

Chapter 1

The Rural Learning Challenge: Meeting the Health Needs of Rural Residents through ICTs

Al Lauzon
University of Guelph, Canada

ABSTRACT

This chapter examines how technology is supporting the health and health care system for rural/remote people, specifically telehealth and the Internet, with a focus on the Canadian context. I will begin by outlining the opportunities and the challenges that technology presents to rural people and communities. This is followed by highlighting the divide between rural and urban in the Canadian context, with a focus on inequities related to health. This is followed by exploring the role of ICTs in health and health care with a focus on changes in the Canadian healthcare system, telehealth and the Internet as a source of health related information. These issues are then examined through a rural lens, asking the question what, if any are the implications for rural people and communities. I end with a section of reflections followed by the conclusion that ICTs present new opportunities for rural people and communities, but if they are to be able to take advantage of these opportunities they must learn to develop the necessary capacities, both as individuals and as a community. Their challenge is a learning challenge.

INTRODUCTION

As a faculty member in the School of Environmental Design and Rural Development, University of Guelph, I have devoted my professional life trying to understand rural communities, the challenges they face and opportunities that are open to them, and how best to develop policy and supports that enhance the lives of rural people and communities. Earlier in my career I explored the impact of

health care restructuring in Canada, and in particular what the impact and loss of rural hospitals meant to rural/remote communities. At other times I explored the role of collaboration in the health care system and how technologies could be used to support rural people's health. I have also studied the economic impact of physician recruitment on rural and remote communities.

As a resident in a rural community and as a volunteer in the area of rural health care I have

DOI: 10.4018/978-1-4666-9494-1.ch001

seen firsthand many of the challenges rural/remote health care systems face. I have been a member of our local hospital board; I chaired our community physician recruitment committee and the county physician recruitment community. I have spent time talking with other rural/remote communities trying to help them see that physician recruitment is not just about access to health care, but that it is a fundamental part of their economic development. I have seen the havoc that an unexpected physician death can have on a rural/remote community; how do people get prescriptions filled or renewed, or what about urgent referrals to specialists where time is of the essence. I have spoken with people who could not find a family physician and consequently do not manage their own personal health in ways that could be described as thoughtful or proactive. Health care is something that they seek out only when it is absolutely necessary, often having to travel to the city to access an after-hours clinic or visiting the local or regional hospital emergency department and potentially spending hours waiting to see someone (not to mention this is not a good use of hospital resources). I have been involved in trying to convince a small hospital foundation to invest \$1,000,000 in ICTs—what constituted half the foundation’s endowment—without being able to point to any immediate short term benefits, encouraging them to try and see the “bigger picture” and to trust the judgement of the hospital board and CEO. I have done all these things in an environment of diminishing financial and human resources. I know the challenges of rural health care on both a professional and a personal level.

This chapter proposes to examine how technology is supporting the health and health care system for rural/remote people, specifically telehealth and the Internet, with a focus on the Canadian context. Canada has a public health care system that guarantees all citizens reasonable access to the health care system. It was founded upon legislation known as the *Canada Health Act*,

1984 which sought to conceptualize health in the context of social justice, ensuring equitable access to health care for all Canadians. It was founded upon five principles:

- Accessibility;
- Universality;
- Portability;
- Comprehensiveness; and
- Public administration.

It was an attempt to guarantee all Canadians the right to health care regardless of their location, and despite this guarantee there are great disparities in access, and subsequently health status, between rural and urban communities (Williams & Kulig, 2012). This is problematic, as noted by Redden (2002) as access to health care premised on the principles of the *Canada Health Act* are viewed by Canadians as a right. This poses fundamental challenges for the federal government, but also for the provincial and territorial governments who ultimately have the responsibility of delivering health care services.

In this chapter I will outline the opportunities and the challenges that technology presents to rural people and communities. I begin by highlighting the divide between rural and urban in the Canadian context, with a focus on inequities related to health. This is then followed by exploring the role of ICTs in health and health care with a focus on changes in the Canadian healthcare system, telehealth and the Internet as a source of health related information. These issues are then examined through a rural lens, asking the question what, if any are the implications for rural people and communities. I end with a section of reflections followed by the conclusion that ICTs present new opportunities for rural people and communities, but if they are to be able to take advantage of these opportunities they must learn to develop the necessary capacities, both as individuals and as a community.

20 more pages are available in the full version of this document, which may be purchased using the "Add to Cart" button on the publisher's webpage:

www.igi-global.com/chapter/the-rural-learning-challenge/137954

Related Content

Using Narrative with Avatars and Robots to Enhance Elder Care

Lundy Lewis (2017). *Healthcare Ethics and Training: Concepts, Methodologies, Tools, and Applications* (pp. 744-763).

www.irma-international.org/chapter/using-narrative-with-avatars-and-robots-to-enhance-elder-care/180612

Genetic Counseling: A Rapidly Expanding Profession

Janice L. Berliner and Jennifer Fitzpatrick (2022). *Handbook of Research on Advising and Developing the Pre-Health Professional Student* (pp. 1-21).

www.irma-international.org/chapter/genetic-counseling/303429

The Clinician as Educator: Redefining the Medical Educator's Role and Toolbox

Barbara A. Schindler (2020). *Handbook of Research on the Efficacy of Training Programs and Systems in Medical Education* (pp. 345-355).

www.irma-international.org/chapter/the-clinician-as-educator/246637

Using Technology to Teach and Teaching About Technology: Synergies for the Digital Age

Shohreh V. Anand and Tejwansh S. Anand (2020). *Handbook of Research on the Efficacy of Training Programs and Systems in Medical Education* (pp. 379-403).

www.irma-international.org/chapter/using-technology-to-teach-and-teaching-about-technology/246640

Computerized-Aid Medical Training: Ecographic Simulator for Echo-Guided Infiltration of Botulinic Toxin

Javier Nieto, Juan A. Juanes, Pablo Alonso, Belén Curto, Felipe Hernández, Vidal Moreno and Pablo Ruisoto (2017). *Healthcare Ethics and Training: Concepts, Methodologies, Tools, and Applications* (pp. 434-450).

www.irma-international.org/chapter/computerized-aid-medical-training/180595