



POLICY: RURAL & REMOTE/ISOLATED COMMUNITY CRITERIA

Date Developed: March 2022
Date Approved: 12 May 2022
Last Review: April 2022

Preamble

The Midwives Association of BC (MABC) has been granted funding from the BC Ministry of Health (MOH) for various programs to support members in rural and remote communities. These include:

- RMLP (Rural Midwifery Locum Program)
- REGP (Rural Emergency Grant Program)
- RSUGP (Rural Start Up Grant Program)
- MIAF (Midwifery Isolation Allowance Fund)

Purpose

To define the criteria for Rural, Remote, and Isolated communities. MABC will use this definition to better understand and support the unique needs and challenges of these communities and reference the criteria for any associated grants and programs.

Defining Rurality (Background Research)

Defining rurality and specifically remote or isolated communities is complex and varied across organizations. MABC has reviewed definitions used by Doctors of BC, Association of Ontario Midwives, PSBC Tiers of Service, and RCCBC in proposing the definitions herein.

Upon significant review, and for the purposes of this policy the following definitions have been employed:

Rural: ‘non-urban areas where most medical care is provided by a small number of general practitioners/family doctors with limited or distant access to specialist resources and high technology health care facilities.’

Rural/remote: ‘communities 80-400 km from a major regional hospital’.

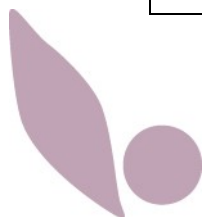
Remote or isolated: ‘communities more than 400 km away or 4 hours transport in good weather’ (Grzybowski 1998)

For full background information see Appendix A

MABC Definitions of Rural and Remote/Isolated

For the purpose of MABC grants and programs, communities would be defined as either Rural, Isolated “A” or Isolated “B”:

Name	Definition
Rural	Communities outside of the Vancouver Lower Mainland, Victoria, Kelowna, Kamloops, Nanaimo, and Prince George areas





Remote/Isolated A*	Midwifery Practice must be based in an isolated Tier 1 or 2 community (PSBC Tiers of Service*) without regular c-section capabilities, and meet 4 of the 5 isolation community criteria
Remote/Isolated B*	Midwifery Practice must be based in an isolated Tier 1 or 2 Rural community (as defined by PSBC*), and meet 3 of the 5 isolation community criteria

*PSBC Tiers: <http://www.perinatalservicesbc.ca/Documents/Resources/SystemPlanning/TiersOfService/TiersofService.pdf>

***Remote/Isolated A & B Criteria:**

1. No designated maternity Specialties >70km (Ob/Gyn, Anesthetist, Pediatrician, GP Surgeon, regular access to maternity nurses) or access to specialties separated by significant geographical barrier such as air transport or ferry dependent communities
2. Distance to Major Medical Community >300km, or access to major medical community (Abbotsford, Prince George, Vancouver, Victoria, Kelowna, Nanaimo, Kamloops) separated by significant geographical barrier such as air or ferry dependent communities
3. Population < 5000 or Midwives are the sole active maternity care providers in community
4. Number of full-time maternity providers within 35km is <4 (or separated by significant geographical barriers)
5. Transport time to nearest Referral Center is \geq 4 hours including usual wait times for arrival of transport

Self-Evaluation:

MABC will survey all members to ask them to self-identify which category they believe they fall into. Once obtained, MABC will review this policy to ensure it is not too restrictive or broad and adjust accordingly.

Once established, MABC will conduct an annual review (January) to ensure communities fall within their designated category. This information can then be used to budget and plan for the respective rural and remote programs.

**See Appendix B for a preliminary evaluation to classify all communities prior to receiving self-evaluations, as completed by MABC Operations/RRA





Appendix A

Review of Definitions and research of Remote/Isolated Communities considered including sources)

Defining rurality and specifically remote or isolated communities is complex. The ministry has developed an index for medical services that is described in the Physician Rural Subsidiary Agreement. This Agreement is not specific to maternity care and therefore does not specifically identify communities that are impacted by services for people seeking perinatal and newborn care. As such, some of the communities represented in the Agreement may not identify additional barriers for people seeking perinatal and newborn services.

Midwives and Maternity services have different requirements to provide full-service perinatal and newborn care than would a medical practice provided by physicians. In this Physician Rural Subsidiary Agreement, the existing definitions of A and B community inclusion are based on a complex point system. However, the A and B communities exclude some of the 'C' communities that are more isolated in terms of obstetrics and pediatrics than some of the designated 'A' or 'B' communities. An example of this is Salt Spring Island, that is designated as a C community. SSI has a lack of local access to emergency surgery for c-section and anesthesia, and there is no availability to epidurals for pain management in labor. All the perinatal services are delivered by two midwives, and the closest referral hospital on the mainland is separated by water therefore has only ferry or air access. In contrast, Terrace, listed as an 'A' community, is a regional referral center in the North, where there are at least 3-4 specialties with surgical capacity and a designated maternity ward with maternity nurses.

The MABC has reviewed the PSBC 'Tiers for Service' and considered the criteria and eligibility for T1 and T2 sites. The PSBC Tiers describe levels of clinical services and recommendations for requirements for clinical level of service. Again, these are important features to identify a community's level of services, however, limited access to clinical services can be an aspect of isolation, but it does not provide a complete measure of a community's isolation. Some communities may be isolated in their lack of access to services or provision of maternity care, others may be geographically or culturally isolated, and some will have several factors contributing to isolation. There are varying levels of isolation and its effect on the provision, recruitment and retention of maternity care and providers. For these reasons, the MABC has reviewed and considered a number of sources (Appendix A) including RCCBC, Jude Kornelsen and Stefan Grzybowski's Rural and Remote Research, the Physicians Rural Subsidiary Agreement, and the Rural and Remote Maternity Care in Ontario definitions, to make recommendations for inclusion criteria.

When defining a community as rural, a number of factors are considered including:

- Tiers of Service or type of health care facilities
- Number of midwives, physicians, nurses, and specialists on site
- Technology available (resources including access to c-section and epidurals)
- Community remoteness and availability of transport
- Population

(Leduc 1997, Grzybowski 1998).

With consideration of these factors, the following definitions have been employed:





Rural- 'non-urban areas where most medical care is provided by a small number of general practitioners/family doctors with limited or distant access to specialist resources and high technology health care facilities.'

Rural-remote- 'communities 80-400 km from a major regional hospital'.

Remote or isolated- 'communities more than 400 km away or 4 hours transport in good weather' (Grzybowski 1998)

Doctors of BC Rurality factors for calculating rurality on a point system:

1. Designated specialties within 70km (examples: OB, Peds, Anesthetists, General Surgery)
2. Number of General Practitioners within 35km by road
3. Distance from major medical centers including Abbotsford, Prince George, Vancouver, Victoria, Kelowna, Nanaimo, Kamloops
4. Specialist Centre within 35km by road
5. Population. Community size depends on population of nearest community ie. within 35km
6. Degree of latitude (above 52°N)
7. Location of Arc (Air distance from Vancouver)
8. If access only by ferry, multiplier to be applied to ferry distance

Other considerations may include:

- Geographical or weather barriers that may affect transfer to nearest referral center: (ex: water body, mountain pass, ice, snow, wind, flood prone) between site and nearest appropriate services
- Hours to Medevac (Transport) to nearest referral center: ex. 1-3 hours transport time by air ambulance
- First Nations community (ies) on Reserve. These communities may be culturally isolated.
- Accessibility to Recruitment and Retention of staff

Sources:

Remote or isolated- communities more than 400 km away or 4 hours transport in good weather (Grzybowski 1998)

A remote community is one that is 80-400 km from a major regional hospital, and a rural isolated community is defined as being more than 400 km away. (Rural and Remote Maternity Care: Analysis and Recommendations 2015 Association of Ontario Midwives)

Review of Rural Subsidiary Agreement within the 2019 Physician Master Agreement

14.1 The Isolation Allowance Fund (the "IAF") is a program that makes payments available to physicians providing necessary medical services in Rural Communities with fewer than four physicians and no hospital, who are not receiving benefits under MOCAP (including call back and/or Doctor of the Day payments), for services provided in that Community, subject to the specific terms, conditions, rules and eligibility criteria as approved or established by the JSC from time to time.

The Doctors of BC criteria for calculating rurality on an Isolation point system:





MIDWIVES ASSOCIATION of BRITISH COLUMBIA

1. Designated specialties (0-4) within 70km (examples: OB, Peds, Anesthetists, General Surgery)
1. Number of General Practitioners within 35km by road
1. Distance from major medical centres including Abbotsford, Prince George, Vancouver, Victoria, Kelowna, Nanaimo, Kamloops (70km by road)
1. Specialist Centre and number of Specialties in HA Physician Supply Plans
1. Population Range <5000 – 30,000+. Community size increases and adds population if nearest large community is within 35km
1. Degree of latitude (above 52°N)
1. Location of Arc (Air distance from Vancouver)
1. Additional points multiplier applied if community 'ferry dependent'

(Appendix C Isolation Point Criteria from Rural Subsidiary Agreement 2019 Physician Master Agreement)

PSBC Tiers of Service:

<http://www.perinatalservicesbc.ca/Documents/Resources/SystemPlanning/TiersOfService/TiersofService.pdf>)

