Rural Site Visits Project

Community Report #3: Jun 2017- Dec 2019

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Rural Coordination Centre of BC
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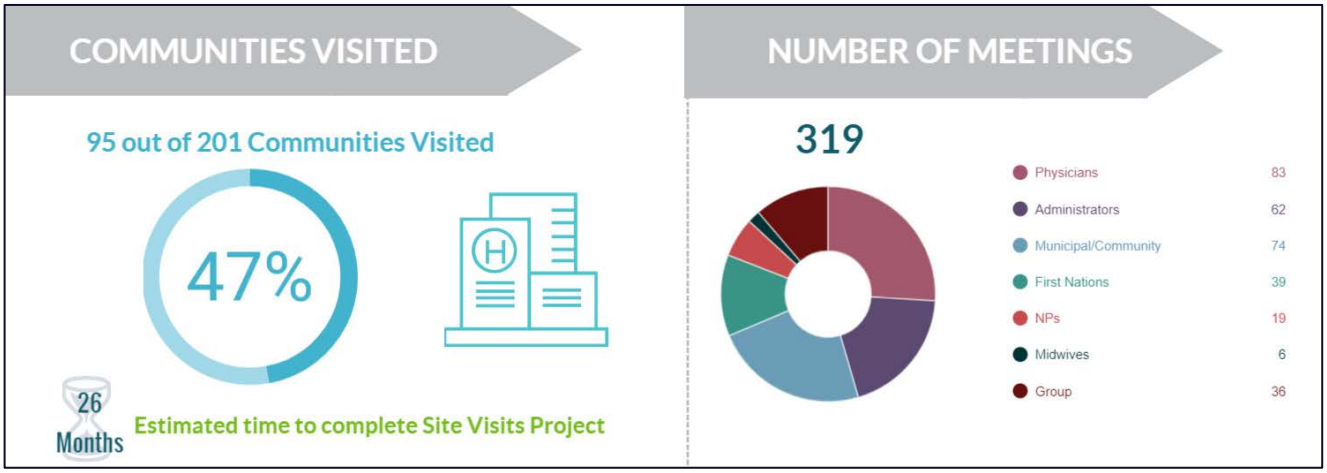
Rural Coordination Centre of BC

Overview

In 2017, the Joint Standing Committee on Rural Issues (JSC) tasked the Rural Coordination Centre of BC (RCCbc) with visiting every Rural Subsidiary Agreement (RSA) community between 2017 and 2020. These visits will connect with rural practitioners and communities to hear about the context of rural practice and health care delivery (what innovations exist, what works well, what the biggest challenges are) and feed this information back to the JSC, to better support feedback loops between rural practitioners and the programs that support them.

Site Visits will engage Health Partners (Health Professionals, Health Administration, Policy Makers, Community, and Academic Institutions) within each community. From these community meetings, information is collected, anonymized and analyzed into themes to identify the major themes affecting health care delivering in rural communities in BC. As a commitment to the communities, the RCCbc will provide a bi-annual Community Feedback Report to provide updates on the project progress and share the learnings from innovative solutions found throughout the visits. This is the third Community Feedback Report to date, to view previous reports please visit our website.



*This infographic provides an up-to-date reporting of number of communities visited. However, information provided for this report includes communities visited until December 31, 2019.

Emerging Themes

A qualitative software analysis program called NVivo is used to identify and highlight emerging themes from community meeting notes. Through this process, approximately 95 communities from June 2017 until December 2019 have agreed to have their responses included.

Top 10 Categories

- Support (Workplace Support, Collaboration and Connection, Community Support)
- Transportation (Local, Emergency, PTN, Weather, Alberta Proximity, Distance)
- Population (Recruitment, Retention, Growth, Decline, Relocation, Tourism)
- Successful Initiatives
- Rural Scope of Practice and Workload
- Health Authorities
- Finance (Funding, Pay, Billing)
- Services In Need and At Risk
- Patient Capacity and Attachment
- Proposed and Potential Solutions

In November 2019, the Site Visits project presented the following themes to the JSC and this report provides a high-level summary of these focus areas:

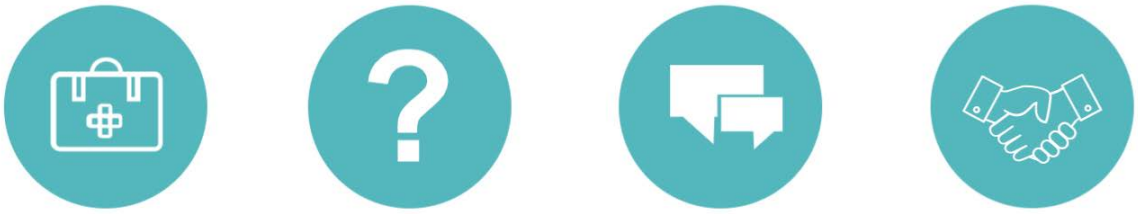
#1
Rural vs. Urban Perspectives

#2
Inequity and Advocacy

#3
Sharing Innovations

#1: New Graduates and Residents

Rural community members experience differences from urban or large-scale environments with regards to:



Resource Delivery | Decision Making | Being Heard | Being Understood by Those Outside of the Community

Resource Delivery

Physicians, First Nations, Health Administrators, and Municipality members express how they tend to feel "lesser-than" and "the last-man" to receive resources compared to their urban counterparts.

"It's just the norm. You know, you make do with less rurally and I just don't think that should necessarily be the case."

"Sustainability of rural health care. Rural is always forgotten. [We] have to fight for everything and are often provided used equipment rather than new. There is a feeling that the bigger sites just want rural to go away."

Funding was also highlighted as an area of concern when compared to urban funding opportunities.

"Feel like [Region X] is so underfunded, pretty sick of it. It's like you are living in a third world country compared with bigger urban centers that have everything and we're here constantly trying to come up with work arounds because we don't have services."

"Feel that the resources are being really focused in the urban centers – the money is really focused on pilot projects in the urban centers...By the time they are done with their pilot projects, they have moved on to the next one before rural communities see a penny."

"Don't think the money is equitably shared...to rural communities...You have to really fight for your resources."

The wish for "more rural representation" was also expressed and shared by physicians.

"It's really good when people that represent [Rural region X] are here and see where we work and [put a] name to the face and struggles and strengths – it's important not to feel forgotten."

Decision Making: 'One model fits all approach'

It was further noted by community members that when top-down decisions and/or approaches are implemented, they are viewed as urban-centric and "not effective" in a rural environment.

"A lot of the protocols are alright in, you know, at [Urban centre Y] Hospital or it's [Urban centre Z] Hospital, you know, they're coming out of those big urban centres and they're just not applicable to a small, rural setting."

"The challenge is the large staffing program works best for large centers and not us."

"When they had the hospital boards, communities were able to recruit successfully by themselves. But the problem is that the Health Authority is biased and doesn't really sell the smaller communities well and will redirect potential new recruits into other centers based on their own priorities and there is no community voice involved in recruitment anymore."

Being Heard

Physicians, health administrators, First Nations, and Municipality members share how they feel that they are not being heard compared to their urban counterparts in the province.

"That has some pretty serious implications planning-wise, and often we're not heard. In [Urban centre Y], 'Where's [Rural community x]? Oh, they're only a population of 1,800 people.' And we're ignored. We're serving about 20,000 people – 16 to 20,000, it depends on the season of the year."

"It's having a voice in the bigger program to say 'don't forget about us.'"

However, some also shared that they were encouraged to learn about the Rural Site Visits program and that they felt that they had a place for their voice to be heard.

"Encouraged that there is actually some rural focus. Our voice can be drowned out by those from [Urban centre Y], encouraged by you being here."

Being Aware/Understood

Many community members expressed how they feel misunderstood by their urban counterparts in the province and that there is a significant lack of awareness and understanding of rural communities with regards to challenges surrounding service delivery, patient care, and isolation.

"It's being run out of [Urban community Y], [Urban community Z]. They don't really understand what a small community is. They don't know what [Rural community X] is, they don't know what [Rural community Y] is until they come up and visit and they get a couple people to say a few things but don't understand what a small community is. They see the big cities, they deal with the big cities, but when it comes to small communities, they lose. They're at a loss."

"It's frustrating because they don't understand. When I first became mayor, my frustration is that we were having problems with our docs. They sent a guy up here who was less interested in even coming –he was from [Health Authority X] – less interested in even coming and dealing with the issue. And he made a comment right in our meetings, he goes, 'I got better things to do than sit here and deal with this.' And that's what we [the community] were dealing with...I got pretty choked…If you're going to send someone up here, send someone that really cares, that really wants to make this community run because that's all that matters to me is making sure we keep our doctors because we were losing doctors really quick."

"Feel there is not enough recognition that GPs are doing substantial amounts of work past their own workload and not enough understanding exists on the rural issues."

It is frequently perceived as though the urban centres have expectations that the rural communities will provide urban centre-level care in an environment where in reality they lack adequate resources to do so.

"I think within the Health Authority that sometimes we can be forgotten a bit. [When] we do play, as a team, I think our community is running very well, but within the Health Authority, I feel like we do get forgotten a bit and sometimes while navigating patient care throughout our Health Authority, there can be significant challenges because on the receiving end, they're not aware of the barriers that we have to overcome to provide the best care for that patient. Even if the patient is from [Urban centre Y] and happens to travel past [Rural community X] and has a hard collar on, the barriers we have to jump through to get this patient the best care, as if he was in [Urban centre Y] in a trauma with a hard collar with a C-spine on and so I think that there's a lack of awareness in that perspective."

Community members felt that a lack of knowledge and understanding continued with regards to their geographical locations and the local transportation-barriers.

"Geographically no one understands where we are and how much time it would take to get somewhere."

"Need dispatch from [Urban centre Y] where they know the geography. [Urban centre Z] people don't [get it]."

"...you're from the big city, 'you don't understand.' And [it's true], you don't understand the issues that seniors have travelling. Especially wintertime. It's absolutely horrendous for them."

Caught in the Middle/Establishing Rural Identity

Many rural communities that are in closer-proximity to urban centres feel they struggle to gain recognition for their rural-based challenges, and are not seen as isolated by those outside of the community.

"Not all the rules of rural apply to us because we are too close to [Urban centre Y], and not all the rules of urban apply because we are cut off by ferry access."

"Being close to [Urban centre Y] can be beneficial, but has been hard to get [Health Authority X] to help more because they don't seem to think they need the facilities or services. Get left out of a lot of granting programs because of this struggle to be identified as a rural community."

"People don't understand how isolating it really can be here because on a map it's not that far from [Urban centre Y]."

"Rural community that is close enough to [Urban centre Y] that is seen as urban/rural, but after 9pm they are completely remote. Huge challenge."

Key Takeaway

There are many unique challenges and inequities within rural communities that are not present in an urban setting. When community members advocate based on local conditions for practical solution, these unique challenges can be overcome. Through advocacy and workarounds, these measures have ultimately led to innovations and successes in a rural environment that can be cross-pollinated with other rural communities moving forward.

#2: Advocacy – Where Inequity Leads to Advocacy

Advocacy is important for rural because it helps to ensure that the rural voice is not only recognized, but also heard in a manner that can raise awareness of inequities and to ensure that those who are making decisions on behalf of the community are held accountable. Advocacy is also important because it can lead to innovative solutions within a community.

Indigenous Leaders

"I'm proud of our female population. They are loud and they are strong. The female population will be the ones to make changes, the policy makers, the voice. They make things happen. If I needed something done I would always phone a [First Nations Band X] lady and it just gets done. They are strong."

"From my understanding this transition to FNHA was supposed to be put out there as a benefit, we're going to have First Nations looking after First Nations health, but there's been some bumps along the way for sure. It's another example of one of those decisions made up here and how do we see it on the ground, so my job as Chief is to make sure there's some accountability that happens [and] to advocate on behalf of my community."

"If [Person X] were to come to me and tell me that 'this is the issue and I'm having difficulty moving it forward' it would be my job to go to those higher levels and bring forth those so we could address the issues. And have some accountability. I can understand any structure if I understand what the flow of funds look like and once I understand that then we're able to hold the right people accountable instead of going through what seems to be a bureaucracy and moving away from that into something that's going to be understandable by our community members - that if they can't receive a service for whatever reason - whether it's lack of funds or criteria - that they be given and provided an answer right away that 'this is what's going on.'"

"For the most part any time I have any questions around health there's always staff within our own structure that are able to go to those higher levels and advocate. That's a help I utilize all the time to get some questions."

"[Person X] came struggling with addiction and his past historical trauma was never put into any consideration at all. He told me 'I went to the hospital and they told me that I was fine. The doctor didn't even listen to my chest' So I (FN health director) went with back to the hospital with him and the difference he received in service was unbelievable."

Municipality Members

"UBCM could play an advocacy role but not solicited at this point. Unsure of what other supports that [we] could offer [but] the organization that supports [us] the most would be the [Region X] hospital district – strong in the advocacy; dealing with [Health Authority X] and the government when it comes to matters with respect to healthcare."

"Mayors and councilors used to work on regional boards, yet when doctors or medical people are struggling, they don't come to us, and we are their best bet because we can bang on ministry and advocate and quicker"

"Lobbying the provincial government on issues like living wages and affordability is a start because everything is tied together and will affect health care…Midwives and OBs and nurses could definitely sit at the table to advocate for adequate income – it is one of the social determinants of health and it's important to think of those. [For example] one person was living in a tent in [Rural community X] – kicked out by a bylaw officer and now living in downtown and his health is declining. Made a connection with one of the local [Health Authority X] admins and found out that they have a budget and support to help this man."

Physicians

"Never enough mental health resources, but they are very strong at that in the community...Certain doctors are advocates for it, which rubs off on other doctors."

"Still is an issue – [we] have to do advocacy work behind the scenes to retain the services [we] do have here. It was one of those situations where someone in [Urban center X] consulted with someone in [Urban center Y] without consulting with anyone on the front line [here] and shipping the idea out."

"[We've] had several younger people who get some experience but leave in tears [and] never pipe up advocating for change in the model. [As a result] one of the physicians has a specific interest in children and youth and has gone to meet with the school district to discuss how they can work across silos to make sure that children are getting the best care they can provide here despite lack of services."

"it's been a way to give back to the community - this person was chief of med staff for awhile - and then he grabbed a seat and applied to MAC and acts as an advocate where they can voice their community health concerns. He's also a member of [Organization X] where he has been able to voice some of the communities concerns. He is really trying to get [Rural community X] on the map and properly represented at the table. He thinks they are starting to slowly see some things get siphoned back to them."

"Will be getting a CT scan, this has been a long time coming…[Health Authority X] are taking credit for it but there has been a lot of pushing from the doctors…Pretty motivated community with regards to fundraising. Both community and physicians are very vocal about advocating."

"We have a frost bite drug, one of the two places in North America that have 'Iloprost', us and Yellowknife that have it. Federally regulated…our former chief of staff had an incident where his patient has been in the back country for several days and lost all his toes, so he advocated to get it, [and] we had a patient the next week who benefited from it."

Health Administrators

"[Person X] sits at a few different tables that [Health Authority X] does not sit at and also helps with advocacy for her community."

"That's my job. It's my job to advocate for [Rural Region X] and it is my job to make sure I am entitled to put the resources where I see fit. So for years we did not have full-time nurses in [Rural Region X] and I changed that because it's my job."

"To be repeatedly told there is no money for increased staffing levels is frustrating. [We] are underfunded for staff and are working with the existing staff to try and build some momentum and advocacy to fix this…[I] see potentials in things, and [I'm] not afraid of trying to make potential work."

#3: Sharing Innovations

Funding and Resources

- "So we have community paramedic contracts in [Community X] and [Community Y]. The [Community Y] position hasn't been filled for quite some time, again retention and no recruitment. But they've made a tremendous difference in our ability to see more people and provide more client-centered care in their homes. It's a really great thing and I know they're expanding their services which makes it even better and they're using more and more technology to meet especially rural and remote. It was great and it's a great partnership with [Health Authority X]. My administrator was really essential in creating this partnership for us…into a really great pull that they have come to the table. We also have contracts with them in [Community X] to support assisted living."

- "I think [others can learn from] some of the outreach stuff that we've done into community. Part of [Peron X's] position is actually a community resourcing position so eight years ago we had really high chronic disease rates, so we looked at how do we reach 8,000 people and get blood pressure under control. So we started doing outreach. Initially it was every month we'd have a community event, now it's about four times a year and we'll put on something to draw the community in. We have the seniors' fair, recently had a heart health day...And then you'd get about 100 people in, so reaching out into the community and becoming part of them, and working together with [Organization X] and the alternate schools, the youth centre; just taking our services, rather than keeping them in the ivory tower, and bringing them out to where the people are. That's really important in a small community…When we talk about youth, we had the highest rate of gonorrhea and chlamydia in the community too when we had the high pregnancy rate. Now we don't even make the list anymore. So that was a huge success. [We changed that by] Going into schools. Educating. Spending time, sitting down with the youth, talking to them, not scaring them."

Innovative Programs

- "[First Nations X] has a longhouse program and [Health Authority X] puts probably 160 to 180 people in there twice a year to learn about culture and have a meal with the population, and learn their teachings...[This is offered] throughout [Health Authority Region X] so for the whole Health Authority you can sign up and go. So we go there and they teach us. There's a general cultural sensitivity but they've also put on a program for dealing with end-of-life issues so that you learn the traditions so you don't mess it up when you're in the hospital. I don't know if you ever have gone to those things but – [they are] phenomenal...we can actually go into community and [Health Authority X] pays and [there is] a big salmon feast and you get taught...[it lasts] a full day...And out of that have come other things. Like, recently we had our CEO and a couple of the senior physicians and a couple of us more junior people [were] blanketed by [First Nation's Y]. It's been really neat and the outreach over the years I've worked in this community - I've [been] blanketed twice now by [First Nation's Y] and two other communities and it's just because of the relationships you build and – that they develop trust and respect [for you]."

- "The other thing that has worked well is programs for children from the public health point of view, in partnership with different agencies...The [Organization X program] has been very active. We did a big push on depression – post-partum depression – and our numbers went down significantly...[Organization X] is a drop-in centre for children and parents…It's open five days a week and there's a lot of mentoring and stuff with parents, generally young kids. There's programming through Health Canada, there's a perinatal nutrition program. They put on a program for kids, conception to six months old, so it's a sponsored program. They have that one day a week and then they have drop-in programs and stuff."

Partnerships and Collaborations

- "I think the Health Services Select Committee is a good example of what other communities could do and I think we're just getting started. We're able to connect, in one room, all the people that are making a difference in their community or trying to make a difference. It allows us, as municipal leaders, to hear from the [Person X's] of the world and [Person Y] and [Person Z] and we're trying to draw [Community Y] into the equation as well so that we're not fighting to try and duplicate services but that we are aware of what services are available and we have to find ways to promote them...And that's something that I think is so necessary. Otherwise, health services are not cheap, so we have to try and make the best of what we have with whoever we can work together with."

Mental Health

- "[We have] Fantastic mental health support. For adults it's good, there are stepping stones in place [where we] utilize telehealth for mental health support."

- "For the people that need daily service we cannot do that just because of the amount of windchill to get out to a place like [Community X] plus the safety concerns in places like [Community X] [which] are high on my radar. So we do ask people to come into the [Community Y] Medical Clinic which is the closest medical clinic, that's also for our mental health services as well [and] we will ask people to come in and give them a gas card to help them with gas and so forth."

Community Action Team (CAT)

In an effort to fight the opioid crisis, one community shared how they used their ***Community Action Team (CAT)***, which is sponsored by their health authority and meets regularly, to help address this issue for their community.

"It's a very impressive example of networking through this community and one of the results have been a recovery centre, which is something needed here."

Other examples include the construction of a 40-unit modular home for supported housing; a needle exchange program; a peer program for either using or clean addicts that support the community and be supported by the community as well.

In regards to the current opioid crisis, *"We [do] need to find new solutions, but I really believe and I think, [that] the CAT team is heading in that direction...the innovations that will solve this problem are exactly what already is working here."*

Program Spotlight

SHARE YOUR INNOVATIONS

Does your community have an innovation to share with others in BC? Please contact Tracey DeLeeuw at tdeleeuw@rccbc.ca or 1-250-492-4000 ext. 32878.