

Introduction of Presenter:

Doug Blackie, Director

Recruitment and Retention, Health Sector Workforce Division

Ministry of Health

Recognition of the traditional territories:

Squamish, Musqueam, Tselil-Waututh (tSLAY-whah-tooth) First Nations

(pronunciation guide - <http://www.first-nations.info/pronunciation-guide-nations-british-columbia.html>)

*Disclosure Statement: I do not have an affiliation with a commercial organization.*

Photo Title: A Day at Work in Rogers Pass BC

Dan Parker's job is to keep the road open between Revelstoke and Golden, BC – this is a good day at work!

Credit: Dan Parker, Revelstoke, BC

# Presenter Disclosure

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***Doug Blackie***

*Director, Recruitment and Retention,  
Clinical Integration, Regulation and Education Division  
Ministry of Health*

Relationships with Commercial Interests:

*Not affiliated with a commercial organization*



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Photo Credit:

Meeting of the Chiefs (1987)

Roy Henry Vickers

Tlakwagila Copperman

Source: <https://kickasscanadians.ca/roy-henry-vickers/>

## Managing Potential Bias

- Presented by an employee of the Ministry of Health – a government organization.
- No affiliation with a commercial organization.
- Presenting information on work currently under development by the Ministry of Health.





*NOTE: Emphasize that with the current flux in government this is the current thinking/plan of the day. There is a potential for there to be changes.*

1. Recent priority focus has been on a cross sector collaborative effort to develop a set of policies that are clear, linked and aligned that reaffirms and supports the vision of an Integrated System of Care – Target Operating Model (TOM). In preparation to go forward to the new Minister.
2. Focused effort builds on work to date on the Cross Sector Priorities, including Primary and Community Care, and Perioperative (Surgery) – brings together all divisions accountable for developing policy requirements for the Integrated System of Care – Target Operating Model (TOM).
3. Ensure that policies are clear, aligned and integrated.
4. Stakeholder engagement and consultation expected for Summer 2017 – engagement/consultation has been challenging during interregnum period.
5. Implementation expected for Fall 2017.

Photo Credit: Doug Blackie

## Rural Impact Lens

- A rural impact lens supports an evidence-based, standardized approach to ensure affects on rural communities are recognized and policy adjusted where necessary to create rurally-sensitive health policies that mitigate potential inequities.



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1. One of the policies under development was a Rural Impact Lens Policy to ensure a rural lens is applied through health system partners policy, program and service development and implementation to ensure rurally-sensitive policy, programs and services and to mitigate potential inequities.
2. Other equity lenses included First Nations and Aboriginal, Patient-Centred, Prevention lenses. **Decision was to integrate all lenses through out all policies.** Examples of some rural lens edits/additions include:
  - Identifying “**as close to home as feasible**” where appropriate
  - “**Flexible and innovative approaches** should be considered for rural and remote communities where the number and mix of providers are limited.”
  - “**Role enhancement** and enlargement of existing providers (i.e. remote certified nurses, community paramedics, first responders) are critical in remote communities.”
  - “**Innovative and flexible service delivery** (i.e. mobile service delivery and virtual care) and human resource (i.e. community paramedicine) options should be considered where feasible to address geographic barriers for rural and remote residents.”
  - “**Consideration of travel distance** and travel costs should be considered for rural and remote residents.”
  - “**Consideration of virtual care options** should be made for rural and remote residents.”
  - “**and to be sensitive to the geographic barriers and travel costs** for rural and remote residents.”



### Jude Kornelsen, Centre for Rural Health Research

- provided the research and evidence rigour for the Toolkit (literature review, scan/review of related work in other jurisdictions, applied to BC context)

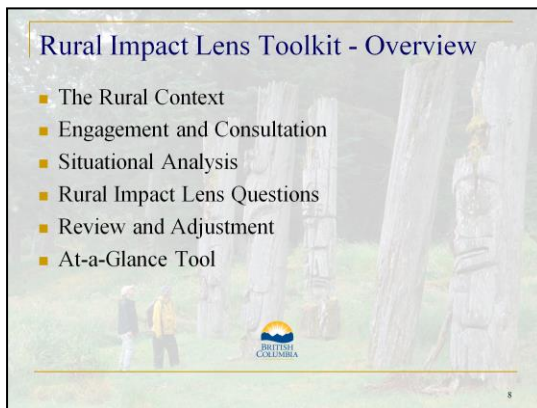
### Susan Parker, Policy Analyst, Rural Primary Care, Ministry of Health:

- Reworked into a Toolkit to support policy, program and service developers to apply a consistent rural impact lens.
- Drafting and revising has been an iterative process
- Socialized and reviewed by Rural and Remote Health Working Group and Ministry Policy Community of Practice
- Feedback has been incorporated.

### Next Steps – Engagement and Consultation (expected for Summer 2017)

Photo Title: The Heart of Barriere (the Grocery Store and Pharmacy – the Provincial Government Liquor Store is 2 blocks behind you).

Photo Credit: Susan Parker, Barriere, BC



- Background and Context – of what a ‘lens’ and a ‘rural impact lens’ is
  - The Rural Context
    - Unique, diverse and vital part of BC
    - Geographic challenges
    - Service Delivery challenges
    - Home to many First Nations communities
    - The Rural Difference (compared to urban)
      - Higher level of social disadvantage (education, employment opportunities, housing, access to food)
      - Health disparities
      - Relationship with/to health care services
      - Increased community connectedness and resilience
      - Many dependant on resource industries
  - A guide to using the toolkit to apply a rural impact lens
    - links to resources, e.g. community information, health data, maps, etc. engagement best practices, cultural safety and cultural humility resources.
    - suggested approaches
    - guiding questions
    - rating scale
    - tables/templates to (a) identify stakeholders and their interests and (b) identify gaps/challenges and mitigation strategies
1. Rural Objective and Scope
- clearly define/state any rural specific objective and scope of the policy, program, service under consideration

Questions?

