



## **About the Rural Evidence Review**

The Rural Evidence Review (RER) project is a joint initiative between the Centre for Rural Health Research (Department of Family Practice, University of British Columbia) and the Rural Coordination Centre of British Columbia. The RER is funded under Canada's Strategy for Patient-Oriented Research (Canadian Institutes for Health Research). The goal of the project is to work with rural citizens-patients-communities to provide high quality and useful evidence for rural health services planning in British Columbia, Canada. To do this, we: (1) ask rural citizens-patients-communities about the health care priorities that matter most to them and their communities, (2) review the international evidence to learn about best practices from other jurisdictions, and (3) share what we learn with policy- and decision-makers and rural communities across the province.

## **About the RER Survey**

The Rural Evidence Review Team developed a brief, anonymous online survey to learn about rural citizen-patient-community priorities for health care in British Columbia. The survey link has been distributed widely through rural community Facebook pages, local community media (newspapers and radio stations) and Chambers of Commerce, reaching more than 200 rural and remote communities across the province. As of August 2019, more than 1,500 survey responses have been received.

The survey is ongoing and will be available until March 2021 (i.e., the end of the project). The survey is available here: <http://bit.ly/ruralevidencereview>

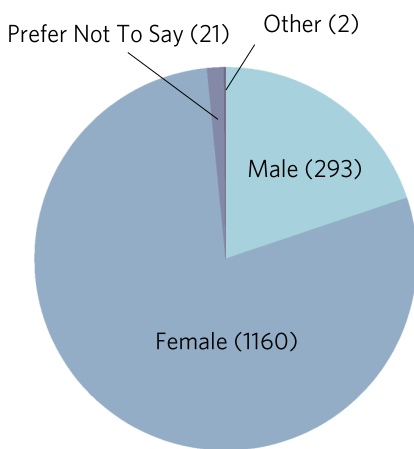
# 2018-2019 Outreach Survey Findings<sup>1</sup>

<b>Number of Responses</b>	1476
<b>Number of Communities</b>	211

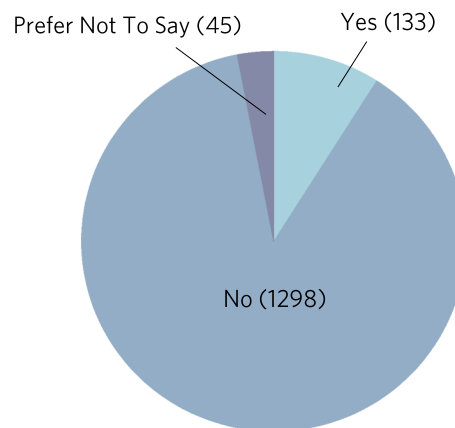
<b>Age of Respondents</b>	
<b>Average</b>	52 Years
<b>Range</b>	16-89 Years

<b>Time Living in the Community</b>	
<b>Average</b>	21.25 Years
<b>Range</b>	1 month — 83 Years

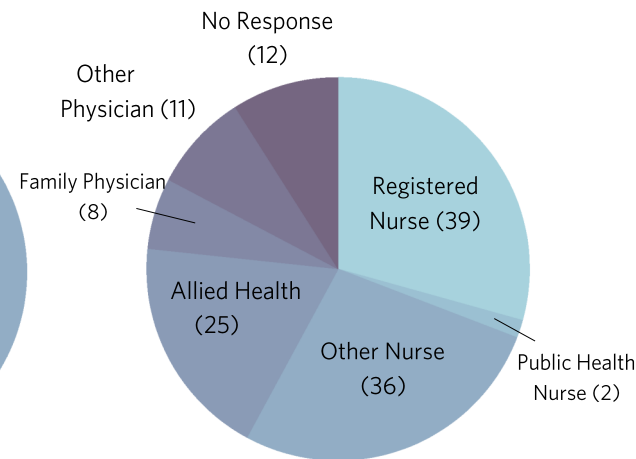
## Gender



## Are you a paid health care provider?



## Provider Type



<sup>1</sup>Data from April 16, 2018 to July 10, 2019.

## Demographics & Ecology

- Communities have wide age ranges, requiring a wide range of services.
- Communities are growing and need services to grow as well.
- The mountainous terrain and dangerous weather make travelling to other communities for care very difficult.
- Island communities are dependent on ferry services to access care.
- Communities with strong tourist industries have higher needs for health care during peak seasons, when wait times increase dramatically.
- Some communities feel that they are the source of health care services for too many neighboring communities, making it hard for local citizens to access care.

## Difficulties Travelling for Care

*Respondents cited the following difficulties associated with travelling outside of their community for care:*

- Many rural communities are lacking in local or nearby health services.
- Rural citizens face physical and financial barriers when travelling for health care.
- Some communities have a high incidence of emergencies and fear that they will not be able to access care fast enough in the case of an emergency.
- Expectant mothers from some communities need to pay for lodging outside of their community for up to four weeks prior to delivery, and have to travel hours to a neighbouring community with maternity services should they go into labour early.
- Rural citizens feel that there needs to be better recognition of mental health and addiction issues, and more local services tailored toward mental health and substance use care.
- Many respondents do not have family physicians and end up relying on emergency services for non-emergency issues. The high turn-over rate of rural physicians leads to a lack of continuity of care.
- A lack of local home care or long-term care facilities forces seniors to leave their home community in the final stages of their lives, placing them far from family and friends. Many seniors also spend long periods of time in the hospital waiting for a long-term care bed, reducing the amount of vacant hospital beds. Seniors cannot always afford to move to another community for care and struggle to travel long distances for care.
- Patients are often referred outside of their rural community for specialist, diagnostic and testing services, and experience long wait times for care.

## Consequences of a Lack of Local Care

*Respondents cited the following consequences associated with a lack of local access to care:*

- Avoiding or missing treatment as a result of the difficulties and costs associated with needing to travel for care.
- A lack of local care negatively impacts the integrity of the community, as many citizens move to be closer to health services.
- Needing to leave the community for care leads to patients going through treatment and recovery away from their support networks (family, friends, etc.).

## Expand, Increase or Improve Local Availability of Health Services

*Respondents recommended to:*

- Improve the local availability of a variety of care types.
- Expand the opening hours of medical facilities.

- Improve the quality of care provided, including through improvements in management:
  - Better communication and collaboration among health care provider
  - Review and/ or improve policies and procedures
- Improve opportunities for community participation and community-led initiatives.
- Improve the quality and availability of local equipment and facilities, by improving funding to the local health care system.
- Create walk-in clinics or community health centres to reduce patients' reliance on emergency services, wait times, and the need to travel outside of the community for care.

## **Increase the Local Workforce (Size and Capacity)**

*Respondents recommended the following to improve the size and capacity of the local workforce:*

- Increase the number of local providers through enhanced recruitment and retention efforts, including:
  - Improve attraction or advertising of the rural community
  - Improve working conditions or contracts for providers
  - Improve or facilitate finding housing in the community
  - Provide incentives, financial or otherwise
- Improve the roles or capacity of health care providers other than physicians, such as nurse practitioners and community nurses.
- Increase spots in medical schools and prioritize training local rural students.

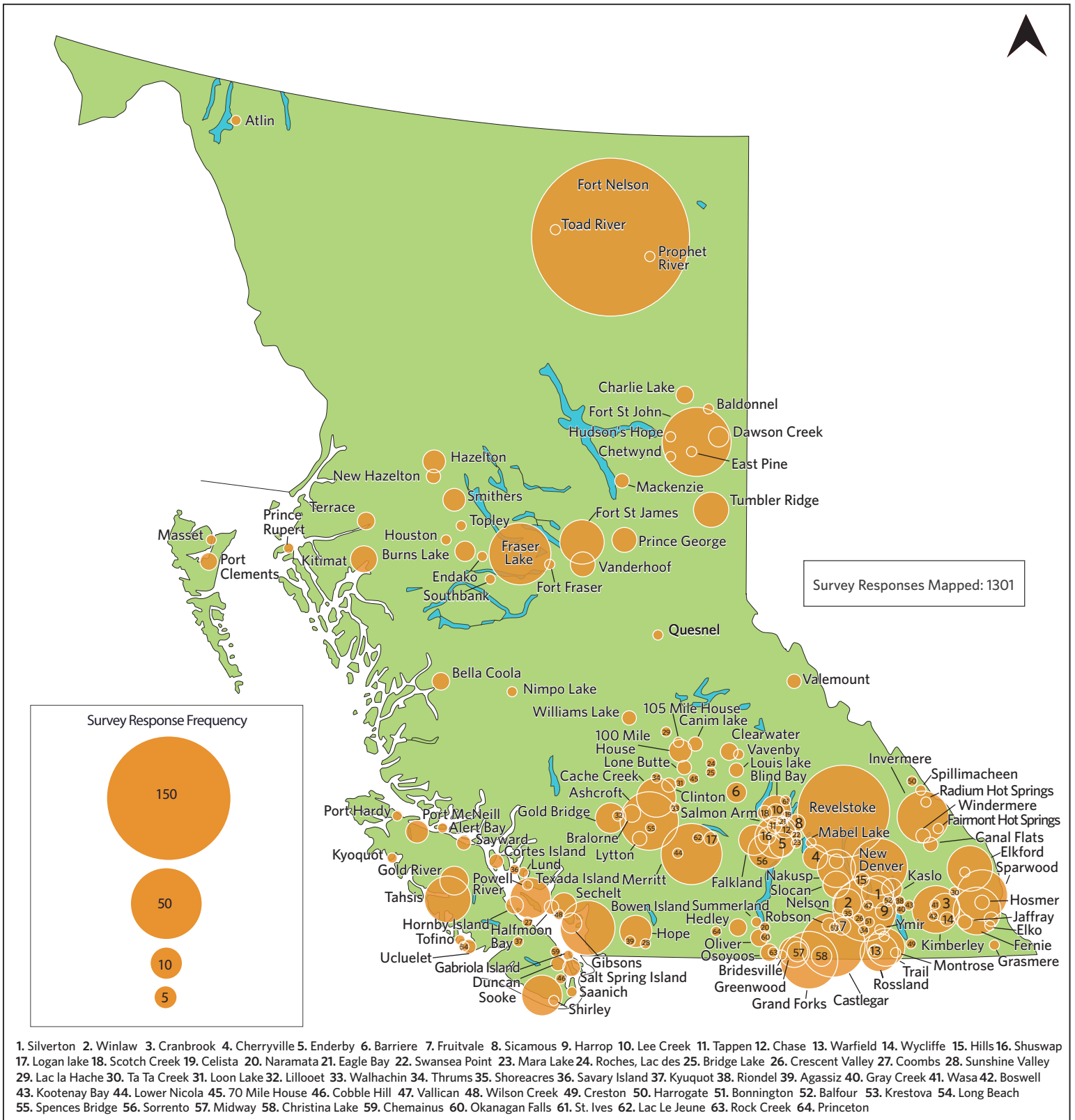
## **If Local Care Cannot Be Increased, Improve Access To Care**

*Respondents recommended the following to improve access to care:*

- Regular visits to the community from visiting providers, to reduce the need for residents to travel to access care (note, this can include mobile clinics).
- Allow inter-provincial care for communities closer to services in Alberta.
- Incorporate more technology into medical services through the use of telehealth services (note, this may involve improving internet connectivity and cell phone networks across rural and remote B.C.).
- Improve transport services to and from medical care outside of the community.
- Provide funding for patients needing to travel for care and for families needing to relocate for care.

# Survey Response Map

## British Columbia, Canada




Data Source: Centre for Rural Health Research, Abacus Dataverse Network, Data BC Catalogue, Google Maps

Created on 14th June, 2019 by: CRHR | Department of Family Practice | UBC

Updated on 18th July, 2019

Data Collected from: April 16th, 2018 - July 9th, 2019



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