STRENGTHENING PALLIATIVE CARE IN RURAL COMMUNITIES: A GLOBAL POLICY ENVIRONMENTAL SCAN

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IMPACCT Improving Palliative, Aged and Chronic Care through Clinical Research and Translation

Rural Health and Rural Palliative Care delivery

- Approximately 45% of the world's population live in rural communities
- Challenges continue to limit the provision of palliative care for people in rural settings
- In Australia, almost 30% of the population lives in non-urban settings, with 1 in 3 Australians aged 65 and older living in rural areas
- Rural and remote areas of Australia tend to overlap with areas identified as the most disadvantaged. On average, Australians living in these areas have poorer health and welfare outcomes
- Collectively these factors increase their need for palliative care, and pursuit of models capable of meeting these needs

Current Barriers to accessing palliative care in rural settings includes:

- Sparse population distribution
- Difficulty recruiting and retaining staff
- Difficulty in providing education to healthcare staff
- Fragmented service delivery
- A lack of clarity in referral processes to specialist services
- Dual personal and professional relationships among rural care providers

Why review rural palliative care policy?

Maintaining pace with population growth, population ageing, and the rising burden of non-communicable disease is a significant challenge for rural palliative care policy.

Policy initiatives need to be underpinned by universal coverage; adequate funding; accessibility to medicines; and integrate evidence-based practice into cost-conscious and equitable palliative care models centred upon primary, community and home-based care.

Findings from our first 2 studies support the need to strengthen palliative care service integration in rural settings.

Study 3 Aim: *To map country- and jurisdiction- level policy against the elements of care required to optimise rural palliative care provision in high-income countries.*

Method

- Environmental scan of rural palliative care policy in high-income countries
- Modified Khalil et al. five-stage scoping review methodology
- Grey literature search conducted November 2024
- Included country- and jurisdiction-level palliative care policies
- Policies required rural-specific actions relating to adult palliative care
- Countries included: Australia, Canada, New Zealand, United Kingdom, United States of America, Norway, Finland, Ireland and Japan
- Rural policy actions mapped against the WHO Innovative Care for Chronic Conditions Framework (ICCCF) using deductive content analysis
- PRISMA-ScR used to guide reporting

Results

Of 3809 records screened, eight country-level and eight jurisdiction-level palliative care policies denoting 113 rural palliative care specific actions across 13 of 18 WHO ICCCF elements of care were identified.

Country-level policies originated from:

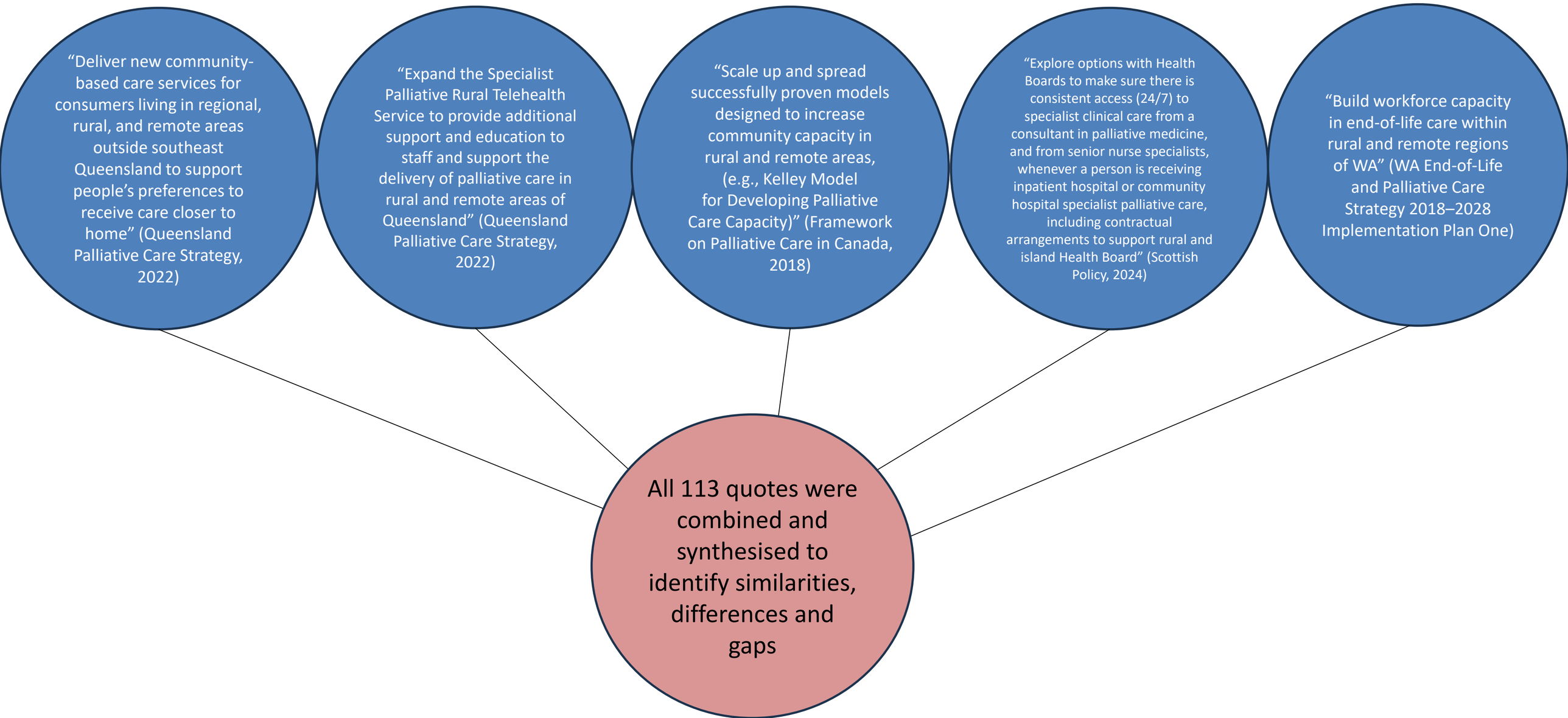
- New Zealand (n = 3)
- Australia (n = 2)
- Canada (n = 2)
- Scotland (n = 1)

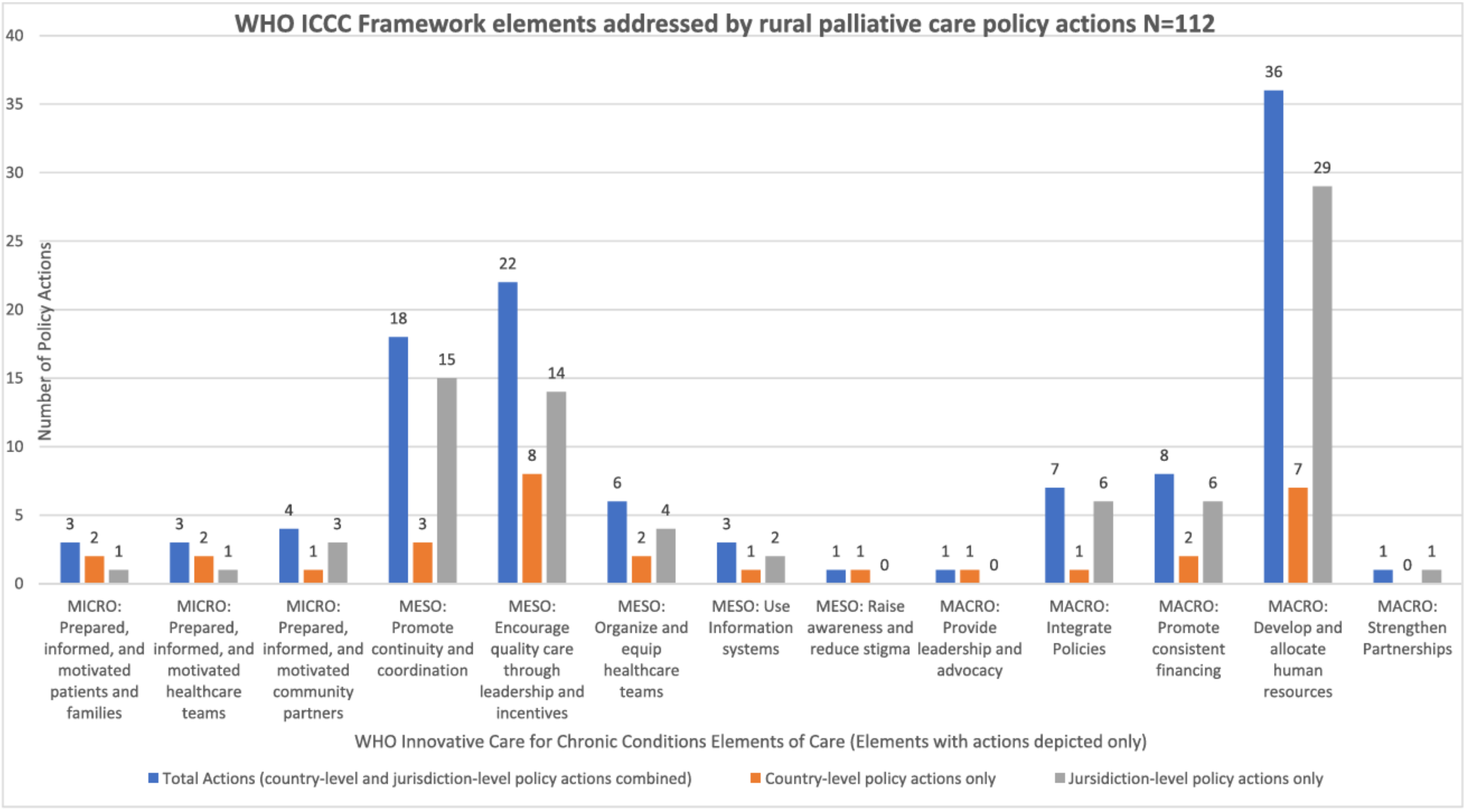
Remaining half (n = 8) were jurisdiction-level policies

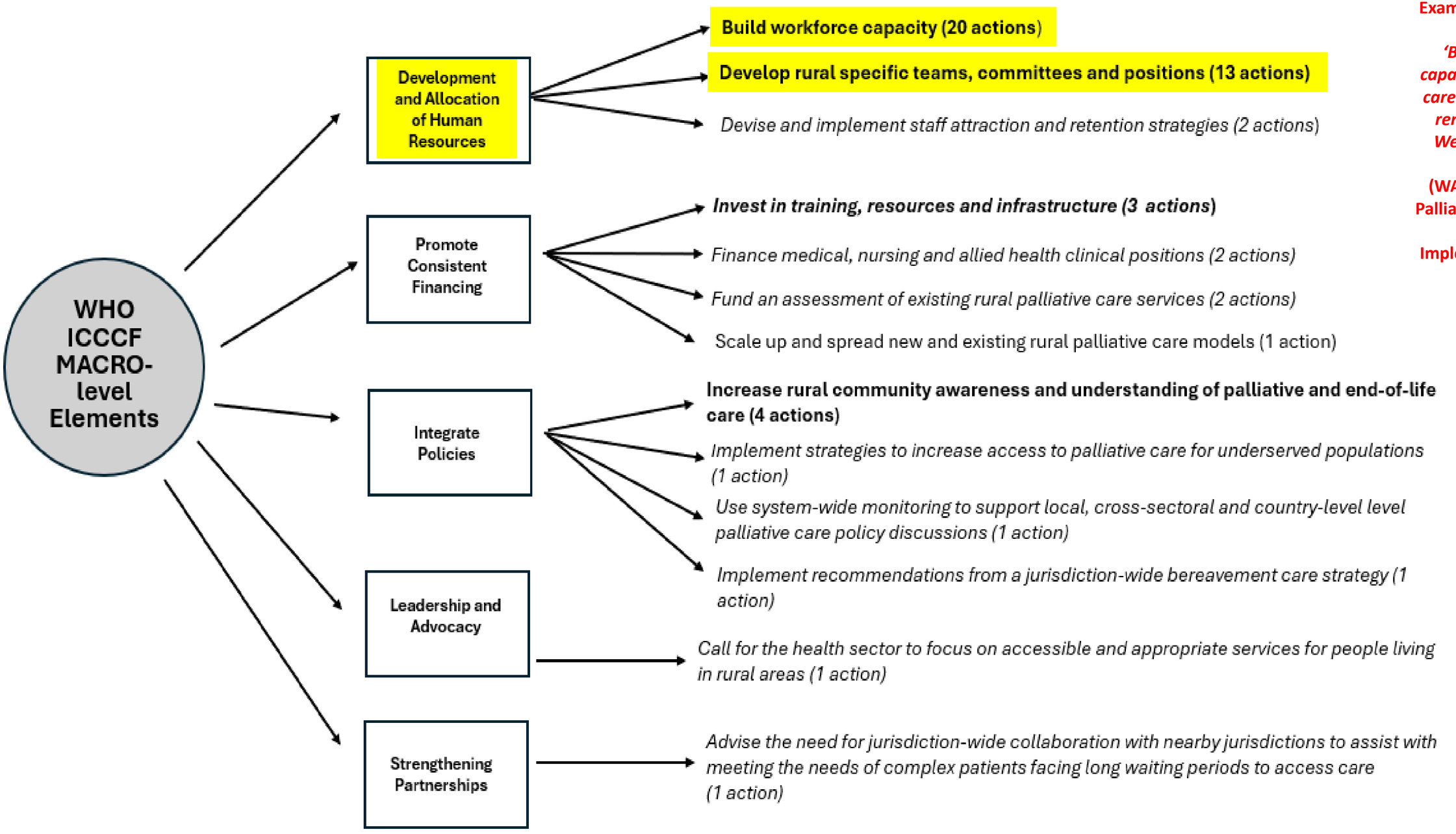
- Majority of jurisdiction-level policies originated from Australian States (n = 7)
- One jurisdiction-level policy originated from Alabama, USA (n = 1)

Over 90% of actions addressed macro-(n = 52, 47%) or meso- level (n = 50; 44%) elements

Study 3: Examples of included rural-specific policy actions



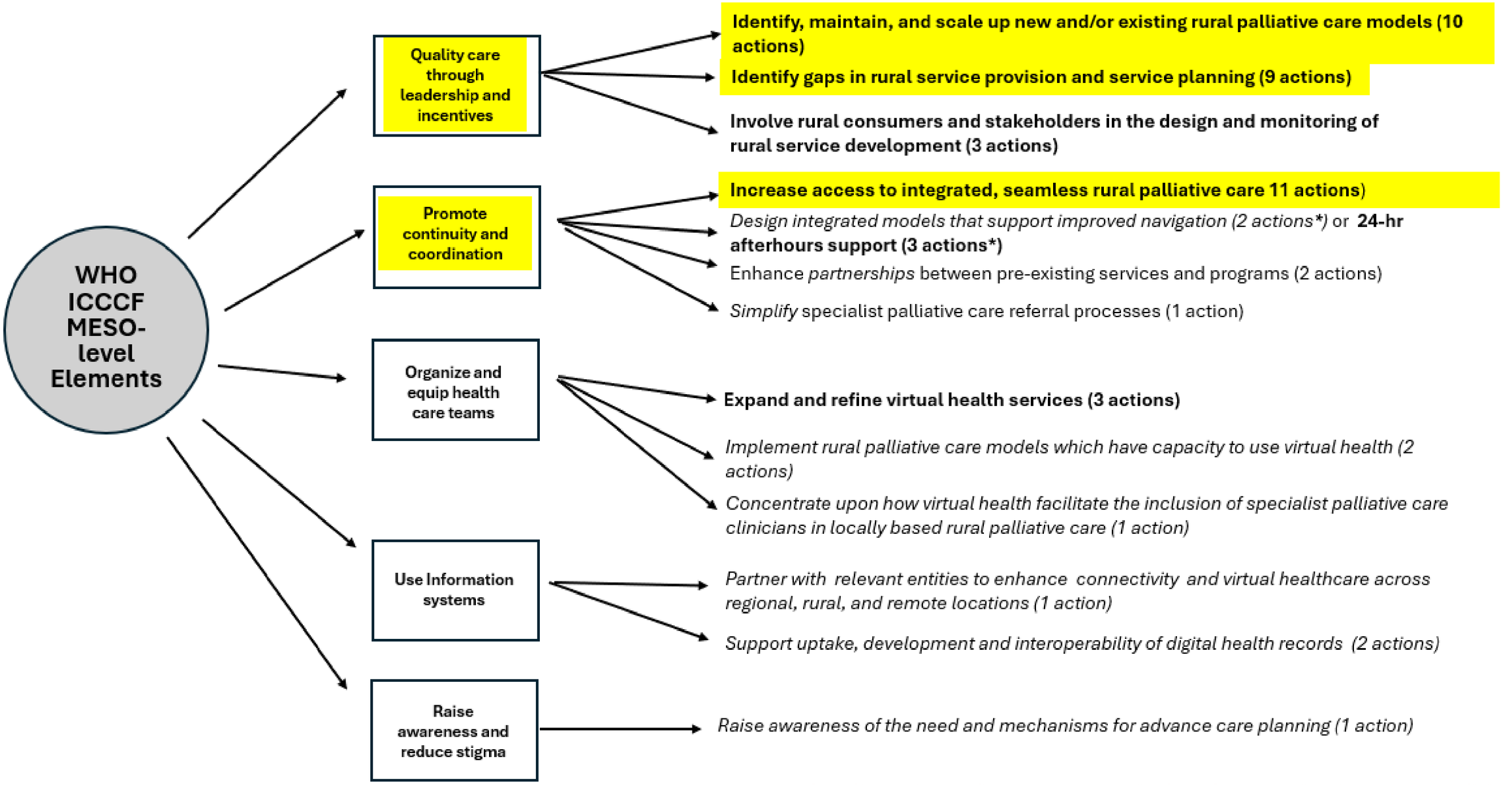

WHO ICCC Framework elements addressed by rural palliative care policy actions N=112
Number of Policy Actions
0
5
10
15
20
25
30
35
40
3 2 1
3 2 1
4 1 3
18 3 15
22 8 14
6 2 4
3 1 2
1 1 0
1 1 0
7 1 6
8 2 6
36 7 29
1 0 1
MICRO: Prepared, informed, and motivated patients and families
MICRO: Prepared, informed, and motivated healthcare teams
MICRO: Prepared, informed, and motivated community partners
MESO: Promote continuity and coordination
MESO: Encourage quality care through leadership and incentives
MESO: Organize and equip healthcare teams
MESO: Use Information systems
MESO: Raise awareness and reduce stigma
MACRO: Provide leadership and advocacy
MACRO: Integrate Policies
MACRO: Promote consistent financing
MACRO: Develop and allocate human resources
MACRO: Strengthen Partnerships
WHO Innovative Care for Chronic Conditions Elements of Care (Elements with actions depicted only)
Total Actions (country-level and jurisdiction-level policy actions combined)
Country-level policy actions only
Jurisdiction-level policy actions only



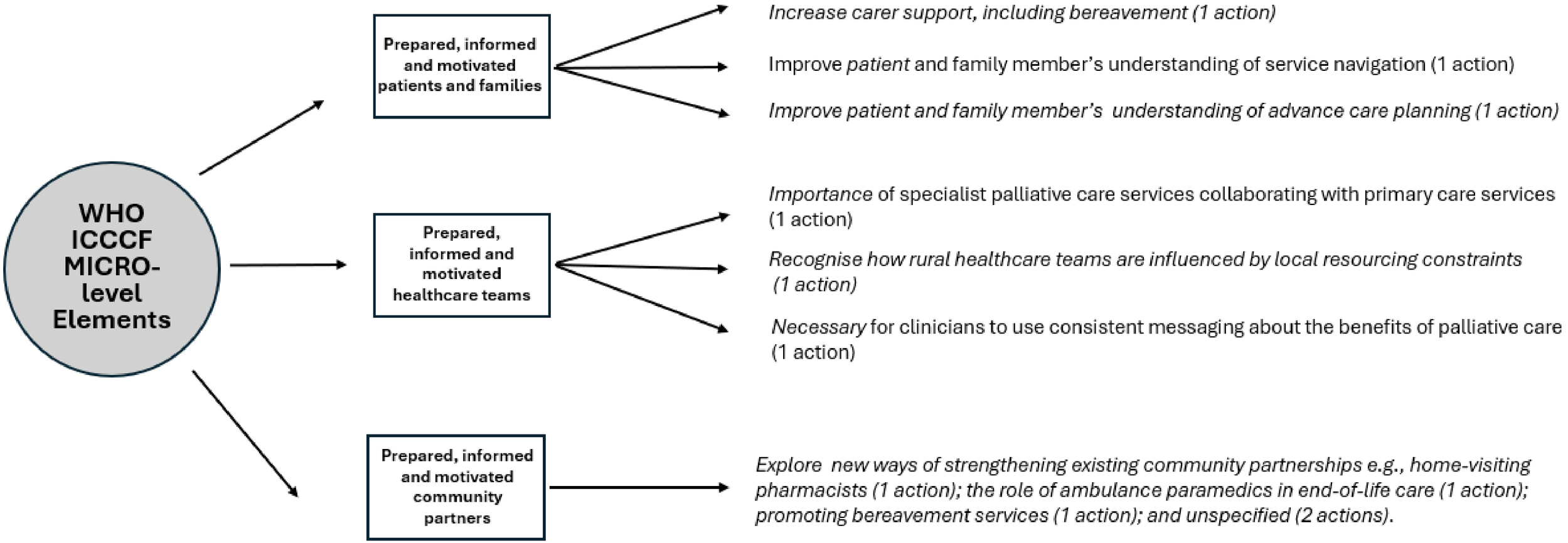
Example policy action:

'Build workforce capacity in end-of-life care within rural and remote regions of Westen Australia.'

(WA End-of-Life and Palliative Care Strategy 2018–2028) Implementation Plan)



Example policy action: ***Deliver new community-based care services for consumers living in regional, rural, and remote areas outside southeast Queensland to support people's preferences to receive care closer to home.*** **(Queensland Palliative and EOL Care strategy, 2022)**



Example policy action: *'Increase support for carers, including in bereavement'. (The National Palliative Care Strategy [Australia] (2018) Implementation Plan, 2019)*

Considering the findings:

- Good policy momentum towards improving rural palliative care
- Policy focus concentrated at macro- and meso-levels of care
  - Dominant policy levers included:
    - Workforce education
    - Care coordination
    - Leadership and service organisation
  - Limited attention directed towards micro-level supports for:
    - Patients and families
    - Frontline clinicians
- Policies often overlooked realities unique to rural practice, including:
    - Itinerant workforce patterns
    - High workforce turnover
    - Geographical isolation
- Limited alignment between macro-, meso, and micro actions. For example, policy may call for an increase in workforce FTE, but have no corresponding funding action to provide that additional FTE.

Implications for Rural Palliative Care Reform

- Meaningful rural palliative care reform requires coordinated policy actions across macro-, meso-, and micro-levels of the health system
- Strengthen the nexus between university research centres, specialist palliative care, and rural palliative care, to capture usable data, steer funding, and advise on policy
- Co-designing rural policy is essential - input from rural consumers and clinicians is needed
- Country- level and jurisdiction-level policy must work together:
  - Country-level policy sets strategic direction, while jurisdiction-level policy enables more contextually responsive rural solutions

Thank you!

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