BC Centre for
Palliative Care

Facilitating Equitable Access to Palliative and End-Of-Life Care for Underserved Populations in British Columbia: Knowledge Exchange Series (2025)

Insights Specific to:

People Living with a
Life-limiting Illness in
Rural and Remote Areas

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For More Information

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Knowledge Exchange Overview

In Spring 2025, the BC Centre for Palliative Care on behalf of the BC Palliative Care Research Collaborative hosted a three-part virtual **Knowledge Exchange Series** on *facilitating equitable access to palliative and end-of-life care for underserved populations in BC*.

Shaped by research, expert insights, and lived experiences, the series aimed to advance an equity-informed approach to palliative care by sharing stories, highlighting promising practices, strengthening connections between health and community systems, and identifying future directions for policy, practice, and research.

Discussions and activities focused on twelve underserved population groups with limited access to essential palliative and end-of life care services.

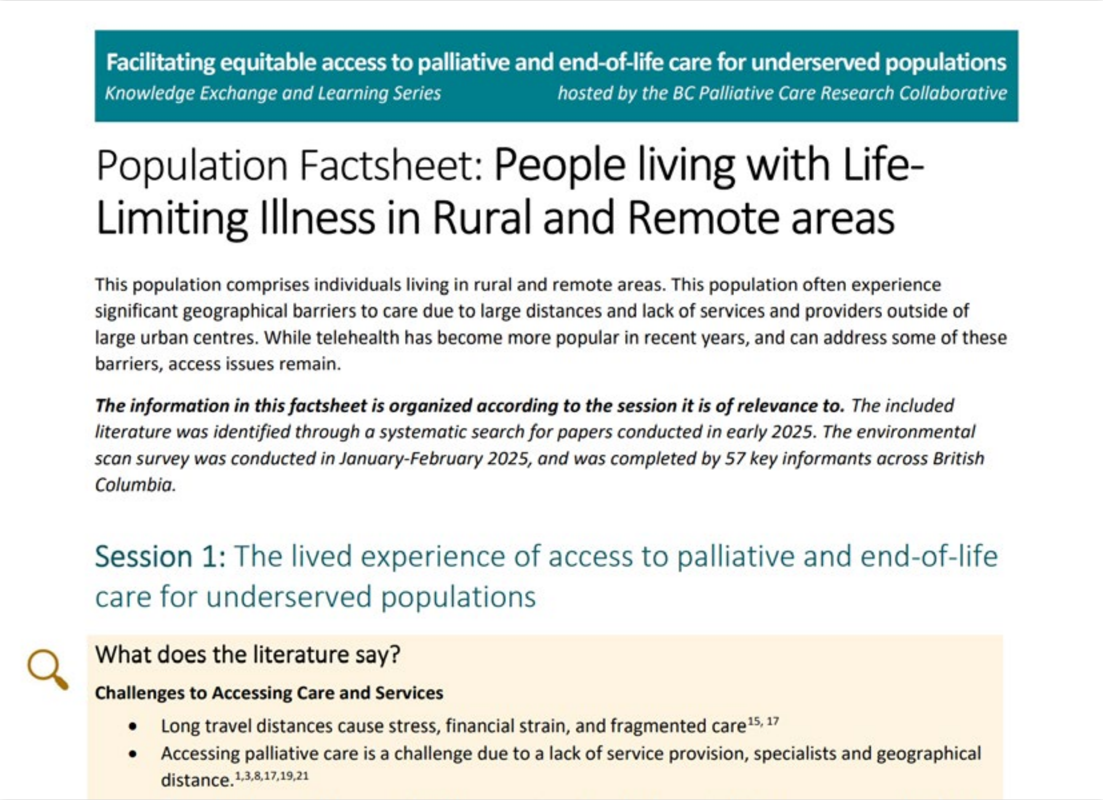
Read the full Summary Report here.

Insights Specific to People Living with a Life-limiting Illness in Rural and Remote Areas

Insights from the Literature and Key Informants

To inform discussions about **people living with a life-limiting illness in rural and remote areas** during the Knowledge Exchange sessions, a population fact sheet was developed. The fact sheet summarizes key themes from a literature review and insights gathered from key informants through an online survey—highlighting experiences, opportunities, facilitators, and barriers to care.

View the population fact sheet here. A preview is shown below.



Facilitating equitable access to palliative and end-of-life care for underserved populations
Knowledge Exchange and Learning Series *hosted by the BC Palliative Care Research Collaborative*

Population Factsheet: People living with Life-Limiting Illness in Rural and Remote areas

This population comprises individuals living in rural and remote areas. This population often experience significant geographical barriers to care due to large distances and lack of services and providers outside of large urban centres. While telehealth has become more popular in recent years, and can address some of these barriers, access issues remain.

The information in this factsheet is organized according to the session it is of relevance to. *The included literature was identified through a systematic search for papers conducted in early 2025. The environmental scan survey was conducted in January-February 2025, and was completed by 57 key informants across British Columbia.*

Session 1: The lived experience of access to palliative and end-of-life care for underserved populations

What does the literature say?

Challenges to Accessing Care and Services

- Long travel distances cause stress, financial strain, and fragmented care[15, 17]
- Accessing palliative care is a challenge due to a lack of service provision, specialists and geographical distance.[1,3,8,17,19,21]

Insights from the Knowledge Exchange Series

Key barriers, potential solutions and recommended actions that emerged from discussions on improving palliative and end-of-life care access for *people living with a life-limiting illness in rural and remote areas.*

Insights Specific to People Living with a Life-limiting Illness in Rural and Remote Areas

Barriers

- **Caregiver strain:** Family and friend caregivers are overwhelmed and often excluded from formal supports. As key supports to someone's circle of care, this can put the patient's wellbeing and quality of care at risk.
- **Resource gaps:** Unequal access to hospice, transport, and other essential services.
- **Privacy and confidentiality:** In small communities where people often know each other, concerns about privacy and confidentiality can prevent individuals from seeking care.
- **Tech access:** Rural/remote areas often lack reliable access to technology, worsening care inequities.

Solutions

- **Support caregivers:** Provide training, clear roles, daily check-ins, and assess caregiver capacity regularly.
- **Person-centred care:** Use flexible, creative solutions and partnerships to support greater continuity of care across services and better meet individual needs.
- **Wraparound services:** Involve transport providers, non-profits, and local groups in care delivery.
- **Community-led care:** Care models must reflect the values, traditions, and ways of knowing that exist within rural, remote, and culturally diverse communities. This includes drawing on traditional medicines, cultural teachings, and community-led approaches to care.
- **Engage youth:** Involve younger community members in training and building care capacity (for example: church groups and other volunteers).
- **Flexible policies:** Enable caregiver training for certified tasks and include cultural supports for home-based care.
- **Improve navigation:** Increase health system literacy to help families access and move through care transitions more easily.

Recommended Action

Recognize and invest in the capacity of family and friend caregivers, who are often overwhelmed and excluded from formal support systems. Provide financial support and build partnerships across sectors to share responsibilities to support traditional and cultural practices of patients and families, ensuring care is inclusive, respectful, and person-centred.

Insights from the Knowledge Exchange Series

After the Knowledge Exchange Series, participants completed a survey to prioritize the most important research questions and promising solutions for each underserved population.

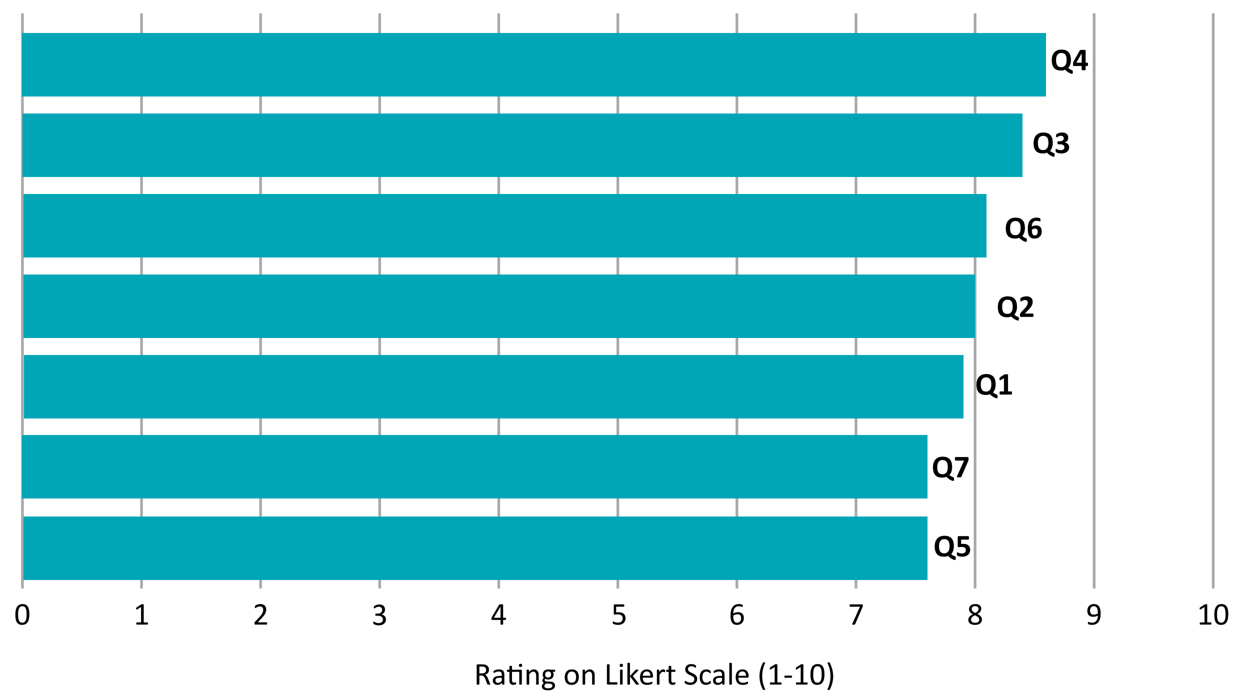
Top three rated research questions and promising solutions for *people living with a life-limiting illness in rural and remote areas.*

	Top 3 Questions to Answer	Top 3 Solutions to Consider
1	**Community Engagement** How can we strengthen community organizations to play a greater role in delivering and supporting palliative care services?	**Education/Training** Cross-sector knowledge sharing and opportunities for public education on palliative care for rural populations.
2	**Research** How can we better recognize and address the added barriers that rural communities face in accessing and receiving palliative care?	**Research** Research on the successes and challenges of delivering palliative care in rural and remote settings.
3	**Practice/Care** How can we explore and improve the role of telehealth in palliative care for rural and remote communities?	**Community Engagement** Foster community dialogue and establish spaces for community-led conversation.

The average importance rating for each priority research question related to *people living with a life-limiting illness in rural and remote areas.*

Priority Research Questions: What do you want to know or solve? *(Session 3 Breakout 1)*

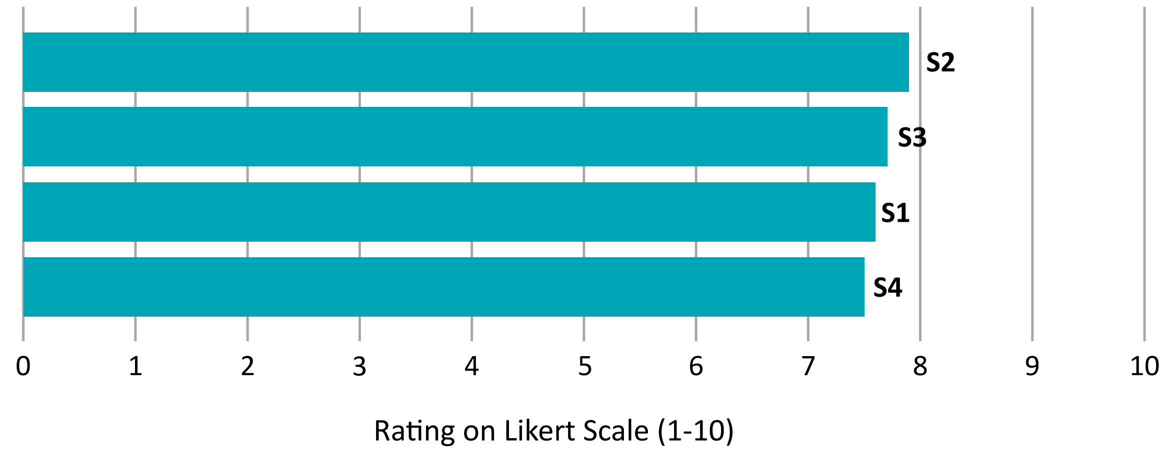
	Question	Average Rating
1	Research: How can we better identify where funding is most needed within palliative care services, and ensure transparency and accountability in how that funding is allocated and used?	**7.9**
2	Practice/care: How can we explore and improve the role of telehealth in palliative care for rural and remote communities?	**7.8**
3	Research: How can we better recognize and address the intersectionality of additional barriers to travel and technology use for rural communities in the delivery of palliative care?	**8.4**
4	Community engagement: How can we strengthen community organizations, which are deeply connected to local needs and priorities, to play a greater role in delivering and supporting palliative care services? *(Highest Rated)*	**8.6**
5	Policy: How can we address travel challenges faced by healthcare staff through increased funding and support to ensure consistent and equitable access to palliative care?	**8.5**
6	Education/training: How can we improve staff education about the local services and resources available in their area to ensure timely and appropriate referrals for patients in need of palliative care?	**7.6**
7	Community engagement: How can we build local capacity in palliative care by investing in comprehensive volunteer training programs?	**8.0**



The average importance rating for each priority promising solution related to *people living with a life-limiting illness in rural and remote areas.*

Priority Research Solutions: What can be done right now and by who? *(Session 3 Breakout 2)*

	Solution	Average Rating
1	Community development: Foster community dialogue and establish spaces for community-led conversation.	**7.6**
2	Education/training: Cross-sector knowledge sharing and opportunities for public education on palliative care for rural populations. *(Highest Rated)*	**7.9**
3	Research: Research on the successes and challenges of delivering palliative care in rural and remote settings.	**7.7**
4	Research: Host research conferences in rural and remote communities to increase engagement and provide first-hand insight to their experiences.	**7.5**



For similar insights on other underserved populations, visit the BC Centre for Palliative Care website here.

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Advancing palliative care through best practices, innovation and collaboration.

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