

## British Columbia Ministry of Health

### Patients as Partners Initiative

# Rural and Remote Engagement Tip Sheet

*The purpose of the Patients as Partners Engagement Tip Sheets is to provide guidance and support to health-care organizations in their patient, family and community engagement activities. The Tip Sheets are intended for use by engagement staff, health service practitioners, program managers, community development officers, and any health-care staff across the B.C. health system who works on engagement projects related to the co-design of health care. This Tip Sheet applies to all three domains of health-system engagement: individual care; program and community services; and system redesign, and is ideally used with the Patients as Partners Engagement Framework.*

## Engaging patients, families and caregivers in Rural and Remote Locations

### What is the rationale?

Providing and accessing health service in British Columbia's rural and remote regions presents many unique challenges, due in part to small populations spread over a large geography, large distances to travel and inclement weather. Rural British Columbians are known to be resourceful, innovative, and resilient but experience poorer health outcomes than those in urban centres. Given the challenges of population, distance and weather maintaining access and quality of health services for rural patients can be challenging. As these populations are inter-related, consideration is needed about how care is delivered across all of the geographies including rural and remote.

### Who are the stakeholders?\*

- ✓ Health care providers in rural and remote locations
- ✓ Family members and other informal caregivers
- ✓ British Columbians living in rural and remote locations (including First Nations communities)
- ✓ Health system managers responsible for rural and remote locations
- ✓ Community partners, organizations and leaders

\* Each of these stakeholder groups includes multiple sub-groups that should be considered as you design and undertake engagement activities related to this strategic priority. For example, First Nations communities and multicultural populations each have unique needs and preferences for engagement, which should be researched and accommodated in your engagement planning.

*While other stakeholder groups are identified, the barriers, tips and techniques below are specific to engaging the patient and family/informal caregiver populations related to rural and remote health-care services.*

## Barriers to engagement

- Increased time and costs to reach and engage small populations spread over large areas. Examples of barriers include cost of transportation or no public transportation is available. Also there may not be telephone coverage in remote areas where a telephone engagement is being considered.
- Urban/rural tension (i.e., mistrust of urban officials who don't live in the rural community because the urban officials may feel their approach is best without considering that some rural approaches may work best).
- Engagement fatigue (i.e., many requests for participation among a small number of active community members).
- Varying levels of access to technology, such as lack of internet services and experience/availability of online engagement tools such as videoconferencing.

### **Tips and tools for effective engagement**

- Engagement in rural and remote areas may be more resource/time intensive than in urban areas. Plan accordingly.
- Spend time learning about and understanding the unique local context of the community in which you are planning to engage. Work to understand community expectations, customs, values and norms. Design the engagement to align with and respect these aspects.
- Ask a range of different stakeholder groups and individuals about their desired level of involvement, and how they want to be engaged.
- Be aware of the complex, changing nature of rural communities
- Recognize that stakeholders may live in close proximity with each other.
- Be aware that people living in rural communities rely on each other out of necessity.
- Tap into the creativity, ingenuity and 'mcgiverism' of rural communities to creatively solve problems.
- Engage on process before content. Work to actively plan the engagement with rural stakeholders, and not just those who are well established and typically participate.
- Actively move away from symbolic or token engagement, and work towards co-production, co-design and co-governance.
- Early in the process, develop a shared understanding with stakeholders of the purpose and rationale of the engagement.
- Make a commitment about how stakeholder input will be used in the decision, system design or policy development.
- Seek a diversity of voices and perspectives, and acknowledge and value these different perspectives.
- Work with community advocates, key local leaders and champions to develop strategies that enable and support participation by marginalized groups.
- Draw on existing community resources to promote and encourage engagement, such as family doctors, nurse practitioners, pharmacists, and others (e.g., schools, community service organizations, parent groups, sports teams).
- Work through community facilitators – trusted members of the community who know who to engage, and can have direct and effective conversations with local people.
- Provide practical training and education for engagement processes so that community members can effectively participate. This may include technology training to enable online engagement.

- Recognize that participants require adequate, timely and clear information in order to participate effectively.

### Recommended engagement techniques

- Balance in-person, community-based (on-site) engagement with remote techniques (online, telephone).
- Map the patient journey (a graphic representation of a patient’s first-hand process and experience through the health system).  
[www.divisionsbc.ca/CMSMedia/WebPageRevisions/PageRev-2738/Patient%20Journey%20Mapping\\_1%20pager\\_Qi%20resource%20library\\_DofBC.pdf](http://www.divisionsbc.ca/CMSMedia/WebPageRevisions/PageRev-2738/Patient%20Journey%20Mapping_1%20pager_Qi%20resource%20library_DofBC.pdf)
- Telephone interviews and telephone town halls.
- Focus groups – both in-person and virtual (i.e., web conferencing).
- Online surveys, discussion forums and workbooks.
- Online groups and communities (i.e., Facebook groups).
- Advisory committees, with diverse membership beyond those who typically participate. Ideally, start committees in-person, then move to online meetings using video conferencing.
- Remote Service Futures Game (combines local experience in using services with existing service data).  
[www.scottishhealthcouncil.org/patient\\_public\\_participation/participation\\_toolkit/remote\\_service\\_futures\\_game.aspx#.WDy3UfkrLIU](http://www.scottishhealthcouncil.org/patient_public_participation/participation_toolkit/remote_service_futures_game.aspx#.WDy3UfkrLIU)

