



# Rural healthcare accessibility in Saskatchewan, Canada

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Access to healthcare is a major concern for individuals living in rural Canada, usually requiring them to travel to urban centers for care. Individuals requiring healthcare tend to have poorer health and mobility, and more medical conditions that preclude them from driving safely or comfortably. Thus, these individuals often rely on others (e.g., friends/family, public services) for rides, and if there are none available, appointments are often missed or cancelled. Based on the utility-maximization theory, it is assumed that rural residents would use healthcare services closest to them to reduce travel time/costs. Using ArcGIS Pro and other spatial data sources (e.g., surveys), this study examined the travel mode and patterns (e.g., time/cost) of 245 rural Saskatchewan residents (mean age = 70.6 years, 48 % male) who access various healthcare services. The distribution of travel times was categorized by residential location, healthcare facility type, and sociodemographic characteristics. Travel time by travel mode was compared to the estimated-travel-time to the closest equivalent healthcare service. The findings suggest that some may travel further, to specific urban centers (vs other urban centers, rural or small), to access healthcare services, which is influenced by many factors (e.g., income, awareness, quality of service, need for specialist, availability of friends/family). Understanding the travel patterns of rural residents when accessing healthcare can inform the need for transportation services across rural regions of Saskatchewan.