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*From the Centres of Excellence for Women's Health:*

## **Canada's health system failing women in rural and remote regions**

### **Largest Canadian study on rural women's health finds urban solutions do not address rural problems**

*The Centres of Excellence for Women's Health* today released the final report from a two-year study on the health of rural, remote and Northern women. This is the largest qualitative study in Canada to date to address the health concerns of this important community.

*Rural, Remote and Northern Women's Health* includes data collected from focus groups and workshops with women from diverse communities across Canada, including fishers and farmers, and from Aboriginal, Francophone and Anglophone communities from coast to coast to coast. The report also draws on data collected from a National Consultation meeting held in Saskatoon (2003). More than 200 women from rural, remote and Northern regions in every province and the territories in Canada were consulted during the study process.

The rich diversity of Canada's rural regions shone forth in the study, and despite significant social, cultural and geographic differences, researchers found common rural health issues and priorities.

#### ***Significant health gap between Canada's rural and urban women***

Study authors found a general lack of access to health information and access to health care services for women's health in rural regions. Study participants noted that current systems for health information are poorly coordinated and inadequately promoted, while health services are often infrequent, irregular and limited.

Rural women spoke of the financial, emotional and social costs from the frequent need to travel away from home to obtain essential health services. Gas or flights are expensive, as are hotel rooms, parking, food, childcare and forfeited income. Traveling for health care is also related to high levels of stress associated with being away from the family, especially during a health crisis. Even basic travel costs may not be covered, depending on the federal, provincial or territorial jurisdiction responsible.

"These multiple costs and inconveniences are largely borne by women, as they are often responsible for scheduling activities, maintaining the home and monitoring the emotional climate of the family," says study author Rebecca Sutherns.

The study also highlights the lack of rural female health practitioners, complementary health practitioners, or health care individuals trained in cross-cultural issues. Many rural women spoke of not bothering to seek care until they were very sick. As a result, appointments for preventive measures are rarely made. As one study participant noted, “those that need services fall through the cracks. They have to make their life emergencies wait.”

### ***Good health for rural women means addressing poverty, not just health care***

Poverty and financial insecurity arising from unemployment or low wage and seasonal work was highlighted by the study participants as impacting their health the most. Study author Marilou McPhedran, says that “women and their families cannot maintain their health in the absence of financial security.”

Women’s experiences of healthy living extend far beyond visits to health care providers. For example, rural women are disproportionately burdened with poverty and domestic violence in Canada, with certain groups, such as Aboriginal women and elderly women being particularly disadvantaged.

The researchers emphasize that social policies outside of the ‘health care silo’ – including finance, labour, social services and transportation, can have as much influence on health and health status as service provision. “It’s time for health policy to reflect health research by recognizing that economic and social investments are investments in health,” McPhedran argues.

### ***Invisible women: rural women ignored by Canada’s policy makers***

Margaret Haworth-Brockman, lead author and Executive Director for the Prairie Women’s Health Centre of Excellence says that “recent health reforms in the provinces and territories may have disproportionately disadvantaged rural and remote women.”

Rural women, she believes, are largely invisible to policy makers who operate out of urban contexts and rarely take into account the perspective of rural women’s lives and concerns. “They are the ‘invisible women,’ of health policy” Haworth-Brockman adds, “whose voices and concerns are rarely heard.”

*Rural, Remote and Northern Women’s Health* is careful not to make the same mistake. Women interviewed for the study were given the opportunity to share their major concerns and contribute their insightful solutions to the health care crisis. From suggestions for local or mobile services, to embracing a wider range of health practitioners, such as midwives and nurse practitioners, their creative and thoughtful ideas for the future form the backbone of the study recommendations.

“This study demonstrates that including rural and remote women in the policy decision-making process that directly impacts their health, and the health of their families, is an essential first step,” says Haworth-Brockman.

“Many women told us they had not ever had a chance to speak about what is important to them. Despite living in very different circumstances, there was a great deal of similarity in their desire to be heard, to be respected and to contribute their practical solutions to the health care debates,” she notes.

“It is time we listened.”

This study was funded by the Women’s Health Bureau, Health Canada, with assistance from the Office of Rural Health, and the Institute for Gender and Health, Canadian Institutes for Health Research.

***Rural, Remote and Northern Women's Health: Policy and Research Directions (Summary Report; Centres of Excellence for Women’s Health, June 2004)*** is available online at: [www.pwhce.ca](http://www.pwhce.ca) or [www.cewh-cesf.ca](http://www.cewh-cesf.ca) or by contacting: (204) 982-6630.

***Study authors and study participants from various regions across the country available for interview.***

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## *Fact Sheet*

### **Rural and Remote Women in Canada**

\*Despite the federal *Canada Health Act* promising accessibility and universality of health care provision, rural, remote and Northern Canada remains chronically under-serviced in terms of acute primary (disease) care and primary health (well-being) care that includes disease prevention, health promotion and community health care.

\*Over 1 in 5 Canadian women live in a rural area.

\*Rural women have appreciably lower labour force participation rates, higher fertility rates and a higher likelihood of being poor than their urban counterparts.

\*Canadian women living in rural communities have a higher risk of dying from motor vehicle accidents, poisoning, suicide, diabetes and cancer.

\*Women in rural communities are at a higher risk of violence, economic insecurity, primary industry occupations hazards. Aboriginal women and senior women are particularly vulnerable.

\*Rural research outside of Canada has shown that rural women have greater family and community responsibilities due to coming from larger families, starting their own family earlier, having more children and playing key roles in family businesses and in community affairs.

\*Rural women often have to travel long distances to obtain health care, and are often without easy access to transportation; as a result, they are less likely to use health services.

\*Rural women have limited access to women-centred care. A lack of confidentiality about services received can be a problem in small communities.

\* Women in rural, remote and Northern areas of Canada often experience triple disadvantage, because of their gender, their location, and the interactions between the two. For women facing additional barriers of racism, poverty or lack of education, the negative health effects can be multiplied further.

\*As slightly more than half of the population of Canada and of rural, remote and Northern Canada, women are far more than a “special interest group.” They are the majority of voters, health care providers, caregivers (paid and unpaid). Because women are underrepresented among elected politicians and other decision makers, their political value is often ignored.

For more details consult:

***Rural, Remote and Northern Women's Health: Policy and Research Directions (Summary Report; Centres of Excellence for Women's Health, June 2004).***

Complete study available online at: [www.pwhce.ca](http://www.pwhce.ca) or [www.cewh-cesf.ca](http://www.cewh-cesf.ca) or by contacting: (204) 982-6630.