

The Northern Alberta Development Council (NADC) region comprises over 60% of Alberta's landmass. This vast region is home to 9% of the province's population who live, work and play in one of the region's three major cities, or in one of many towns, villages, hamlets and in rural areas. Some of these communities are currently experiencing significant and unprecedented growth. Northern Alberta also accommodates an additional 26,000 transient people who work in the region's rapidly growing economy<sup>i</sup>.

The unique geography and economy of Northern Alberta brings with it a range of benefits. The region also has significant challenges, including health concerns. Some examples:

- The northern health regions have the first, second and third highest injury rates in the province of Alberta. All three northern regions are significantly higher than the provincial average.<sup>ii</sup>
- Peace Country Health and Aspen Health Region have the first and second highest rates of emergency visits for injuries, and the first and third highest rates of hospital admissions for injuries.<sup>iii</sup>
- Northern Lights and Aspen Health Regions have the first and second highest incidents of heart disease and respiratory conditions in the province.<sup>iv</sup>
- The three northern regions have the highest motor vehicle related emergency department visits in Alberta.<sup>v</sup> Motor vehicle related hospital admission rates are the highest in Aspen and Peace Country.<sup>vi</sup>
- Peace Country Health has the highest attempted suicide/self-inflicted injury related emergency visits, while the three northern health regions have rank second, third and fourth highest in terms of hospital admissions for suicides/self-inflicted injury.<sup>vii</sup>
- Northern Lights and Peace Country have the first and second highest overall incidents of sexually transmitted infections, while Aspen is the fifth highest. Specifically, the north has the highest rates of Gonorrhoea and Chlamydia in the province.<sup>viii</sup>
- Northern communities had in 2006 between 79-104 physicians per 100,000 persons, while the provincial average was 137 and the rural RHA average (excluding R3 Calgary and R6 Capital) was 115.<sup>ix</sup>

Concerns about health care in northern Alberta were raised at the NADC's Challenge North 2006 Conference. Delegates highlighted concerns about recruitment and retention of health care professionals. They also expressed concern over the inadequacy of the province's funding formula for northern health regions in providing for the health needs of residents. They noted the stresses placed on services by the special characteristics of north's population and the additional demand due to the large numbers of temporary workers.

In this document the Northern Alberta Development Council makes recommendations to address the concerns raised by northern Albertans and to improve the access to health care services in the region.

## **Health region funding formula**

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There is significant concern that the funding formula for health regions does not properly reflect northern realities. Historical data do not reflect the illness and injury levels in the north nor keep up with fast-changing demographics of some communities. High staff turnover costs and a lack of understanding about the effects of the shadow population underscore the need for changes.

*The Northern Alberta Development Council recommends that:  
the funding formula be reviewed and revised to reflect the high level of health concerns amongst northern Alberta populations.*

*the funding formula include a mechanism to address the needs of fast-growing communities.*

*the additional cost of staff recruitment due to high vacancy and turnover rates be recognized.*

*a fund be developed that encourages repatriation of services and helps establish the necessary support services.*

*the overall capacity requirements placed on services by temporary shadow populations be acknowledged and included in the funding formula.*

## **Northern health infrastructure needs**

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Northern Alberta suffers from a health care infrastructure deficit. Aging facilities and fast population growth have quickly led to an urgent need for improved facilities. As an example, Northern Lights Health Region's regional facility in Fort McMurray deals with nearly twice as many emergency room visits per treatment space than the provincial average for such facilities.<sup>x</sup> The regional centres in Fort McMurray and in Grande Prairie are both in need of redevelopment. In Aspen Health Region, projects in urgent need include redevelopment of the Bonnyville Healthcare Centre, the Westlock Healthcare Centre, Smoky Lake Continuing Care Centre, Cold Lake Healthcare Centre, St. Paul Healthcare Centre, Lac La Biche Healthcare Centre and the Whitecourt Healthcare Centre. In Peace Country Health Beaverlodge requires redevelopment soon, while Grande Cache, Fairview and Hythe have future infrastructure needs. The Northern Lights Health Region has recently received funding for some primary care centres, but also needs a new continuing care centre in Fort McMurray.

With the redevelopment of facilities, there is also an opportunity to increase training space within health care centres for more integrated learning experiences.

*The Northern Alberta Development Council recommends that:  
a five year growth plan be developed and implemented to address the fast-paced infrastructure growth needs of northern health regions.*

*both health care services and education are considered in infrastructure development.*

## **Recruitment and retention**

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### ***Regional equity fund***

Many of our northern communities lack some of the quality of life attractions found in larger centres. Professional sports and theatre, recreational facilities, cultural venues, medical facilities and opportunities for youth are all limited in the north.

Northern communities continue to strive to bring these quality of life opportunities to a standard enjoyed by our southern communities. By establishing an equity fund, the ministry of Health and Wellness can help northerners in developing health services in northern communities that are comparable to those found in the south. This would also enable our communities to then focus on the other areas which need attention.

*The Northern Alberta Development Council recommends that:  
a \$100 million dollar equity fund be established, specifically for rural and northern regions to be used in the retention and attraction of physicians.*

### ***Allocation of new medical seats***

The province has created and has the capacity to create new seats immediately in Alberta's medical schools in Calgary and Edmonton. History shows that many of the graduates of Alberta's medical schools settle in urban areas. There are many influences, but factors related to medical training play a significant role. Many of the students attending medical school are from urban areas and their training occurs in urban areas. They have often started a family by the time they have finished their studies. Northern and rural health regions face a disadvantage in trying to recruit medical graduates under these circumstances. As well, the graduates have little experience with life and medical practice in a rural area.

*The Northern Alberta Development Council recommends that:  
the medical seats be brought to capacity at the University of Alberta and the University of Calgary and that they further be targeted to students proportionately from northern and rural backgrounds who are willing to make a commitment to working in rural areas, with an emphasis on the north when they complete their residency.*

### ***Medical training in northern Alberta***

Medical professionals are in great demand across the province, however the need is substantially greater in rural Alberta. In smaller communities the loss of one physician can have significant impacts. For instance the loss of an anaesthesiologist could curtail all operations and cause migration of more local doctors to other locations. This situation is exacerbated in Northern Alberta due to distance and isolation. Some northern Alberta communities are 8 to 10 hours away from Alberta's main urban centres. It is essential that more medical training is offered in northern Alberta.

*The Northern Alberta Development Council recommends that:  
the proposal, developed by the Medical Schools at the Universities of Alberta and Calgary, to offer a one-year rural training option to third and fourth year medical students through their Integrated Community Clerkship proposal be funded with a focus in northern Alberta.*

*Alberta Health and Wellness and Alberta Advanced Education and Technology support the efforts of northern health regions and post-secondary institutions to develop medical training in the north.*

### ***Additional health care training in northern Alberta***

The northern health regions are working together with northern post-secondary institutions and Alberta Health and Wellness to address recruitment issues. The support of the province is essential to develop additional training opportunities that will graduate northerners interested in working in the north.

*The Northern Alberta Development Council recommends that:  
Alberta Health and Wellness and Alberta Advanced Education and Technology support collaborative educational efforts between health regions and northern post-secondary institutions.*

*educational technology be used to increase local access to health care programs.*

*seats in health care programs be targeted to students from northern and rural backgrounds who are willing to make a commitment to working in rural areas, with an emphasis on the north when they complete their training.*

### ***Immigration and assessment of nationally and internationally trained health care professionals***

Considering the shortage of physicians and other health care professionals in Alberta, nationally and internationally trained graduates are an important part of Alberta's health care, especially in northern communities. Processes need to be expedited to ensure timely review of professional credentials from outside the province.

*The Northern Alberta Development Council recommends that:  
Alberta Health and Wellness and health regions work with the College of Physicians and Surgeons of Alberta on a review of licensing requirements for International Medical Graduates.*

*Alberta Health and Wellness work with its counterparts nationally, in other provinces and physician professional bodies on reciprocal agreements for physicians credentialed and licensed in other provinces.*

*Alberta Health and Wellness work with Employment, Immigration and Industry to further streamline and expedite immigration processes for hard to recruit health care positions.*

### ***Differential fee payment for northern doctors***

Currently physician fees are the same regardless of the location of the physician. Without additional incentives to locate in rural areas, many physicians will choose to live in urban areas. This is well-demonstrated by the disparity in physician ratios. Incentives are needed to encourage doctors to locate in northern Alberta and help meet the significant need of residents and temporary workers alike.

*The Northern Alberta Development Council recommends that:  
a differential fee payment be established that would allow northern doctors to receive higher fees for their services.*

## Sources

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<sup>i</sup> Northern Alberta Development Council, *Shadow Populations in Northern Alberta. Part 1 – Quantification*, p. 3.

<sup>ii</sup> *Deaths, Age Standardized Mortality Rate and 95% Confidence Intervals Albertans in Alberta- By Region of Residence, Selected Causes of Death by Sex 2003-2005 Combined, Combined Injury in Both Sexes*, [http://www.health.gov.ab.ca/regions/B5b\\_2005.htm](http://www.health.gov.ab.ca/regions/B5b_2005.htm), p. 7.

<sup>iii</sup> Alberta Centre for Injury Control & Research. *Alberta Injury Data: Comparison of Injuries in Alberta's Health Regions, 2006*. Edmonton: Alberta Centre for Injury Control & Research, 2006, <http://www.acicr.ualberta.ca>, p. 19 and 22.

<sup>iv</sup> *Deaths, Age Standardized Mortality Rate and 95% Confidence Intervals Albertans in Alberta- By Region of Residence, Selected Causes of Death by Sex 2003-2005 Combined, Combined Diseases of the Heart and Respiratory in both Sexes*, [http://www.health.gov.ab.ca/regions/B5b\\_2005.htm](http://www.health.gov.ab.ca/regions/B5b_2005.htm), p. 3 and 6.

<sup>v</sup> Alberta Centre for Injury Control & Research. *Alberta Injury Data: Comparison of Injuries in Alberta's Health Regions, 2006*. Edmonton: Alberta Centre for Injury Control & Research, 2006, <http://www.acicr.ualberta.ca>, p.29.

<sup>vi</sup> Alberta Centre for Injury Control & Research. *Alberta Injury Data: Comparison of Injuries in Alberta's Health Regions, 2006*. Edmonton: Alberta Centre for Injury Control & Research, 2006, <http://www.acicr.ualberta.ca>, p. 27.

<sup>vii</sup> *Ibid.*, p. 33 and 35.

<sup>viii</sup> *Table B-8: Sexual Transmitted Infections Incident Cases and Incidence Rate per 100,000 Population by Type of Disease and Region of Examination, Alberta, 2005*, Public health Surveillance and Environmental Health, [http://www.health.gov.ab.ca/regions/B8\\_2005.htm](http://www.health.gov.ab.ca/regions/B8_2005.htm), p.1.

<sup>ix</sup> Source: Alberta Health and Wellness.

<sup>x</sup> 2005-2008 Health Plan, Northern Lights Health Region, p. 5-6.