

From the UK to the Yukon: Discovering Northern Canada's approach to rural integrated care through a shared learning visit.

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In September 2024, I had the privilege of travelling to Northern Canada to observe rural health systems and research across the Yukon and British Columbia as part of my NICHE research fellowship. Northern Canada is currently experiencing similar challenges to the UK when it comes to delivering healthcare services. An environment of economic and political change, a rapidly increasing population, more complex health conditions and high workforce turnover are all adding increasing pressure into the system. But in rural areas of Canada, there is also an urgent need to address structural health inequalities experienced by Indigenous communities, the increasingly visible opioid crisis in small cities and a significant housing crisis which is contributing to overcrowding and homelessness.

Therefore, the importance of delivering effective integrated care in these rural areas was very clear. Mental health and substance use services were often co-delivered, both viewed as consequences of adverse life experiences requiring trauma-informed care. I visited an inspiring Indigenous healthcare clinic in British Columbia which offered physical health checks, HIV-AIDS medication clinics and psychological and substance use outreach support to the most vulnerable people. This clinic not only viewed integration from a services perspective, but from a cultural one, as the clinic had Indigenous Elders on its staff. The clinic

During the visit, two novel approaches were discussed which offered intriguing possibilities for the integration of rural healthcare services in the UK. Both British Columbia and the Yukon were piloting the Icelandic Prevention Model with PlanetYouth, a hugely successful co-production programme with rural youth, communities, education, families, health and social care to prevent substance misuse. In Iceland, this approach had contributed to the reduction in substance and alcohol use significantly in young people. A second approach, the Nuka Model of Care, originally developed in Alaska, offers an integrated holistic system based on Indigenous wellbeing models, where the patient owns their own health programmes and decisions, such as choosing their own teams, treatments and providers, underpinned by a culture of strong supportive relationships. This approach has resulted in a reduction of wait-times to almost zero and a significant reduction in urgent care access. These empowering, integrated approaches being implemented and piloted in Canada may offer potential solutions to the UK, which itself is marked by significant rural health inequalities and long-term challenges in accessing health services. As a way of continuing NICHE's work after the fellowship, I am hopeful that we will be able to continue our collaboration with the brilliant researchers and health providers in Northern Canada to jointly develop rural health systems research.

