BCRHN
British Columbia
Rural Health Network

ADVANCING RURAL HEALTH IN BRITISH COLUMBIA: POSITION PAPERS FROM THE BC RURAL HEALTH NETWORK

Addressing Challenges in Community Participation in healthcare planning, Access to health services and Maternity Care

Abstract

The BC Rural Health Network presents three position papers addressing key issues affecting rural healthcare in British Columbia. The papers propose solutions-based approaches to improve community participation in healthcare planning and decision-making. The papers aim to bring about positive change for all rural residents of BC through collaboration with the government and other stakeholders.

BC RURAL HEALTH NETWORK
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THE BC RURAL HEALTH NETWORK APPLYING RESEARCH AND EVIDENCE TO RURAL HEALTH POLICIES AND PRACTICE

Introduction:

The BC Rural Health Network is dedicated to advocating for the health interests of all the rural residents of British Columbia.

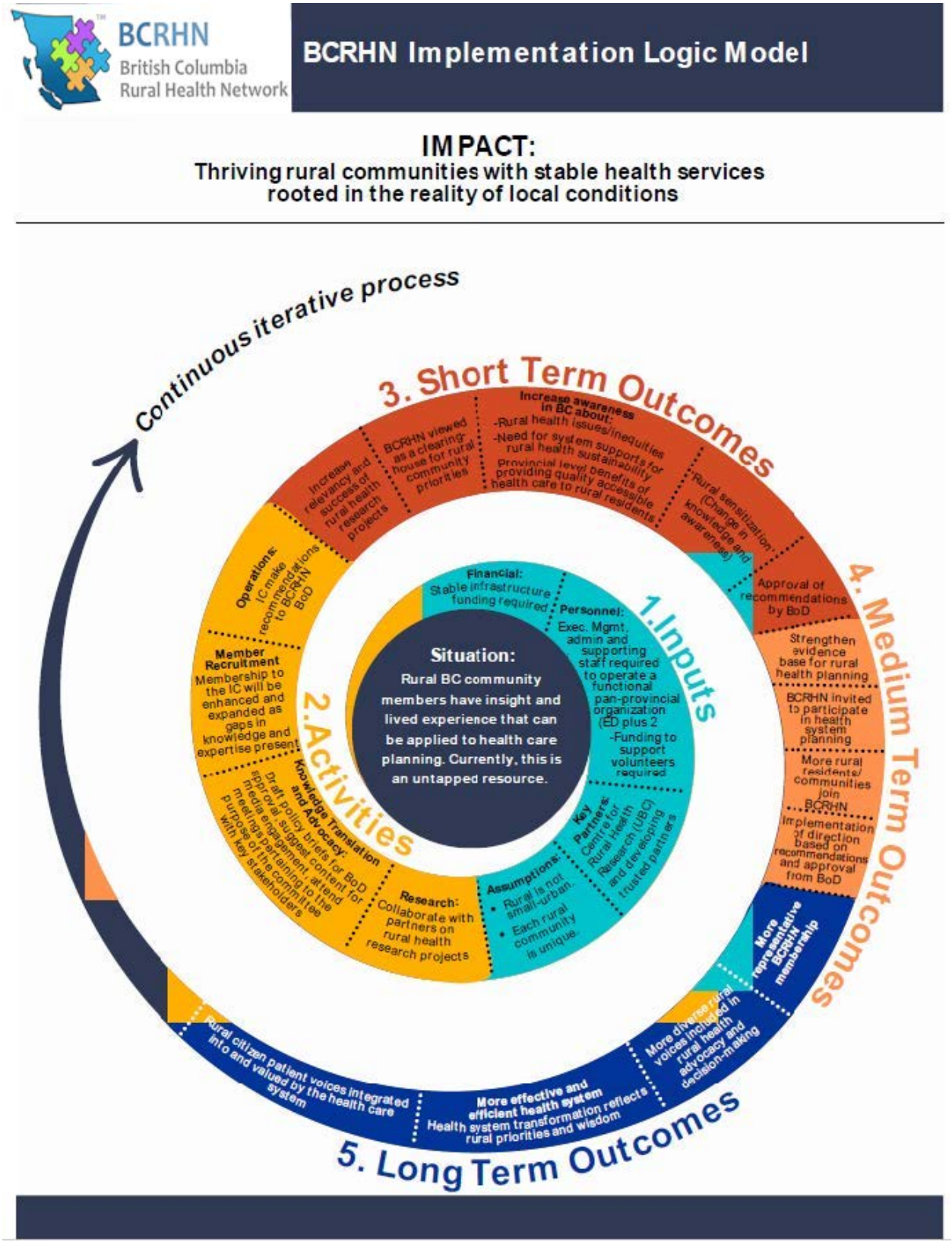
Our organization is solutions based and champions sound science and policy positions that are supported by research and evidence.

As part of this effort, we have developed three position papers on key issues affecting rural health care in our province. The first paper, "Optimizing Community Participation in Healthcare Planning, Decision-Making and Delivery," addresses the need for greater involvement of rural communities in local healthcare planning and delivery. The second paper, "Travel Subsidies for Rural Residents Who Are Required to Travel for Health Care," addresses the financial burden placed on rural residents who must travel long distances to access medical care. The third paper, "Ensuring Access to Quality Care for Rural Birthers," addresses the challenges faced by rural residents who give birth and the need for improved access to obstetric care in rural areas.

In each position paper, we propose solutions-based approaches that will work in collaboration with the BC government to improve access to and quality of healthcare for rural residents. We recognize the importance of community and regionally based health councils, the need to harness the knowledge and experience of lay individuals and rural community organizations, and the importance of culturally sensitive approaches to health planning in the transformation of the healthcare system.

As we present these position papers, we look forward to engaging in constructive dialogue with government organizations and other stakeholders to bring about positive change for the rural residents of British Columbia.

LOGIC MODEL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BCRHN Implementation Logic Model
IMPACT:
Thriving rural communities with stable health services
rooted in the reality of local conditions
Continuous iterative process
3. Short Term Outcomes
Increase awareness in BC about:
-Rural health issues/inequities
-Need for system supports for rural health sustainability
Provincial level benefits of providing quality accessible health care to rural residents
Rural sensitization (Change in knowledge and awareness)
BCRHN viewed as a clearing-house for rural community priorities
Increase relevancy and success of rural health research projects
4. Medium Term Outcomes
Approval of recommendations by BoD
Strengthen evidence base for rural health planning
BCRHN invited to participate in health system planning
More rural residents/ communities join BCRHN
Implementation of direction based on recommendations and approval from BoD
More representative BCRHN membership
More diverse rural voices included in rural health advocacy and decision-making
5. Long Term Outcomes
More effective and efficient health system
Health system transformation reflects rural priorities and wisdom
Rural citizen patient voices integrated into and valued by the health care system
1.Inputs
Financial:
Stable infrastructure funding required
Personnel:
Exec. Mgmt, admin and supporting staff required to operate a functional pan-provincial organization (ED plus 2
-Funding to support volunteers required
Key Partners:
Centre for Rural Health Research (UBC)
and developing trusted partners
Assumptions:
Rural is not small-urban.
Each rural community is unique.
2.Activities
Situation:
Rural BC community members have insight and lived experience that can be applied to health care planning. Currently, this is an untapped resource.
Operations:
IC make recommendations to BCRHN BoD
Member Recruitment
Membership to the IC will be enhanced and expanded as gaps in knowledge and expertise present
Knowledge Translation and Advocacy:
Draft policy briefs for BoD approval, suggest content for media engagement, attend meetings pertaining to the purpose of the committee with key stakeholders
Research:
Collaborate with partners on rural health research projects

Optimizing Community Participation in Healthcare Planning, Decision-Making and Delivery

A Position Statement from the BC Rural Health Network

Rural community involvement in local healthcare planning and local healthcare delivery is a key priority for rural residents across British Columbia. It is widely recognized that meaningful involvement of residents in decisions, investment, and innovation, ensures results that are appropriately patient centered, locally relevant and aligned with local care experiences and expectations.

As an umbrella organization representing the health interests of 1.5 million rural residents across BC, the BC Rural Health Network recognizes that rural communities continue to disproportionately experience the negative effects of a health system under stress. As a solution driven group, we advocate for equitable rural representation in health planning and implementation. This position is based on the growing evidence on the value of community and regionally based health councils and from the voices of our membership. We advocate for a two-step process to work towards optimizing rural residents' voices:

(1) Based on best available international evidence and pan-provincial community consultation, that the BC Government work with the BC Rural Health Network to co-create an implementation plan tailored to British Columbia's geography and rural health service realities.

(2) Recognize that innovation is driven from within rural communities and occurs at the grassroots level across rural BC. Local knowledge, local cultures, indigenous priorities and cultural sensitive approaches, need to be the foundation in health planning and healthcare practice. This foundation will create the models that will inform an overall, BC-relevant approach to the residents' voice in their health and healthcare planning.

We propose this work be provincially funded and occur in collaboration with the BC Rural Health Network.

These first steps in ensuring representation of the residents' voices in health planning is an up-stream response to the continued attrition of rural health services across BC. We must recognize and appreciate the experience and knowledge of lay individuals and rural community organizations which can be harnessed for health system transformation. The BC Rural Health Network is well-positioned to be the conduit between provincial processes and rural communities.

BC RURAL HEALTH NETWORK POSITION PAPER:
TRAVEL SUBSIDIES FOR RURAL RESIDENTS WHO ARE REQUIRED TO TRAVEL FOR HEALTH CARE

Access to care is dealt with in Section 12 of the Canada Health Act, which states that "Every province or territory shall provide for the insured services on a basis that does not impede or preclude, either directly or indirectly, whether by charges made to insured persons or otherwise, reasonable access to those services for insured persons.".

British Columbia (BC) has infrastructure for emergency patient transport through the BC Emergency Health Services (BC Ambulance Service). Yet, rural British Columbians and their families are often required to bear the costs to access urgent and routine medical care sometimes hundreds of kilometers away. We believe that those costs should be the responsibility of the health care system. The removal of the expense for rural residents to access care (especially for the most vulnerable), will help ensure equity and contribute towards reducing health disparities for rural residents.

Rural residents are particularly vulnerable to the effects of health human resource shortages. For example, a vacant position for a physician, nurse, medical laboratory technician, ultrasound technician, physiotherapist or occupational therapist in a community, will transfer the cost burden to rural residents when they have to the leave the community for care. There is a risk that the significant out of pocket cost for travel may lead to rural residents foregoing care thereby increasing the risk of long-term detrimental impacts of care-seeking when the disease or condition has progressed. When rural residents are transported by ambulance in acute situations, they are often left to secure their own transport back to their communities. These out-of-pocket costs include expenses for care that are not reimbursed by any insurance providers (MSP or private,) as well as patient-specific costs such as travel to the referral site, food, accommodation, and travel-companion costs.

A survey undertaken by the Centre for Rural Health Research 2019-2020 found that among the 381 rural respondents, average expenses per course of care outside the community was $2,044 (with an average of $856 spent on travel and $674 on accommodation). Among those who responded, close to 80% reported they had difficulty paying for their costs and 60% reported traveling to access care negatively affected their health.

Compounding the impacts to rural residents accessing care out of community are lost wages, childcare challenges, unnecessary repeated travel, appointment times that do not reflect the reality of out-of-town travel and absence of public transportation options. This is further exacerbated for residents who lack access to a vehicle or may not have social support to facilitate transportation. For many rural respondents, the challenge of out-of-community travel to access health care led to delayed or diminished care provision, particularly among those who relied on others to access care.

These challenges all may have a trickle-down effect on health status. Beyond this is the potential for additional health care costs when health conditions are not address expediently.

Although there is provincial funding for patient travel through the Travel Assistance Program (TAP), it is limited in scope. Additionally, current practices in booking rural residents for diagnostics over numerous visits increase the burden on the patient and the burden on the system, which further increases the cost

to the taxpayer. Improvements to streamlining and reducing administrative overhead would also increase efficacy and decrease costs involved in re-imbursing expenses to the resident.

Given the challenges for rural residents to access health care outside their communities and within the context of the right to accessibility enshrined in the Canada Health Act, **the BC Rural Health Network is advocating, on behalf of rural residents, for increased government funding for those who are required to travel from their community to access health care**. Specifically, we advocate for:

- Full coverage for travel and accommodation expenses;
- Escort coverage;
- That coverage be available either in advance of the required treatment or at point of treatment to ensure treatment is sought;
- Expanded and coordinated public transit options such as BC Bus that enable rural residents to have same-day appointments in the larger centres (and avoid overnight stays);
- Develop a sustainable and coordinated rural non-emergency patient transport system to support interfacility transfers and to enable rural residents to get home after an out-of-town hospital stay;
- Development of strategic partnerships with car-sharing organizations to provide affordable options for rural residents;
- Expansion of sustainable and effective virtual care services so rural residents do not have to travel to routine consultations (e.g., psychiatry, pre-surgical consults, etc.);
- Expansion of a sustainable virtual pharmacy service for remote rural communities so residents don't have to travel to fill routine prescriptions;
- Engage with community organizations, service clubs and travel sector organizations to explore options for discounted accommodation or other options (e.g., Bultery House, Dawson Creek) to remove barriers for patients and families who must travel for medical care.

Link to full paper: Kornelsen J, Khowaja A, Av-Gay G, Sullivan E, Parajulee A, Dunnebacke M, Egan D, Balas M, Williamson P. The rural tax: comprehensive out-of-pocket costs associated with patient travel in British Columbia. BMC Health Services Research. 2021;21(1). doi:10.1186/s12913-021-06833-2

RELOCATION SUPPORT FOR RURAL BIRTHERS

The maternity care needs of rural birthers, their families and communities have been well documented. Universal recommendations include access to safe care as close to home as possible[i]. There is consolidated evidence on the health, psycho-social and cultural consequences of not providing this care. Our position context, starting with the Canada Health Act and including BC-specific issuances such as the Royal Commission on Health Care and Costs (1991) and successive Ministry of Health service plans (2005, 2013, 2014, 2015) emphasize the need for such care. Our national obstetrical organization (Society of Obstetricians and Gynecologists of Canada) endorses this through two Policy Statements (Returning Birth to Rural, Remote and Aboriginal Communities and the Joint Position Paper on Rural Maternity Care). More recently, both the national Truth and Reconciliation Commission and the provincial Health Partnership Accord have paved the way for actioning local birth as a cultural mandate and a part of the reconciliation process. Finally, BC has recently completed a provincial Maternity Services Strategy that recommends care close to home.

However, there are instances when rural population density cannot safely support local maternity services due to the low volume of deliveries and birthers will be required to travel to access care. There have also been increasing instances of rural maternity services going on diversion due to staffing and emergency transportation issues. In these cases, birthing families are required to travel from their communities to the intended place of delivery before the onset of labour. This may be 2-3 weeks prior to their due date and if follow up care is required after the birth, families may spend a month – or longer – outside of their community. Although travel and accommodation expenses may be covered for status First Nations families, expenses are not covered for others, leading to substantial out of pocket costs for many rural residents. This creates an undue burden on rural families and effectively limits access to care.

The BC Rural Health Network represents the voice of rural communities across BC and is committed to ensuring health service planning responds to the needs of communities; that all key-stakeholders are involved in decisions regarding local services; that service planning be done through a rural lens, appreciating the unique and varied conditions of rural communities and that we honor our policy commitment of returning birth to Indigenous communities.

In alignment with BC's provincial Maternity Services Strategy, we advocate for the Ministry of Health to partner with the BCRHN to determine appropriate system supports needed to access intrapartum care in rural communities across BC. Specifically, we advocate for financial and social supports for accommodation and travel in instances when care is not available locally. This should include:

- Full coverage for travel and accommodation expenses;
- Escort coverage, and;
- That coverage be available in advance of relocation.

We recognize this as an urgent need for birthing families across rural BC and urge immediate consideration of this evidence-informed position.

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[i] Access includes five key areas: availability, accessibility, accommodation, acceptability, and affordability. Availability refers to the presence of services and resources, accessibility refers to the physical and geographic proximity of services, accommodation refers to the ability of services to meet the needs of diverse populations, acceptability refers to the cultural and linguistic appropriateness of services, and affordability refers to the financial accessibility of services. From: Levesque J-F, Harris MF, Russell G. Patient-centred access to health care: conceptualizing access at the interface of health systems and populations. *International Journal for Equity in Health*. 2013; 18. doi:10.1186/1475-9276-12-18