Linked Sectors Engagement Survey: Initial Analysis

BC Rural Centre and IHSTS

Survey Scope

8 respondents across rural BC communities

Purpose

Early signals and discussion prompts for collective action

Format

Quantitative priorities + substantive open-ended responses

Output

Themes, gaps, and suggested meeting agenda for Linked Sectors

Context and Limitations

Sample Size

The survey received **8 responses**. Because the sample is small, the results should be read as **early signals and discussion prompts**, rather than representative findings for all rural communities.

The open-ended responses nevertheless provide substantial insight into the concerns, priorities, and underlying sentiment of participants.

Partial Completion

A further consideration is that some questions had partial completion:

- Only **6 respondents answered the detailed challenges question**
- Only **2 responded to the question about lessons or resources shared through Linked Sectors**

⚠ Results should inform discussion, not be treated as statistically representative findings.

Key Takeaways

1 Workforce stability is the clearest priority.

Recruitment and retention of doctors, practitioners, nurses, and other health professionals was selected by **7 of 8 respondents (87.5%)**. It also appeared repeatedly in the written responses through concerns about doctor retention, provider shortages, incentives, burnout, and the sustainability of rural practice.

2 Access is understood as more than having a clinic or provider.

Respondents described access in terms of transportation, appointment availability, emergency response, specialist care, after-hours support, affordability, continuity, and the ability to return home safely after care.

3 Transportation is a health-system issue, not simply a social-service issue.

Transportation and patient logistics were selected by **4 respondents (50%)** and appeared across multiple open-ended answers. Concerns included seniors travelling out of town, the cost of transportation, coordinating multiple appointments, returning patients home after hospital visits, accommodation costs, and the exhaustion associated with long-distance care.

4 Emergency care and rural system resilience are important emerging themes.

Emergency response was added as an "other" priority, and emergency room closure, delayed transport, escalation pathways, and limited backup capacity were all raised. This suggests that emergency stability may deserve explicit attention as a cross-cutting meeting theme, even though it was not among the most frequently selected standard options.

1 Respondents are asking for rural-specific policy and funding—not urban models applied at a distance.

Several responses questioned centralized decision-making, population-based funding, and whether rural communities are being supported differently enough. The desired shift is toward equity of access, community-based solutions, and funding models that account for geography and population density.

2 There is a strong desire for practical coordination and action.

Respondents did not only identify problems; they proposed public reporting, mobile and travelling clinics, coordinated appointment booking, local clinics, transportation plans, improved virtual care, better home supports, and a provincial rural emergency and workforce partnership table.

3 The tone reflects both commitment and frustration.

Participants expressed solidarity—"we are all in this together"—but also described rural communities as overlooked, forgotten, or placed at risk. This combination suggests that Linked Sectors is valued as a venue for collective advocacy, relationship-building, and turning shared concerns into coordinated action.

Priority Topics for Upcoming Meetings

Priority Topic	Responses	Percentage	Interpretation
Doctor/practitioner/workforce recruitment and retention	7	87.5%	Dominant priority; foundational to nearly every other issue
Access to primary care	5	62.5%	Strong concern about timely, local, ongoing access
Transportation and patient logistics	4	50.0%	Major practical barrier, especially for seniors and people needing out-of-town care
Telehealth and connectivity	2	25.0%	Seen as useful, but not a substitute for local services
Care coordination/continuity	2	25.0%	Important but possibly embedded within broader access concerns
Emergency response/preparedness — added as "other"	1 explicit addition	—	Likely underrepresented by the survey options
Mental health and SUD services	0	0%	A notable absence requiring careful interpretation

The Connected Priority Chain

The results suggest a connected priority chain:

1. Workforce Stability
2. Local Access
3. Transportation & Emergency Capacity
4. Continuity & Community Sustainability

Rather than treating these as separate meeting topics, the group may benefit from framing them as parts of a **rural care ecosystem**.

Theme 1: Workforce Recruitment, Retention, and Provider Sustainability

How the theme appears

- Difficulty recruiting and retaining doctors
- Shortages of family physicians, specialists, nurses, and allied professionals
- Need for stronger recruitment and retention incentives
- Interest in funding rural community-owned clinics
- Concern about provider financial burden and burnout
- Desire for longer, more relational appointments rather than highly compressed encounters
- Recognition that reliable emergency support may itself improve workforce recruitment and retention

The deeper questions

This suggests that the issue is not simply **"How do we recruit more people?"** but also:

- How do we make rural practice sustainable?
- What supports help providers remain?
- How can rural communities participate in recruitment?
- What infrastructure, housing, education, childcare, transportation, and emergency backup are needed to retain a workforce?

Theme 2: Transportation, Distance, and the Hidden Cost of Care

Transportation was one of the most consistent cross-cutting themes. Respondents identified:

Distance & Access

Long distances to appointments, diagnostics, and specialist services.

Financial Burden

High costs for seniors and people with chronic or terminal illness. Accommodation and meal costs when care requires travel.

Logistics

Difficulty arranging rides and coordinating multiple appointments. Patients being left without a safe way home after hospital visits.

Human Cost

Fatigue, isolation, and disruption to daily life following appointments.

This expands the definition of access. A service may technically be available, but still be **functionally inaccessible** if the patient cannot afford to reach it, cannot get home, or is too exhausted to resume normal activities afterward.

Theme 3: Emergency Care and Rural Health-System Resilience

The survey contains a strong emergency-care narrative:

- Emergency room closure
- Emergency response and preparedness
- Delayed or unavailable transport
- The need for physician escalation when existing resources cannot respond
- Lack of backup capacity
- Concerns about rural patients being disadvantaged because of geography
- Interest in a coordinated provincial emergency stability partnership

Implications for Linked Sectors

This theme may warrant a **dedicated meeting or a standing workstream**. It also connects directly to workforce: clinicians may be more likely to remain in communities when they know that advanced emergency support is available.

> Emergency stability is a cross-cutting issue linking workforce, geography, transport, and public accountability.

Theme 4: Equity, Rural Voice, and Decision-Making

Several responses focused on how decisions are made:

Funding Adequacy

Population-density funding was seen as inadequate for rural equity.

Evidence Gaps

Participants called for data showing urban–rural gaps.

Centralization Risk

Concern about centralized healthcare decisions putting rural communities at risk.

Community Voice

Desire for patient, public, and community interests to be the primary drivers of decisions.

> The underlying message is that **equal treatment is not necessarily equitable treatment**. Rural communities may require different funding, service models, transportation supports, and accountability measures to achieve comparable health outcomes.

Theme 5: Transparency and Accountability

What is lacking transparency

One respondent explicitly identified a lack of transparency regarding:

- System performance
- Patient outcomes
- Ambulance response times
- Interfacility transport times
- Preventable deaths before or during hospital care

Proposed solution

The proposed solution was **public reporting of meaningful rural health-system indicators**.

This is important because several other concerns—access, emergency response, closures, and inequity—are difficult to advocate for without shared evidence.

Transparency is a prerequisite for effective rural advocacy. Without shared data, the case for change cannot be made consistently.

Theme 6: Community-Based and "Whole-Person" Care

Responses pointed toward a broader model of care that includes:

Home & Community Supports

Home supports, palliative-care resources, support for seniors to remain at home, and community-owned clinics.

Mobile & Allied Services

Travelling and mobile clinics, physiotherapy and other allied or complementary supports.

Person-Centred Encounters

Longer and more person-centred appointments. Stronger connections among health, transportation, social services, and community organizations.

The emerging concept is not simply better access to individual medical appointments. It is a **rural care ecosystem** that supports people before, between, and after formal healthcare encounters.

Theme 7: Coordination and Navigation

Signs of system fragmentation

- Difficulty booking appointments
- Patients left to navigate virtual and local services on their own
- Barriers created by professional or organizational boundaries
- Need for better coordination among healthcare providers, transportation coordinators, and community supports
- Interest in booking multiple appointments on the same day to reduce travel burden

Role for Linked Sectors

A potential role for Linked Sectors is to identify and address these **hand-off points across organizations**.

Coordination failures are often invisible to any single organization but visible to those who experience the system as a whole. Linked Sectors is positioned to surface and address these gaps.

What May Be Underrepresented or Not Being Said

Mental Health and Substance-Use Services

Mental health and SUD services received **0 selections** in the priority question, and only one respondent selected behavioural health/SUD specialists as a valuable speaker category.

This is striking given the broader rural access concerns. Possible explanations include:

Respondents may be prioritizing immediate system threats such as workforce, transportation, and emergency care.

Mental health may be embedded in the broader "access" or "whole-person care" discussion rather than named separately.

The survey may not have reached people most directly connected to mental health and substance-use services.

Participants may perceive the topic as important but outside the immediate mandate of the group.

Stigma or discomfort may reduce explicit mention.

Reflection: Mental health and SUD should not necessarily be elevated solely because of the low response; however, the group may wish to test whether this represents a true lower priority or an unspoken gap.

Indigenous Communities, Cultural Safety, and Lived Experience

Indigenous Communities and Cultural Safety

Indigenous communities were mentioned in one detailed emergency-care response, but there was little direct discussion of:

- Indigenous-led healthcare
- Cultural safety
- Indigenous jurisdiction and governance
- First Nations, Métis, or Inuit perspectives
- Differences among rural, remote, and Indigenous communities

Given the geographic and demographic realities of rural and remote British Columbia, this may be an important perspective missing from the current response set.

Patients, Caregivers, and Lived Experience

The survey includes concern for seniors and rural residents generally, but there is limited direct reference to:

- Patient partners
- Family caregivers
- People with disabilities
- Youth
- People experiencing homelessness or poverty
- Patients with mental health or substance-use needs
- People with language, cultural, or accessibility barriers

The responses are largely system-focused. Future engagement could intentionally bring in more direct patient and caregiver voices.

Housing, Digital Exclusion, and Workforce Wellness

Housing and Social Determinants

Housing and social determinants received only one selection, despite written references to accommodation costs, home supports, community-first supports, and the broader conditions required to retain workers and sustain communities. Social determinants may be treated as background conditions rather than explicit healthcare priorities.

Digital Exclusion and Telehealth Limitations

Telehealth and connectivity received only two selections. Less discussed: broadband reliability, device access, digital literacy, privacy for virtual visits, local staff support, and situations where virtual care is clinically inappropriate.

Workforce Wellness and Working Conditions

Workforce recruitment and retention was highly prioritized, but there was relatively little explicit discussion of provider mental health, moral injury and burnout, relief coverage, housing and family supports for providers, training and mentorship, rural leadership development, and administrative burden.

Data Quality, Measurable Outcomes, and Practical Examples

Data Quality and Measurable Outcomes

Transparency was raised, but the survey does not establish:

- Which indicators should be tracked
- Whether data are available at the community level
- How outcomes should be compared fairly between rural and urban areas
- How community experience and patient-reported outcomes should be incorporated

A future conversation could move from the general request for transparency to a **shared rural health measurement framework**.

Practical Examples of What Is Working

The question asking what participants had learned or used from Linked Sectors had only **2 responses**, one of which indicated that the respondent was new to the group.

This means the survey provides very little evidence about:

- Successful initiatives
- Transferable rural solutions
- Existing partnerships
- Practices that have already improved care
- The value participants have received from Linked Sectors to date

This is not necessarily a lack of successful work; it may reflect limited familiarity with the question, survey fatigue, or the fact that participants are more accustomed to identifying problems than documenting solutions.

Initial Reflections for the Linked Sectors Perspective Table

01

Move from issue identification to coordinated problem-solving.

Select a small number of issues and ask: What is already being done? What is within local control? What requires health-authority coordination? What requires provincial policy or funding change? Who will take the next step? How will progress be measured?

02

Treat workforce as an ecosystem issue.

Recruitment and retention cannot be separated from emergency stability, housing and community infrastructure, professional support, workload and relief coverage, local training pathways, transportation and family needs, and the ability to provide safe, high-quality care.

03

Develop a cross-sector transportation action agenda.

Coordinated appointment scheduling, shared transportation planning, return-home protocols after hospital care, travel and accommodation supports, mobile and travelling clinics, and better integration of transportation coordinators into care planning.

04

Use rural emergency response as a unifying issue.

Emergency care links several major themes: geography, transport, workforce, equity, closures, data, and public accountability. A provincial rural emergency stability table could provide a concrete structure for advancing this work.

05

Strengthen the group's communication and advocacy role.

Participants want help translating rural experience into clear public narratives, evidence-based advocacy, consistent messages to decision-makers, better visibility for rural impacts, and stories that demonstrate the consequences of delayed or inaccessible care.

06

Build intentional space for voices that are currently less visible.

Future engagement could specifically invite perspectives from Indigenous partners, patients and family caregivers, mental health and SUD services, seniors and people with disabilities, home support and palliative-care providers, youth, and rural primary-care teams.

Suggested Themes for Upcoming Meetings

1. Rural Workforce Stability and Retention

Recruitment pathways, retention supports, rural practice conditions, and provider wellness.

2. Transportation as a Determinant of Healthcare Access

Seniors, hospital discharge, specialist travel, coordinated appointments, and travel costs.

3. Rural Emergency Care and System Resilience

Emergency room closures, escalation pathways, transport delays, backup capacity, and accountability.

4. Equity-Based Rural Funding and Decision-Making

Population density versus equity of access, rural impact assessment, and community voice.

5. The Rural Care Ecosystem

Home supports, palliative care, mobile services, virtual care, local clinics, and continuity across sectors.

6. Data, Transparency, and Rural Outcomes

Public reporting, rural–urban comparisons, patient outcomes, and community-level indicators.

7. Unmet and Underrepresented Needs

Mental health and SUD services, Indigenous perspectives, cultural safety, caregivers, disability, and housing.

Overall Interpretation

> The survey presents a picture of rural healthcare under pressure but not without solutions. The dominant message is that rural communities need **stable people, reliable infrastructure, coordinated services, equitable funding, and a stronger voice in decisions**.

The Core Insight

The most important insight may be that respondents are not describing isolated service gaps. They are describing a system in which workforce shortages, transportation barriers, emergency instability, centralization, affordability, and weak continuity **reinforce one another**.

The Opportunity for Linked Sectors

For Linked Sectors, the opportunity is to function not only as a forum for sharing concerns, but as a mechanism for building a **shared rural agenda**—one that combines practical local improvements with coordinated provincial advocacy.

Identify

Surface shared concerns through structured engagement

Prioritize

Focus on the connected priority chain as a rural care ecosystem

Coordinate

Build cross-sector action agendas with clear ownership

Advocate

Translate rural experience into evidence-based provincial advocacy