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# Rural Health Action Plan 2024-2027



**Rural Health Action Plan, 2024-2027** | Alberta Health

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## Minister's Statement

Alberta's government is committed to improving the health care system for Albertans so they can have access to the best health care possible, no matter if they live in Cardston or High Level, Hinton or Consort, or other rural communities in between.

The discrepancies between the health care available to Albertans in and around urban centres and those who live in more rural and remote communities has been a growing concern for many years. These communities face unique health care challenges that call for creative solutions that create more equitable access to health care that they want and deserve.

As Minister of Health, I have been tasked with addressing health care in rural Alberta and finding ways to improve the overall care Albertans in rural and remote communities receive. This is why we are refocusing the health care system, so that we can find ways to improve health care for all Albertans and build a system that is innovative and delivers the care that is needed. Part of this work to refocus health care was to establish a dedicated Rural Health Branch that is focused on improving the health care services to rural and remote Albertans.

The *Rural Health Action Plan 2024-2027* is the road map by which we will begin to make tangible and targeted progress to improve health care in the farthest reaches of our great province. This plan is visionary and outlines key priorities and areas of focus that not only acknowledges the current challenges we are facing but provides specific actions that the Government of Alberta will take to address health disparities and foster equitable health care so that Albertans can live happier, healthier lives.

The outcomes we are striving to achieve through this action plan include:

- Equitable access to health care services regardless of rural or remote locations.
- A rural health care approach that is modern, cost-effective, and nimble and is able to evolve and adapt.
- A durable and sustainable rural health care system.
- Engaged rural and remote communities contributing to the decision-making process to solve their unique needs.
- Rural-focused health that supports promotion and prevention, providing conditions toward healthy living in local settings.

Over the next three years, the Rural Health Action Plan will offer the framework necessary to achieve these objectives and to align with concurrent government activities including the Modernizing Alberta's Primary Health Care System (MAPS) initiative, as well as the Indigenous MAPS initiative and system refocusing efforts in the areas of primary care, acute care, continuing care, and mental health and addiction.

I also remain steadfast in my commitment to working with First Nations, Métis, and Inuit partners to improve health outcomes. We know that many First Nations and Métis live in isolated, remote and rural areas, and it's important we continue to work with Indigenous leadership and communities to address the significant health disparities that exist.

Work has been done in rural and remote communities in Alberta in recent years to improve health outcomes, but we can do better. The opportunities before us with health system refocusing and the commitment to this Rural Health Action Plan will allow us to work together to make positive changes that will benefit all Albertans for generations to come.

I look forward to seeing the results of this important work and the improvement of health care delivery across the province.

Adriana LaGrange  
Minister of Health



## Introduction

Alberta's health care system is facing various challenges including complex systems, unacceptable wait times, service disruptions, and difficulty accessing primary care, particularly in rural and remote areas.

Our government will work tirelessly to create more equitable health care for rural and remote Albertans. We will seize opportunities to not only improve the individual lives of rural and remote Albertans through better health care, but subsequently positively impact the health of the larger population and outcomes across the province beyond physical and mental health and wellbeing.

The Government of Alberta is working to refocus and improve the health care system for current and future Albertans by prioritizing patients and empowering frontline health care providers. This involves creating a unified health system focused on primary care, acute care, continuing care, and mental health and addiction.

The Rural Health Action Plan (2024-2027) outlines key rural health priorities and areas of focus. It acknowledges the current challenges, including limited access to health care providers, infrastructure issues, social determinants of health and the realities of vast geography paired with small populations.

With health equity as an overarching principle across all areas, the Rural Health Action Plan has five areas of focus:

- **Workforce:** Attracting and retaining health care providers in rural communities.
- **Access:** Improving access to health care services, including after-hours care and specialists.
- **Models of Care:** Developing innovative models of care delivery suited to rural settings.
- **Community Care:** Promoting preventative health care and addressing social determinants of health.
- **Prevention and Wellness:** Encouraging healthy lifestyles and reducing chronic disease risk factors.

Strengthening rural and remote health care is crucial for the province's long-term prosperity. By addressing health disparities and fostering equitable health care, we can support the existing vibrancy and strength of Alberta's rural and remote communities and enhance economic and social outcomes across the province. This comprehensive Action Plan aims to achieve these goals, ensuring all Albertans have access to high-quality health care when and where they need it.

# Rural Health Action Plan in Context

The Government of Alberta is refocusing the health care system<sup>1</sup> to improve health services for Albertans today, and for future generations. Through this refocusing, we will create a more effective, unified health care system that prioritizes patients and empowers frontline health care providers. The first step is creating a unified health system with four specialized health services sectors: primary care, acute care, continuing care and mental health and addiction.

Right now, the system is too complex and alongside provinces and territories across Canada, we are facing challenges with respect to supply and distribution of health human resources. Together, these challenges result in issues including unacceptable wait times, service disruptions and problems accessing primary care, like family doctors. Under the “Shape the Way” engagement, Alberta Health conducted 65 public in-person engagement sessions across the province, with the majority in rural settings. We heard with overwhelming regularity that the biggest challenge facing our health care system is access to care. We also heard that once accessed, the care people are receiving is excellent. We heard about the differences between the challenges faced in urban, rural, remote, and Indigenous communities and we heard repeatedly that a one-size-fits-all strategy does not work for our diverse province. Transparency and communication, supporting and sustaining the health care work force, empowering local decision-making, accountability, and system integration are other themes that emerged from what we heard from Albertans. No matter where you live in the province, we are working on solutions to address rural and urban health challenges. The Rural Health Action Plan, 2024-2027, is one of the tools we’re using to ensure that the unique challenges faced by all people living in rural and remote Alberta are addressed as we refocus Alberta’s health care system.

There is an abundance of opportunity within the health care system when it comes to improving the experiences and health outcomes of rural and remote Albertans. We know that creating meaningful change will happen when we focus our attention on specific actions and so this Action Plan is designed around five focus areas of opportunities, with actions dedicated to achieving demonstrable successes in targeted areas. Further, this Plan will be refreshed regularly, to focus on new opportunities for success as we accomplish actions identified herein.

The Modernizing Alberta’s Primary Health Care System (MAPS) initiative<sup>2</sup> was established to provide recommendations to government about how to strengthen primary health care in Alberta and ensure all Albertans have access to timely, appropriate primary health care services when and where they need it. The MAPS Strategic Advisory Panel Report<sup>3</sup> outlined rural and remote considerations that informed actions in the MAPS 2-Year Implementation Plan<sup>4</sup>.

Many of Alberta’s First Nations, Métis, and Inuit residents live and work in rural and remote parts of the province, so a robust response to the challenges in rural and remote health care in Alberta will include intentional alignment with the important ongoing work with First Nations, Métis, and Inuit partners. The Indigenous Primary Health Care Implementation Advisory Panel established in December 2023 has developed, “The Way Forward”,<sup>5</sup> as a comprehensive guide to advance the Advisory Panel’s 22 Final Report recommendations.

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<sup>1</sup> Refocusing health care in Alberta. <https://www.alberta.ca/refocusing-health-care-in-alberta>

<sup>2</sup> MAPS Overview. <https://www.alberta.ca/modernizing-albertas-primary-health-care-system-maps>

<sup>3</sup> MAPS Strategic Advisory Panel Final Report. <https://open.alberta.ca/publications/maps-strategic-advisory-panel-final-report>

<sup>4</sup> MAPS 2-Year Implementation Plan. <https://open.alberta.ca/publications/maps-2-year-implementation-plan>

<sup>5</sup> The way forward: the Indigenous Primary Health Care Implementation Panel’s plan to advance the recommendations from Honouring Our Roots: Growing Together Towards a Culturally Safe, Wholistic Primary Health Care System for Indigenous Peoples. <https://open.alberta.ca/publications/way-forward-indigenous-primary-health-care-implementation-panel-plan-advance-recommendations>

# Defining Rural and Remote Alberta

## Demographics

Over 18 per cent of Albertans live in rural and remote communities (close to 900,000 people) and less than 7 per cent of family physicians work in rural and remote communities, with similar ratios for nurses and some other health care providers. This distribution of health care providers exacerbates the potential for inefficiencies in the system, or fragmented care.

More than 99 per cent of Albertans live less than 50km from the nearest community pharmacy.

Even though Alberta has the youngest population in Canada, our population is aging. In 2023, 15 per cent of Albertans were aged 65 years and older and this percentage is expected to increase to 20 per cent by 2051.<sup>6</sup> Further, seniors are the fastest growing population in rural areas.<sup>7</sup> Both the proportion of people aged 65 and older and the annual growth of this age group have been increasing rapidly since the start of the decade, specifically since 2011 when the first baby boomers turned 65.

## Geography of Residence

To ensure consistency across programs and in our reporting and planning, Alberta Health relies on the *Official Standard Geographic Areas: Alberta Health and Alberta Health Services* (2018), available at <https://open.alberta.ca/dataset/official-standard-geographic-areas>. For definitions of all seven geographies of residence, please see Appendix A.

### Large Rural Centres and Surrounding Areas

10,000 to less than 25,000 population (Brooks, Canmore, Wetaskiwin, Camrose, Lloydminster, Cold Lake). These areas are considered rural but are defined for the purpose of special studies. All six areas have unique populations and industries but belong to the rural area.

### Rural Areas

Populations less than 10,000 and up to 200 kilometres from a metro or urban centre. These include towns, villages, hamlets, First Nations, Metis Settlements, and agricultural areas.

### Remote Areas

Greater than 200km from a metro or urban centre. Industries tend to include oil & gas, forestry, hunting/trapping, tourism, and agriculture.

POPULATION, FERTILITY RATES, AND LIFE EXPECTANCY AT BIRTH BY GEOGRAPHY OF RESIDENCE: TABLE 1

Geography of Residence	Median Population Age (2023)	Mid-Year Population Estimate (2023)	Total Fertility Rate (2022)	Life Expectancy at Birth (2023)
Metro	37.5	2,611,383	1.32	81.5
Metro Influenced Area	39.7	649,816	1.47	81.9
Urban	37.6	439,937	1.31	79.6
Moderate Urban Influence	37.0	109,531	1.78	79.8
Large Rural Centres and Surrounding Areas	38.5	181,916	1.43	78.2
Rural Areas	40.7	609,718	1.67	78.1
Remote Areas	33.5	92,681	2.17	75.1
<b>Total</b>		<b>4,695,303<sup>8</sup></b>		

Source: All data provided by Alberta Health, Health Analytics Branch. Population data is derived from the Alberta Health Adjusted Mid-Year population registry files. Total Fertility Rates are based on live birth data from Alberta Vital Statistics, while Life Expectancy uses death data from Alberta Vital Statistics.

<sup>6</sup> Population Projections: Alberta and Census Divisions, 2020 – 2046. <https://open.alberta.ca/dataset/90a09f08-c52c-43bd-b48a-fda5187273b9/resource/bb7c6ef6-ade5-4def-ae55-ef1fd5d4e563/download/2020-2046-alberta-population-projections.pdf>

<sup>7</sup> Population Projections: Alberta and Census Divisions, 2020 – 2046.

<sup>8</sup> Total population is not a sum of the population in the seven geographies of residence because there are people with unknown locations of residence who are counted toward the province's total population.

## Workforce, Industry, and Economy

As we strive to enhance the experiences of rural and remote Albertans with the health care system, it is important to acknowledge the immense contribution of Alberta's rural workforce, industry, and economy. Rural Alberta contributes significantly to the provincial economy. Here are some of the key economic highlights<sup>9</sup>:

- While rural and remote Alberta accounts for only about 18 per cent of the provincial population, it is home to 41 per cent of the public and private investment in the province and 26 per cent of the provincial gross domestic product (GDP)<sup>10</sup>.
- Alberta's provincial parks generate more than \$1 billion in economic activity, and contribute more than 9,000 jobs through direct and indirect employment at more than 740 sites across the province, the vast majority of these are in rural areas.
- Revenue of Indigenous tourism operators was over \$279 million in Alberta in 2021, the second highest provincial total in Canada.
- There are 133 active capital maintenance and renewal projects in rural Alberta communities. Alberta has invested about \$78 million to fund these projects, creating more than 440 jobs.
- There are more than 20 active capital projects (health, school, post-secondary institution) in rural Alberta communities. Alberta has invested about \$510 million to fund these projects, creating about 2,800 construction-related jobs.
- Alberta's forestry companies support 31,573 jobs in the province, including the direct employment of 16,565 people. The sector is also an important part of Alberta's supply chain and contributes to employment through indirect jobs, with the transportation industry most impacted by upstream employment, accounting for 1,378 jobs.
- Alberta has more than 41,500 farms covering nearly 49.2 million acres of land, employing 35,900 people in the sector. Farms in Alberta reported \$22.2 billion in farm operating revenues in 2020.
- The energy industry, Alberta's mining, quarrying and oil and gas extraction sector employed about 138,000 people in 2022.<sup>11</sup> The oil and gas subsector alone contributes over 21 per cent of Alberta's annual GDP.<sup>12</sup>

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<sup>9</sup> Government of Alberta. Economic Development in Rural Alberta Plan, December 2022. <https://open.alberta.ca/publications/economic-development-in-rural-alberta-plan>

<sup>10</sup> GDP measures the total value of final goods and services produced over a specific time-period in a jurisdiction. Typically, GDP and GDP growth are used to evaluate an economy's overall economic strength. [Source](#).

<sup>11</sup> Alberta Energy Regulator. Energy Sector Outlook, February 2023. [https://static.aer.ca/prd/documents/sts/ST98/2023/ST98\\_executive\\_summary.pdf](https://static.aer.ca/prd/documents/sts/ST98/2023/ST98_executive_summary.pdf)

<sup>12</sup> Government of Canada. Alberta Sector Profile: Mining, Quarrying, and Oil and Gas. <https://www.jobbank.gc.ca/trend-analysis/job-market-reports/alberta/sectoral-profile-mining-oil-gas>



# Strategic Framework for the Rural Health Action Plan

Health is a product of the conditions in which people live, play, learn, work and age, not just a result of their behaviours or access to health care. Health is also largely influenced by access to clean water, quality food, adequate housing, and primary prevention and wellness activities.

The sustainability of rural and remote communities depends on equitable access to high quality health care. This requires rural health care to be modern, cost-effective, durable, and nimble, able to evolve and adapt. The availability of comprehensive health care is a major factor in determining whether young people will remain in, or be recruited to, a rural community as they enter the workforce and start families or their careers. Equitable health care in rural and remote Alberta should also support Albertans with chronic diseases (e.g., diabetes or cardiovascular disease) so that they can live out their lives in their home communities whenever possible.

A long-term focus, as well as collaboration and communication among key system partners, including government, is necessary to support a successful approach to enhancing health outcomes in rural and remote communities. Establishing a sustainable and comprehensive equitable system will require a commitment to engagement across the system and across the province to define what equitable health care service in rural and remote communities looks like. It will also require us to continue to move forward with the Rural Revitalization Program to ensure that capital investment in rural and remote health care facility revitalization, replacement, and development. We must also ensure ongoing alignment with the MAPS 2-Year Implementation Plan, and work including the development of primary health care access guidelines.

To date, a one-size-fits-all approach has not been successful.<sup>13</sup> Vibrant and engaged rural and remote communities must be able to contribute to the decision-making process to solve their own unique needs. Further to this, action on rural health must uphold the Government of Alberta's commitment to our First Nations, Métis, and Inuit partners, that they are able to practice their right to self-determination, representation, decision-making and self-delivery of equitable health care services in their communities.

## Vision

A resilient and sustainable health care system that can provide every rural and remote Albertan, including First Nations, Métis, and Inuit peoples, with access to a health system that can deliver the care they need when and where they need it.<sup>14</sup>

## Principles

At the foundation of our health care system are the people: our health care providers. To ensure alignment with Alberta's [Health Workforce Strategy](#), the Rural Health Action Plan draws its principles from that Strategy:

- Building a person-centred health system: Foster a safe and healthy workforce, create meaningful career experiences, and support growth, and strive for continual improvements of the patient experience.
- Delivering accessible, quality care: Improve access to care in high needs and rural areas.
- Addressing inequities: Support diversity and inclusion initiatives to address inequities and build an inclusive workforce.
- Strengthening proactive workforce planning: Develop workforce planning mechanisms that anticipate system needs and continuously align ongoing and future initiatives to those needs.
- Making evidence-informed decisions: Leverage data science, decision support tools, and frameworks for evidence-informed workforce planning and decision-making.
- Supporting innovation and continuous improvement: Seek to advance new ways of delivering care and spread proven models with a focus on collaborative care.

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<sup>13</sup> CADTH Health Technology Review. Rural Health Care Planning Initiatives and Frameworks. <https://canjhealthtechnol.ca/index.php/cjht/article/view/HC0044/997#:~:text=knowing%20that%20each%20community%20is,or%20cultural%20groups%2C%20socioeconomic%20factors>

<sup>14</sup> Alberta Health. Health Workforce Strategy. <https://www.alberta.ca/health-workforce-strategy>

## Focus Areas

*Health equity is a core value that runs through all five focus areas.*

- **WORKFORCE** - Create a healthy, sustainable, engaged, and efficient health workforce.
- **ACCESS** - Deliver high quality and appropriate health care services when and where Albertans need it.
- **MODELS OF CARE** - Create unique models and solutions that serve the needs in rural and remote communities.
- **COMMUNITY CARE** - Establish community-specific supports to promote the physical and mental well-being of rural and remote Albertans.
- **PREVENTION AND WELLNESS** - Support rural initiatives to reduce risk factors and encourage protective measures to reduce strain on the health system.

### *What is health equity?*

Achieving health equity will mean that all Albertans have a fair opportunity to meet their full potential for health and well-being. Health equity is the absence of avoidable or fixable differences in health among distinct socioeconomic, demographic, and geographic populations or groups. It is shaped by the conditions in which people learn, live, work, play and age. To achieve health equity, we must take into consideration how resources are distributed, the access people have to opportunities, and the support available to people in order to prevent illness, and when people become ill.<sup>15,16,17,18</sup>

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<sup>15</sup> Public Health Agency of Canada: Toward Health Equity (2014). [https://publications.gc.ca/collections/collection\\_2014/aspc-phac/HP35-44-2014-eng.pdf](https://publications.gc.ca/collections/collection_2014/aspc-phac/HP35-44-2014-eng.pdf)

<sup>16</sup> BC Centre for Disease Control: Health Equity. <http://www.bccdc.ca/health-info/prevention-public-health/health-equity>

<sup>17</sup> Public Health Ontario: Health Equity. <https://www.publichealthontario.ca/en/Health-Topics/Health-Equity>

<sup>18</sup> World Health Organization: Health Equity. [https://www.who.int/health-topics/health-equity#tab=tab\\_1](https://www.who.int/health-topics/health-equity#tab=tab_1)

# Rural and Remote Health Care: The Case for Change

Rural Alberta is home to almost 900,000 Albertans and is a key driver of the province’s economy. Vibrant rural communities are essential to Alberta’s long-term prosperity, yet inequities in health outcomes between rural and urban communities, which are often due to limited health promotion, the need for Albertans to be attached to a health home, and insufficient access to services, remain as key challenges for us to solve.

Despite their critical role in Alberta’s past, present and future, Albertans living in rural and remote communities experience higher rates of chronic disease, injury, and accident, as well as lower levels of self-reported functional health status, than those in urban settings, resulting in more challenging health outcomes. For examples of the disparities in health outcomes by geography of residence, see Table 2 below.

Risk factors associated with rural and remote locations in Alberta include geographic isolation, environmental conditions, lower socioeconomic status, higher rates of health risk activities, and lower levels of health-promoting behaviours. Rural and remote populations are generally older, less affluent, experience higher rates of unintentional injuries and disability, higher rates of suicide and experience poorer chronic disease prevention and management than their urban counterparts. This is particularly problematic for First Nations, Métis, and Inuit Peoples in rural and remote communities who are additionally impacted by the lasting effects of systemic racism<sup>19</sup> and a lack of culturally safe care options. Increased urbanization and centralization of medical services further stresses this situation.

**CHRONIC CONDITIONS & EMERGENCY DEPARTMENT (ED) VISITS: TABLE 2**

Geography of Residence	Percentage of population with 3 or more chronic conditions† (2022)	Injury ED Visits (Per 100,000) †† (2023)	Substance Use Disorders ED Visits (Per 100,000) †† (2023)
Metro	3.43	8,480.70	1,234.19
Metro Influenced Area	3.44	11,695.22	684.29
Urban	3.99	12,186.62	1,280.39
Moderate Urban Influence	3.68	13,743.75	636.57
Large Rural Centres and Surrounding Areas	4.15	15,667.51	3,060.05
Rural Areas	4.13	19,733.03	1,740.59
Remote Areas	5.20	23,627.04	4,171.69

Sources: All data provided by Alberta Health, Health Analytics Branch.  
 † Multimorbidity data is reported on the Interactive Health Data Application (IHDA), and is based on 3 or more of the following conditions: diabetes, hypertension, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and ischemic heart disease (IHD). Alberta Health’s Chronic Disease registries are used to establish a patient having any of these conditions.  
 ††Emergency Department Data is sourced from National Ambulatory Care Reporting System (NACRS) data.

<sup>19</sup> National Collaborating Centre for Indigenous Health. Indigenous Experiences with Racism and its Impacts. <https://www.nccih.ca/docs/determinants/FS-Racism2-Racism-Impacts-EN.pdf>

## Social and Economic Outcomes Associated with Improved Rural and Remote Health Care

The case for change is bigger than just improving health outcomes for rural and remote Albertans. Strong rural and remote care will contribute to enhancing positive social and economic outcomes across the province as well. Health care providers' economic contributions<sup>20,21</sup> to a community can be as important as their medical contributions. Their influence reaches beyond just the provision of patient care, as they play a vital role in the local economies by contributing to creating jobs, purchasing goods and services, participating in their communities, and supporting provincial and community public programs.

With respect to economic outcomes, health care equity can positively impact a community's ability to recruit and retain employees in other sectors. Individuals and families considering a move to Alberta need equitable, accessible health care. This is especially true for those considering rural Alberta locations and employment opportunities for multiple family members. Further, enhanced health care provision in rural and remote Alberta may contribute to influencing companies to locate in rural locations, further positively impacting Alberta's competitiveness in the Canadian, North American and world economies.

Health care providers employ community members and maintain brick-and-mortar locations, both of which use local services and contribute to local economies. By working to address geographic disparities, enhancing health care services within geographic boundaries can contribute to enhancing local economies—individuals that used to seek medical attention elsewhere will spend their money inside their own community.

Local, reliable provision of health care means employees remain in their community and at their jobs with less interruption. Employers in underserved areas may experience lost productivity and increased absenteeism because employees need to invest their time—and by extension, their employers' time—accessing out-of-town health facilities and physician care.

For the entire rural and remote population, improved economic outcomes can support additional social programming investment by communities and industry, for example, in parks, recreation centres, after school programming, and impactful investments and support in health. Further, health care providers also bring their families when they move into a community. Spouses and children subsequently become fully contributing members of neighborhoods, schools, businesses and retailers, faith communities, and volunteer organizations. Children may choose to remain or return to their local roots, securing community members in the next generation. For Albertans, there will be a variety of benefits associated with better care being available locally, including requiring less time off work for health-related reasons, and fewer costs associated with travel to access care. All of this helps communities continue to grow sustainably, as great places to live, play, learn, work and age.

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<sup>20</sup> Healthcare Expenditure and Economic Performance: Insights From the United States Data.

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7237575/#:~:text=Healthcare%20holds%20a%20significant%20place,growth%20\(4%2C%205\).](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7237575/#:~:text=Healthcare%20holds%20a%20significant%20place,growth%20(4%2C%205).)

<sup>21</sup> Conference Board of Canada. The Economic Influence of Physicians' Offices. <https://www.cma.ca/sites/default/files/pdf/Advocacy/The-Economic-Influence-of-Physicians-Offices.pdf>

## Factors Shaping Rural Health Challenges

**Social Determinants of Health**<sup>22</sup>: Experts estimate that about 50 per cent of health outcomes can be attributed to social and economic factors known as social determinants of health<sup>23</sup>. These are the conditions in which people are born, grow, live, work, and age. For example, rural and remote residents experience a greater number of population health risks than urban residents, such as higher smoking rates, more exposure to potential injury, harsher living conditions and limited access to settings encouraging physical exercise.

**Access to Care**: Albertans expect equity in access to care, no matter where they live, however this equity is difficult to achieve due to multiple influences which vary by region. For example, in Northern Alberta, the population is dispersed across vast swaths of land meaning that travelling into a larger municipality requires time. In the winter months, travel may be treacherous and prevent people from accessing timely care. Specific opportunities to address challenges related to accessing care include, but are not limited to:

**Availability**: Enhancing availability of appropriate health care resources for Albertans living in rural and remote areas.

**Infrastructure**: Uplifting aging infrastructure to ensure Albertans are able to access services within sufficiently equipped and safe health care facilities.

**Continuing Care**: Boosting in-community support to mitigate Albertans being forced to move away from supportive family, friends, and communities to live in continuing care homes and supportive living accommodations (i.e., for persons with disabilities or for those experiencing mental health and addictions) or due to limited access to home care supports.

**Emergency Medical Services**: Improving emergency medical services to deal with rural and remote challenges related to greater driving distances, with rough or limited road infrastructure. We will also work to address air ambulance services and access that are also of concern in many rural and remote communities.

**Geography**: Geographic distances in rural and remote Alberta pose significant challenges. We will focus efforts on innovation to assist in shortening the distance people need to travel to access care and ensuring that Albertans have access to the health services they need.

**Recruitment and Retention**: Despite excellent and growing work by Alberta Health, Alberta's medical schools, nursing programs, and others to incentivize health care providers to explore rural practice, rural communities have fewer long-term health care providers per capita than urban areas. There may be a disconnect between a health care provider's preferred lifestyle, and what they understand to be available to them in rural and remote settings. There is room to improve how rural health care providers are compensated, and to enhance practicum and residency opportunities while future health care providers are studying. Once family physicians are established in rural communities, they typically face lower physician-to-population ratios, provide a broader range of services, and are likely to serve a broader patient population than their urban counterparts. There is also evidence that physicians in rural practice required more support from allied health professionals than they are currently able to access. Therefore, we cannot focus only on physicians. A robust approach to rural and remote recruitment and retention will take into consideration service delivery models, and the different types of providers that communities need access to ranging from physical therapists to speech language pathologists to psychologists.

**Continuity of Care**: The key in providing longitudinal continuity of care is both relational (knowing the team) and informational (health records) continuity. Across the province, there are challenges to achieving continuity of care, and there is a risk that health care may be further disjointed when Albertans access services outside of their home community. Continuity of care is critical to providing comprehensive care for a patient throughout their life and may not be limited to health care services, but inclusive of social supports related to income support, housing support and more. Navigating between health, social and community services and providers has our attention. We will strive to create solutions for Albertans, particularly in rural and remote communities.<sup>24</sup>

<sup>22</sup> MAPS Strategic Advisory Panel Final Report, p. 45.

<sup>23</sup> Canadian Institute for Health Information. Overview: COVID-19's impact on health care systems. <https://www.cihi.ca/en/covid-19-resources/impact-of-covid-19-on-canadas-health-care-systems>. Accessed April 15, 2024.

<sup>24</sup> MAPS Strategic Advisory Panel Final Report. <https://open.alberta.ca/publications/maps-strategic-advisory-panel-final-report>

**Costs for Services:** Additional capital and operating investments may be required to ensure rural and remote communities have the necessary infrastructure and services to be equitably supported. As one example of this, the Rural, Remote, Northern Program<sup>25</sup> defines and addresses the relative degree of medical isolation for physicians in rural, remote, and northern Alberta communities and provides financial incentives to support the recruitment and retention of physicians to live and practice in rural remote and northern areas of the province.

**Sustainable Health Care Planning:** As a result of health system refocusing, the responsibility and approach for health system planning is changing. Alberta Health is developing a new integrated health system plan that will be informed by evidence and span across health sectors and regions to inform current and future decisions on services, workforce, and infrastructure.

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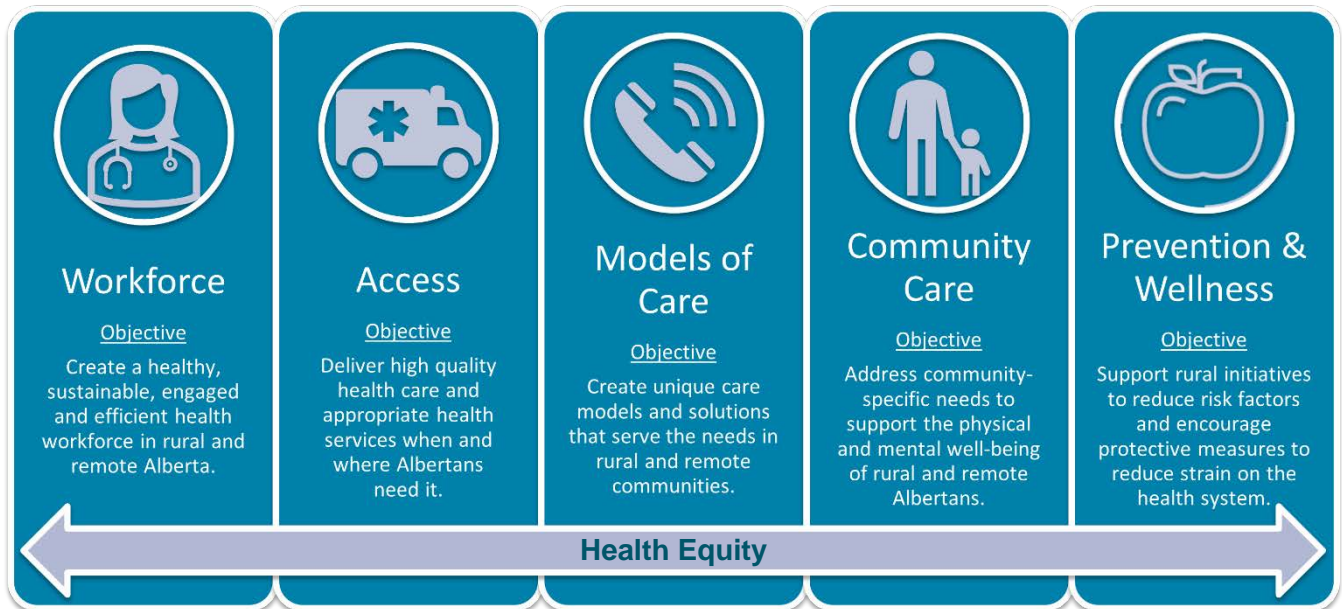
<sup>25</sup> Rural, Remote, Northern Program, Alberta Medical Association. <https://www.albertadoctors.org/651.aspx>

## Where We Are Enhancing Our Rural Focus

Healthy people and healthy communities to support future progress and prosperity. Looking to the future, increasing challenges and pressures on the health care system requires innovation and forward thinking to address the current disparities in health across the province.

The importance of strengthening health care in rural and remote areas of Alberta has never been more important and health equity is a foundation for all the Government's health activities.

Addressing challenges and turning them into opportunities to enhance health equity for Albertans residing outside the province's urban areas will require activities in the following five focus areas:





## Focus Area 1: Workforce

Objective: To build and support a healthy, sustainable, and engaged health workforce in rural and remote Alberta.

Alberta's [Health Workforce Strategy](#) sets out a framework for supporting the province's current health care providers and building the future workforce to support Albertans getting the health care they need when and where they need it.

The demands on the health system will continue to increase as the population grows and it will need to evolve. A healthy, sustainable, engaged, and efficient health care workforce is essential to ensuring timely access to health care now and into the future.

In rural and remote Alberta, professional isolation is a challenge that makes access to rural education and peer networking/support particularly important. Recruitment and retention of health care providers in communities with Indigenous Peoples requires efforts to hire providers with an understanding of intergenerational trauma and/or train existing providers to be culturally competent and trauma informed. Rural and remote recruitment requires new and innovative ways to be successful and sustainable.

To support an uplift, we will work with communities to help demonstrate not just what they have to offer the health care provider, but also that person's partner, their children, and their extended families, all through positive recruitment outcomes. Research is showing that opportunities for employment for the health care provider's partner, as well as access to housing, childcare, schools, recreation, faith communities, and airports for visiting family or going on vacation, are key components of making a community attractive place for a health care provider to take employment, and settle for the long-term.

More than 28 initiatives, strategies, and plans, supported by grants, bursaries, financing, and capital projects, are being undertaken specific to rural and remote health across the Government of Alberta. Four different Ministries have committed resources towards a stronger, resilient, supported, and high-quality health workforce in our province.

### Priority Actions: Workforce

#### Rural and Remote Resident Physician Bursary Program

- Develop and pilot a bursary program for residents in family medicine in exchange for a commitment to comprehensive practice in Alberta following residency.

#### Grow Our Own

- Investigate opportunities for rural and remote, communities to "Grow Our Own" programs designed to prepare current K-12 students for careers as health care providers.
- Create incentives to assist with tuition upon completion of a health care program and rural or remote Alberta placement.

#### New Physician Compensation Model

- In April 2024, the Government of Alberta announced a new physician compensation model framework.<sup>26</sup> When implemented, Alberta's government expects it will make Alberta a national leader in recruiting and retaining primary care physicians and rural generalists.

<sup>26</sup> Modernizing how family doctors are paid in Alberta. <https://www.alberta.ca/release.cfm?xID=9017342CBF8B5-9E5D-FEC9-3C9838F905082192>



### **MAPS and I-MAPS Implementation Plans**

- In the context of workforce, it is essential to reference the work underway under the umbrella of the MAPS 2-Year Implementation Plan<sup>27</sup>. For example, as part of the work to enable the primary health care workforce to improve health outcomes, work is underway to develop a primary health care workforce strategy (recommendation 3.1), including increasing available training spaces within undergraduate, residency, and physician assistant programs (recommendation 3.1.1) and developing initiatives targeting the recruitment and training of additional health care professionals to work in primary health care teams, including administrative team members (recommendation 3.1.2).
- Per the Indigenous Primary Health Care Implementation Plan,<sup>28</sup> Alberta Health must recognize the need to build and grow the Indigenous workforce for the future, by prioritizing pragmatic and innovative practices to recruit and retain Indigenous learners in health care role (recommendation 4). For example, this will include:
  - Engaging and encouraging Indigenous health champions and leaders to support change within communities, and mentor and encourage Indigenous youth to enter health care fields of practice.
  - Building partnerships with Alberta Advanced Education and Alberta Education to fund Science, Technology, Engineering and Math (STEM) in First Nations and Métis schools and colleges to produce more graduates to fill health care positions in communities.
  - Encouraging partnerships between post-secondary institutions, regulatory colleges, and First Nations and Métis colleges and First Nations and Métis training institutions to enhance the availability of Indigenous health-related programs, improve the underrepresentation of Indigenous learners within admission streams, and ensure the retention of Indigenous health care providers in Indigenous communities through community-led initiatives, such as placement affiliation agreements for Indigenous communities who may be struggling with recruitment and retention efforts.

### **Expand Rural Health Care Provider Education and Training Opportunities**

- As part of Budget 2024, Alberta Health announced \$224.8 million over three years to support collaborative efforts from the University of Alberta, University of Calgary, University of Lethbridge, and Northwestern Polytechnic to develop Regional Training Centres in Lethbridge and Grande Prairie that support rural medical education.
- Explore opportunities to retain combined CT-Xray technicians, work with post-secondary institutions to reshape programs to support students to train in rural Alberta and explore a seat expansion.

### **Partnerships to Enhance Health Care Attraction**

- Work with Rural Economic Development and rural communities to establish funding partnerships that will help attract rural health practitioners (e.g., day cares, social networks, recreational facilities and/or opportunities).
- Create a concierge service for rural communities to implement when welcoming new health care providers.

### **Regional and Indigenous Advisory Councils Support**

- Leverage new regional and Indigenous advisory councils to identify priorities in rural and remote communities, including community-specific health workforce needs such as where to focus recruitment efforts.

<sup>27</sup> Modernizing Alberta's Primary Health Care System (MAPS) 2-Year Implementation Plan. <https://open.alberta.ca/publications/maps-2-year-implementation-plan>

<sup>28</sup> The way forward: the Indigenous Primary Health Care Implementation Panel's plan to advance the recommendations from Honouring Our Roots: Growing Together Towards a Culturally Safe, Wholistic Primary Health Care System for Indigenous Peoples. <https://open.alberta.ca/publications/way-forward-indigenous-primary-health-care-implementation-panel-plan-advance-recommendations>



## Focus Area 2: Access

Objective: To deliver equitable health care access for Albertans living in rural and remote locations of the province.

Access to health care services is critical to good health. Activities in this focus area will work to break down identified barriers. Ideally, all people living in rural and remote locations of the province will be able to conveniently and confidently access services such as public health, primary care, acute care, continuing care, and mental health and addiction.

Access to care includes enhancing emergency medical services (EMS) access (e.g., ground and air ambulance), supports for aging in place, better and varied means of transportation to specialist appointments, and mechanisms to address barriers such as culture, language, and racism.

Access to health care is important for:

- Overall physical, social, and mental health status.
- Disease prevention.
- Early detection, diagnosis, and treatment of illness.
- Quality of life.
- Avoiding preventable deaths.

More than 42 initiatives, strategies, and plans, supported by grants, bursaries, financing and capital projects, are being undertaken specific to rural health or with an eye to also supporting rural health across the Government of Alberta.

The Government of Alberta, across five different Ministries, has committed resources to improve rural and remote access to quality hospitals and health centres, EMS, transportation to/from health services, supporting aging in place and providing culturally safe care.

### Priority Actions: Access

#### Rural and Remote Health Care Delivery Improvement

- Review and revise policies that unintentionally cause inequities for Albertans in rural and remote locations.

#### Access to transportation

- Use the Alberta Community Health Survey to conduct exploration of the impact of access to transportation.

#### Rural and Remote Health Facility Capital Plan

- Assemble an inventory of rural and remote health care activities, services, and infrastructure – identify gaps, barriers and opportunities to enhance access and patient care outcomes.
- Establish rural and remote infrastructure and operational enhancement grant program.

#### Sustainable Health Care Planning

- Alberta Health is developing an integrated health system plan that will be informed by evidence and span across health sectors and regions to inform current and future decisions on services, workforce and infrastructure.

### **MAPS and I-MAPS Implementation Plans**

- In the context of access, it is essential to reference the work underway under the umbrella of MAPS 2-Year Implementation Plan<sup>29</sup>. For example, work is underway to develop primary health care standards that define the minimum requirements for the primary health care system (recommendation 1.2).
- Additionally, as part of evolving patients' medical homes within an Integrated Health Neighborhood, work is underway to expand programs that support patients as they transition between the medical home, specialty care and back (recommendation 2.3).
- Attached to the Indigenous MAPS (I-MAPS) recommendations<sup>30</sup>, establish a mobile clinic for Metis Settlements.

### **Improving Emergency Medical Services**

- Alberta's government is implementing two new grant programs to bolster rural and Indigenous communities by attracting and retaining paramedics, while also addressing long emergency response times by funding the establishment of new Medical First Responder (MFR) agencies in underserved areas.
- The initiative includes an \$800,000 Medical First Responder (MFR) Agency Grant program and a \$600,000 Emergency Medical Responder (EMR) Community Grant program, aiming to foster the establishment of MFR agencies and offer EMR training in rural, remote, and Indigenous communities.

### **Regional and Indigenous Advisory Council Support**

- Leverage new regional and Indigenous advisory councils to identify priorities in rural and remote communities and identify barriers to access.

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<sup>29</sup> Modernizing Alberta's Primary Health Care System (MAPS) 2-Year Implementation Plan. <https://open.alberta.ca/publications/maps-2-year-implementation-plan>

<sup>30</sup> The way forward: the Indigenous Primary Health Care Implementation Panel's plan to advance the recommendations from Honouring Our Roots: Growing Together Towards a Culturally Safe, Wholistic Primary Health Care System for Indigenous Peoples. <https://open.alberta.ca/publications/way-forward-indigenous-primary-health-care-implementation-panel-plan-advance-recommendations>



## Focus Area 3: Models of Care

Objective: To enable innovative models and solutions that meet the unique needs in rural and remote communities.

One size doesn't fit all: models of care that work for urban areas do not always translate successfully in rural or remote Alberta and no two rural or remote communities are the same. The circumstances and needs of each community can be quite different and unique throughout the province. We will focus on more community input and evidence-informed health care planning specific to rural settings. Policy decisions guided by the needs and nuances of rural and remote communities will be taken into account as we work toward solutions. Newly established Regional and Indigenous Advisory Councils will be critical in understanding these needs and nuances – and ultimately, the unique requirements of rural and remote communities will be more closely integrated into planning for new models of care.<sup>31</sup>

New models of care need to consider the diversity of communities. Innovative models need to be explored that maintain and celebrate the uniqueness of each community. Models of care could involve:

- The exploration of technology such as virtual health. This needs to include strategies to help people use technology safely, successfully, and comfortably and consideration of variable access to reliable internet services.<sup>32</sup>
- Drone technology, expanded use of mobile health clinics, and other innovations are areas that need to be investigated to enhance health outcomes in Alberta.
- Community-based/place-based models that are adaptive to suit the needs and circumstances of each community.
- Multi-disciplinary health care teams which work collaboratively to provide care in the community and referral to a larger network when needed.

A combination of different models of care may be required to meet the needs of a rural or remote community. Alberta's systems need to build on current flexibilities and innovations to accommodate growing and ever-changing needs.

The Government of Alberta, across three different Ministries, has committed resources towards the development and implementation of new models of care which support and enhance the delivery of health services in the unique environment that is each rural and remote community.

### Priority Actions: Models of Care

#### **Innovative Models of Care Pilot Projects**

- Work with rural health care providers, including First Nations and Métis partners, to trial innovative rural and remote models of approaches, such as rural generalist physician models and mobile health.
- Conduct jurisdictional competitive reviews and analysis to assemble an inventory of various models of care for rural and remote health care.
- Assess impact and application for Alberta's unique community settings.
- Incorporate pharmacists into team-based care in rural and remote settings.

#### **Support for Team-Based Care**

- The Team Based Care Grant Program will provide funding to enable direct and indirect care which is expected to increase access by increasing panel sizes, improving same day and after-hours availability, leveraging team members to their full scope of practice, and supporting continuity of care.

<sup>31</sup> Wilson, C. Ruth, et al. "Progress Made on Access to Rural Healthcare in Canada." *Canadian Journal of Rural Medicine*, vol. 25, no. 1, 2020, pp. 14–19, [https://doi.org/10.4103/CJRM.CJRM\\_84\\_19](https://doi.org/10.4103/CJRM.CJRM_84_19)

<sup>32</sup> Alberta's Broadband Strategy. <https://www.alberta.ca/alberta-broadband-strategy>

### **MAPS and I-MAPS Implementation Plans**

- In the context of models of care, it is essential to reference the work underway under the umbrella of MAPS 2-Year Implementation Plan<sup>33</sup>. For example, as part of evolving patients' medical homes within an Integrated Health Neighborhood, work continues to implement the Facilitated Access to Specialized Treatment (FAST) program (recommendation 2.3.2).
- Additionally, work is underway to establish a dedicated primary health care innovation fund, to facilitate improvement and accelerate adoption of innovation in the Patient's Medical Home (recommendation 4.2).
- The Indigenous Primary Health Care Innovation Fund<sup>34</sup> will include programs that support research, evaluation, and assessment of innovative primary health care models that could be implemented or scaled up in Alberta, as well as capital projects and investments to implement an innovative primary health care model.

### **Enhancing Mobile Health Activities and Outcomes**

- Assess current mobile health activities to enhance patient care outcomes.

### **Regional and Indigenous Advisory Council Support**

- Leverage new regional and Indigenous advisory councils to identify priorities in rural and remote communities and to provide advice on rural health capital planning.

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<sup>33</sup> Modernizing Alberta's Primary Health Care System (MAPS) 2-Year Implementation Plan. <https://open.alberta.ca/publications/maps-2-year-implementation-plan>

<sup>34</sup> Indigenous primary health care funding. <https://www.alberta.ca/indigenous-primary-health-care-funding>



## Focus Area 4: Community Care

Objective: To establish community-specific health care to support physical and mental wellbeing for Albertans in rural and remote locations.

Community health is a settings-based approach to ensuring residents of defined geographic areas are supported to live the healthiest lives they can. Investment in communities to form local, tailored, collaborative programs and services are essential to ensuring community or regional-specific health nuances are addressed and populations can thrive.

A healthy community is characterized by cohesion, inclusivity and resilience and evidenced through many indicators, including:

- A focus on health and wellness promotion.
- Active disease detection, diagnoses, and early treatment takes place.
- Timely access to specialized services and rehabilitation.
- Provision of social programs to mitigate negative impacts of illness.
- Availability of recreational opportunities.
- Availability of a range of appropriate housing.
- Prevention of bullying, abuse, and racism.
- Incorporation of accessibility features in infrastructure design.
- Availability of emergency medical services.
- Addressing the risk of isolation and loneliness among all community members, with particular consideration for seniors.
- Active volunteerism and service to others, including actions that may appear small on the surface, like ensuring that folks who are homebound have access to food and that their sidewalks are shoveled in the wintertime.
- Prevention of crime and protection of people.
- People relying on their institutions.

More than 31 initiatives, strategies, and plans, supported by grants, bursaries, financing, and capital projects, are being undertaken specific to rural health or with an eye to also supporting rural health across the Government of Alberta.

The Government of Alberta, across seven different Ministries, supported both clinical and non-clinical approaches for improving health, preventing disease, reducing health inequities in a specific area and preparing for emergencies like natural disasters.

### Priority Actions: Community Care

#### Rural and Remote Health Toolkit

- Develop a rural and remote health toolkit as a means to enhance rural and remote health needs and outcomes and facilitate their use to assist communities assess their current health care capabilities and needs.

#### Environmental Testing and Monitoring and Information Programs

- Lead and facilitate routine and emerging environmental testing and monitoring programs for rural and remote communities (e.g., domestic well water testing, non-routine air quality notifications, recreational water monitoring)
- Make accurate, high-quality data accessible and available (e.g., through the Alberta Environmental Public Health Information Network (AEPHIN), Open Government Portal).
- Publish interactive, practical information such as health services available in rural and remote communities.

### **MAPS and I-MAPS Implementation Plans**

- In the context of community care, it is essential to reference the work underway under the umbrella of MAPS 2-Year Implementation Plan<sup>35</sup>. For example, as part of evolving patients' medical homes within an Integrated Health Neighborhood, work is underway to expand the delivery of integrated health, community, and social services to address the needs of underserved populations (recommendation 2.2).
- Per the Indigenous Primary Health Care Implementation Plan,<sup>36</sup> equip health care staff with the knowledge, skills and conduct to connect historic inter-generational trauma to current Indigenous health care provision, leading to the creation of welcoming, compassionate, culturally safer spaces in community, hospitals, clinics, and treatment centres with a focus on trauma and violence informed practice (recommendation 2).
- Adopt Indigenous-developed cultural competency modules into cultural safety training processes.

### **Regional and Indigenous Advisory Council Support**

- Leverage new regional and Indigenous advisory councils to identify priorities in rural and remote communities and to provide advice on rural community care.

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<sup>35</sup> Modernizing Alberta's Primary Health Care System (MAPS) 2-Year Implementation Plan. <https://open.alberta.ca/publications/maps-2-year-implementation-plan>

<sup>36</sup> The way forward: the Indigenous Primary Health Care Implementation Panel's plan to advance the recommendations from Honouring Our Roots: Growing Together Towards a Culturally Safe, Wholistic Primary Health Care System for Indigenous Peoples. <https://open.alberta.ca/publications/way-forward-indigenous-primary-health-care-implementation-panel-plan-advance-recommendations>



## Focus Area 5: Prevention and Wellness

Objective: To support rural prevention initiatives that reduce risk factors and encourage protective measures to improve the quality of life for Albertans.

Prevention and health promotion activities offer all Albertans opportunities to stay healthy and well. Therefore, a focus and investment in the prevention of disease and injury for Albertans reduces the need to access health services including acute care. Investments also assist older Albertans age in place longer, close to their family members and friends.

Prevention and health promotion can be delivered through a variety of approaches. These include:

- Maternal and infant health programs that ensure appropriate pre- and post-natal care for mother and baby.
- Social prescribing options that give Albertans access to healthy options such as physical activity, nutritious food, or time in nature.
- Programs that educate on the prevention of sexually transmitted and blood borne infections.
- Nutrition initiatives to support healthy food choices.
- Injury prevention strategies that reduce the impact of harms specific to rural and remote settings.
- Support of local schools, where community engagement can promote wellness and healthy living.
- Tobacco and vaping reduction initiatives.
- Expansion of cancer screening initiatives.

Prevention interventions provide a return on investment by decreasing injuries, health care costs and lost human potential, resulting in a more healthy, well-informed, and productive workforce. This will contribute to improved community resilience, and better nourished and fit individuals, families, and communities. And they pay off for generations. That's why the wellness of all Albertans, including rural and remote communities is the real wealth of Alberta.

### Priority Actions: Prevention and Wellness

#### Targeted Health Promotion and Disease Prevention

- Rural and remote health promotion and disease prevention will be achieved through more targeted activities and programs designed to enhance rural and remote health outcomes.
- Support health promotion and disease prevention to empower Albertans to make healthier choices and reduce risks of disease and disability. This will work toward eliminating health disparities, improving quality of life and enhancing accessibility of health care and related services.

#### MAPS and I-MAPS Implementation Plans

- Program criteria for the Indigenous Primary Health Care Innovation Fund includes programs that support health promotion, disease prevention through all stages of life. See [alberta.ca/indigenous-primary-health-care-funding-innovation-fund](https://alberta.ca/indigenous-primary-health-care-funding-innovation-fund) for more information.

#### Cancer Screening Uplift

- Assess widening the scale of rural and remote cancer screening with enhanced mobile health unit opportunities.

#### Launch of a Sexually Transmitted and Blood Borne Infection (STBBI) Strategy

- Increase efforts to prevent STBBIs with an added focus on rural and remote areas, where there is need.

#### Rural and Remote Tobacco and Vaping Reduction

- Help rural and remote Albertans quit tobacco and chewing tobacco use, and protect youth from the risks of tobacco and vaping products.
- Engage with the Provincial Tobacco and Vaping Reduction Committee to reduce vaping among youth in rural and remote communities.



### **Rural Injury Prevention**

- Address rural injury prevention in collaboration with community-based organizations.

### **Regional and Indigenous Advisory Council Support**

- Leverage new regional and Indigenous advisory councils to identify priorities in rural and remote communities related to health promotion and prevention efforts.

# APPENDIX A: Geography of Residence

The development of the Alberta Health Services (AHS)/Alberta Health official standard geographic areas was undertaken by a Geographic Area Working Group (GWG). The GWG was a pan-provincial group that included representation from multiple AHS portfolios as well as Alberta Health. These individuals established principles, guidelines, and standards as well as adopted standard methodologies and evidence-based approaches to construct all geographic areas in 2010. For more information, please see: *Official Standard Geographic Areas: Alberta Health and Alberta Health Services* (2018), available at <https://open.alberta.ca/dataset/official-standard-geographic-areas>.

## Metro Centres

Population >500,000. Calgary and Edmonton proper.

## Metro Influenced Area

Defined by AHS as local geography areas immediately surrounding Calgary and Edmonton. These are deemed as commuter communities (residents live outside of Calgary/Edmonton but typically commute to Calgary/Edmonton for work and business).

- Calgary metro influenced area includes the communities of:
  - Cochrane
  - Airdrie
  - Okotoks
  - Priddis
  - Chestermere Lake
  - Springbank area
- Edmonton metro influenced area includes the communities of:
  - St. Albert
  - Fort Saskatchewan
  - Stony Plain & Spruce Grove
  - Sherwood Park
  - Leduc

## Urban

Five major urban centres with populations > 25,000 but less and 500,000 (Grande Prairie, Fort McMurray, Red Deer, Lethbridge, Medicine Hat).

## Moderate Urban Influenced

Local Geographic areas surrounding the five urban centres. These areas are typically considered rural given that their populations are low and the Local Geographic areas do not define these areas properly.

## Large Rural Centres and Surrounding Areas

10,000 to less than 25,000 population (Brooks, Canmore, Wetaskiwin, Camrose, Lloydminster, Cold Lake). These areas are considered rural but are defined for the purpose of special studies. All six areas have unique populations and industries but belong to the rural area.

## Rural Areas

Populations less than 10,000 and up to 200 kilometres from a Metro or Urban centre. These include towns, villages, hamlets, First Nations, Metis Settlements, and agricultural areas.

## Remote

Greater than 200 kilometres from a Metro or Urban centre. Industries tend to include oil & gas, forestry, hunting/trapping, tourism and sometimes pockets of agriculture.

## APPENDIX B: Rural Health Initiatives, Strategies and Plans Across the Government of Alberta (as of April 2024)

Work to support rural and remote health has been undertaken across Alberta Health and throughout the Government of Alberta. This compendium of initiatives, strategies and plans requires added connection and coordination and the establishment of the Rural Health Branch within Alberta Health, the first of its kind in Canada, provides an opportunity to coordinate these activities and determine where there is demonstrable value that can be applied across the larger rural and remote health landscape. This positions Alberta with a unique opportunity to be a leader in rural health innovation and support.

The following tables provide an overview of many of the different initiatives, strategies and plans as they align with the primary focus areas for rural and remote health. It is important to know that while an item may have a primary focus area, many will transcend different focus areas.

### Focus Area 1: Workforce

#### Alberta Health – Rural Health Specific or Supported Activities

##### Physician and Other Health Care Providers Recruitment and Retention Initiatives

###### Financial Incentives

- **Physician Recruitment and Retention Fund:** Supports recruitment and retention for physicians who practice full time in underserved areas.
- **Rural, Remote, Northern Program:** Offers incentives to physicians practicing in underserved communities. (See [alberta.ca/fees-health-professionals](https://alberta.ca/fees-health-professionals) for more information).

###### Programs and Initiatives

- **Physician and Rural Locum Programs:** Ensure uninterrupted medical care by arranging locum physicians for community physicians on short-term leave.
- **Rural Health Professions Action Plan (RhPAP):** Several programs to support attraction and retention of health professionals to rural communities. (See <https://rhpap.ca> for more information).
- **Physician Training Expansion:** Increase the number of physicians trained in Alberta with a focus on rural areas through collaboration with Advanced Education.
- **Health Workforce Strategy:** Strategy for long-term actions and initiatives for rural recruitment in consultation with key stakeholders. (See [alberta.ca/health-workforce-strategy](https://alberta.ca/health-workforce-strategy) for more information).
- **Alberta Health Services Initiatives:** Targeted recruitment of nurses and physicians for Alberta's workforce, particularly for rural and remote areas.

##### Community Integration and Support Programs

###### Building the Workforce

- **La Crete Clinical Service Plan:** Enhances primary health care through community integration, innovative provider strategies, and investing in maternity services expansion.
- **Rural Capacity Investment Fund:** Supports initiatives to recruit, retain, and relocate clinical staff with AHS and Covenant Health to rural sites, boosting capacity.
- **Continuation and Expansion of Health Care Aide Bursary Programs:** A number of streams including financial incentive programs with additional incentives for HCAs working in rural/remote workplaces.
- **Indigenous Health Care Aide (HCA) Post-Secondary Programming:** Supports HCA education with Indigenous perspectives to provide culturally appropriate care.

###### Education and Training

- **Rural Medical and Rural Nursing Education:** Fund rural medical education at the University of Alberta and University of Calgary, and rural nursing education in rural communities.

## Other Ministries - Rural Health Support Activities

### Advanced Education

- **Physician Expansion:** Create 60 new undergraduate medical school seats in Alberta over three years from 2023/2024, with a focus on rural students.
- **Regional Health Professions Training Centres:** Explore distributed medical education to expand access, especially for rural Albertans, to enter medical education programs.
- **Targeted Enrollment Expansion (TEE) Funding:** Invests in creating new seats in high-demand programs of study aligned with Alberta's priority sectors. (See [alberta.ca/targeted-enrolment-expansion](https://alberta.ca/targeted-enrolment-expansion) for more information).
- **Internationally Educated Nurses (IEN) Bridging Program:** Creates new seats in bridging programs for internationally educated nurses.
- **Bursary for IEN:** Provides funding to internationally educated nurses as they complete bridging training. (See <https://studentaid.alberta.ca/scholarships/bursary-for-internationally-educated-nurses/> for more information).
- **Northern Alberta Development Bursary (NADB) Program:** Funds full-time post-secondary students in medicine, nursing, and pharmacy, committing to work in Northern Alberta after graduation. (See <https://studentaid.alberta.ca/scholarships/northern-alberta-development-bursary-nadb-program/> for more information).
- **New Beginnings Bursary:** A needs-based bursary which supports students studying in high-demand programs related to priority sectors. (See <https://studentaid.alberta.ca/scholarships/new-beginnings-bursary/> for more information).
- **Labour Mobility Survey:** Provides information on the number of out-of-province individuals who apply to work in regulated occupations in Alberta. (See <https://open.alberta.ca/publications/alberta-labour-mobility-survey> for more information).
- **Fair Registration Practices Act Survey:** Focuses on Alberta regulatory bodies' registration practices for first-time applicants entering regulated occupations. (See <https://open.alberta.ca/publications/frpa-2020-baseline-questionnaire-summary> for more information).
- **Promising Practices:** Provides an opportunity for regulatory bodies to meet, share promising practices, and meet Fairness for Newcomers and Labour Mobility staff.

### Immigration and Multiculturalism

- **Alberta Advantage Immigration Program (AAIP) Dedicated Healthcare Pathway:** Attracts and retains health care providers who are authorized to practice their profession in Alberta in the health care sector.
- **Alberta Advantage Immigration Program (AAIP) Rural Renewal Stream:** Supports the attraction and retention of newcomers to rural Alberta. (See [alberta.ca/aaip-rural-renewal-stream](https://alberta.ca/aaip-rural-renewal-stream) for more information).

### Jobs, Economy and Trade

- **Northern Alberta Development Bursary (NADB) Program:** Strengthens Alberta's economic potential through the attraction and retention of a skilled workforce in Northern Alberta. (See <https://studentaid.alberta.ca/scholarships/northern-alberta-development-bursary-nadb-program/> for more information).

## Focus Area 2: Access

### Alberta Health – Rural Health Specific or Supported Activities

#### Facility Development and Infrastructure

##### Facility Development

- **La Crete Maternity and Community Health Centre:** Integrates advanced ambulatory care, EMS, primary care, maternal health care, and diagnostic services to serve the La Crete area. (See <https://majorprojects.alberta.ca/details/La-Crete-Maternity-and-Community-Health-Centre/4364> for more information).
- **Beaverlodge LGA Clinical Service Plan:** Builds a new facility, the Mountainview Health Complex, to replace the current 67-year-old hospital using clinical data and analysis.
- **Mountview Health Complex:** Enables increased collaboration, better coordination of care and efficiency of services which aligns with the approved Clinical Service Plan.
- **Continuing Care Capital Programs** (Modernization, Indigenous, Priority Communities and Small Care Home streams): Supports the creation and renovation of small care homes, ensuring modern standards and cultural sensitivity and enhancing sustainability. (See [alberta.ca/continuing-care-capital-program](https://alberta.ca/continuing-care-capital-program) for more information).

##### Infrastructure Maintenance

- **Rural Health Facilities Revitalization Program:** Focuses on smaller, strategic health capital initiatives in rural Alberta health facilities operated by AHS. (See [youtube.com/watch?v=4MQtk35IQPU](https://youtube.com/watch?v=4MQtk35IQPU) for more information).
- **National Association of Pharmacy Regulatory Authorities (NAPRA) Capital Program:** Renovates AHS pharmacy sites to meet NAPRA medication compounding standards. (See [alberta.ca/capital-plan](https://alberta.ca/capital-plan) for more information).
- **EMS Vehicles Capital Program:** Provides funding to AHS to ensure EMS has appropriate vehicles and equipment to respond throughout Alberta. (See [alberta.ca/capital-plan](https://alberta.ca/capital-plan) for more information).
- **Medical Equipment and Replacement Upgrade Program:** Provides funding to AHS to upgrade and replace medical equipment in health facilities throughout the province.
- **Infrastructure Maintenance Program:** Provides funding to AHS to preserve and maintain health facilities throughout the province.

##### Indigenous Health

- Recommendation 3 under Culturally Safe and Appropriate Care in the **Indigenous Advisory Panel's Final Report for MAPS**, states, "In a thoughtful and meaningful way, create safe spaces that respect traditional medicine and knowledge, land-based healing, ceremonies, language and culture for Indigenous patients within health care facilities".
- The Indigenous Advisory Panel's recommendation demonstrates the need for First Nations, Métis, and Inuit peoples to be included in the design, development and delivery of health care facilities that meet their needs, in a way that respects their practices and traditions. (See [alberta.ca/indigenous-panel](https://alberta.ca/indigenous-panel) for more information).

#### Continuing Care and Home Support

- **Continuing Care Transformation:** Increasing hours of care provided to continuing care home residents including at rural/remote homes. (See [alberta.ca/continuing-care-transformation](https://alberta.ca/continuing-care-transformation) for more information).
- **Client Directed Home Care Invoicing (CDHCI)** service delivery model was expanded beyond Edmonton and Calgary zones to include all rural zones (North, Central, and South) in early 2024. This will support home care clients in rural and remote locations to have increased choice in selecting their home care provider, as well as flexibility and autonomy in terms of when and how their care is provided.
- **Increase of Home, Supportive Living, and Continuing Care Supports (Rural Complex Home and Community Care Expansion and Non-Medical Supports):** Expands home care for rural residents and offers non-medical support for low-income Albertans to age at home, avoiding unnecessary or early moves into a continuing care home.

## Health Services Planning and Strategy

### Regional Health Services Planning

- **South Zone Cardiac Service Plan:** Outlines strategies for delivering cardiac services closer to home.
- **South Zone Healthcare Planning:** Provides a road map for decision making and prioritization to provide quality, accessible and sustainable health services. (See <https://together4health.albertahealthservices.ca/south-zone-healthcare-planning?tool=qanda> for more information).

### Stakeholder Engagement

- **Refocus Engagements:** Invites stakeholders for in-person discussions on strengthening health care system. (See [alberta.ca/refocusing-health-care-in-alberta](https://alberta.ca/refocusing-health-care-in-alberta) for more information).
- **Regional and Indigenous Advisory Councils (RAC and IAC):** 12 RAC and one IAC across the province provide information and advice on local health care system priorities for consideration. (See [alberta.ca/advisory-councils-health](https://alberta.ca/advisory-councils-health) for more information))

## Specialized Health Initiatives

- **Enhancing Cultural Safety of Indigenous Mothers:** Research project improves perinatal care for Indigenous mothers at Wetaskiwin Hospital, enhances staff cultural competency and data collection.
- **Alberta Surgical Initiative:** Provides all surgeries within clinically recommended timelines and increasing volume in rural areas. (See [albertahealthservices.ca/aop/Page13999.aspx](https://albertahealthservices.ca/aop/Page13999.aspx) for more information).
- **Modernizing Alberta's Primary Health Care System (MAPS) Initiative:** Aims to enhance primary health care and overall system efficiency, collaborating with the Indigenous Health Division for implementation. (See [alberta.ca/modernizing-albertas-primary-health-care-system-maps](https://alberta.ca/modernizing-albertas-primary-health-care-system-maps) for more information).

## Support Programs

- **Home Hemodialysis Utility Grant Program & Dialysis Transportation Program:** Supports dialysis patients outside urban areas, easing barriers to home treatment or providing transportation to the nearest dialysis centre.

## Other Ministries - Rural Health Support Activities

### Arts, Culture and Status of Women

- **Rural Sexual Assault Support Program:** Supports for survivors of sexual assault living in rural areas and specialized training for certain health care providers in rural areas. (See [alberta.ca/sexual-assault-care-training](https://alberta.ca/sexual-assault-care-training) for more information).

### Children and Family Services (CFS)

- **Supports for Children and Youth in the Care of CFS for Medical Services, Preventive Care and Access:** All children and youth in the care of Children and Family Services should receive care in the same manner as any other child in the community.
- **Specialized trauma informed, evidence-based treatment to rural and urban youth:** Youth at four Campus Based Treatment Centres receive trauma-informed care addressing cognitive, social, emotional, and behavioural needs.
- **Supplemental Health Benefits for children through adoption or private guardianship:** Provide coverage for dental, vision and other supplemental health benefits for children who are adopted or are in private guardianship.

## Infrastructure

- **LaCrete Maternity and Community Health (MCHC) Project:** Facility that integrates advanced ambulatory care, EMS, primary care, maternal health care, and diagnostic services to serve La Crete area.
- **Cardston Health Centre (CHC) Replacement Project Business Case:** The CHC, built more than 60 years ago, has reached end of life and a new facility is required. (See [albertahealthservices.ca/about/Page14059.aspx](https://albertahealthservices.ca/about/Page14059.aspx) for more information).
- **Rural Health Facility Planning Toolkits:** Toolkits for three health facility types to inform planning and design for rural projects.
- **Capital Maintenance and Renewal Program:** Projects to protect the integrity of health facilities across the province.
- **Alberta Surgical Initiative (ASI) Capital Program:** Aims to increase surgery capacity and reduce wait times by renovating, improving, and expanding operating rooms and support spaces.
- **Medical Device Reprocessing Department (MDRD) Program:** To increase the medical device reprocessing capacity.

## Mental Health and Addiction

- **Alberta Recovery Model:** Enhances access to comprehensive mental health and addiction services, promoting recovery at all stages. (See [alberta.ca/alberta-recovery-oriented-system-of-care](https://alberta.ca/alberta-recovery-oriented-system-of-care) for more information).
- **Refocusing Health Care – Recovery Alberta:** Create a provincial health agency to improve mental health and addiction service delivery and oversight, ensuring consistent, high-quality care. (See [alberta.ca/release.cfm?xID=900733836BB31-FF75-960D-1AF0446E29A789FE](https://alberta.ca/release.cfm?xID=900733836BB31-FF75-960D-1AF0446E29A789FE) for more information).
- **211 Alberta:** Access to mental health and addiction services information, offering referrals and crisis support through calls, texts, or online chats. (See <https://ab.211.ca/> for more information).
- **Counselling Alberta:** Albertans can access both in-person and virtual mental health counselling services across Alberta. (See [counsellingalberta.com/](https://counsellingalberta.com/) for more information).
- **Kids Help Phone:** Provides free, confidential 24/7 professional counselling, crisis support and information services for children, youth, and young adults. (See <https://kidshelpphone.ca/> for more information).
- **Child and Youth Health Services Initiative:** Improves access to mental health and pediatric rehabilitation supports for children and youth.
- **CASA Mental Health Programs:** Provides critical mental health supports for children and youth in partnerships with CASA Mental Health. (See <https://casamentalhealth.org/> for more information).
- **Honouring Life:** Indigenous youth suicide prevention program builds capacity in mental wellness, resiliency, and healthy lifestyle promotion. (See [albertahealthservices.ca/info/page2735.aspx](https://albertahealthservices.ca/info/page2735.aspx) for more information).

## Seniors, Community and Social Services

- **Special Needs Assistance for Seniors Program:** Includes assistance with the cost of medical trips, light housekeeping and yard maintenance, and supply of various prescribed supports. (See [alberta.ca/seniors-special-needs-assistance](https://alberta.ca/seniors-special-needs-assistance) for more information).
- **Provincial Assisted Transportation Project:** Provides funding to deliver assisted transportation services for seniors and persons with mobility challenges in rural Alberta.
- **Alberta Adult Health Benefit:** Covers health benefits for Albertans in low-income households who are pregnant or have high ongoing prescription drug needs. (See [alberta.ca/alberta-adult-health-benefit](https://alberta.ca/alberta-adult-health-benefit) for more information).
- **Alberta Child Health Benefit:** Covers health benefits for children in low-income households. (See [alberta.ca/alberta-child-health-benefit](https://alberta.ca/alberta-child-health-benefit) for more information).
- **Assured Income for the Severely Handicapped (AISH):** Provides financial, health and supplemental benefits to eligible Albertans. (See [alberta.ca/aish](https://alberta.ca/aish) for more information).

- **Family Support for Children with Disabilities:** Provides a wide range of services to help promote the healthy growth, development and inclusion of children with disabilities and their families. (See [alberta.ca/fscd](https://alberta.ca/fscd) for more information).
- **Persons with Developmental Disabilities (PDD):** Helps eligible adults with developmental disabilities plan, coordinate, and access services to live as independently as they can in their community. (See [alberta.ca/persons-with-developmental-disabilities-pdd](https://alberta.ca/persons-with-developmental-disabilities-pdd) for more information).
- **Fetal Alcohol Spectrum Disorder (FASD) programs and services:** Promote zero alcohol during pregnancy campaign – no exposure equals no risk. (See [alberta.ca/fasd-programs-and-services](https://alberta.ca/fasd-programs-and-services) for more information).
- **Provincial Disability Services Initiative (PDSI):** supports Albertans whose needs do not fit within the legislated parameters of existing programs. (See [alberta.ca/supports-for-people-with-disabilities](https://alberta.ca/supports-for-people-with-disabilities) for more information).



# Focus Area 3: Models of Care

<b>Alberta Health – Rural Health Specific or Supported Activities</b>
<b>Enhancing Home &amp; Continuing Care Supports</b>
<ul style="list-style-type: none"><li>• <b>Increase of Home &amp; Continuing Care Supports:</b> Enhance home and continuing care through client-directed care expansion, caregiver support enhancement, and funding service approaches.</li></ul>
<b>Primary Care Network Service Planning</b>
<ul style="list-style-type: none"><li>• <b>2023-2026 Zone Primary Care Network (PCN) Service Plans by South, North, and Central Zone Primary Care Network Committee:</b> Advise on population health needs and integrate primary and community services to address them.</li></ul>
<b>Health Care Improvement Initiatives</b>
<ul style="list-style-type: none"><li>• <b>Diabetes Working Group:</b> Reviews diabetes care to improve prevention, diagnosis, treatment, and management, including Indigenous and rural communities. (See <a href="http://alberta.ca/diabetes-working-group">alberta.ca/diabetes-working-group</a> for more information).</li></ul>

<b>Other Ministries - Rural Health Support Activities</b>
<b>Justice</b>
<ul style="list-style-type: none"><li>• <b>Drug Treatment Courts:</b> Divert high-risk drug offenders to community-based treatment, offering support for addiction, health, housing, employment, and more. (See <a href="http://albertacourts.ca/cj/areas-of-law/criminal/special-courts/DTC">albertacourts.ca/cj/areas-of-law/criminal/special-courts/DTC</a> for more information).</li></ul>
<b>Mental Health and Addiction</b>
<ul style="list-style-type: none"><li>• <b>Youth Mental Health Hubs:</b> Provide youth aged 11 to 24 with a single point of access to a broad range of supports, including mental health and addiction services, primary health care, social services, housing, recovery coaches, and school-based services. (See <a href="http://alberta.ca/childrens-mental-health">alberta.ca/childrens-mental-health</a> for more information).</li><li>• <b>Sexual Assault:</b> Specialized counselling that is not available within mainstream mental health and addiction services.</li><li>• <b>Recovery Communities:</b> Establish recovery communities throughout the province to ensure people with addiction can access life-saving treatment. (See <a href="http://alberta.ca/recovery-communities">alberta.ca/recovery-communities</a> for more information).</li><li>• <b>Digital Overdose Response System:</b> Mobile app to help protect people using opioids and other substances alone. (See <a href="https://www.dorsapp.ca/">https://www.dorsapp.ca/</a> for more information).</li><li>• <b>Virtual Opioid Dependency Program:</b> Offers same-day treatment anywhere in the province with no waitlist to access evidence-based medications. (See <a href="https://vodp.ca/">https://vodp.ca/</a> for more information).</li></ul>
<b>Seniors, Community and Social Services</b>
<ul style="list-style-type: none"><li>• <b>Home and Community Supports Provincial Project:</b> Provides non-medical home supports with a focus on mental health and overall well-being.</li><li>• <b>Community and In-Home Supports for Older Adults in Rural Central Alberta:</b> Provides non-medical supports to older adults in Red Deer and neighbouring rural communities in Central Alberta.</li></ul>

# Focus Area 4: Community Care

## Alberta Health – Rural Health Specific or Supported Activities

### Sexually Transmitted and Blood Borne Infections (STBBI) Focus

See <https://myhealth.alberta.ca/sexual-reproductive-health/sexually-transmitted-infections> for more information.

- **Syphilis Outbreak Action Response (SOAR) Grant Program:** Aims to address the syphilis outbreak in Alberta, focusing on preventing congenital syphilis through targeted projects.
- **Renewing the Sexually Transmitted and Blood Borne Infections (STBBI) Strategy:** Focuses on addressing the current outbreak(s), STBBI priorities, challenges and inequalities as well as incorporating Indigenous perspectives.
- **Sexually Transmitted and Blood Borne Infections (STBBI) Prevention and Wrap-Around Supports Grants:** Offers easily accessible STBBI services, including prevention, testing, treatment, and support, along with assistance in navigating health services.

### Water and Environmental Health

- **Water for Life Strategy:** Strategy to manage and safeguard Alberta's water resources. (See [alberta.ca/water-for-life-strategy](http://alberta.ca/water-for-life-strategy) for more information).

### Physical Activity and Injury Prevention

- **Growing Prescription to Get Active in Alberta (RxTGA):** Primary Care Network physicians prescribe physical activity as part of healthy living, offering activity solutions both in the communities and online. (See <https://prescriptiontogetactive.com/> for more information).
- **Injury Prevention Centre:** Provides falls prevention and brain injury prevention programs to reduce injury and hospitalizations in rural and remote communities. (See <https://injurypreventioncentre.ca/> for more information).

### Community Health Promotion

- **Alberta Health Community Approach – Cancer Prevention and Screening Innovation:** Enables various groups to work together to reduce the risk of cancer and chronic disease in their community. (See [healthiertogether.ca/about/about-us/about-cpsi/](http://healthiertogether.ca/about/about-us/about-cpsi/) for more information).
- **Communities Choose Well Program:** Focuses on supporting small, rural, and Indigenous communities to promote and improve healthy eating and active living. (See <https://communitieschoosewell.ca/> for more information).

### Tobacco and Vaping Control

- **Tobacco Smoking Vaping Enforcement (TSVE) Grant:** Aims to reduce youth access and exposure to tobacco and vaping products. (See [albertahealthservices.ca/info/Page17586.aspx](http://albertahealthservices.ca/info/Page17586.aspx) for more information).

## Other Ministries - Rural Health Support Activities

### Agriculture and Irrigation

- **Alberta Rabies Management Program:** Provides risk assessment for people who have had a potential exposure to rabies through interaction with suspicious animals. (See [alberta.ca/rabies-testing-surveillance-program](http://alberta.ca/rabies-testing-surveillance-program) for more information).
- **University of Calgary Veterinary Medicine (UCVM) Diagnostics:** Grants to the UCVM diagnostic services unit to enable veterinarians and Alberta livestock producers to access veterinary diagnostics. (See <https://vet.ucalgary.ca/departments-units/dsu/home> for more information).

- **Antimicrobial Resistance:** Various activities including outreach and awareness for livestock producers and veterinarians, as well as partnering with Alberta Health on the Antimicrobial Resistance Framework for Action. (See [canada.ca/en/health-canada/services/publications/drugs-health-products/tackling-antimicrobial-resistance-use-pan-canadian-framework-action.html](https://canada.ca/en/health-canada/services/publications/drugs-health-products/tackling-antimicrobial-resistance-use-pan-canadian-framework-action.html) for more information).
- **Livestock Disease Surveillance:** Surveillance of reportable and notifiable diseases of risk, to identify emerging risks or comparison to emerging human health surveillance. (See [alberta.ca/reportable-and-notifiable-animal-diseases](https://alberta.ca/reportable-and-notifiable-animal-diseases) for more information).
- **Disposal of Dead Animals Regulation:** Requires timely and appropriate disposal of dead animals and waste from slaughter establishments to mitigate health and environmental risks. (See [https://open.alberta.ca/publications/2014\\_132](https://open.alberta.ca/publications/2014_132) for more information).
- **Provincial Meat and Dairy Inspection Services:** Oversight at 130 facilities located throughout rural Alberta, to provide assurances of food safety and minimize the risk of foodborne illness. (See [alberta.ca/meat-and-dairy-inspection](https://alberta.ca/meat-and-dairy-inspection) for more information).
- **Alberta Approved Farmers' Market Program:** Provides guidelines for markets to follow that ensure at least 80% of vendors are Albertans. (See [alberta.ca/alberta-approved-farmers-markets](https://alberta.ca/alberta-approved-farmers-markets) for more information).

## Arts, Culture and Status of Women

- **10-Year Strategy to End Gender Based Violence and Support Survivors:** Guides Alberta-based investments to prevent and address gender-based violence, including support for rural women. (See [canada.ca/en/women-gender-equality/gender-based-violence/intergovernmental-collaboration/national-action-plan-end-gender-based-violence.html](https://canada.ca/en/women-gender-equality/gender-based-violence/intergovernmental-collaboration/national-action-plan-end-gender-based-violence.html) for more information).
- **The Women's Hub:** A consolidated directory to help women find and access government programs, resources and supports, including links to health supports. (See [alberta.ca/womens-hub](https://alberta.ca/womens-hub) for more information).

## Children and Family Services

- **Family Resource Networks:** Support children, youth, and families with early intervention for well-being and resilience, focusing on caregiver capacity and child health. (See [alberta.ca/family-resource-networks](https://alberta.ca/family-resource-networks) for more information).
- **Prevention of Family Violence and Sexual Violence:** Links rural and remote individuals facing family and/or sexual violence with health care providers to improve access to timely health services. (See [alberta.ca/family-violence-prevention](https://alberta.ca/family-violence-prevention) for more information).

## Immigration and Multiculturalism

- **Alberta's Anti-Racism Action Plan:** To combat discrimination and systemic barriers, ensuring equitable access to government programs and services for all Albertans. (See <https://open.alberta.ca/publications/albertas-anti-racism-action-plan> for more information).
- **Anti-Racism and Ethnocultural Grants:** Provide grant funding to address racism, promote multiculturalism, and engage communities for inclusive government actions. (See [alberta.ca/anti-racism-grant](https://alberta.ca/anti-racism-grant) for more information).
- **Immigration and Multiculturalism Councils:** The Alberta Anti-Racism Advisory Council, Premier's Council on Multiculturalism and Alberta Black Advisory Council collectively seek to combat racism by building welcoming, diverse, and inclusive communities. (See [alberta.ca/taking-action-against-racism](https://alberta.ca/taking-action-against-racism) for more information).
- **Alberta Settlement and Integration Program:** Funds ongoing services and time-limited projects that address unmet settlement needs and complement existing programming. (See [alberta.ca/alberta-settlement-and-integration-program](https://alberta.ca/alberta-settlement-and-integration-program) for more information).

## Justice

- **Indigenous Court Work Program:** Assists Indigenous people throughout the court process, offering various services and restorative justice options within the local community. (See [alberta.ca/alberta-indigenous-court-work-program](https://alberta.ca/alberta-indigenous-court-work-program) for more information).
- **Gladue Report Program:** Prepares Gladue Reports which contain healing plans which may refer clients to health services. (See <https://albertacourts.ca/kb/areas-of-law/criminal/gladue> for more information).
- **Alberta Restorative Justice Strategy and Program:** Serve as an alternative pathway, focusing on resolving harm to victims and communities while holding offenders accountable. (See [alberta.ca/restorative-justice](https://alberta.ca/restorative-justice) for more information).

## Mental Health and Addiction

- **Regional Police and Crisis Teams (RPACT):** RPACT Teams serve the detachments and communities in rural geographic areas with policing and crisis team supports. (See <https://grc.ca/en/gazette/rcmp-expanding-partnership-alberta-therapists-respond-mental-health-calls> for more information).

## Seniors, Community and Social Services

- **Elder Abuse Coordinated Community Response Networks:** Develop a community-specific, multi-disciplinary approach to preventing and addressing elder abuse in their community. (See [alberta.ca/coordinated-community-response-to-elder-abuse](https://alberta.ca/coordinated-community-response-to-elder-abuse) for more information).
- **Elder Abuse Safe Spaces Program:** Enhances access to safe spaces for seniors experiencing abuse in rural and Indigenous communities in Alberta. (See [alberta.ca/release.cfm?xID=90523F7360B1F-FB68-5047-662744C2CC9BC503](https://alberta.ca/release.cfm?xID=90523F7360B1F-FB68-5047-662744C2CC9BC503) for more information).
- **Residential Access Modification Program (RAMP):** Offers low-income Albertans who have mobility challenges grants to modify their home. (See [alberta.ca/residential-access-modification-program](https://alberta.ca/residential-access-modification-program) for more information).

# Focus Area 5: Prevention and Wellness

## Alberta Health – Rural Health Specific or Supported Activities

### Empowering Prevention

- **Cancer Research for Screening and Prevention (CRSP) Program Fund:** Funding for cancer prevention and screening initiatives, including research, education, and public policy development. (See [alberta.ca/cancer-research-for-screening-and-prevention-program-fund](https://alberta.ca/cancer-research-for-screening-and-prevention-program-fund) for more information).
- **Tobacco and Vaping Reduction Strategy (2023-2028):** Smoking and vaping remains a serious public health issue that causes considerable health harms to many Albertans and results in significant costs to the health care system. The new Tobacco and Vaping Strategy builds upon the successes of Alberta’s previous tobacco reduction strategies dating back to 2002, will drive further reductions in tobacco use, and for the first time, vaping product use, particularly amongst youth. (See [alberta.ca/tobacco-and-vaping-reduction-strategy](https://alberta.ca/tobacco-and-vaping-reduction-strategy) for more information).