

Featured Rural and Remote Programs



How the National Lung Health Framework's Database Can Help You

Many programs and initiatives currently listed in the National Lung Health Framework's Respiratory Resources Canada (RRC) database promote strong partnerships, develop and apply best practices, and may be implemented in your area.

Educators and health care professionals are eager to cooperate by sharing their experiences. Your health region, organization, or program may benefit from the experience of others. Programs in rural and remote areas can be established more quickly and successfully by connecting with successful programs than if they were developed in isolation.

The Challenge

While definitions for "rural" vary, it is known that Canadians who live outside the urban areas of the country face difficulties in getting health care. This applies to care for many conditions, including respiratory diseases. Long distances, poor infrastructure (e.g. roads), low population densities, and harsh weather are realities for the 20% of Canadians that Statistics Canada identifies as "rural".

Some of the same challenges that make it difficult for patients to access medical care also make some medical personnel reluctant to work in rural, remote, or Northern areas. Low population densities mean that specialists don't always get to maintain their level of expertise in certain procedures.

Many rural or remote communities have higher rates of certain respiratory conditions. For example, the TB rate for Canadian Inuit is 157.5 per 100,000 (2008 data), well above the general Canadian rate of 2 per 100,000.

The Response

The **National Lung Health Framework** is a Canadian initiative designed to improve lung health across the country by promoting collaborative and coordinated action among health care professionals, policy makers, researchers, clinicians, advocates and others.

Within the **National Lung Health Framework**, as it relates to health care in rural and remote areas, key groups and individuals work together to:

- **collaborate** with other health strategies and initiatives;
- **expand roles** for health care providers in remote areas;
- **train and encourage** professionals to work in remote areas and;
- **use technology** effectively and efficiently to surmount the difficulties of distance and climate.

HIGHLIGHTED PROGRAMS

Programs are available in various places in Canada to train physicians for work in rural and remote areas, to develop skills of health care workers in remote communities, and to work around the challenges associated with distance and climate extremes.

Here is a small sample of successful programs in action, from the **Respiratory Resources Canada** database. These are examples only; check **RRC** for other programs!

Northern Ontario School of Medicine Ontario

Northern Ontario School of Medicine emphasizes the special features of Northern Ontario:

- a diversity of cultures and geographical environments;
- varying illness and health status patterns, each with clinical challenges;
- a range of health service delivery models, with emphasis on local health care and interdisciplinary teamwork and;
- personal and professional challenges for medical professionals.

Respiratory medicine is taught in the context of graduating medical generalists equipped for practice in Northern and remote settings.

Northern Ontario School of Medicine
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Northern and Native Child Health Programme Quebec

Pediatricians from The Montreal Children's Hospital have made regular visits to Quebec's Cree, Inuit and Mohawk communities. The multidisciplinary team members work to maintain close communication between the remote native communities and The Montreal Children's Hospital.

The multidisciplinary team is made up of pediatricians, a nurse, social workers, audiologists, occupational therapists, physiotherapists, electrocardiogram technicians and biomedical engineers. They are supported by a number of sub-specialists and allied healthcare professionals who visit the northern communities as needed.

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<http://reseaudesanteenfant.crim.ca/web/guest/programme-de-sante-du-nord>

Lung transplant support group in Cape Breton Nova Scotia

Patients from Cape Breton travel to Toronto and stay for several months when they receive a lung transplant and followup rehabilitation. Meeting four times a year, and facilitated by a Certified Respiratory Educator (CRE), this group of patients provides support for each other by sharing their physical and emotional experiences of lung transplant surgery far from home. Patients' partners and caregivers also participate.

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Training for Aboriginal Licensed Practical Nurses Manitoba

Assiniboine College's Aboriginal LPN program trains First Nations and Métis students as Licensed Practical Nurses. The two-year diploma course prepares graduates to work in remote nursing stations where the LPN deals with a wide range of diseases and conditions. Aspects of respiratory care include:

- health assessment, including chest sounds;
- pediatric respiratory (e.g. asthma);
- health promotion, including smoking cessation;
- administering oxygen;
- tracheotomy care and;
- chest trauma.

Students can take the theory portion of the program in their home communities, followed by practical training in larger centres in Manitoba.

Remote communities and students benefit from this program. Communities have increased healthcare capacity, while students benefit from improved career opportunities.

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Edmonton Regional Severe Asthma Clinic—University of Alberta Hospital Alberta

Alberta Health Services (Edmonton Regional Severe Asthma Clinic) uses telehealth in Alberta, parts of northern British Columbia, and Nunavut. Telehealth allows physicians, respiratory therapists, and nurse practitioners in Edmonton to gather information from patients in remote communities, before they travel to a doctor for an in-person visit. Telehealth is also used for patient education, such as the correct method of taking medication. Physicians and other health care professionals participate by telehealth in education sessions that are provided quarterly on topics such as assessing occupational related asthma, the role of allergy assessment, pulmonary function testing, managing chronic systemic steroids, and common co-morbid conditions.

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