

## **ADDRESSING PROVIDER SHORTAGE IN UNDERSERVED AREAS: THE ROLE OF TRADITIONAL, COMPLEMENTARY AND ALTERNATIVE MEDICINE (TCAM) PROVIDERS IN CANADIAN RURAL HEALTHCARE**

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### **Objective:**

To examine the potential Human Resources for Health (HRH) role of TCAM providers in rural/remote areas of Ontario. Internationally, TCAM providers have been recognized by the WHO as essential for rural and primary healthcare (PHC), yet in Canada their HRH role has yet to be researched in-depth and as an aspect of Canadian rural health policy.

### **Methodology:**

This study drew on a case study of rural TCAM providers in Ontario, drawing on interviews and ethnographic observation. The research questions were (1) To what extent are TCAM providers delivering care in rural/remote communities? (2) How might TCAM providers be interacting with biomedical (BM) providers? and (3) In what specific ways may TCAM providers be contributing to HRH? Using purposive sampling, we conducted 29 in-depth interviews from four TCAM provider groups within multiple rural localities in Ontario: naturopathic doctors (NDs), doctors of chiropractic (DC), registered midwives (RM) and traditional Aboriginal healers (THs). A minimum of five interviews per provider-group was conducted. Rural physicians and certain key health administrators were also interviewed and included as supplementary data (n = 7). Data was analyzed using qualitative content analysis.

### **Results:**

TCAM providers are essential for rural healthcare in Canada, as they are accessible and without common wait time issues as with BM providers. TCAM providers fill healthcare gaps by providing holistic care based on cultural/philosophical and spiritual congruency, "health promotion/education" and lifestyle counseling. THs play a major role in the treatment of Indigenous patients by providing culturally-specific philosophies and modalities of treatment. TCAM providers deliver PHC. NDs in some rural and remote communities indicated that they often provide, in shortage areas, a wide array of PHC services and treat a variety of acute and chronic health concerns ranging from infections, pediatrics and fertility to sexual and drug abuse, diabetes, cancer, heart disease and issues related to care of the elderly. TCAM providers such as RMs, DC and NDs also provide two novel aspects of PHC : (1) Bridged Care: the reintroduction of a patient into the BM healthcare system who has been "lost" to the system and (2) Interim Care: the provision of care while a patient is waiting for specialty care or for a specialty service. Though TCAM providers strive toward interprofessional collaboration (IPC), few accomplish this due to perceived and/or real barriers with interprofessional education (IPE).

### **Conclusion:**

TCAM providers currently provide rural care to warrant an HRH role in Canada. There is a need for more research into IPE/IPC between rural TCAM professions and the BM community in order for their role to become embedded in future rural health policy.