# BEGINNING-TO-END & SIDE-BY-SIDE

## *THE RURAL HEALTH WORKFORCE JOURNEY*

## ...IN 12 PARADOXES...


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Tackling the rural health and workforce problem

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# DISCLOSURE

- Disclosure of Affiliations, Financial Support, and Acknowledgement
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- None Identified

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***I am grateful to live on unceded Algonquin Anishinaabe territory and to have lived and worked on First Nations, Inuit and Métis lands from coast to coast to coast in Canada.***

# PARADOX

*Noun.*

1. a situation or statement that seems impossible or is difficult to understand because it contains two opposite facts or characteristics. Cambridge English Dictionary

2. a person, thing or situation that has two opposite features and therefore seems strange. Oxford Advanced Learner's Dictionary

# BEGINNING-TO-END & SIDE-BY-SIDE

## *THE RURAL HEALTH WORKFORCE JOURNEY*

## ...IN 12 PARADOXES...

- Where are we now?
- Where do we want to go?
- Who will we go with?
- How will we get there?

# WHERE ARE WE NOW?

- Rural Communities
- Rural People
- Rural Health Care
- Rural Health Workforce

# RURAL COMMUNITIES ARE

"wonderful places…?"

## Geographic reality

- *Separated by time and distance from urban services
- Rural versus remote

## *Paradox 1*

- *Rural communities are wonderful places to live, work and explore on holiday but not to be seriously injured or sick.*

# RURAL VS REMOTE COMMUNITIES

Imagine, examples…



https://www.cnn.com/2022/04/03/world/nasa-artemis-rehearsal-scrub-scn/index.html

# FUNCTIONAL DEFINITIONS OF RURAL AND REMOTE MEDICINE

## Rural Medicine:

- Medical care is provided where access to specialist care and specialized resources is limited or distant.

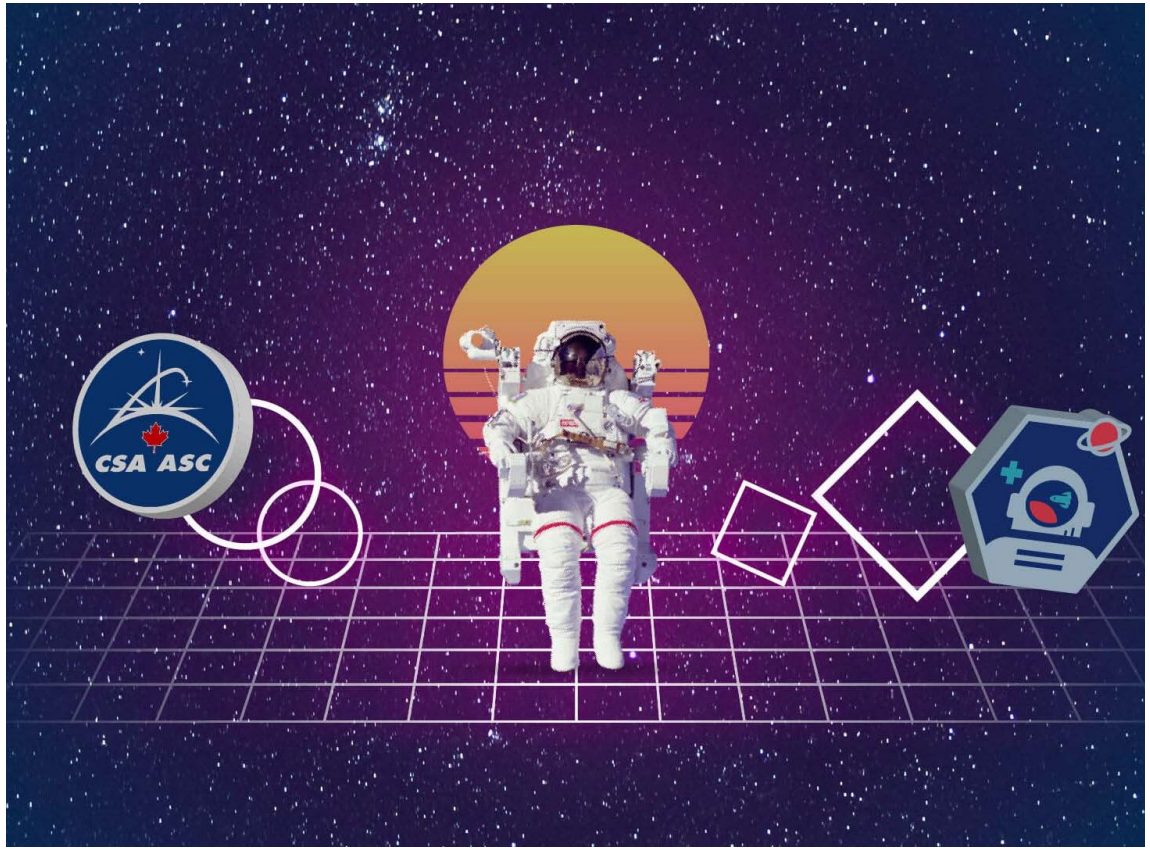
## Remote Medicine:

- Medical care is provided where/when transfer access to in-time specialist care and specialized resources is high-risk or impossible...

# CANADIAN SPACE AGENCY

# DEEP SPACE HEALTHCARE CHALLENGE

## SUPPORTING THE HEALTHCARE NEEDS OF REMOTE COMMUNITIES – BOTH IN SPACE AND ON EARTH




Keeping astronauts healthy in space is a challenging problem – one that is bound to become more complex as we explore farther away from Earth!

The current healthcare system for astronauts is Earth-reliant, with physicians on hand for real-time consultation, resupply trips arriving regularly, and emergency evacuation an ever-present backup.

On a trip to Mars however, these systems disappear.

https://impact.canada.ca/en/challenges/deep-space-healthcare-challenge

# RURAL PEOPLE ARE

"strong, independent, rugged, stoic, creative, happy…?"

* Demographic health status reality
  - Older, poorer, and sicker

*Paradox 2*

- *Rural people have greater healthcare needs, but they access fewer healthcare services*

# RURAL HEALTHCARE IS

"organized…?"

*System organization

- Centralized with rural outreach versus a strong regional network to support rural community care

*Paradox 3*

*More centralization often leads to less benefit (for rural health care).*

# RURAL HEALTHCARE IS

"there when needed…sometimes…?"

*Services provided for age-sex-adjusted population

- Fewer diagnostic services, from basic labs to CT and MRI etc.
- Fewer surgical services, from coronary angiograms to cancer surgery
- Fewer medical services, from primary care to mental health to complex care

*Paradox 4:*

- *The rural population has increased healthcare needs, but fewer health services are provided.*

# RURAL HEALTH WORKFORCE IS

"strong…?"

*HHR reality per age/sex/health status-adjusted population

- *MDs and other healthcare providers
- *Primary care providers
- *Mental health care providers

*Paradox 5*

*Based on need, the rural health workforce should have at least as many GPs/primary care providers per age/sex/health status-adjusted population but currently has fewer.*

# RURAL HEALTH WORKFORCE IS

"valued…?"

*Paradox 6*

*MDs working in under-serviced areas are often paid less than MDs working in over-serviced urban areas.*

# RURAL HEALTH WORKFORCE IS

"trained for purpose…?"

*Paradox 7* Despite the shortage of rural doctors and the evidence that medical students from rural areas are more likely to return to practice in rural communities, fewer rural students are admitted to medical schools than urban students per population.

*Paradox 8* Despite the evidence that more medical school learning in rural areas leads to more graduates choosing rural practice as a career, most medical schools provide very little education in rural and regional centres.

*Paradox 9* Despite the evidence that postgraduate rural GP vocational training streams produce more and better prepared rural GPs, rural GP training streams have not been sufficiently funded and developed.

# RURAL HEALTH WORKFORCE HAS

"a plan…?"

Fourth Global Forum on Human Resources for Health Dublin 2017

- "#5. Emphasize the fundamental importance of a competent, enabled and optimally organized and distributed health and social workforce, **especially in rural and under-served areas**, for the strengthening of health system performance and resilience"

## Paradox 10

Despite the need and the talk, there doesn't seem to even be a plan to prioritize strengthening rural health systems, including ensuring an adequately skilled and compensated rural health workforce.

# RURAL HEALTH WORKFORCE IS

## “in crisis…?”

### Paradox 11

The worsening drought in the country is soon forgotten when the lawns turn brown in the suburbs.

### Paradox 12

Crises are terrible, so never waste a crisis.

# SO…WHERE DO WE WANT TO GO?

Imagine…

Agree on:

- Direction
- Goals
- Action plan
- Measurable targets*
- Timelines

Examples…

# WHO WILL WE GO WITH?

Imagine…

- Everybody is important and vital to the solution…
- Place and context are important…
- So many different ways to look at this…

Examples…

# HOW WILL WE GET THERE?

- Beginning-to-end planning
- Work side-by-side
- Multiple paths at the same time

Resolve the 12 paradoxes!

# RURAL COMMUNITIES ARE

"wonderful **places!**"

## Set Direction

*Resolve paradox 1 to an overarching direction.*

- *Rural communities are wonderful places to live, work, explore on holiday,* ***and get the healthcare needed.***

# RURAL PEOPLE ARE

"strong, independent, rugged, stoic, creative, happy **and healthy**!"

- Establish Goal

*Resolve Paradox 2 to an overarching goal.*

- *Rural people have **unique** healthcare needs and **can access** the healthcare services they need to be healthy.*

# RURAL HEALTHCARE IS

**“well organized!”**

- Make action plan

*Resolving Paradox 3 requires a system reorganization*

- *Rural healthcare’s strong regional network supports rural community care results in better rural health care.*

# RURAL HEALTHCARE IS

**“there when needed!”**

- Make action plans with measurable targets* and timelines

*Resolving Paradox 4 requires multiple actions*

- *The rural population has unique healthcare needs and appropriate diagnostic, surgical and medical services are provided.*

# RURAL HEALTH WORKFORCE IS

**"strong!"**

- Make action plans with measurable targets* and timelines

*Resolving Paradox 5 requires multiple actions*

*Based on need, the rural health workforce should have at least as many GPs/primary care providers per age/sex/health status-adjusted population* but currently has fewer.*

# RURAL HEALTH WORKFORCE IS

**“valued!”**

- Make action plans with measurable targets* and timelines

*Resolving Paradox 6 requires multiple actions*

*Funding incentives and great team support attract and retain rural MDs and other rural health members to meet rural population needs.*

Example RCCbc https://rccbc.ca/

# RURAL HEALTH WORKFORCE IS

**“trained for purpose!”**

- Make action plans with measurable targets* and timelines

- *Paradox 7 resolved.* Students from rural populations are admitted to medical schools at the same rate as students from urban populations.
  *Paradox 8 resolved.* Most medical schools provide extensive education in rural and regional centres.
  *Paradox 9 resolved.* Rural GP training streams are well-funded, developed and supported.

Examples. LICs, NOSM, Memorial University of Newfoundland

https://doi.org/10.22605/RRH4426 https://doi.org/10.22605/RRH4427

# RURAL HEALTH WORKFORCE HAS

**“a plan that will work!”**

- Make a big bold action plan

Paradox 10 resolved.

The Rural Health Plan prioritizes strengthening rural health systems, ensuring an appropriately skilled, compensated and supported rural health workforce to meet the healthcare needs of the rural people and improve their healthcare outcomes and health to national standards.

Example: The Rural Road Map for Action. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7012120/

# RURAL HEALTH WORKFORCE

"crisis leads to action!"

- Get attention to get action, action, action

Paradox 11 resolved.

The rural health workforce crisis leads to comprehensive, coordinated local, regional and national action.

Paradox 12

The rural health workforce crisis was terrible, but we are so much better now. ☺

# BEGINNING-TO-END & SIDE-BY-SIDE

## *THE RURAL HEALTH WORKFORCE JOURNEY*

## *...WITH* 12 PARADOXES RESOLVED...

- The rural health system is strong and effective with an appropriately skilled, compensated and supported rural health workforce that meets the healthcare needs of rural people and has improved their healthcare outcomes and health to national standards.

# BEGINNING-TO-END & SIDE-BY-SIDE

## *THE RURAL HEALTH WORKFORCE JOURNEY*

## ...*WITH* 12 PARADOXES RESOLVED...

Thank you!

Jim Rourke

Photo courtesy of Dr Leslie Rourke