

Relatively Poorer Health of Rural Canadians Poses Economic Development Challenges

A recent report from Statistics Canada paints a disturbing and challenging picture about the health of rural citizens in this country. Generally speaking, more rural citizens are overweight and are smokers, and are less likely to be physically active, than their more urban counterparts. Rural citizens are less likely to self-report that they are in excellent health, and less likely to be taking action to improve their health situation.

The Health of Rural Canadians: A Rural-Urban Comparison of Health Indicators, was released in late October 2003, and makes use of Statistics Canada's 2000/01 Canadian Community Health Survey, involving 131,535 respondents, age 20 to 64 years.

The findings present a real challenge for rural revitalization. A key foundation for improving the economic well-being of rural communities is a healthy population which is ready and able to work. In communities where too many people are in poor health, they are less likely to be in the workforce. And this creates a problem for economic development.

At a time when many rural communities and small towns are trying to encourage new business

startups or to attract new employers, there appears to be labour shortage. Even though there are higher unemployment rates, some economic development officers worry about the lack of a work ready workforce, defined as a workforce with the right mix of skills and abilities and availability among people not already employed, or among those who are underemployed, to be gainfully employed when opportunities emerge. In the context of population health, when citizens are not healthy they are less likely to be ready and available



for work. By extension, then, there may be less potential for communities to meet the labour force needs of potential employers.

With 35% (in larger small towns) to 45% (in rural areas near large cities) of the rural population being overweight (compared to only 27% in the largest cities), and 30% being smokers (compared to 22% in large cities), there are some important actions that could be implemented in

the context of community health. One action is for community health centres, family doctors, and others involved in rural health care and service delivery, need to begin an aggressive campaign to raise awareness about the issues and encourage citizens to change behaviours with supportive programs.

A second action is that schools, in partnerships with families and those in the health care sector need to introduce a more aggressive program of physical activity, healthy lifestyles, and awareness building about the implications of poor lifestyle choices (such as smoking and physical inactivity).

A third action is that the economic development sector needs to be more vocal about the linkages between population health, labour force development, and the needs of current and prospective employers. Armed with this information, stakeholders in communities can work together to develop strategies for improving the overall health of their populations. This might involve the building of new and improved recreation facilities and infrastructure which encourage active lifestyles.

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