Ontario

Echo: Improving Women's Health in Ontario

Ontario's Rural and Northern Health Care Framework

Reflecting Women's Needs

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Ontario has released a Rural and Northern Health Care Framework/Plan Stage 1 report (Ministry of Health and Long-Term Care, 2010). Echo: Improving Women's Health in Ontario supports the intent to bring focus to improving health service delivery to rural and remote residents and we are providing comment on the plan highlighting ways that the Framework can better address the needs of rural and northern women.

Echo is mandated to act as the focal point and catalyst for women's health at the provincial level and to promote equity and improved health for women by working in collaborative partnerships with the health system, communities, researchers and policy-makers. Why is this important for Ontario? Ensuring women stay healthy provides direct benefit to women and supports the broader community in addressing health needs. Women are the primary care givers in almost all families. Women spend their discretionary money and time differently compared to men with priorities on better health and quality of life for their children and family. Targeted education of women regarding health, results in greater health benefits to their children and families, "thus empowerment of women not only affects health of women themselves, which is in itself a valid justification, but it also results in greater benefits to their children, families, and communities." (Kar et al. 2001, p.2). Women are currently the most frequent users of health services and they make up the majority of the health workforce. Government health improvement goals will therefore be served by recognizing that addressing women's health strengthens health overall. Since women are not homogeneous, we know that targeted approaches, such as approaches focusing on the health needs of Aboriginal women, are needed.

> *"I'm from a small community – and it was an hour away to the nearest doctor, an hour away to an eye doctor, to the nearest dentist. Rural communities suffer a lot, because there is just not enough money to provide what they need. We have to make appointments six months ahead of time to get what we need."* (Rural Woman, Hendrickson et al. 2010).

What are the key challenges that concern rural and northern women?

The healthy life expectancy of women in rural and northern areas is lower, meaning they can expect fewer disease-free years of life than their counterparts in southern and urban Ontario (Manuel et al. 2000). For example compared to the provincial average, more women in the north have high blood pressure and chronic pain and report higher obesity rates and lower functional status (Statistics Canada 2010). Rural and Remote residents have more limited health care services and options and they have to travel great distances to receive most of these services (McBain and Morgan 2005). They have lower household income and greater social isolation putting them at higher risk for health problems.

What would strengthen the Framework?

Priority 1: Consider how lifestyle factors impact on health

The Rural and Northern Health Care Framework notes factors such as: environmental exposures, lifestyle factors, social circumstances, and genetic disposition which significantly impacts ones health and longevity. We know that women's social status and roles contribute to health inequities. The Framework should acknowledge and respond to the issues of violence against women, the impact and challenges of women caregivers, and the increased risks from pesticide exposure for rural women.

Address Violence Against Women

Domestic and intimate partner violence can have serious and long-term impacts on a woman's physical and mental health. There is some evidence that rural women in Ontario are in greater fear for their lives and more often victims of high risk forms of abuse, as compared to the national average (Tettero 2008). There is also evidence which suggests that women in smaller communities are more likely to turn to the health care system and police more than to family and friends. It is recommended that the Framework:

- Ensure quality, accessible sexual assault services are available.
- Ensure there are housing and support options for women seeking refuge from violence.
- Recognize the need to help residents understand the signs of abuse, basic safety information, and where to seek help.
- Work to reduce the social acceptance of men's violence against women.

Increase Supports for Informal Caregivers and Access to Quality Caregiving Services

Rural and northern areas are aging at a faster rate than other areas of the province. Moreover, women and seniors with lower household incomes report the greatest unmet home care needs (Bronskill et al. 2010). Ontario's Aging At Home Strategy is striving to have seniors stay in their homes for as long as possible. This creates some challenges in rural and northern communities including higher needs for family caregiving support. Providing reliable high quality, accessible home care service is especially important due to the high dependency ratio – seniors provide most of the care and support to other seniors. More seniors in these areas, particularly in the north, are frail and they currently have the highest rates of preventable emergency department visits (Bronskill et al. 2010). It is recommended that the Framework specifically identify how home care support can be improved in rural and northern communities given the high levels of need. Some solutions that could be investigated include:

Telemonitoring can allow health care providers in a central location to monitor clients for safety, track vital signs and communicate with clients and caregivers regarding treatment procedures and therapies.

- Creating caregiver networks, to increase availability and accessibility of family caregiver supports. For organizations across the province working on these issues: http://www.caregiver-connect.ca/en-us/regions/Pages/Ontario.aspx.

- Funding telemonitoring to support seniors' ability to stay at home. These devices can allow health care providers in a central location to monitor clients for safety, track vital signs and communicate with clients and caregivers regarding treatment procedures and therapies (Anderson 2006).
- Developing a role for home care co-ops, to increase caregiving capacity (Leipert et al. 2007). Home care co-ops are member organizations, where home care workers form a company and work under the supervision of a registered nurse to ensure high quality and comprehensive home care is available in areas that might not otherwise have this care. Several have developed throughout the United States (Whitaker, Schneider and Bau 2005). Here in Canada, the model is being used in rural Nova Scotia (www.careforce.ca).

Address the Dangers of Pesticide Exposure

We have always known that farming can be a dangerous occupation – due to injury and strain. We now know that exposure to chemicals commonly used in farming, such as pesticides, significantly increases women's risk of developing breast cancer (Brophy et al. 2006), asthma (Hoppin et al. 2008), and retinal degeneration (Kirrane et al. 2005). In addition, exposure to pesticides during pregnancy can delay sexual maturity in the sons of these women. It is recommended that the province work with the Occupational Health Clinics for Ontario Workers and the National Network on Environments and Women's Health to develop a prevention and early detection strategy.

Priority 2: Design and implement care delivery systems that strengthen the reliability/quality of care

Access to health care is but one influence on health, but access is influenced by: geographic location, income, social networks, language and ethnicity, gender, ability and sexuality. By ensuring that rural and northern residents do not have unequal access to care based on gender and other social factors, we can begin to work towards better health for all. Standardized care approaches help to reduce inequities in care delivery (Bierman et al. 2009a)

It is therefore recommended that the Framework ensure:

- That practice standards for common health issues be established and monitored for equity of access and outcome.
- That information sharing across sites of care and with users be implemented directly.
- That services for complex clients be integrated.

The need for these reforms can be illustrated in the following examples:

Improve Access to Maternal Care

Increased centralization of care has removed birthing facilities from many small and remote communities in Ontario. When birthing services leave communities, other services often go with them, such as family planning, gynaecologic, and other women's health services. There is evidence which suggests that birth

The Rural Birth Index is a measure of community maternal health service needs and takes into account the birthrate of the community, the travel time to the nearest birth facility and the vulnerability of the community.

outcomes are better when care is provided locally, regardless of the type of care (Kornelsen and Grzybowski 2005). Pregnant women in most rural and remote areas must travel to larger centres to give birth, removing them from their communities and social support networks. When family members do accompany them, they must pay for travel and accommodation out of pocket, which can be a considerable expense if there are any delays or complications. We suggest:

- Ensuring that maternal health care services match community needs, using measures such as the Rural Birth Index (Centre for Rural Health Research 2008a). The Rural Birth Index is a measure of community maternal health service needs and takes into account the birthrate of the community, the travel time to the nearest birth facility and the vulnerability of the community. There is an accompanying recommended level of maternity care based on the index calculation.
- Implementation of innovative delivery models of local pre and postnatal care (including shared care and group visits) and education to reduce the burden on families and to strengthen the support to women and families (Centre for Rural Health Research 2008b). These models will require practice standards to ensure high quality service delivery is maintained. Sharing of information across sites of care will enable seamless care delivery and reduce risks for women and providers.

Improve Mental Health Services

The Framework explicitly determined that mental health services were out of scope, however, greater attention to and coordination of mental health resources is long overdue in rural and northern communities. There are fewer mental health specialists resulting in fewer services and an almost complete lack of psychotherapy and counselling, yet there are higher rates of serious mental illnesses such as major depressive disorder (Canadian Mental Health Association 2009). This is of particular concern to women because women use more health care services than men and report greater unmet mental health care needs (Ad hoc working group on women's mental health and addictions 2006). When mental health needs are not matched by services, greater use of emergency services results (Lin et al. 2009) accompanied by increased hospitalization rates (Canadian Mental Health Association 2009). To address gaps in services, it is recommended the Framework ensure:

The Hospital for Sick Children and Sunnybrook use telemedicine facilities to connect psychiatrists with mental health providers and patients in rural and northern areas.

- Development of demonstration projects for innovative and accessible mental health services such as online cognitive behavioural therapy (NICE 2008).
- Improved sharing of information across sites of care including primary care to ensure safety and continuity of care.
- Integrating local mental health, physical health, and addictions services. The "local hub" model recommended in the framework ought to include mental health and addictions services, along with other health, social and trauma services (Echo 2009).
- Supporting specialized service needs through telemedicine (Melville Whyte and Havelock 2007).
- Any future provincial mental health and addiction body (like that recommended in Recommendations for Ontario's Mental Health and Addictions Strategy entitled "Respect, Recovery and Resilience" (Minister's Advisory Group 2010) includes representation from women and men in rural and northern communities.

Priority 3: Mandate Planning and Accountability requirements that reflect the priorities of rural and northern women

The Rural and Northern Health Care Framework reflects the need for local communities and groups to develop and shape the future of their healthcare locally. Echo applauds this intent.

The services that support rural and northern residents provide limited access and choice. The service network is ill defined and fragile in many communities. Residents in urban and southern areas of Ontario have a much wider range in choice of providers and services available (Glazier et al. 2011). Women support receiving service through a variety of care models and through a variety of practitioners (Hendrickson et al. 2011). When health care services from non-medical professionals (such as: speech language therapists, physiotherapists, social workers, diabetes educators, and pharmacists) are inaccessible, consumer choice and quality of health care suffer (Romanow 2002). It is essential that the vision of providing appropriate access and equitable outcomes be supported through effective planning and performance measurement for the full range of service needs of rural and remote residents, similar to the efforts that have been made regarding cancer care.

Rosa's story

There is a shortage of doctors here. My doctor moved to southern Ontario and I was without. I used to go to the sexual health clinic for my annual pap tests. The last time I tried to go – I was told that the service could only be accessed if I had a sexual health problem. I did not have a problem – my concern was a preventative health measure/personal health responsibility – so I did not qualify to access this facility to get a pap test. Going to a walk-in clinic was the only other option. A visit to a gynaecologist requires doctor referral. So, I wonder how many women don't look after their reproductive health due to barriers such as this? (especially young women!)

It is recommended that the Framework ensure:

- Routine disaggregation of data to ensure that all people - regardless of factors such as geographic location, gender, and income - are being served effectively.
- The inclusion of user reported outcome measures for all health services.
- Continued access to women-centred services that women rely on.

Generating evidence of a community's needs, barriers and user perspectives will further support and inform quality improvement and planning efforts. These actions will move us towards a more nuanced understanding of quality that will reduce the waste of unhelpful, inappropriate or unnecessary interventions.

Some promising practices that could be explored further include:

- Increasing mobile health services or local rotating clinics for speech therapy, mammography, physiotherapy, well-woman checks (Sutherns, McPhedran and Haworth-Brockman 2004). The NorWest Community Health Centres have a mobile health unit, which travels to small communities to deliver care from

community health workers, nurse practitioners, and foot nurses. These models can be explored and modified within each LHIN.
- Introducing innovative transportation approaches, such as rideshares (O'Leary 2008). The City of Lethbridge and Alberta Health Services teamed up to create a carpooling program for commuters and patients.

Ontario has invested in the development of the POWER Study (**P**roject for an **O**ntario **W**omen's Health **E**vidence-Based **R**eport) (Bierman et al. 2009b). The Study provides a baseline assessment of equity (and inequity) in Ontario with data that are disaggregated initially by sex, with further subset analysis by geographic location, socioeconomic status, education and ethnicity where data permits. This baseline assessment can help to frame the opportunities for improvement for rural and remote residents across Ontario. This assessment has confirmed that there are many opportunities to improve health and health equity for rural and remote residents.

Women want to provide input into how services are provided to them and their families. Echo: Improving Women's Health in Ontario, in partnership with the Ontario Women's Health Network, has just launched a Women's Health Leadership Program (Ontario Women's Health Network 2011). Women throughout the province, including in rural and northern areas, are supported to provide effective leadership locally to increase the capacity of women and communities to take action on health issues. Graduates of this program would be excellent resources to engage in local health planning.

Thank you for the opportunity to reflect the voices of rural women in the planning for care and services to support rural and northern Ontarians.

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