

# Journal of Rural and Community Development

## A Call for Action: Ensuring Equal Healthcare Access In Rural Canada

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**Citation:**

Bykowski, K., Wilson, D. M., Glanfield, F., & Montgomery, C. (2026). A Call for action: Ensuring equal healthcare access in rural Canada. *The Journal of Rural and Community Development*, 21(1), 20–30.

**Publisher:**

Rural Development Institute, Brandon University.

**Editor:**

Dr. Doug Ramsey

**Open Access Policy:**

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## **A Call for Action: Ensuring Equal Healthcare Access in Rural Canada**

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### **Abstract**

People living in rural Canada often experience inequitable access to comprehensive healthcare services. Despite health policy efforts to improve access in rural communities, residents frequently report challenges obtaining reliable primary care, emergency services, maternity and seniors' care, mental health and substance use supports, specialist services, and chronic disease management. Understanding the social determinants of health specific to rural contexts is a critical foundation for addressing rural health disparities and informing effective policy development. Nurse practitioners (NPs) are well positioned to contribute to rural healthcare delivery through their ability to practice autonomously and provide comprehensive, person-centred care. NP practice includes holistic health assessment that incorporates psychosocial, cultural, spiritual, behavioural, developmental, and social determinants of health alongside clinical evaluation. In addition to direct care, NPs contribute to service improvement, care coordination, patient advocacy, and health education that is responsive to available community resources. Policy efforts that strengthen NP role integration, continuity of care, and alignment of scope of practice with community health needs may enhance access to comprehensive services in rural settings. Supporting such approaches has the potential to advance health equity, improve health outcomes, and contribute to more sustainable rural healthcare systems.

**Keywords:** rural health, nurse practitioner, social determinants of health, health policy

## **Appel à l'action : garantir l'égalité d'accès aux soins de santé en milieu rural au Canada**

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### **Résumé**

Les personnes vivant en milieu rural au Canada souffrent souvent d'un accès inégal aux services de santé complets. Malgré les efforts déployés par les politiques de santé pour améliorer l'accès aux soins dans les communautés rurales, les résidents signalent fréquemment des difficultés à obtenir des soins primaires fiables, des services d'urgence, des soins de maternité et des soins aux aînés, du soutien en santé mentale et en toxicomanie, des services spécialisés et la prise en charge des maladies chroniques. Comprendre les déterminants sociaux de la santé propres aux contextes ruraux est essentiel pour lutter contre les inégalités en matière de santé en milieu rural et élaborer des politiques efficaces. Les infirmières praticiennes (IP) sont bien placées pour contribuer à la prestation des soins de santé en milieu rural grâce à leur capacité à exercer de façon autonome et à offrir des soins complets et centrés sur la personne. La pratique des IP comprend une évaluation holistique de la santé qui intègre les déterminants psychosociaux, culturels, spirituels, comportementaux, développementaux et sociaux de la santé, en plus de l'évaluation clinique. Outre les soins directs, les IP contribuent à l'amélioration des services, à la coordination des soins, à la défense des droits des patients et à l'éducation sanitaire en fonction des ressources communautaires disponibles. Les politiques visant à renforcer l'intégration du rôle des infirmières praticiennes, la continuité des soins et l'adéquation de leur champ de pratique aux besoins de santé communautaires pourraient améliorer l'accès à des services complets en milieu rural. Le soutien de telles approches est susceptible de promouvoir l'équité en santé, d'améliorer les résultats de santé et de contribuer à des systèmes de santé ruraux plus durables.

**Mots-clés :** santé rurale, infirmière praticienne, déterminants sociaux de la santé, politique de santé

## **1.0 Rural Social Determinants of Health: Implications for Nurse Practitioner Practice and Policy**

In Canada, there is a high value placed on health policies that support equitable healthcare services for all citizens. As a response to the observed scarcity of healthcare resources during the COVID-19 pandemic, particularly for marginalized populations, there has been a growing discourse on ensuring equitable access to healthcare services for all Canadians regardless of age, race, or place of residence. Statistics Canada (2016b) defines rural areas broadly as all territory outside population centres. Rural areas encompass a wide spectrum of geographic, demographic, and cultural contexts, underscoring the heterogeneity of these populations. Individuals living in rural communities across Canada face significant challenges in accessing comprehensive healthcare services, putting them at risk for substandard health outcomes. These individuals believe that their healthcare needs are not being adequately addressed (Subedi et al., 2019). Despite decades of efforts to address rural health and healthcare access inequities, progress has been minimal, leaving significant room for improvement (Wilson et al., 2020). The issue has undergone a reframing that emphasizes the crucial role of social determinants when addressing healthcare issues. This shift recognizes factors such as socioeconomic status, level of education, and living conditions as vital in shaping health outcomes and access to care in rural communities. There is a pressing need for innovative solutions to address the disparities in rural health and healthcare access.

Nurse practitioners (NPs) are masters or doctoral-prepared clinicians who have education and licensure which allows them to autonomously assess, diagnose, and care for people with both acute and chronic illness (Nurse Practitioner Association of Canada, 2025). NPs first emerged in Canada during the 1960s in response to family physician shortages in rural communities (Canadian Nurses Association, 2020) and are increasingly stepping into the role of independent healthcare providers (Marceau et al., 2021; Sterkenburg, 2024). The holistic approach to NP practice recognizes that health extends beyond physical symptoms to include psychological, emotional, and spiritual dimensions, thereby promoting comprehensive well-being for patients (Jasemi et al., 2017; Wood, 2020). To provide safe and effective care in rural settings, NPs draw on a strong empirical knowledge base while integrating a nursing perspective that prioritizes health promotion, patient education, and consideration of contextual factors such as geographic isolation, limited healthcare resources, and social determinants (Jasemi et al., 2017; Wood, 2020). By combining empirical knowledge with holistic nursing values, NPs are well positioned to address the complex and interconnected factors influencing health in rural communities.

The purpose of this paper is to examine the rural social determinants of health most relevant to NP practice and to outline how these determinants influence health decision making. This paper also discusses the implications of these determinants for rural health policy, highlighting how NPs can contribute to more equitable and context-responsive healthcare delivery across rural Canada.

### **1.1 Determinants of Rural Health**

A key aspect of holistic NP practice is recognizing health determinants, as these factors play a critical role in shaping patient outcomes (CCRN, 2023; Government of Canada, 2023; Martin-Misener et al., 2024). Rurality itself, typically characterized by low population density, geographic isolation, and limited access to

services and infrastructure, such as healthcare, transportation, or education, is increasingly recognized as a distinct determinant of health (Haynes, 2022; Manduca-Barone et al., 2022). These conditions often contribute to health disparities in rural areas, where factors such as lower income levels, fewer educational opportunities, and transportation barriers are prevalent, all of which can contribute to poorer health and lower healthcare outcomes (CIHI, 2023; Rural Health Information Hub, 2022). Addressing health determinants is critical for improving health equity and reducing rural health disparities. The eight determinants that are the most relevant to rural health in the literature include: Economics, culture, housing, transportation, community infrastructure, environment, food, and education and health literacy. Understanding each of these factors provides a foundation for developing targeted policies and interventions that can effectively meet the healthcare needs of rural populations (Taylor, 2019).

*1.1.1. Economics.* Accessing healthcare services that are not available locally can impose significant personal financial and other burdens on rural individuals. These may include the expense of long-distance travel to urban centers for advanced imaging or specialist services, or to neighboring rural communities for even basic healthcare. Travel costs include potential lost wages due to the need to take time off work (Hirello et al., 2022).

It is also important to recognize that in Canada, rural populations often depend on resource extraction, agriculture, and mining for income; industries linked to high rates of accidental injury and death (Gillespie et al., 2022, Government of Canada, 2022b; Zwilling, 2018). Furthermore, limited employment opportunities and high retirement levels in rural areas contribute to lower socioeconomic status and higher rates of poverty in rural areas as compared to urban areas of Canada (Leimbigler et al., 2022).

*1.1.2. Culture.* Culture is a critical social determinant of health in rural Canada, influencing health beliefs, care-seeking behaviours, access to services, and how individuals engage with healthcare providers. Rural regions are home to an estimated 60% of Indigenous peoples in Canada, who comprise approximately 5% of the total population (Statistics Canada, 2016a; Statistics Canada, 2021). Although precise national estimates of Indigenous populations living in rural areas remain limited, these data indicate a substantial Indigenous presence in rural communities.

Indigenous health outcomes are shaped not only by geographic factors but also by the enduring impacts of colonization, including intergenerational trauma associated with residential schools, forced displacement, and systemic discrimination (Bombay et al., 2014). These experiences continue to influence physical, mental, emotional, and spiritual health, as well as trust in healthcare systems and patterns of healthcare utilization. Indigenous healthcare in Canada is delivered through provincial systems, supplemented by federal programs such as the Non-Insured Health Benefits program (Alberta Health Services, 2020). Many Indigenous peoples also prioritize traditional healing practices, including smudging, sweat lodges, and the medicine wheel, as part of a holistic approach to wellness that supports healing and cultural continuity (Foulds & Warburton, 2014; MacRae, 2021).

Rural Canada also encompasses many traditional agricultural communities that prioritize values of self-reliance, independence, and resilience (Zwilling, 2018). At the same time, an increasing number of immigrant populations are settling in rural

areas, contributing to the growing ethnic diversity in many rural regions (Garasia & Dobbs, 2019). It is essential for rural healthcare providers to be culturally competent to ensure that the care they provide is respectful, relevant, and responsive to cultural differences.

*1.1.3. Housing.* Challenges in rural housing include limited rental units and higher utility costs than in urban areas (Rural Health Information Hub, 2022). Due to older construction, many rural homes are less energy efficient, resulting in higher heating and cooling costs. Additionally, lead-based paint and asbestos are common in older rural homes, posing direct and indirect health risks to people living in them and people who repair or dismantle them (Rural Health Information Hub, 2022). Economic fluctuations linked to the energy and mineral extraction sectors also contribute to housing instability. Furthermore, renters in rural communities are more likely to experience substandard living conditions and overcrowding (Rural Health Information Hub, 2022).

*1.1.4. Transportation.* Transportation costs for rural Canadians are typically higher than for urban residents due to limited access to public transit options like taxis, buses, airports, and trains (Rural Health Information Hub, 2022). In the absence of public transportation, rural residents are forced to rely on private vehicles, incurring additional expenses for fuel, maintenance, repairs, and insurance. Additionally, rural residents are more likely to travel on poorly maintained highways and unpaved roads compared to urban residents. Kornelsen et al. (2021b) found that patients in rural British Columbia incurred an average of \$856 in transportation expenses and \$674 in accommodation costs over one year (2019-2020) when seeking specialist and diagnostic services outside their communities. Those costs were strongly correlated with the distance traveled, with longer distances understandably leading to higher expenses (Kornelsen et al., 2021b). While some individuals living in isolated rural areas of Canada may be eligible for government coverage for medically-necessary travel, each province and territory has different guidelines for these assistance programs (Government of Canada, 2022a; Government of Ontario, 2024).

*1.1.5. Community infrastructure.* Reduced local technological infrastructure, such as high-speed internet and cell phone networks, also contributes to lower health status among rural people (Leimbigler et al., 2022). For instance, those without adequate communication connections have difficulty booking appointments, participating in virtual health services such as video conferencing, or enrolling in online health portals to see and monitor their own lab results. Compared to urban residents, rural people are also more likely to report structural barriers to health promotion and physical activity, such as few local exercise facilities, bike paths, or even sidewalks (Pelletier et al., 2021).

*1.1.6. Environment.* Environment is a key health determinant, as both physical surroundings and social environments can impact health status. Rural households relying on well water face heightened risks of contamination (Rural Health Information Hub, 2022). These risks stem from environmental pollutants, including runoff from mining, oil drilling, and agricultural pesticides and manure, as well as contamination from landfills. Rural air quality can also be negatively impacted by pollutants from gravel roads, pesticides, crop harvesting, wildfires, and natural gas drilling (Rural Health Information Hub, 2022).

In sparsely populated areas, social isolation is common, which can contribute to increased substance misuse, less mental health, and a higher suicide rate in rural areas than urban ones (Zwilling, 2018). The prevalence of cigarette smoking, alcohol use, binge drinking, and driving under the influence are all higher in rural areas compared to urban areas (Dotson et al., 2018; Taylor, 2019). Moreover, in rural communities, there often is a lack of social support to be physically active or to participate in other health promotion activities such as smoking or alcohol cessation (Pelletier et al., 2021).

*1.1.7. Food.* Rural populations are more vulnerable to food insecurity than urban populations (Drysdale et al., 2024). Food insecurity occurs when individuals lack consistent access to sufficient, safe, and nutritious food needed for an active and healthy life (Food and Agriculture Organization, 2025). Many rural communities have limited grocery stores, resulting in fewer food choices for residents. Consequently, healthy foods, such as fresh fruits and vegetables, are often more expensive as there are higher transportation costs for suppliers delivering to rural areas (Rural Health Information Hub, 2022). Due to the convenience and long shelf life of ultra-processed foods, rural populations tend to consume more of them compared to urban populations (Nardocci et al., 2021). These foods, such as pre-packaged snacks and processed meats, are often low in nutrients but high in unhealthy fats, sugars, and sodium; which contribute to increased health risks such as obesity, heart disease, and diabetes (Harrington et al., 2020; Nardocci et al., 2021; Taylor, 2019). However, rural areas can have advantages, such as more home-grown meat and vegetables from gardens, which can mean more availability of locally grown and organic produce for some rural residents.

*1.1.8. Education and health literacy.* Rural people often have lower levels of formal education compared to urban residents, as fewer individuals complete high school or attain post-secondary education (Leimbigler et al., 2022). Contributing factors include the merging of small rural schools due to low student enrollment, which results in longer commuting distances for students, or lack of specialized programs, all of which limit educational opportunities (Haynes, 2022a). Lower levels of education are directly linked to reduced health literacy, as individuals are less likely to have the knowledge needed to navigate the healthcare system, gain correct health information from books and online, or understand what their healthcare providers have advised (Aljassim & Ostini, 2020; Hirello et al., 2022). Mistrust of the healthcare system, often stemming from past negative personal or family experiences, can further affect an individual's willingness to seek care and adhere to treatment recommendations (Hirello et al., 2022). Additionally, patients who see multiple different healthcare providers over time, due to high physician turnover may believe that their medical history is not known or understood (Aljassim & Ostini, 2020). Inconsistent care and communication can also hinder a patient's ability to manage and make informed decisions about their health, a key element of health literacy.

## **2.0 Rural Health Policy and Nurse Practitioners as a Potential Solution**

An effective method when attempting to influence policy decisions is combining scientific evidence with governance principles to develop clear and pragmatic solutions (Cairney & Oliver, 2017). Considering the overarching governance principle of providing comprehensive, equitable healthcare services to all

populations, and given the long history of rural health inequities, innovative models of rural healthcare delivery are overdue. Within this context, NPs have emerged as a critical workforce positioned to strengthen access and stability in rural healthcare.

The NP workforce in Canada has grown significantly, increasing from 3,157 in 2012 to 7,113 in 2022 (CIHI, 2022). This represents a 125% rise over the past decade, and the fastest growth rate among all regulated health professions (CIHI, 2022). In 2023, the number of NPs reached 8,302, with approximately 1,000 (12%) practicing in rural communities (CIHI, 2024). The rapid expansion of the NP workforce in Canada presents a significant opportunity to address persistent rural health inequities. NPs bring a broad scope of practice and a holistic approach that integrates consideration of social determinants of health, enabling them to provide comprehensive and contextually relevant care. By combining clinical expertise with an understanding of the unique challenges facing rural populations, NPs are well positioned to improve healthcare access and strengthen health outcomes in these communities.

NP practice is grounded in four foundational domains: Client care, quality improvement, leadership, and education (CCRNR, 2023). A health history conducted by NPs involves collecting relevant psychosocial, cultural, spiritual, behavioural, developmental, and social determinants of health, in addition to pertinent medical information (CCRNR, 2023). NPs identify and implement improvements in healthcare service delivery, advocate for policy development that improves patient health, and consider available community resources when delivering health education. Finally, a large component of NP practice involves collaboration with other healthcare providers and establishing working relationships with local, community-based services (CCRNR, 2023).

NPs are capable of independently providing a broad range of healthcare services, yet they remain significantly underutilized in Canada (Black et al., 2020). Policy barriers related to financial sustainability and governance continue to restrict their autonomy, highlighting the need for systemic reform to support their full contribution to rural healthcare delivery.

### **3.0 Conclusion**

Rural populations in Canada experience persistent inequities in health outcomes, shaped by complex social, economic, cultural, and geographic determinants. Addressing these inequities requires health policy and clinical practices to consider the broader contextual realities of rural life. NPs with their expanding workforce, broad scope of practice, and holistic approach to care, are well positioned to contribute to innovative solutions for rural healthcare delivery. Policymakers are encouraged to develop sustainable and models of healthcare delivery that address the rural context and the influence of rural social determinants of health and utilize the full scope of practice of all healthcare providers, including NPs. Rural health policy that supports and optimizes the NP role represents a strategy for advancing equity and strengthening rural population health outcomes.

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