

# OVERCOMING RURAL HEALTH CHALLENGES

*EXPLORATION, DISCUSSION, INSIGHT*



**NOVEMBER 14, 2013  
FORUM PROCEEDINGS**



Association of Ontario Health Centres  
Community-governed primary health care

Association des centres de santé de l'Ontario  
Soins de santé primaires gérés par la communauté

OCSA

Ontario Community  
Support Association



**RURAL ONTARIO  
INSTITUTE**



Ontario Federation of Community  
Mental Health and Addiction Programs

*Sharing Resources. Exploring Common Issues*



**Ontario**

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**Thank you to David Kelly and Leah Stephenson from Community Health Ontario/Addictions and Mental Health Ontario; Mike Coxon and Jeff Mills from The Mills Community Support Corporation; and all of our presenters and participants for contributing to the success of this forum.**

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# 1.0 ABOUT THE ORGANIZERS

The **Rural Ontario Institute** (ROI) was established in 2010 through the merger of The Ontario Rural Council and The Centre for Rural Leadership. Reflecting the expertise and legacy of its founding organizations, ROI's mandate is to develop leaders, initiate dialogue, support collaboration and promote action on issues and opportunities facing rural Ontario. To this end, ROI works to amplify the voices of stakeholders in rural and remote communities in the province.

ROI's policy and stakeholder engagement forums strive to accomplish three goals:

- 1) To raise awareness of issues facing rural and remote communities;
- 2) To connect peers from different parts of the province working on these issues to foster shared learning; and,
- 3) To connect leaders around these issues so they can make informed decisions

**Community Health Ontario** is a strategic partnership between the Association of Ontario Health Centres, Ontario Community Support Association and Addictions and Mental Health Ontario. Together it represents the majority of not-for-profit home and community support, mental health and addictions and community-governed primary health care providers in Ontario.

# 2.0 FORUM THEME

Rural communities face unique challenges to health care service delivery. What role can communities and community-based services play to address these challenges? This was the central question posed by the organizers who hosted a full-day forum to explore integrated, community-based solutions to rural healthcare challenges. In total, 32 participants from across the health and community care sector participated in the forum, including health and social service practitioners, administrators and health promoters (for a complete list of organizations represented, see the APPENDIX).

This is a summary of "what we heard" during the rural forum. It contains a brief summary of speaker presentations as well as the insights and observations from participants expressed during facilitated table group discussions. It is intended to inform stakeholders, including federal, provincial and municipal decision makers on the issues surrounding rural community health challenges and the need for a comprehensive rural health strategy in Ontario.

## 3.0 KEY MESSAGES EMERGING FROM PRESENTATIONS

### 3.1 David Kelly

**CEO, Addictions and Mental Health Ontario; CEO, Community Health Ontario**

**Presenting:** *A Draft Discussion Paper on Key Rural Health Service Delivery Challenges*

The physical and mental health of Canadians declines from the most urban regions in comparison to the most rural and remote regions. At the same time, services are more time-consuming and expensive to deliver in rural areas. Funding frameworks often fail to take these differences into account, so there is a need to discuss innovative roles that local organizations can play to support healthy rural communities.

Community Health Ontario (CHO) is drafting a rural health discussion paper based on consultations with stakeholders across the province. These consultations are meant to census the health care delivery issues in rural and remote communities and to surface potential solutions that can contribute to equitable outcomes.

Currently, nine provincial ministries fund different aspects of addictions and mental health in Ontario, each with their own accountabilities, which leads to a fragmented approach to providing care. CHO recognizes the need for a rural health care strategy based on the approach of treating people holistically.

*“A homeless person with mental health issues needs stable housing first, not a doctor or a prescription.” David Kelly*

Ontario’s approach to providing mental health and addiction care needs to change. As an example, in 2012, Ontario had 451 people with serious mental health issues in hospital beds for longer than six months because there was no alternative. These people did not need expensive hospital stays and this money could have been used more strategically to build housing to accommodate them, as well as the next generation of those in need.

Seniors are moving from urban to rural areas because the cost of living is lower. At the same time, young people are moving from rural to urban places in response to education and employment opportunities. These migration trends combined with the geographic challenges of providing health care in rural and remote places means that rural residents will come to rely more and more on community support for assistance. Therefore, to enable healthy communities, there is a growing need for good local governance with community representatives on health care related boards.

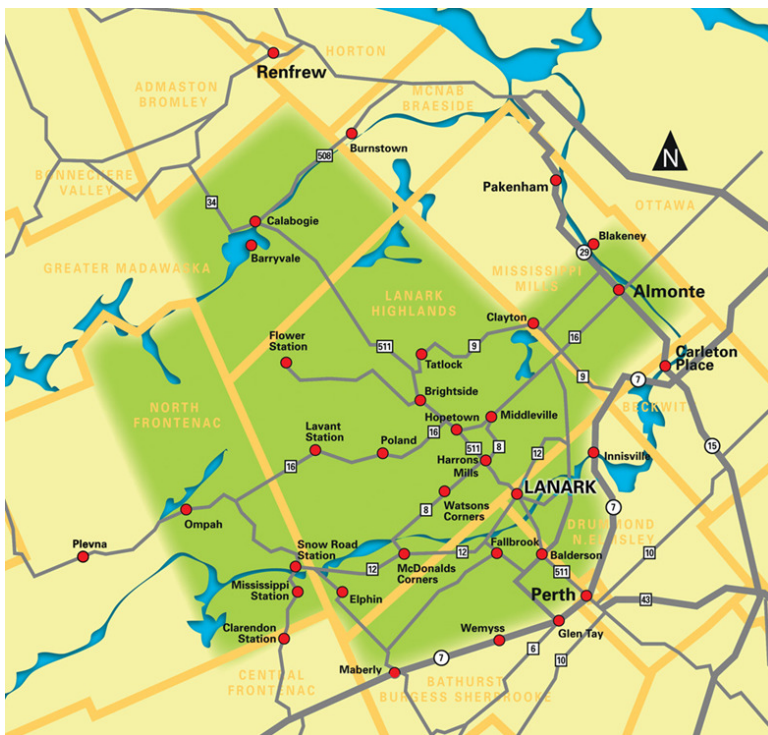
### 3.2 John Jordon Executive Director, Lanark Renfrew Health & Community Services & Kara Symbolic Health Promoter, Lanark Renfrew Health & Community Services

**Presenting:** *Promoting Healthy Aging In Rural Seniors, Examples From North Lanark*

Lanark Renfrew Health & Community Services (LHCS) is a multi-funded, multi-sector non-profit organization governed by a community-based Board of Directors.

LHCS serves as the umbrella organization comprised of four parts that came together to develop efficiencies, collaborations and more integrated planning of a wide range of health and community services. These four parts include Lanark Community Programs, the LINK Mental Health Support Project, the Whitewater Bromley Community Health Centre Satellite and the North Lanark Community Health Centre.

While it is one incorporated organization, each part of LHCS has its own core funding agencies, mandates, programs and services, and target populations.



**Illustration showing the Lanark Renfrew Health & Community Services service area, including all of Lanark County, and parts of the Counties of Leeds, Grenville and Renfrew.**

To assist people in achieving their best possible health and well-being, the North Lanark Community Health Centre offers a wide range of programs in five priority activity clusters:

- 1) Healthy eating
- 2) Mental health and wellness
- 3) Physical activity
- 4) Volunteer engagement
- 5) Community capacity building

Many of the Centre's programs are enabled by the volunteer engagement program. So far, 45+ volunteers have contributed over 2,000 hours of service to support program planning and delivery.

A significant amount of effort is directed toward community capacity building. The approach taken by the Centre involves three steps:

- 1) Identify community assets and needs through focus groups, networking, assessments and strategic planning
- 2) Effect community change through active partnerships and sustained involvement in coalitions and networks
- 3) Provide strategic supports as requested/required to community initiatives

By offering free programs that openly welcome all members of the community, the Centre's programs have been very well received as reflected in the following program statistics.

*Number of Group Workshops and Programs (2012-13) - 50*

*Number of People Attending – 705 (+)*

*Number of Evaluations Completed - 422 (60%)*

*First Time Attendance – 103 (36%)*

*Most Successful Outreach Strategies*

*Family/Friend (31%)*

*Newsletter (28%)*

*Allied Health Staff (22%)*

*Attendance in this program has had a positive impact on sense of health and well-being? - 97%*

*Personal changes made because of learnings from program – 91%*

***North Lanark Community Health Centre Program Statistics***

### 3.3 Mike Coxon Executive Director, Community Mills Support Corporation

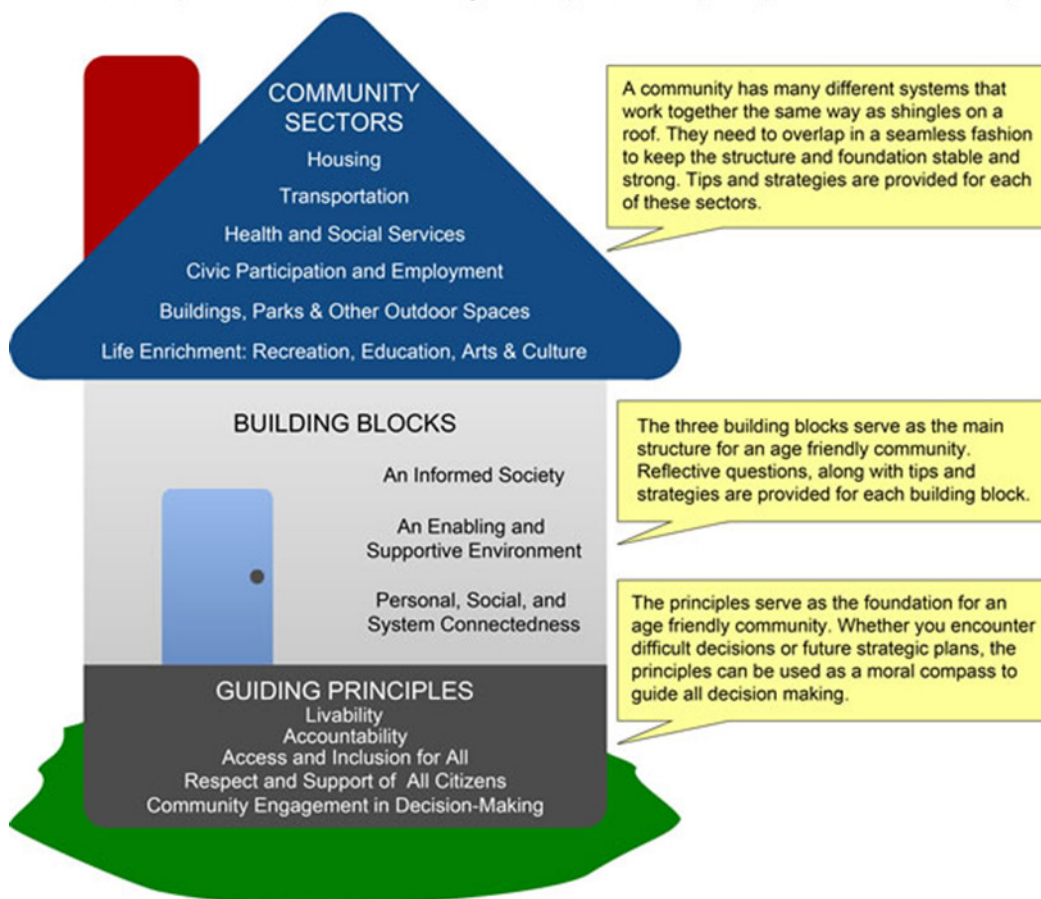
#### Presenting: *Healthy Communities Require Thinking Outside the Health Care Box*

The Community Mills Support Corporation is an independent, non-profit organization with its own identity in the community support sector. The focus of The Mills is to help build capacity for healthy, age-inclusive communities.

The organization supports adults and transitional aged youth with intellectual disabilities; provides senior services and programs through home support, assisted living and respite care; provides affordable housing to seniors and families; and undertakes community development initiatives that bring people together to build better communities.

The Mills believes strongly in supporting transitional thinking that changes the perception of treating 'clients' to helping connect and engage with citizens. To accomplish this, one needs to think about community health care differently, viewing systems integration as a means and not an end.

*A house is the perfect metaphor for an age friendly community - they are built in similar ways.*





The problems being confronted require thinking, organizing and acting differently. Mental models need to be challenged and understood as, “The way we think affects the way we accept and interact with the systems around us.”

- 1) For example: Get rid of the deficiency paradigm view of the “frail elderly”
  - Regard elderly people as citizens, not as clients
  - Reshape the view of the problem, work towards removing barriers to enjoyable, safe community living for the elderly
  - An inclusive, age friendly community that works for seniors works for everyone
  - Choose to see work in creating age friendly communities as an investment, not as a cost
- 2) Reframe the challenge as building age friendly communities
- 3) Address factors that inhibit a good and safe life in the community for elderly citizens?
  - Poverty, cognitive impairment, poor nutrition, depression and mental health support, mobility/transportation, isolation and socialization support, medical and health conditions
- 4) Work towards implementing system fixes AND creating collective impact. By trying to account for and isolate impacts, society’s traditional approaches to providing care are not solving its toughest challenges;
  - Funders select individual grantees
  - Organizations work separately and compete for the same resources
  - Approaches to evaluation isolate a particular organization’s impact, which is reductionist thinking
  - Large scale change is assumed to depend on scaling organizations
  - Corporate and government sectors are often disconnected from foundations and non-profits

Imagine a different approach where the goal is to create ‘collective impacts’, whereby all players across sectors are aligned and work collectively to reinforce each other’s actions.

- Working toward collective impact requires all participants to support common agenda building and information sharing
- Recognition that many small changes implemented in alignment can add up to large scale progress
- Creating new incentives to work collaboratively vs. competitively

*“To achieve patient-centered health care we believe that health care must be based on the following five principles: Respect, choice and empowerment, patient involvement in health policy development, and information.”*

International Alliance of Patient’s Organizations Declaration on Patient-Centered Health Care  
[www.patientsorganizations.org/declaration](http://www.patientsorganizations.org/declaration)

### 3.4 Lisa Tolentino

#### Healthy Communities Consultant, Ontario Healthy Communities Coalition

##### **Presenting:** *Alternative Rural Transportation Program Examples From Haliburton/Minden*

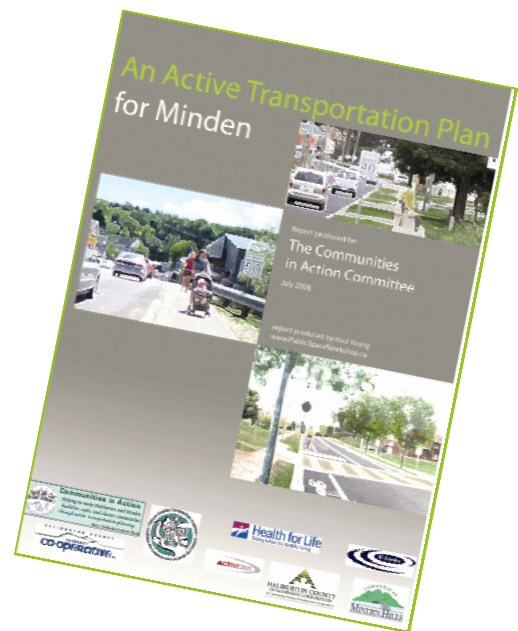
There are alternatives in Haliburton to private car ownership. However, these options are limited and few are open to all residents. Over time, a number of different approaches to promoting active transportation planning in the county have been used, including:

- Research and planning
- Community education and awareness
- Building partnerships
- Engaging municipalities

There are several reasons for these different approaches including promoting people to build physical activity into their daily lives, improving safety and accessibility, and linking together other municipal priorities such as planning for an aging population, economic development, and growing tourism.

The experience in testing these strategies has yielded several “lessons learned:”

- Community/municipal partnerships increase capacity to support and encourage alternative transportation
- Increases in alternative transportation can be achieved through many interventions
- Measurement, monitoring and evaluation are required to understand the benefits and return on investment
- Once isn't enough – to change minds you need to apply consistent pressure over a long period of time



*“Transportation is a social determinant of health. Providing options for affordable and reliable transportation for those in need is key to creating healthier communities.” Lisa Tolentino*

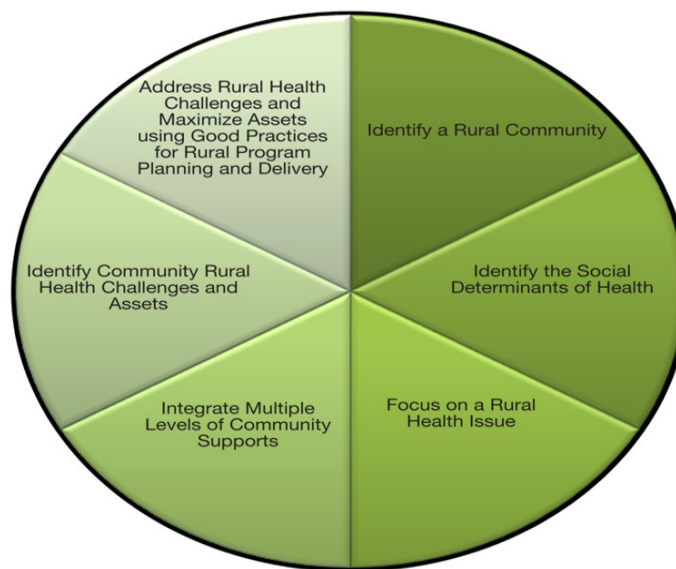
### 3.5 Deanna White

PhD candidate, University of Waterloo

**Presenting:** *A Rural Framework: The Implications For Program Service Planning And Delivery*

This Rural Health Framework provides an evidence-based method to embed a rural health lens in planning and decision making. This is needed to ensure that rural programs and services address unique challenges of living, working and playing in rural Ontario.

## Rural Health Framework for Program Planning and Delivery



Haldimand-Norfolk Health Unit

#### **Key Element 1: Identify a rural community**

- There are many definitions of rural; select the defining criteria that is most important for a program (e.g. whether it be population density or geographic isolation, commute time, etc.)

#### **Key Element 2: Review the Social Determinants of Health**

- Review the social determinants of health and select the predominant determinants in this chosen area to guide program decisions (i.e. social environments, income and social status, education and literacy, employment/working conditions, physical environment, lifestyle behaviours, culture, biology and genetic endowment, social support networks and gender)

#### **Key Element 3: Focus on rural health issue**

- Determine what the rural health issues are in the community
  - Conduct population health assessments - what are the priority populations?
  - Conduct surveillance – what are their priority issues?
  - Research and evaluate - Are the issues stable or getting worse?

#### **Key Element 4: Integrate multiple levels of community supports**

- Use multiple levels of support from different sectors (e.g. community organizations, government as well as health care). Seek out shared interests and values to make successful collaboration more likely

#### **Key Element 5: Identify community rural health challenges and assets**

- Use social determinants of health to conduct this analysis
- Challenges can be identified by understanding personal experiences of the target population
- Assets are the advantages present within, and attributes of, a community (e.g. strong sense of community, lots of volunteers, abundance of green spaces, etc.)

#### **Key Element 6: Address Rural Health Challenges and Maximize Assets using good practices**

- Identify the best practices that can be replicated in the future, e.g. does the program developed use appropriate language (i.e. simple and culturally appropriate), does the timing reflect community realities (e.g. crop harvest), have community assets been maximized (e.g. natural or built assets)?

Successfully applying this framework takes time. Whereas a *Desktop Assessment* of existing data sources can be completed in a few days, a *Comprehensive Assessment* involving extensive research and community/sector consultation can take months.

## **4.0 ROUND TABLE DISCUSSIONS**

The ideas expressed in this section represent the collective thoughts in the room and do not reflect any one organization's perspective. The information contained in these proceedings is based on what was heard from forum participants as rural community health care delivery challenges and possible solutions were discussed.

### **TRANSPORTATION**

The lack of affordable rural transportation is an ongoing issue affecting access to health care. There is very little coordination between the transportation options that do exist. This issue could be partially mitigated by the establishment of local networks of transportation service providers that includes regular meetings to discuss and plan for better collaboration.

Having one single phone number to access the network has worked successfully in other regions of Ontario. ONEcare in Huron County is a good example, and so is 'TROUT' (The Rural Overland Utility Transit) program in Bancroft. This follows the idea that instead of adding more buses; perhaps a centralized dispatcher will improve access in some communities.

In a collaborative network model, there are issues with transporting patients that need to be addressed including the risks associated with transporting some patients. However, these issues must be overcome as a matter of equity, because there are fewer health services opportunities available to rural residents (e.g. the options associated with palliative care and deciding how to die).

### **LEADERSHIP AND COORDINATION FROM GOVERNMENTS**

There is a lack of an all-government approach in leading improvements to rural community health. The current system involving several Ministries works well when an individual has one or two health issues. However, when an individual's needs are complex and span the jurisdiction of several Ministries, there are gaps that leave these citizens vulnerable. Rural communities need leadership from the federal and provincial levels supporting an all-government approach. Coordination should not be left to the individual organizations operating at the ground level whose resources are consumed with program delivery.

Ultimately, the problems associated with a lack of leadership and indistinct accountabilities can be solved with a comprehensive rural health strategy that outlines "who does what." In the medium term, governments could make improvements to simplify the navigation of current funding systems, implementing stronger incentive-based programs to encourage volunteerism among new individuals – we are already asking too much of our current pool of volunteers in rural communities – and, repatriating a small percentage of the budget to foster collaboration among organizations in the sector.

### **HEALTH PROMOTION**

Ontario spends too much on reacting to health problems and not enough on prevention. One reason may be that it is easier to measure the outcomes of reactionary spending (e.g. visits to clinics, number of procedures performed, etc) compared to what didn't happen (prevention). Suitable measures need to be found that account for the outcomes associated with prevention. At the organizational level, there is very good health promotion work being done in rural communities. However, this work is often done in a piecemeal way by many different organizations.

There are several barriers to getting people to live healthier lifestyles that are specific to rural and remote communities. These include a lack of programming or facilities; the costs associated with transportation and accessibility can be much higher; environmental barriers like no street lights, sidewalks, and the presence of bears or hazardous wildlife.

Possible solutions to these barriers are more funding towards health promotion, providing tax incentives to employers who provide at-work fitness facilities, personal incentive programs (e.g. scholarships, passes, subsidies), and social marketing campaigns that link fitness to health. Overall, there should be greater funding emphasis on improving social determinants of health, especially in rural communities.

### **LACK OF DATA, RESEARCH AND FUNDING**

Although there are a few organizations working to generate research (e.g. Gateway Rural Health Research), there is a lack of qualitative and quantitative rural health research in Ontario. This is surprising given its importance in service planning and decision making. How can effective decisions be made, let alone create a Primary Health Care Strategy, if the issues of rural communities aren't understood?

There are methodological issues associated with rural research that are a factor preventing the generation of quality data. These issues include small sample sizes, lower response rates, issues surrounding collecting representative samples (i.e. people with a higher socio-economic status are likely to self-select their participation). As well, current funding encourages shorter study periods that do not allow full consultations, so researchers may be missing the real underlying social determinants of rural health issues.

The province needs to invest in planning and funding mechanisms to address the lack of rural health research to avoid falling into the vicious cycle that is created by a lack of data which leads to a lack of planning. Multi-year core funding is more valuable than single year, so research can more fully capture trends regarding the social determinants of health.

Funding agencies are urban based and there is a perceived bias against rural recipients in the way the programs are structured. The province needs to recognize that rural funding requirements are different from urban counterparts. For example, in rural communities acute care and community care are virtually the same thing.

Research funding should focus on 'people' patterns, not jurisdictional boundaries. The data and information collected during rural health research should be made available, through physical and virtual information hubs, in the communities that can use it to adapt and improve local services and plans.

### **BUILDING SOCIAL CAPITAL**

Rural communities are often more resilient than urban communities due to greater levels of trust between residents. The rural culture creates strong bonds between neighbours, which means that they look after each other. This social capital is one of the greatest assets in rural communities.

Tapping into the social capital is critical to maintaining healthy communities; however, sometimes it needs to be built. Rural communities need to focus on welcoming people from away who are moving to rural Ontario (i.e. immigrating to the province, or retiring from urban centres) so that the community culture can be maintained.

Renfrew County and many other rural jurisdictions have a ‘hidden homelessness’ issue. Within the last three months, there have been three homeless teens through the local youth centre. These kids cannot be split from their schools because they will lose all their friends and their community connection, which exacerbates their mental health and addiction issues. Youth and elderly have similar social health issues (e.g. lack of social integration, transportation, mental health). Tapping into the social capital of our rural communities may be one way of addressing these issues.

## **APPENDIX – ORGANIZATIONS REPRESENTED**

Country Roads Community Health Centre  
Community Health Ontario  
Tricounty Addictions Services  
Municipalities of L'Isle-aux-Allouettes, Waltham, Sheenboro  
United Way Almonte  
United Way Carleton Place  
The Mills Community Support Corporation  
Haliburton, Kawartha, Pine Ridge District Health Unit  
Lanark County  
Champlain Local Health Integrated Network  
Association of Ontario Health Centres  
Ontario Healthy Communities Coalition  
Kelford Youth Services  
Sagum Coporation  
Pembroke Regional Hospital  
Ontario Trillium Fund  
Rural Ottawa South Support Services  
Western Ottawa Community Resource Centre  
Addictions and Mental Health Ontario