Introduction to Special Series:
Out-Reach Rehabilitation in Canada

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Out-Reach rehabilitation programs have been developed to meet the rehabilitation needs of people with disabilities living in rural communities. Out-Reach programs provide a means whereby specialized rehabilitation services can be made available to the disabled in rural communities. The special issue on Out-Reach rehabilitation aims to provide an overview of the current status of Out-Reach service delivery in Canada, to provide detailed descriptions of the structure and operation of different types of Out-Reach programs, and to discuss conceptual issues in the continued growth, development, and evaluation of Out-Reach service delivery.

Canada ranks second in the world with respect to geographical size, spanning almost 10 million square kilometres. Yet with a population of slightly more than 27 million, Canada ranks as one of the least densely populated of the industrialized nations. Approximately 75% of Canadians live within a handful of urban centres, with the remaining 25% of Canadians living in rural areas (McCann, 1982). The combination of geographical vastness, a national trend toward regionalization of health care services, and a commitment to facilitating equal access to health services have provided the impetus for the development of Out-Reach and Community-Based rehabilitation programs in Canada.

Prior to the development of Out-Reach rehabilitation programs, persons with disabilities from rural communities were required to travel to urban centres to obtain necessary services. The problems faced by the disabled from rural communities included the high cost and inconvenience of long distance travel, time lost from work, and time away from family members. In addition, as several authors have indicated, the management of disability in urban centres was not the most viable means of addressing the rehabilitation needs of disabled individuals from rural communities (Peat, 1989; WHO, 1981).

While it appears that Out-Reach rehabilitation programs may be a useful approach for providing rehabilitation resources to rural communities (Gersten & Ostwald, 1978), little has been written about the different Out-Reach rehabilitation programs in Canada. Currently, there are no published descriptions of the structure, function, or operation of Out-Reach rehabilitation services operating in Canada, and there have been no systematic attempts to delineate the necessary components of effective Out-Reach service delivery.

The scarcity of information on Out-Reach rehabilitation programs currently operating in Canada poses problems at the service delivery level as well as the policy planning level (Francis, Lascelles, Cappon, & Brunelli, 1993). With respect to service delivery, new Out-Reach programs are not able to benefit from the experience of existing programs. By facilitating information sharing, some of the problems, obstacles, or potential pitfalls associated with integrating Out-Reach services into rural communities may be averted or minimized (WHO, 1981). Comparing the approaches of different Out-Reach programs may also highlight more efficient or innovative methods of providing rehabilitation services to rural communities and may provide a basis for comparative program evaluation, and cost efficacy analysis.

This special issue of the Canadian Journal of Rehabilitation on Out-Reach rehabilitation has as three major aims: 1) to provide an overview of the current status of out-reach service delivery in Canada; 2) to provide detailed descriptions of the structure and operation of different types of Out-Reach programs; and 3) to discuss conceptual issues in the continued growth, development, and evaluation of Out-Reach service delivery.

For the purposes of this special issue, we have defined Out-Reach programs as continuously operating services that have a clear mandate for the provision of rehabilitation services to disabled persons in rural communities. We also distinguish between Out-Reach and Community-Based rehabilitation. Although Out-Reach and Community-Based models of service deliv-
Out-Reach Rehabilitation in Canada

ery share similar goals, we believe that there are important differences between them. We discuss Out-Reach as programs that draw on the specialized rehabilitation resources of urban centres, and deliver these resources or services to rural communities. In contrast, Community-Based rehabilitation programs focus on accessing or developing rehabilitation resources at the community level, as opposed to importing services from urban centres. In other words, while Out-Reach programs are “for” the rural community, they are not “of” the rural community.

The distinction between Out-Reach and Community-Based services goes beyond geographic service boundaries. One of the problems that has plagued rehabilitation services in rural Canada, is the inability to attract specialized rehabilitation professionals such as physiatrists, orthotists/prosthetists, or psychologists to rural communities. Out-Reach programs provide a means whereby specialized rehabilitation services can be made available to disabled clients in rural communities. In rural communities, Community-Based rehabilitation services have typically taken the form of public and private nursing organizations, Home Care (physiotherapy, occupational therapy), and other similar programs. While meeting some of the general rehabilitation needs of the community, these programs have not solved the problem of how to bring specialized or high-technology services to the rural community.

Regardless of where one chooses to draw the definitional boundaries between Out-Reach and Community-Based programs, both ultimately work together with the goal of providing rehabilitation services to rural communities. Indeed, as will become apparent in the papers to follow, many Out-Reach programs incorporate features of Community-Based rehabilitation, or access Community-Based resources in their delivery of services.

This special issue of CJR is divided into three main sections. The first section focuses on the place of rehabilitation within the larger context of the Canadian health care system, and describes the results of a survey of Out-Reach rehabilitation programs in Canada (Francis et al., 1993; Sullivan, Lascelles, Cappon, & Ware, 1993). In the second section, six papers are presented describing in detail, the development, mandate, organization and functioning of different types of Out-Reach rehabilitation programs. The choice of programs was guided by two main factors: we wished to provide examples of the different models of service delivery for both children and adults, and we wished to represent, as well as possible, the geographical distribution of programs across the country. The Terry Fox Mobile Clinic (Greene, 1993), and the Travelling Clinic of the Children's Rehabilitation Centre (Crosbie, Murphy, & Squires, 1993) are described as examples of Institution-Based Out-Reach Programs. The Integrated Services for Northern Children (Shea, Salhani, Lewko, Boschen, Flynn, & Volpe, 1993), and the Arthritis Society for British Columbia and Yukon (Toupin & Denford-Nelson, 1993) are presented as examples of Network System Programs. The Mobile Therapy Team (Wirt, 1993), and the Extra-Mural Hospital (Ferguson, 1993) are presented as examples of programs focusing primarily on treatment provision. Distinctions among models of service delivery are addressed in greater detail in Sullivan et al., (1993).

The final section of this special issue deals with more conceptual issues concerning Out-Reach service delivery. Lyons (1993) describes how Out-Reach programs can be expanded to address the lifestyle and leisure aspects of rehabilitation; Flynn, Volpe, Boschen, Lewko, Salhani, and Shea (1993) address questions related to the evaluation of Out-Reach services; finally Peat and Boyce (1993) draw comparisons between Canadian models of Out-Reach service delivery and programs operating in other countries, and suggest directions for future development.

It is becoming increasingly clear that the prevalence of disability will continue to rise over coming decades and the need for effective and accessible rehabilitation services will rise accordingly (Chirikos, 1989; Melvin, 1988). We believe that Out-Reach models of rehabilitation service delivery can play a significant role in providing flexible, effective, and accessible rehabilitation services to disabled individuals in rural communities. It is our hope that this special issue will provide a clear picture of the current status of Out-Reach rehabilitation in Canada, and highlight important factors to be considered in planning future directions for Out-Reach rehabilitation services.
Les programmes mobiles de réadaptation ont pour objectif de répondre aux besoins des personnes handicapées qui vivent en milieu rural, en leur donnant accès à des services spécialisés. Ce numéro spécial consacré à l'extension des services de réadaptation vise à présenter un aperçu des initiatives de ce type au Canada. On y présente une description détaillée de la structure et du fonctionnement des différents programmes et un examen des questions conceptuelles relatives à la croissance soutenue, au développement et à l'évaluation de la prestation des services mobiles.

REFERENCES


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