Strengthening Strengthening Rebuilding public health services in rural remote

2024 Western Immunization Forum

Learning objective: Apply evidence-based strategies to improve access to public health services

Land Acknowledgement

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dãkelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, Syilx, and Tŝilhqot'in Nations where we live, learn, collaborate and work together.

I'd also like to recognize that I am presenting today on the traditional, ancestral, and unceded lands of the Coast Salish Peoples, including the territories of the Musqueam, Squamish, and Tsleil- Waututh Nations.



Western Canadian Immunization Forum 2024 Presenter Disclosure

- Jonathan Spence
- Relationships with financial sponsors:
 - None

I have nothing to disclose



Who's this Guy?

- Worked in Private an Public Health Care in BC for >20 years
- Previously worked at the BCCDC as a Manager of the Communicable Disease Prevention and Control Program
- Move to the Okanagan in 2017 and joined Interior Health (IH)
- Managed the IH Communicable Disease Unit until 2021
- Took over the Immunization program in June 2020
- Currently the Manager, Communicable Disease Prevention and Control with a focus on Immunization Services or IH



The Bad News

I am not going to be presenting a prescription to solving the challenge of strengthening PH services in rural communities...

but, if you are interested in going through some of the challenges and discussing some possible solutions, you are in the right place.



My Context: Interior Health

- About 820,000 clients
- almost 215,000 square kilometres
- 59 incorporated municipalities
- The Interior region is home to the traditional, ancestral and unceded territories of the Tŝilhqot'in, Secwépemc, Dãkelh Dené, St'át'imc, Syilx, Nlaka'pamux, and Ktunaxa Nations, comprised of 54 First Nations Communities.
- There are 15 Métis Chartered Communities within the Interior region.
- Aboriginal peoples within the Interior represent about nine percent (63,855) of the total population.
- Served through 43 health centres





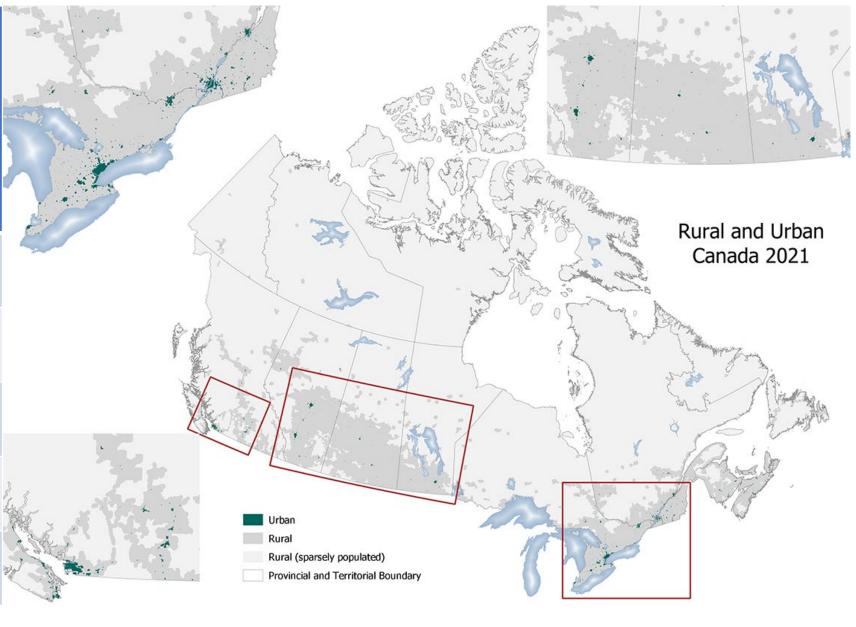
What is Rural?

- Different definitions
- Look at a geographic definition
- Stats Can: "rural and small town" definition. This is the population living in towns and municipalities outside the commuting zone of larger urban centres (i.e. outside the commuting zone of centres with population of 10,000 or more).
- For the purpose of our discussion today I am defining rural as a geographic distance to public health services (remote)
 - At least 45 min. drive to closest Community Health Centre



Percentage of Population Living in a Rural Area (est. 2021)

Canada	17.8%
ВС	12.7%
Alberta	15.2%
Saskatchewan	31.7%
Manitoba	25.3%

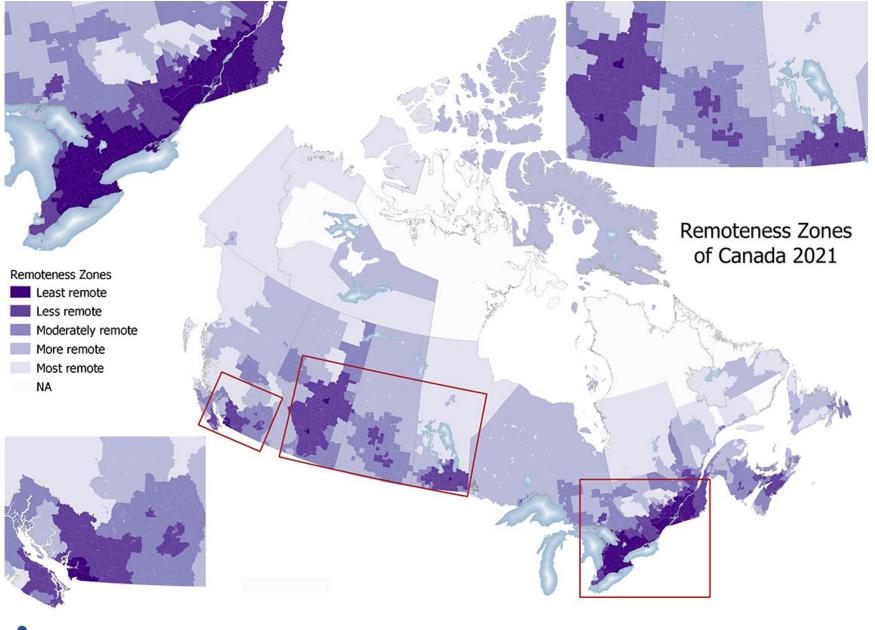




What is Remote?

- Index of Remoteness:used to classify municipalities into five broad groups ranging from least to most remote. The index of remoteness assigns a value to each municipality based on geographic proximity to urban areas (service and population centres) and on the population size of those urban areas.
 - https://www150.statcan.gc.ca/n1/pub/17-26-0001/172600012020001-eng.htm
- Over half of the people living within municipalities identified as Indigenous communities live in the most remote or more remote areas of Canada, compared with less than 5% for Canadians living in municipalities that are not Indigenous communities.





Most Canadians (88.0%) live municipalities classified as the least remote or less. However, these municipalities make up only 6.1% of Canada's landmass.



What are the factors working against us?

- Population dynamics
- Staffing
- Travel in and out
- Promotion
- Other?



The Good News:

- Public Health/ Immunization Services Can be <u>Scheduled</u>
- The Pandemic response has demonstrated that health care can use many more tools to connect and serve our clients than we previously have
- We are all here thinking and talking about how to improve

We need to strengthen what we have, but there is a solid foundation



What We Need to Strengthen

- Access to Service location, time, comfort
- More than a shot Immunization tasks have been prioritized as PH work since the start of the pandemic response
- Trust Need to build and maintain trust through relationships in rural communities
 - Building that trust is even harder if providers are coming into community from outside



Access to Service

- 1.Come to the client
- Mobile services regular, scheduled services outside the health centre
- Details of the immunization services pilot



Access to Service

2. Client comes to us

- Need to have hours and days of operation that match when people come to 'town'
- Can't run M-F 9-4- that is not when clients from rural areas are in the communities with health centres.



Access to Service

- 3. Virtual Services
- What public health services can be offered virtually?
- Not immunizations, but other services that can build a relationship and build trust – essential for immunization
- Also can be used to increase capacity and knowledge of local providers – mixed model



More than Shots

- Focus of public health service has been immunizations for the past 3 years – mostly COVID-19 and Influenza
- PH service has become tasks must go back to full scope
- All PH services are immunization promotion- building trust is essential for immunization uptake
- PH needs to build relationships and trust with clients



Trust

 The only way more clients will seek to get fully immunized is if they trust PH and their PH provider

The gap to increase demand is trust

 Trust to be available, to deliver service, to answer question, to provide information



What Do You Think?

- Are there other factors that disadvantage rural clients in PH service access?
- Do you know of initiatives or service models that have worked?
- What are you going to do to strengthen rural public health service?



Thank You

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