BCRHN
British Columbia
Rural Health Network

Travel and Access to Care in Rural and Remote British Columbia

Position Paper – June 2025
BC Rural Health Network Implementation Committee

Context and Background

In rural British Columbia, access to healthcare is increasingly shaped by geography, cost, and circumstance. Emergency department closures and specialist shortages force families to travel long distances, often in dangerous conditions. These are not minor inconveniences. They are structural barriers that undermine equitable care. The Canada Health Act [i] mandates access that does not "impede or preclude" reasonable care, yet rural patients face travel requirements that directly impede access.

When patients must leave their communities for care, the burdens are multifaceted. Out-of-pocket costs for fuel, lodging, and meals can exceed $2,000 per trip[ii], and tens of thousands for extended stays[iii]. Many lose income while away from work and face gaps in childcare or elder care. The emotional strain of isolation and stress further affects well-being. Together, these burdens result in delayed or forgone care, worsening rural health outcomes.

Some programs offer partial relief. The Travel Assistance Program (TAP) provides limited fare discounts. Non-government organizations, including Hope Air, the Canadian Cancer Society, Angel Flight, and Helicopters Without Borders, provide vital services that include flights, accommodations, or mobile outreach. These programs are essential lifelines but remain fragmented, inconsistently funded, and unable to meet growing demand.

A coordinated response is urgently needed. The current system is fragmented across ministries, authorities, and non-governmental organizations. FNHA, the Ministry of Health, social services, charities, and volunteer organizations all deliver elements of patient support. Integrating these efforts into a coherent system is essential to ensure consistent and equitable care delivery across rural and remote communities. Travel for care must be recognized as a core component of health system planning, with solutions that are pragmatic, people-centered, and aligned with the principles of universal access.

Reasonable Access to Care Through a Rural Lens

Rural and remote communities face unique and compounding barriers to accessing healthcare:

1. **Distance and Transportation Barriers:** Many rural patients live hundreds of kilometers from the nearest hospital or specialist. Some communities are accessible only by boat, air, or rugged roads. Routine travel for dialysis, specialist appointments, or surgery becomes a major logistical challenge. Most rural areas lack public transportation, leaving those without vehicles unable to reach care. Even after emergency transport, patients are often left to arrange their own return home. Reliable transportation supports are critical to ensure timely access.
2. **Financial Burden on Patients:** Travel costs are one of the most direct barriers to care for rural families. Many face thousands in out-of-pocket expenses per trip, including transportation, meals, lodging, and companion travel, often with no insurance coverage. Lost income, childcare, and additional responsibilities further compound these costs. For some, the financial burden effectively blocks access to care.
3. **Psychosocial and Cultural Challenges:** Leaving home for care severs patients from family and community support, causing stress and anxiety that affect recovery. Indigenous patients face added cultural safety risks, while long stays away for childbirth or cancer care further erode well-being. These psychosocial impacts are real determinants of health outcomes.
4. **Information, Communication and Navigation Gaps:** Many rural patients are unaware of existing supports or struggle to navigate fragmented systems. Information often fails to reach rural residents due to limited communication channels or internet access. Meanwhile, demand for charitable supports continues to grow, placing strain on limited resources. Navigation assistance is essential to help patients access programs and plan complex travel.
5. **Continuity of Care and Follow-Up:** After returning home, many rural patients lack coordinated follow-up care. Communication breakdowns between urban specialists and local providers result in gaps that increase risks of complications and re-admissions. Fragmented scheduling often forces patients to make multiple costly trips for different appointments.

In summary, these overlapping barriers reinforce each other, producing avoidable harm and worsening rural health outcomes. A comprehensive, integrated response is required to address the multiple factors that limit timely and equitable access to care.[iv]

The following recommendations reflect this integrated approach, proposing pragmatic actions to ensure that where you live in BC no longer dictates if or when you can get the care you need.

Recommendations

The BC Rural Health Network urges the provincial government and health system partners to adopt a holistic, coordinated response to rural healthcare travel that fully aligns with principles of health equity, patient-centered care, and the Canada Health Act. We call on the Provincial Government and health system partners to implement the following:

- **Embed Travel Equity in Health Planning:** Formally recognize travel to access care as a health determinant. Health planning decisions must assess and address travel burdens when reorganizing services or changing hospital access. A rural travel equity framework should guide decision-making and ensure mitigation measures such as transportation supports or telehealth alternatives are built into service changes.
- **Expand Financial Support for Medical Travel:** Create a fully funded travel assistance program that eliminates out-of-pocket costs for rural patients. Coverage must include transportation, meals, accommodations, and essential travel companions. Supports must be timely and user-friendly, and available in advance of the travel required (using prepaid cards or direct billing models) rather than cumbersome reimbursement processes. Travel costs must be treated as a system responsibility, not a personal expense.
- **Boost Mobile Outreach and Virtual Care Services:** Expand mobile clinics, visiting specialist programs, and innovative models such as Helicopters Without Borders to bring care closer to home. Virtual care should be used to reduce unnecessary travel but must remain anchored in BC's publicly funded system with no cost to patients. Care must remain integrated with patients' local providers to ensure continuity. Use of non-profit or volunteer models can extend capacity but must not shift responsibility away from government to fully fund core services.
- **Improve Transportation and Patient-Transfer Services:** Expand community-informed transportation options, including public transit, medical shuttles, and non-emergency medical transfer services. Ensure safe and affordable return transportation for patients after emergency transfers. Community partnerships and volunteer programs can fill gaps but must be publicly supported and fully reimbursed to ensure sustainability.
- **Ensure Continuity of Care Closer to Home:** Strengthen discharge planning and care coordination to ensure seamless transitions between urban and rural providers. Use tele-health, home care, and visiting care teams to reduce repeat travel and support recovery. Shared electronic health records must facilitate timely communication to prevent avoidable complications or readmissions.
- **Enhance Awareness and Navigation Support:** Improve communication and outreach to ensure patients are aware of available supports. Local champions, clinics, pharmacies, and community groups play a key role in trusted information-sharing. Navigation services must assist patients with appointment coordination, travel arrangements, and financial supports to reduce barriers at every step.

Conclusion

Travel for healthcare is not a peripheral inconvenience. It is a central barrier that limits access to timely care and worsens health outcomes for rural British Columbians. A coordinated, comprehensive response is urgently needed to ensure that geography does not determine health. Through practical, people-centered solutions and fully funded supports, British Columbia can finally close the rural-urban health gap and meet its obligations under the Canada Health Act. No one's ability to access care should depend on where they live.

[i] https://www.canada.ca/en/health-canada/services/health-care-system/canada-health-care-system-medicare/canada-health-act.html
[ii] https://bcruralhealth.org/the-rural-tax-comprehensive-out-of-pocket-costs-associated-with-patient-travel-in-british-columbia/
[iii] https://med-fom-crhr.sites.olt.ubc.ca/files/2025/02/HIH_FINAL_REPORT_DEC19-copy.pdf
[iv] https://bcruralhealth.org/the-rural-tax-comprehensive-out-of-pocket-costs-associated-with-patient-travel-in-british-columbia/