



Rural Site Visits Project

Brown Bag Lunch
January 23, 2020

Rural Coordination
Centre of BC



Enhancing rural health through education and advocacy

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Acknowledgments

- The land on which we gather is the traditional unceded territory of the Lheidli T'enneh Nation.
- This project is funded by the Joint Standing Committee (JSC) on rural issues.
- Thank you to all the physicians, nurse practitioners, municipality members, First Nations leadership, and health administrators who have participated to date.

Disclosures

- We have nothing to disclose.
- No conflicts of interest to declare.





Who We Are

The Rural Coordination Centre of BC (RCCbc)

- Aims to improve the health of rural patients and communities
- Assist rural health through education, advocacy, and building relationships

The Joint Standing Committee on Rural Issues (JSC)

- Established in 2001
- Representatives from Doctors of BC, the Ministry of Health and Health Authorities
- Advises the BC government and Doctors of BC on matters pertaining to rural medical practice
- Goal is to enhance the availability and stability of physician services in rural and remote areas of BC

Introduction

- The Rural Site Visit project – funded by the [Joint Standing Committee on Rural Issues \(JSC\)](#) seeks to connect with all 201 [RSA](#) communities between 2017 and 2020.
- The purpose is to hear directly from community members about their thoughts surrounding health care delivered in BC.
- Information used to:
 - Better inform policy and program development
 - Build stronger direct relationships between the JSC and rural health providers
 - Build relationships directly with those on the ground



Gilford Island, BC

Who We Meet With

Physicians

Nurse
Practitioners

Midwives

Health
Administrators

First Nations

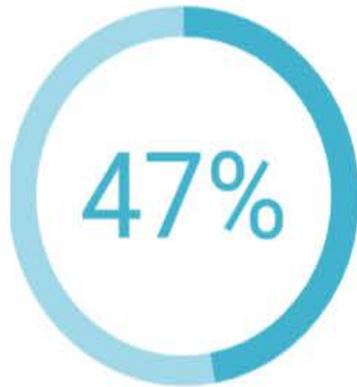
Community Members
(Municipal, Fire Chiefs,
Community
Paramedics, Health
Organizations)



Summary of Work*

COMMUNITIES VISITED

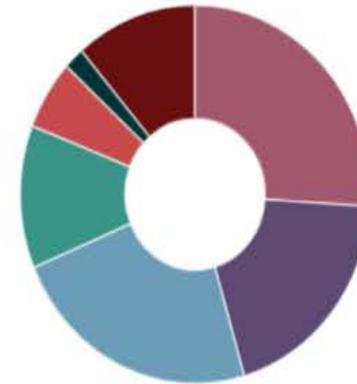
95 out of 201 Communities Visited



Estimated time to complete Site Visits Project

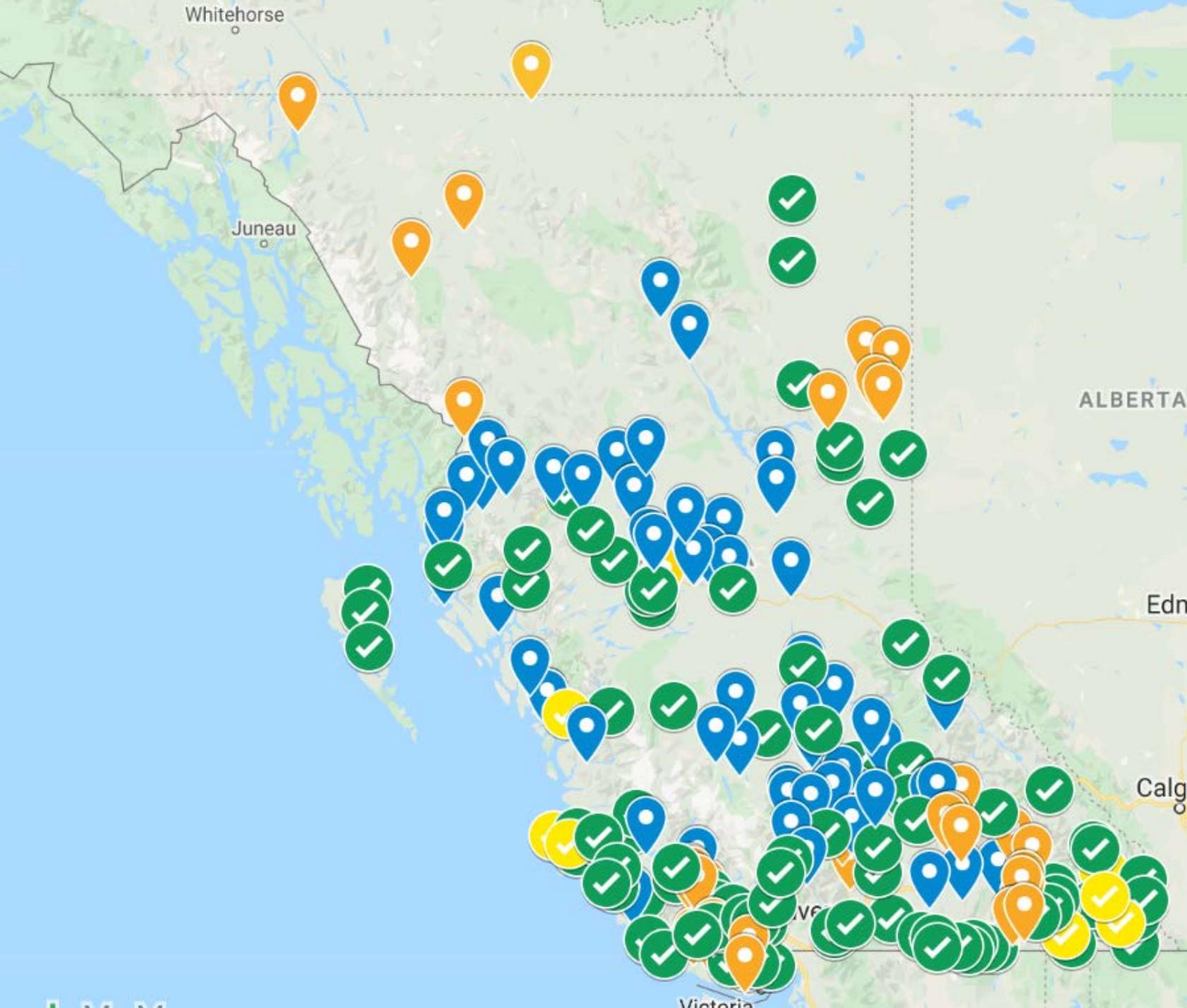
NUMBER OF MEETINGS

319



Physicians	83
Administrators	62
Municipal/Community	74
First Nations	39
NPs	19
Midwives	6
Group	36

*January 2017-December 2019



Site Visits To Date

- Green: Complete
- Orange: Planning
- Yellow: No Services
- Blue: To Visit

- Upcoming trips:
- Prince George
 - Denman/Hornby
 - Comox Valley
 - Chemainus/Penelakut Island
 - Fruitvale/Rosland

Ethics Process

- Participation is voluntary
- Approved through the UBC Harmonized Research Ethics Board and operational approval from each Health Authority
- Follows OCAP (Ownership, Control, Access, & Possession) principles

Information
anonymized and
aggregated

Consent forms
handed out to
each participant
for their
signature

Transcriptions sent
to participants first
for their review and
approval

Anonymized
transcripts
entered into
NVivo for
qualitative
analysis to code
for themes

Every 6-mo
report back to
JSC and a
'Community
Feedback
Report' sent to
previous
communities

Qualitative Approach

Appreciative Inquiry

- Emphasis on participation and iterative work processes, is a philosophy and method for promoting transformational change, shifting from a traditional problem-based orientation to a more strength-based approach to change, that focuses on affirmation, appreciation and positive dialog. (Trajkovski et al., 2013).

Thematic Analysis

- Offers a useful qualitative approach for those doing more *applied* research, which some health research is, or when doing research that steps outside of academia, such as into the policy or practice arenas. Thematic analysis offers a toolkit for researchers who want to do robust and even sophisticated analyses of qualitative data, but yet focus and present them in a way which is readily accessible to those who aren't part of academic communities (Braun & Clarke, 2014).

These approaches are utilized throughout data collection, data analysis, and in reporting to the JSC and the communities.

Methods: Data Collection

- We collect information from participants through:
 - Group interviews (i.e. focus groups)
 - Individual interviews
- Before any material is presented to the JSC the notes gathered are reflected back to the participants to ensure accuracy.
- These interviews are recorded using a recording device and sent to a professional transcriptionist.



Methods: Data Analysis

- The data we collect is **QUALITATIVE** data. This means that the units of analysis are **words and phrases**
- **Thematic Analysis approach:** We collect perspectives, experiences, views from participants in regards to healthcare and look for themes across these perspectives
- **Nvivo:** a qualitative software analysis program that we use to assist with organization and analysis of the data
- **Iterative process:** themes are constantly reviewed and refined as more data is collected over time

The screenshot displays the NVivo software interface. At the top, there is a logo with three colored circles (green, orange, blue). Below it, a document titled 'Barbara' is open. The text in the document is as follows:

of work?

Barbara
I got a degree in geology. When I came back here with my husband, I had done plenty of field mapping and working with GIS, and so I got a job with a soil scientist here who helps people try to get septic permits – and environmental field assessments, watershed mapping, wetland delineation.

Henry
What kind of insight has that given you into the area, given your particular professional angle?

Barbara
Well, the one thing is that it's very low. The land is so low and the water table is so high. And it's tough for people to get septic permits. As environmental standards have gotten more stringent, some local people that have inherited land are finding that they can't get a permit, or they have but they have to install a very, very expensive pretreatment system, which is too much to pay for. And so I've seen it be a challenge for local people who are trying to stay where they grew up. **And so that's a big limiting factor right now for development, which is okay. But it's interesting. Sometimes it's tough when people can't build the house on their land that they inherited or can't do anything with their land, but I understand the limitations also. It's critical to maintain the water quality.**

There are people who have even purchased land that they were told could get a system or thought could get a system or just sort of in an unofficial way looks like it. There are options and there are hard luck sort of considerations that the county tries to help people. But it's a balance between helping people who have these hardship situations and protecting the environment. And that's difficult as the person on the ground telling the landowner, "Sorry," and especially when it's not a developer. It's just a young couple or something.

Henry
So do you think that that's the major sort of limiting factor, environmental factor impacting development in Down East?

Barbara
Well it's a major one. Water quality in general and– I don't know all of the issues related to larger scale development, but yeah I think that a lot of the easy land that can be approved easily has already been developed. It's very low. And sea level rises. And so I think that that problem is only gonna get worse.

On the right side of the interface, there is a vertical sidebar with the following labels: 'Coding Density', 'Water Quality', and 'Untitled'.

Methods: Disseminating Results

JSC Reports

- Bi-annual
- In-depth project updates and pre-selected categories of information
- Shared with each committee member on the JSC

Community Reports

- Bi-annual
- Brief project updates and findings
- Sent to everyone who participates in the project
- Can also be distributed to members of the public

Specialized Reports

- Produced upon request
- Specific to one area of health care/delivery (e.g. RSON, CPD, Emergency Transport, TRC, etc.)

Rural Site Visits Project

Community Report: June 2017- December 2018



FEBRUARY 13, 2019

Rural Coordination Centre of BC
Prepared by: Dr. Stuart Johnston,
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Sharing Successful Initiatives

Many rural communities face unique challenges which present themselves in areas such as health care delivery, transportation, geographical isolation, and physician scope of practice. In order to overcome some of these unique barriers, communities have implemented successful measures, models, and programs that have created a beneficial impact in improving the health care of a community.

Measures

In order to provide better health care delivery for unattached, marginalized, and/or minority individuals, communities have created specific measures such as hiring a patient navigators and liaisons. Other methods that were reported to help increase health care access to vulnerable populations included the use of online web-based services.

"I had a social worker working with [Division], kind of as a patient navigator, and has been working with the vulnerable [and] marginalized population because once they [become] attached it will take less time to figure out what is going on."

"[We have a] rapid response physician in community to respond to patients with acute needs in community and the hope is that this will try to encourage attachment for those who are unattached, particularly for the frail seniors in the community."

"[We] have an APW [aboriginal patient liaison worker] here to provide support to Indigenous clients to provide cultural support."

"[We] consult some palliative patients from their home via Weibee."

The approach of community-driven measures have allowed communities to collaborate and participate directly in health care discussions with physicians, municipality, health administrators and First Nations. This has led to successful awareness and priority setting for rural health-service delivery.

"We have a health forum that hosts forums 4 times a year in our communities, and people will step up and tell stories, and we try to fix them."

"[We have] community engagement meetings where [we] provide dinner for the whole community [and we] have papers for people to fill out that allow people to express their thoughts and questions...it is conducted in such a way that allows people to say what they want to say whether it is positive or negative. [We] are getting a new wellness center and that was partially brought about by these meetings."

"We created a health network to speak and hear the local problems. They meet every month [and] that's how we got a bus and telehealth. We don't overspend the money - we find better ways to use it."

All reports are anonymized and aggregated

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

Major Themes: Transportation

Emergency Transport and PTN

- PTN is frustrating and largely unsuccessful due to the challenges with communication, lack of geographical knowledge, and lack of efficiency resulting in high-risk scenarios and patient delays.

“We don’t know always when the ambulance is coming and we don’t know who they are here for and they are equally frustrated too. We need time to know when they are actually going to arrive. They say they are coming and then they don’t come until much later.”

“Would like one story, one person [to communicate with]. It takes so many attempts to tell someone the story and patience [with] PTN [have to talk to many different people and repeat the story].”

“Geographically no one [from PTN] understands where we are and how much time it would take to get somewhere.”

Major Themes: Transportation

Non-Emergency Transport

- Getting to and from doctor's appointments and attending regular treatments such as chemotherapy and dialysis is challenging
- Very limited public transport options
- Huge barrier, preventing patients from accessing health services locally and from a distance

"Access to local and distance health services are impeded by lack of public transportation."

"One issue that cuts across all population ages...is the lack of public transportation. Youth and seniors who can't drive have issues with accessing [medical] services."

"Patients can be isolated – if you live in [Community X] which is 15 minutes away but don't have a car, it is a challenge to access services."

Major Themes: Residents and New Grads

Knowledge Exchange Opportunity

- Benefits of knowledge exchange between residents that come to learn in the community and physicians that have lots of experience but may have limited access to novel knowledge resources.

“Having the residents come through helps refresh the older docs on some of the current knowledge.”

“The thing with residents is that they always ask you why you are doing something, and your answer is usually ‘I don’t know, I just do it because it works’...But residents collect information from so many places, so they have a wealth of knowledge to offer and it can be a really good exchange.”

Major Themes: Residents and New Grads

Effective Recruitment and Retention Strategy

- Community's ability to bring in residents stood out as one of the most successful methods for recruiting and retaining HCP
- Communities hope that their community profile would be elevated and students would want to return to the area to practice

"[Teaching residents] elevates the profile of the community & helps with recruitment."

"One of the biggest successes in broader geography [is] family practice residents that have come as residents and the come back after they graduated and settled. I can't overstate how successful that has been. Brainstorming around anesthesia with ministry, how can we learn from family practice – can we learn and envisage a similar model?"

Community-Driven Innovations



Funding and Resources

“[Our] community did an experiment where [we] funded (through alternative funding) a social worker. They dramatically changed our recurrence rate people coming to the clinic and people going to the hospital.”

“Flexibility of Rural Emergency Enhancement Fund (REEF) has been incredibly beneficial to accommodate the needs of some of the docs - we use some of the funding for the docs who do emergency obstetrics.”

Other examples: contracts with Community Paramedics to increase ability for patients to be seen in their homes; funding a ‘community resourcing person’ to help with outreach to seniors and students

Community-Driven Innovations



Innovative Programs

“[Our community has an] Adult Day Program – works 7 days a week service which includes people who are much more impaired with mobility or cognitively and [we] can keep them in community now.”

“Have a lot of chronic pain here. Have started a pain management group – talk about alternative medicines and how to take responsibility for your own health. Has grown up to 15 people now, have gotten letters from physicians saying that they are seeing a difference. It has been keeping people out of the emergency room.”

Other examples: pairing programs for children with different agencies such as drop-in centre for mentoring with parents and children, a perinatal nutrition program; offering health authority employees to visit their local First Nations longhouse to have a meal and learn about their culture; a pain management group that talks about alternative medicines

Community-Driven Innovations



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.”

Community-Driven Innovations



Mental Health

“[We] just built [our] mental health team... the last 2.5 years [we] only had a drug and mental health counselor for the [First Nations Group X]. Now [we] have a team lead, two drug and addiction councilors, and another councilor that deals with chronic pain/women’s wellness. This program is very utilized. Last team lead had 80 people on her case list. People have been using this service which is really positive.”

“[Our] community did an experiment where [we] funded (through alternative funding) a social worker. They dramatically changed our recurrence rate people coming to the clinic and people going to the hospital.”

“[We have an] Equine Therapy Program. The way people engage with horses is incredible. This really helps with conversations [and] this has been successful with the youth.”

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

Site Visits Project Team



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Thank you

Any questions?