models from Newfoundland and Labrador and ensure adoption is consistent within and across provinces and territories.

**3. Expand team-based primary care, virtual care and mobile care models**

Rural, remote and northern communities need models of care that match geography, workforce realities and patient needs. This means expanding care teams, mobile services and virtual care supports while ensuring patients can still access in-person and specialized care when needed.

The federal government should:

- Ensure new major projects include planning for emergency care, occupational health, primary care and local health system impacts.
- Invest in team-based primary care models that use family physicians, nurse practitioners, registered nurses, allied health professionals, pharmacists, midwives, community paramedics and Indigenous health workers to their full scope.
- Update regulations on scope of practice and funding models to support the safe use of point-of-care tests, diagnostic devices and remote monitoring tools in rural, remote and northern settings.

- Improve rural and northern patient transfer protocols, including better classification of rural transport modes and stronger training for teams managing transfers.

**THE BOTTOM LINE**

Rural, remote and northern health care is no longer only a matter of access to care and health equity. It is a matter of national resilience.

The federal government is investing in Arctic sovereignty, major projects, critical minerals, food security, trade corridors and defence readiness. These priorities depend on strong communities. Strong communities depend on access to health care.

A federal rural, remote and northern health strategy would help align infrastructure, workforce, digital connectivity, transportation and primary care so that individuals can thrive, communities can grow, attract workers, support Indigenous-led development and contribute to Canada's economic and security priorities.

Canada cannot build a stronger North without strengthening northern, rural and remote health care.