Developing a Rural and Remote Health Strategy

Working together to improve healthcare equity and access for people in our most rural and remote communities

November 20, 2024 – Draft prepared for the Rural Voices Gathering

Strategy development & validation

- Development of this Rural & Remote Health Strategy was informed through consultation with many groups
- A complete list of consultation groups is in the Appendix
- A full strategy report is in development to describe this work in more detail
- *This strategy **does not take** the place of important First Nations or Indigenous led strategies and important works. Instead, this strategy seeks to support and create space for meaningful partnership with rural First Nations and Indigenous communities through established governance structures and protocols.*

Rural & Remote Health Strategy

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Aim:

Achieving Health Equity for Rural and Remote Communities:
People in rural & remote communities will be as healthy
and as well as people living in urban areas

The **Rural & Remote Health Strategy** is a forward-thinking guide for the Ministry of Health to strengthen rurally oriented health plans, policy development and the prioritization of actions that improve the quality of health services and advance equitable health outcomes for rural and remote communities.

***The Principle of culturally safe care and the imperative to address Indigenous Specific Racism underpin all aspects of this strategy**

Rural & Remote BC

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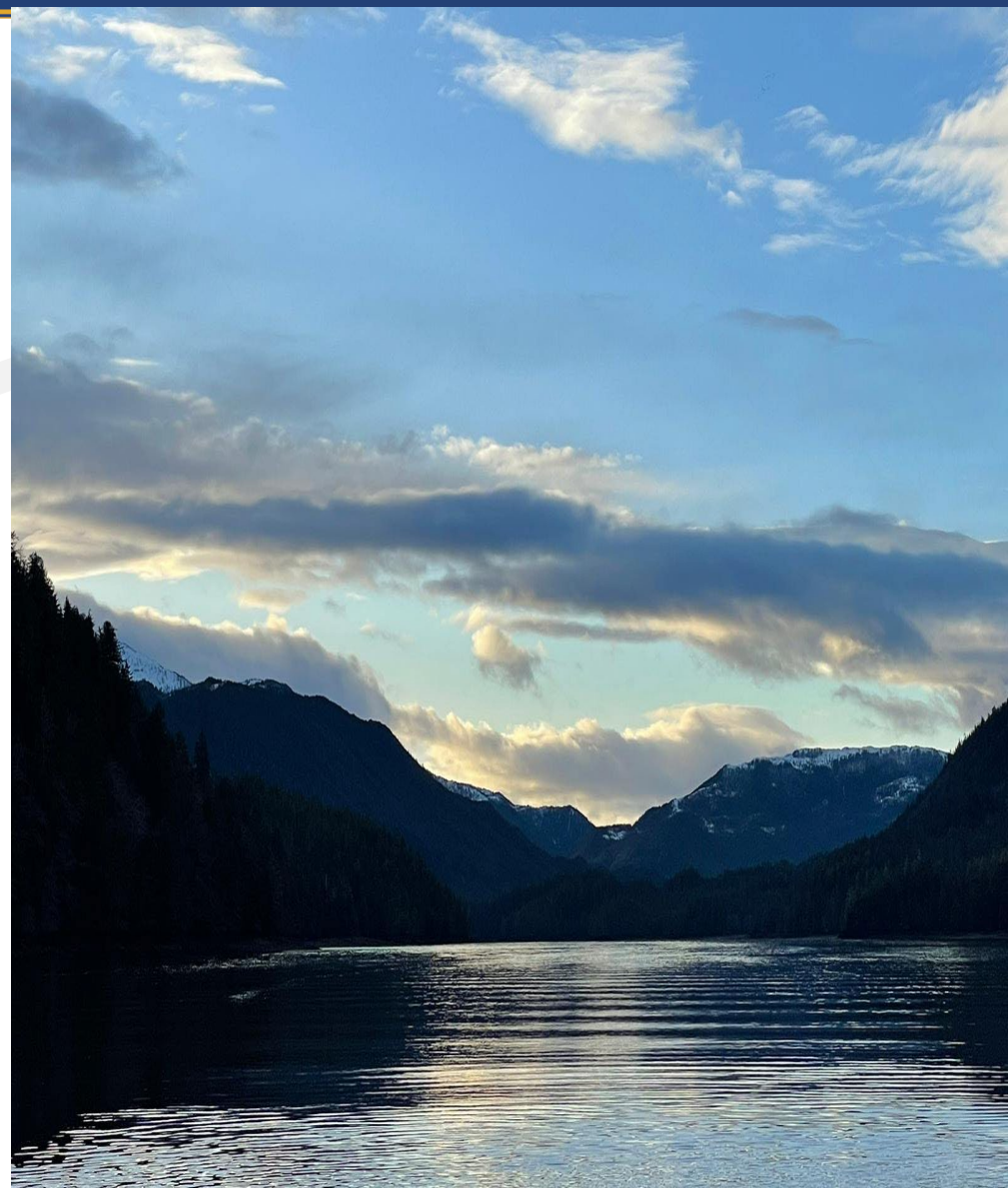
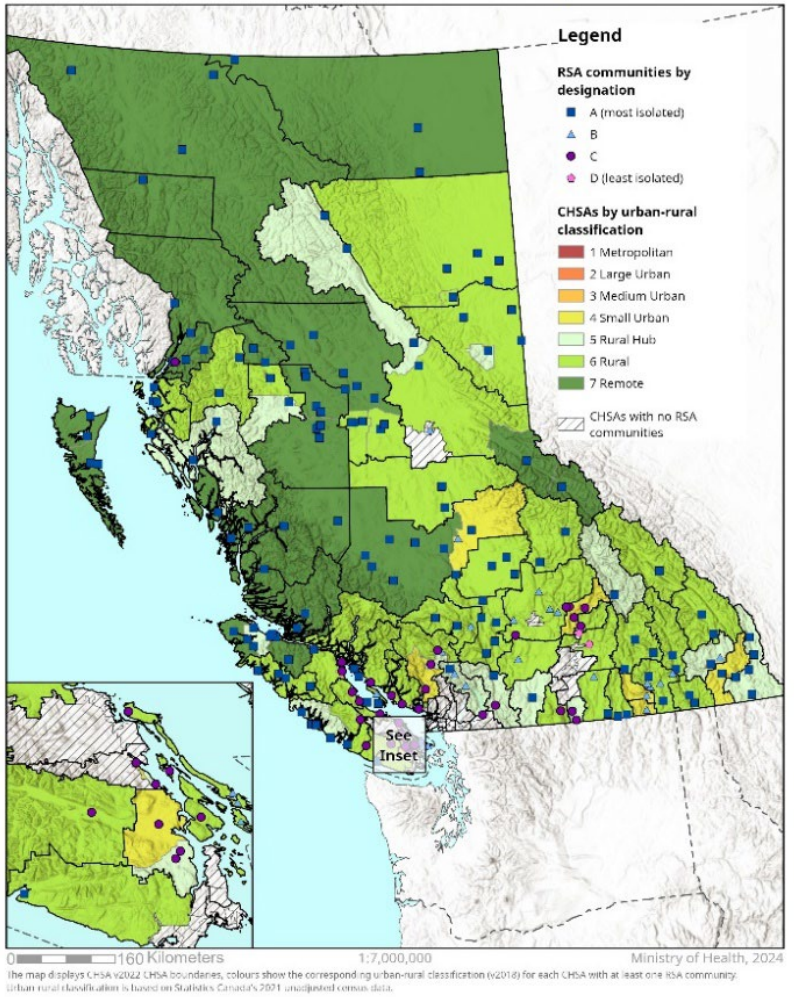
- BC covers an area of **944,735 km²**, a landmass roughly the size of France, Germany, and the Netherlands combined
- About one in five, or **17.8%** of BC's population, resides in rural areas; approximately 65% of rural residents are Indigenous, and the most isolated communities are largely First Nations
- Rural & remote communities are vital to the province, fueling the BC economy (forestry, mining, hydroelectric and oil and gas developments, as well as agriculture, tourism); in Northern BC, major projects are worth an estimated combined value of $167.2B (*Ministry of Post Secondary Education and Future Skills, 2023)*
- Rural and remote populations surge and ebb markedly and are disproportionately impacted by health professional supply fluctuations; Emergency Departments are especially taxed by population changes; community demographics and health needs vary across place and time
- Rural communities are also disproportionately affected by climate change, related natural disasters and environmental impacts
- Rural communities are central to the people and families who call them home, including for urban-living First Nations people whose communities hold space for their return to their traditional ancestral territories



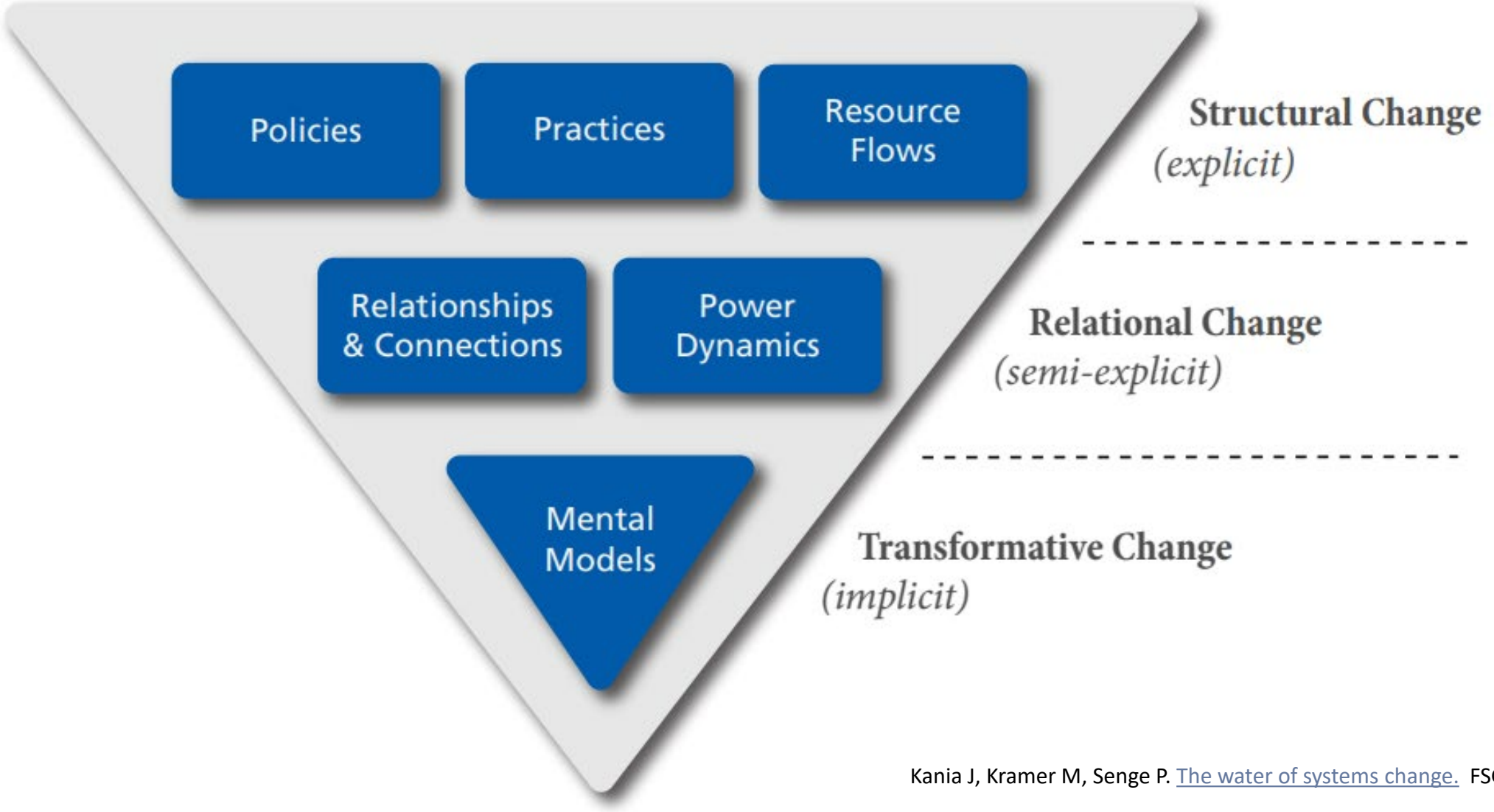
Urban/Rural Health Gap

- Rural & remote residents experience consistently poorer service access and poorer health outcomes compared to their urban counterparts
  - Reflected in multiple health indicators, including life expectancy, morbidity, early childhood development, adolescent health, etc.
  - The more isolated the community, the greater & more persistent the inequities
- **Urban-focused health system strategies & investments don't translate well to rural & remote environments**
  - Centralized hub & spoke service model offers limited trickledown benefits for rural & remote communities, especially those communities that are furthest away from their "hub". These communities sit at the periphery, or outermost "edge" of the health system
- **Traditional approach favours investments and services directed at the greatest population (numbers) vs. the greatest health disparities (need)**

British Columbia RSA Urban-Rural Classification Map



Elements of Systems Change



Kania J, Kramer M, Senge P. The water of systems change. FSG, June 2018.

Mental Models Maintain The Status Quo

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- Mental models are habits of thought, deeply held beliefs, assumptions and "taken for granted ways of operating" that influence our thinking, how we talk, our decision making and what we do *(Kania, Kramer, Senge 2018)*

"People living rural choose to live there (they shouldn't expect more from the health system)"

"We can't justify spending more to support health services in small communities"

"Rural & remote communities are simply smaller versions of urban cities"

A Shift in Stance

- **The health system currently operates on the assumption that rural communities must understand and adopt prescribed health system approaches – finding ways to make them work in the community**
- **A contrasting approach is for the health system to understand how the community functions and *adapt the health system's usual approaches* to the community's context**

Focus for a Rural & Remote Health Strategy

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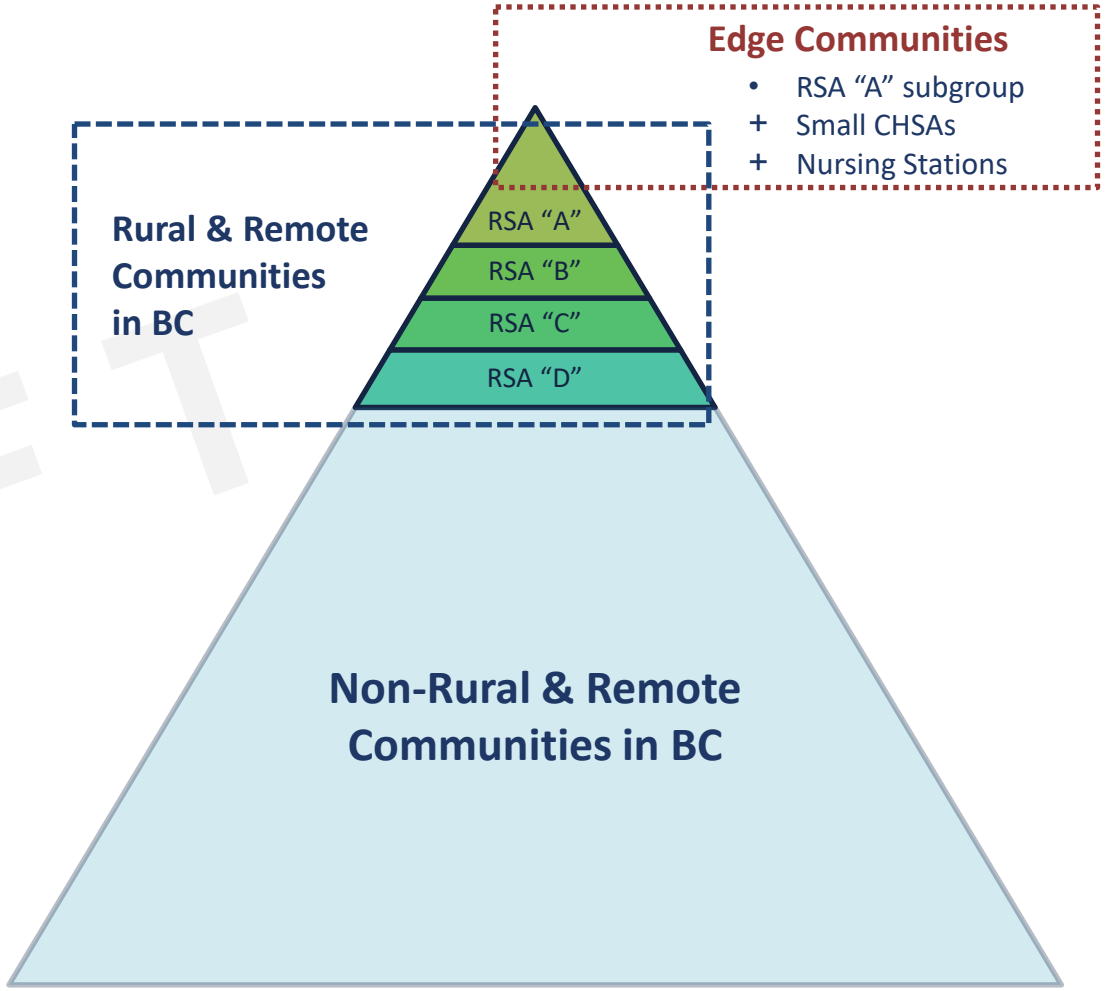
- Strategy focuses on all rural & remote communities, with special attention to the **Edge Communities:** those most vulnerable to greater health inequities including service access barriers, service gaps and poorer health outcomes
- Targets **health equity gaps versus population size** to directly improve the health status of rural and remote communities
- Currently, there is no suitable definition/stratification approach to distinguish between rural and remote, or to meaningfully identify Edge Communities; **Addressing this is a major recommendation in this Strategy.** The Rural Practice Subsidiary Agreement (A, B, C & D) is not designed to understand health service delivery and address inequities and there is significant diversity between rural RSA A-D communities
- Edge Communities encompass:
  - The most vulnerable communities within RSA "A"
  - Nursing Stations and other locations without direct support by primary care physician services



Key premise

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The entire health care system benefits from strengthening Edge communities

- Offers better benefits to rural communities vs. hub and spoke investments
- Improved equity and access to sustainable services to the edge means maximizing services that are closer to home for rural people
- Reduces pressure on the larger centres in the network (less risk of diversions & closures)
- Achieves better cost distribution across the system
- Promotes earlier/easier access to services to optimize people's health and prevent escalation of health issues

= improved health outcomes

Positive building blocks for system change

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- **Commitment to Indigenous rights:** BC is the first to implement the *Declaration on the Rights of Indigenous Peoples Act,* BC Cultural Safety and Humility Standard; a commitment to the inherent rights of Indigenous Peoples to self-determination, health and wellness
- **Provincial leadership:** a provincial commitment to developing and implementing a rural health strategy
- **An understanding of what is needed:** decades of rural research & consistent recommendations (multiple provincial, national, international sources)
- **Focus and Early Progress:** Ministry of Health acting on key recommendations, e.g.: Ruralized Minimum Nurse Patient Ratios; PHSA Rural Perinatal Strategy; EMR enhancements for rural care; BCRHN *Housing is Healthcare* initiative
- **Partners:** multiple groups within the health system – and in the broader ecosystem – are eager to be engaged in, and contribute to, rural and remote health improvements; good work already happening in this space

Key concepts underlying this strategy

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- **Rural & remote expertise, perspectives & approaches** as a primary input to work on provincial strategy development, policy, planning and service design
- **Team-based primary care** as the foundation of rural services
- A need for whole system collaboration: **both urban and rural are needed** for effective solutions
- The importance of **robust partnerships across and beyond the health sector** to address rural health needs and build on rural ways of working
- Attending to **mental models** in addition to structural/ procedural areas such as policy & process
- A **focus on health outcomes vs. volumes** as a proxy for value (e.g., population numbers, # of services provided, etc.)
- Strategic over-investment (**purposeful redundancy**) at the periphery of the health system to address health equity in rural & remote BC and realize the benefits across the system
- Accepting the validity and necessity of rural **pragmatism**, **clinical courage** and **rational risk-taking** in the pursuit of health equity and quality of care
- Support for **Generalism** as a critical way to add service value and maximize direct patient care, especially in the presence of scarce health human resources and changing population demographics
- A foundation of **rural research, evaluation and the development and use of disaggregated data to the Edge community level** for the purpose of understanding, assessing and monitoring rural health

Seven Strategic Pillars for Recommendations

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- **Rural & Remote as a Priority Population** - Goal: Ensure health system planning and decisions consider and factor in the needs of, and impact on, rural communities
- **Healthy Rural & Remote Populations** - Goal: Focus on prevention and addressing the wider influences on health (generational timeframe)
- **Health Services Available Closer to Home** - Goal: Improve local access to services through building community capacity, outreach and digital options
- **Health Services Accessible at a Distance** - Goal: Improve service coordination and supports for people and families accessing services outside of their community
- **Pre-Hospital, Emergency Care and Transport** - Goal: Augment and formalize provincial emergency health services (pre-hospital care and transport systems) to add capacity to rural Emergency Rooms and enhance rural transportation
- **A Valued & Flexible Rural & Remote Workforce** - Goal: Support a workforce with broad capabilities to meet health needs within rural communities
- **Rural & Remote Research & Evaluation** - Goal: Research, measure, evaluate & improve upon what matters to rural communities (Learning Health System)

Strategy Completion Timeline

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September & October

- Completion of remaining consultations
- Completion of Rural and Remote Health Strategy report (draft publishable report)

November

- Rural Voices Gathering (1,000 rural citizen attendees expected)

December

- Finalization, publication and report dissemination to strategy contributors

January 2025

- Implementation assistance to SET

Thank You

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Appendix: Consultations

1. RCCbc Leadership
2. UNBC Northern Nursing Baccalaureate Program/Northern Health Professional Practice UBCO: Associate Prof. Nursing, rural focus
3. Provincial Nursing and Allied Health Council (PNAHC)
4. Provincial Medical Services Executive Council (PMSEC)
5. BC Rural Remote & First Nations Health Partnership Table
6. Perinatal Services BC
7. Joint Standing Committee on Rural Issues
8. ECBC: Tiers of Service and Emergency Departments Stabilization Table
9. BCEHS: Executive Vice President & Chief Ambulance Officer
10. Perinatal Services BC Rural Framework & Primary Care Division
11. Med Response BC Advisory Group (rural transport)
12. Med Response BC Board
13. North Vancouver Island - Primary Care and SCSP Priority Populations, Rural and Remote
14. Rural Hybrid Care Research Collaborative (Northern Centre for Clinical Research)
15. ADM Population Public Health
16. ADM Health Sector Information, Analysis and Reporting and team
17. Registrar & CEO, BC College of Physicians & Surgeons
18. North Island Medical and Executive Directors responsible for rural
19. ADM Ministry of Health Strategy Management and People Office
20. Rural Research and Medicine
21. RCCbc Scientific Directors - Rural Research
22. BC Rural Health Network and Dr. Jude Kornelsen Liaison Centre for Rural Health Research UBC
23. Carolyn Canfield Faculty of Medicine, Innovation Support Unit, Department of Family Practice - Citizen Patient Leadership
24. UBC Centre for Rural Health Research
25. Citizen-Patient Advisor, UBC Dept of Family Practice
26. Vancouver Island Primary Care Working Group
27. RCCbc Transport Working Group
28. Rural mNPR Working Group
29. Provincial Nurse Practitioner Health Authority Leadership Group
30. Health Quality BC
31. Ministry of Health Senior Executive Team
32. Hope Air- Leadership
33. Northern Health Medical Directors
34. Northern Health Executive Team
35. Northern Health Population & Public Health Team
36. Interior Health Senior Leadership Team
37. BCHRN- Implementation Committee (Citizen Perspectives Table)
38. BC Academic Perspectives Table
39. First Nations Health Authority, Executive
40. Provincial Health Human Resources Committee
41. Family Practice Services Committee
42. Rural Voices Gathering Series
43. South Peace Division of Family Practice
44. Leadership Council (planned)
45. Métis Nation BC
46. Vancouver Island Regional Caucus
47. Northern Interdivisional Collaborative
48. RCCbc Rural Voices Series
49. Ministry of Health Indigenous Health