The Rural and Urban Divide in the Neurological Care Continuum



Cultural **disconnect**, where rural definitions of health emphasize function and independence, often **overlooked** in care delivery.



Structural inequities fuelled by **intersectionality** create social and economic challenges, especially among **Indigenous and older adults**.



Place stigma, where rural patients experience judgement tied to location, reinforcing health and social inequities.



Exclusion from clinical trials related to geographical barriers and resource gaps reduce the relevance of findings.



Rural and remote patients often feel misunderstood and overlooked. Issues and challenges with rural neurological care prevail

Many factors contribute to **worsened outcomes** for rural patients

Geographic barriers exacerbating long, costly and unsafe journeys that **delay** neurological care.



Systemic **resource shortages**, such as **specialist availability, diagnostic tools and neurorehabilitation services,** hinder timely and comprehensive care.



Disproportionate health burdens with higher rates of neurological risk factors, comorbidities, and unmet mental health needs.



What <u>solutions</u> can address unique inequities in rural areas?



- Leverage connected EMR, telemedicine and AI-assisted care (e.g. in stroke imaging) to support care delivery and follow-up in rural and remote areas.
- Coordinate services locally by clustering tests, imaging, and deploying mobile labs to reduce travel burdens.
- Invest in technology to ensure equitable participation for those with limited internet access.



Alberta Government Rural Health Action Plan 2024-2027





