Burdening the overburdened’: Understanding the rural and small town voluntary sector in health care reform

Greg Halseth, Laura Ryser, Neil Hanlon, and Lana Sullivan

The restructuring of Canada’s health care system has included a shift of burdens from the formal to the informal sectors.

In rural and small town places, this shift is often taken up by the local voluntary sector, a sector already under stress from covering responsibilities downloaded from other service closures.

Outline

• Introduction
• Voluntary Groups
  – defining
  – links to community capacity
• Services
  – historical change
  – current restructuring
• Stresses
• Discussion

This paper provides some context for the rest of the papers in this session by outlining the definitional challenges of conceptualizing the voluntary sector, including understanding this sector as a key form of community capacity.

It then situates services restructuring into an historical context of changing service delivery modes over time. Drawing upon examples from across Canada, the paper reviews some of the stresses on the rural and small town voluntary sector that will need to be considered if they are to play additional roles in health care delivery.

Voluntary Groups

• A key player in rural and small town service provision
• Challenge: overlapping / interchangeable definitions
  – may include non-governmental, nonprofit, self-governing, and unpaid
• Marshall, 1999:
  – generally serve a public benefit
  – depend on volunteers (at least for governance)
  – obtain financial support from individuals
  – limited control by governments

In rural and small town Canada, voluntary groups have been active in providing services which were either not viable for the private sector or not delivered through the public sector.

Understanding what constitutes the voluntary sector is, however, fraught with definitional challenges. For example a wide range of labels, including non-governmental, non-profit, voluntary, civil society, and others have been used to describe such groups.
Joan Marshall recently outlined four touchstone elements. These include that the groups serve the public benefit that they have a dependence on volunteers, they obtain financial support from individuals and the community, and there is limited control by government.

**Defining voluntary Groups**

Strictly voluntary
- No paid staff members, office space, or government funding


Halseth and Sullivan recently added to these elements by describing a continuum of organizations comprising the voluntary sector. These range from those which are strictly voluntary in nature, and have no paid staff members, no office space, and no government funding support.

Strictly voluntary
- No paid staff members, office space, or government funding

Strictly paid organizations
- Have full-time staff, office space, access to many funding sources, but activities and polices are directed by a voluntary management board


To those which are highly organized and have full-time paid staff, access to office space and a range of funding sources; but whose activities and policies remain directed by a voluntary management board.

Strictly voluntary
- No paid staff members, office space, or government funding

Mixed voluntary groups
- Mixed of volunteers/paid staff, access to government funding, and office space

Strictly paid organizations
- Have full-time staff, office space, access to many funding sources, but activities and polices are directed by a voluntary management board


Between these exist voluntary organizations which mix the criteria of management, staff, office space, and access to funding.

**Links to Community Capacity I**

Social cohesion:
- Opportunities for social meeting / interaction
- Participants use ‘well-worn’ pathways

Social capital:
- Trust and confidence is built with local groups and leaders
- Networks of support, information, and resources

These voluntary organizations, regardless of their degree of organizational structure, make considerable contributions to rural and small town capacity through social cohesion and social capital.

In terms of social cohesion, the operation of voluntary sector groups provides opportunities for individuals to interact and develop well worn pathways of actions and participation by which to accomplish things.

In terms of social capital, the trust and confidence which these groups can develop over time amongst themselves and amongst others in the community creates a network of support, information, and resources which can be drawn upon when needed.
Links to Community Capacity II

Meet local needs
Create local assets
Contribute to local knowledge/expertise
Create skills to work cooperatively
Create abilities to deploy trust in group actions and decisions
Add bonding and bridging social capital

Through social capital and social cohesion, voluntary sector organizations contribute to local capacity by meeting local needs, creating local assets, knowledge, and expertise; practicing the skills of working cooperatively; and deploying that cooperation through group actions.

Voluntary Services Project

To explore the capacity and roles of voluntary service providers

- 4 Sites:
  Mackenzie, BC
  Wood River, SK
  Twee, ON
  Springhill, NS

- 10 services in each site
Messages: Links to social cohesion/capital & community capacity
Services related to community capacity contribute to social capital, facilitate social cohesion but, must consider the human capital limits

Briefly, I wanted to share some research which explores the capacity and roles of voluntary service providers.

This project is being carried out in four rural and small town sites across Canada. Thus far, it is clear that these organizations contribute through social cohesion and social capital to community capacity building.

It is also clear that there are very real human capital limits to what voluntary sector groups can accomplish in a rural and small town context.

Rural Voluntary Services Address Regional Needs

<table>
<thead>
<tr>
<th>4 Sites Across Canada</th>
<th>Total geographical reach of services (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Only</td>
<td>20.5</td>
</tr>
<tr>
<td>Immediate surrounding</td>
<td>41.0</td>
</tr>
<tr>
<td>Widely beyond</td>
<td>30.8</td>
</tr>
<tr>
<td>Other</td>
<td>7.7</td>
</tr>
</tbody>
</table>

Most of the groups in this voluntary sector project provide services not only to their local community but also to the regions surrounding that community. This is not especially surprising given that these small town places serve a rural hinterland.

**Rural Voluntary Services Make Significant Contribution to Well-Being**

<table>
<thead>
<tr>
<th>Total</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>5.0</td>
</tr>
<tr>
<td>Below</td>
<td>2.5</td>
</tr>
<tr>
<td>Average</td>
<td>20.0</td>
</tr>
<tr>
<td>Above</td>
<td>25.0</td>
</tr>
<tr>
<td>Major</td>
<td>47.5</td>
</tr>
</tbody>
</table>

N= 40

When asked, most of these organizations feel that they are making a significant contribution to local well-being. The development of social capital as a form of trust is enhanced by this sense of contribution.

**Rural Voluntary Groups Focus on Services to People**

<table>
<thead>
<tr>
<th>Deliver Services to People</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>90.0</td>
<td></td>
</tr>
</tbody>
</table>

N= 40

One of the reasons these contributions are felt to be so important is that these voluntary groups focus their services on those delivered directly to people. The sense of reward and satisfaction is therefore far more immediate and sensed.

**Rural Voluntary Groups Deliver Series via Partnerships**

Does your organization have partnerships?

<table>
<thead>
<tr>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside Community</td>
</tr>
<tr>
<td>Inside Community</td>
</tr>
</tbody>
</table>

N=40

Under increasing service demands, and decreasing service supports, the rural and small town voluntary groups we have been working with are meeting local needs by forming creative partnerships.
These partnerships are being formed both inside the local community, as well as with groups and organizations outside of the community. These networks and partnerships not only reinforce processes of social cohesion, but specifically contribute to the building of both bridging and bonding social capital.

**Rural Voluntary Groups Continue to Create Partnerships**

Has your organization formed partnerships over the last year?

<table>
<thead>
<tr>
<th></th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outside community</td>
<td>27.5</td>
</tr>
<tr>
<td>Inside community</td>
<td>40.0</td>
</tr>
</tbody>
</table>


The need for partnerships in providing services and activities continues as even during the past year many of the groups we have spoken with are continuing to create partnerships both inside and outside their community.

**Rural and Small Towns Services – An Important Foundation**

- Rural development
- Sustainable development
- Economic transition / revitalization
- Immigration / youth out-migration
- Health care
- Population aging

- **Services and service delivery is changing**

I want to turn now to the second building block of this paper, that being rural and small town services. Such services provide an important foundation in terms of community development; economic transition and revitalization, and for dealing with questions like immigration or youth out-migration, the provision of local health and wellness services, and dealing with an aging population.

Despite their importance, service delivery in rural and small town Canada is undergoing change. Before we decry these processes of change, it is important to note that such services have been undergoing change for a very long period of time.

**Services Provision Eras**

- Historically
  - few services provided by State
  - tremendous variation from place to place

- Post WW II
  - Expansion of the Canadian “social safety net”

- 1980s - Present
  - Market / urban models applied often unsuited to rural needs/geography

Historically, rural and small town places were left on their own in terms of service provision.

Following the Second World War, the state began to play a more active role with one result being that services became more widely available across rural and small town Canada. Since the 1980s, however, the public sector has gone through successive rounds of retrenchment.
This, coupled with the application of market based or urban based service delivery models not suited to rural needs, has typically meant service closures in smaller locations.

**Services Trends**

- Greater service specialization
- Increased standardization
- Professionalization
- ‘Urban’ models may not fit the lived reality of rural and small town Canada
  - ie: nurse practitioners
  - industry functions on flexibility model

In addition to these longer run processes of change in service provision, there have been some more recent trends. These include greater service specialization, increased standardization, and increasing professionalization.

While few would argue against these trends, their application in rural and small town places has been poorly executed. Public policy and policy decisions by various professional governing boards have shown a tendency to be urban centric and again fail to recognize the lived realities of rural and small town Canada.

**Traditional Challenges for Rural Services**

**Geography**

- Large distances
- Low population densities
  - higher service delivery costs per capita

Linked with population

- Expansion with market / population growth
- Reductions
  - Generally follow population declines
  - Sometimes precede population declines

Such simply will not work in a rural and small town context that continues to face the traditional problems of geography. Large distances and low population densities typically mean higher per capita user costs.

Some researchers have argued that service transformation in these rural and small town settings is simply a matter of population numbers. But there is a growing body of research which now demonstrates that service withdrawal has been occurring even in places where rural or small town populations have been growing. In these cases, the service reductions are tied more to corporate or public sector strategies than to models of local demand.

**Services Changes in Rural and Small Town Canada**

- Service Inventories
- 24 sites
  - covers all provinces
  - sampled to include range of socio-economic characteristics
- Supported by New Rural Economic Project of Canadian Rural Revitalization Foundation

To provide a brief context for the outcomes of these issues, I would like to share some information from across Canada research project we are undertaking. Working with the New Rural Economy Project of the Canadian Rural Revitalization Foundation, we have been tracking service changes in 24 sites across Canada. The net result thus far of this study is that service reductions are occurring across Canada.
regardless of local context – and that public sector services are being closed faster than private sector services.

### Reduction in Health Services

<table>
<thead>
<tr>
<th>Service</th>
<th>1998 % Yes</th>
<th>2000 % Yes</th>
<th>2003 % Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>45.8</td>
<td>50.0</td>
<td>36.4</td>
</tr>
<tr>
<td>Dentists</td>
<td>33.3</td>
<td>35.0</td>
<td>27.3</td>
</tr>
<tr>
<td>Nurses</td>
<td>45.8</td>
<td>55.0</td>
<td>36.4</td>
</tr>
</tbody>
</table>

N=22-24 Rural and Small Town Places Across Canada

In terms of health care, simple indicators like the presence of a local doctor, a dentist, or nurses show reduction over time across all regions. These reductions exacerbate the difficulties encountered in providing health care to an aging population.

### Reduction in Education Services

<table>
<thead>
<tr>
<th>Service</th>
<th>1998 % Yes</th>
<th>2000 % Yes</th>
<th>2003 % Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary school</td>
<td>76.0</td>
<td>70.0</td>
<td>63.6</td>
</tr>
<tr>
<td>High school</td>
<td>40.0</td>
<td>35.0</td>
<td>27.3</td>
</tr>
<tr>
<td>Continuing Education</td>
<td>41.7</td>
<td>45.0</td>
<td>27.3</td>
</tr>
</tbody>
</table>

N=22-24 Rural and Small Town Places Across Canada

In terms of education services, the pattern is also one of reductions over time. This has occurred not only with respect to elementary schools, but is even more marked with respect to high schools. Given the importance of education services as a foundation for community development and community economic development, these losses are problematic.

<table>
<thead>
<tr>
<th>Service</th>
<th>1998 % Yes</th>
<th>2000 % Yes</th>
<th>2003 % Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary school</td>
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<td>27.3</td>
</tr>
<tr>
<td>Continuing education</td>
<td>41.7</td>
<td>45.0</td>
<td>27.3</td>
</tr>
<tr>
<td>CEGEP/Community college</td>
<td>*</td>
<td>25.0</td>
<td>18.2</td>
</tr>
</tbody>
</table>

N=22-24 Rural and Small Town Places Across Canada

* Data was not collected for this item this year.

The reduction of educational facilities and the limited number of CEGEP or community colleges may have repercussions on health care. As noted by James Rourke, for the Task Force of the Society of Rural Physicians of Canada, the lack of educational facilities in rural Canada has meant that few rural Canadians pursue medical school. There are also fewer opportunities to establish university-high school outreach programs and partnerships.
Reduction in Emergency Services

<table>
<thead>
<tr>
<th>Service</th>
<th>1998 % Yes</th>
<th>2000 % Yes</th>
<th>2003 % Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police (Local / RCMP)</td>
<td>62.5</td>
<td>45.0</td>
<td>22.7</td>
</tr>
<tr>
<td>Fire department</td>
<td>91.3</td>
<td>85.0</td>
<td>68.2</td>
</tr>
<tr>
<td>Ambulance</td>
<td>60.9</td>
<td>30.0</td>
<td>36.4</td>
</tr>
<tr>
<td>Emergency</td>
<td>*</td>
<td>60.0</td>
<td>18.2</td>
</tr>
</tbody>
</table>

22-24 Rural and Small Town Places Across Canada
* Data was not collected for this item this year.

Even in terms of such emergency services as local police, fire services, ambulance, and emergency, there have been some dramatic reductions. These reductions do not mean that some of these services are unavailable.

At times, the voluntary sector has responded to meet these service gaps. In Wood River, the First Responders were established because of the waiting period for emergency vehicles to arrive from other communities. The First Responders is a voluntary organization that provides emergency services until ambulance and fire services arrive.

Tumbler Ridge, BC

- Mine closures in 2000, 2004
- Health, social, and educational services key building blocks for community
- Voluntary sector created conditions for success

Bringing these issues of the local voluntary sector and local service provision together, their importance to rural and small town revitalization can be simply illustrated from the recent example of Tumbler Ridge, BC. This community was affected by mine closures in 2000 and 2004. The first response of the provincial government was that the town should close, however, the local voluntary sector provided the foundation for a local response which in less than a week from the first mine closure announcement had a revitalization strategy.

Convincing the provincial government to provide certainty for basic health, social, and education services proved to be the key building blocks for community revitalization.

Today, Tumbler Ridge is a robust community of 3,000 people with a range of economic activities that build upon tourism, forestry, oil and gas, local retirement amenities, and, surprisingly, new interest in coal mine development.

An Additional Burden in Rural and Small Town Canada

Voluntary sector under stress
- Pop. losses = capacity losses
- limited base for drawing volunteers
- increased downloading/off-loading of public and private sector services

Health care restructuring includes substitution of informal providers for formal sectors
- taken up by the local voluntary sector

The final part of our paper focuses upon the question of bringing an additional burden through health care reform on to the voluntary sector in rural and small town Canada. While the importance of the voluntary sector was identified earlier, it needs to be reinforced that this sector is under stress.

These stresses come from a range of sources, including that population losses can mean losses in critical local capacity. The closure of a school or a ministry of transportation office not only means the loss of those workers and their families, but it also means a loss of expertise which the voluntary sector draws upon.

Rural and small town places, by their very definition, also have a smaller population base from which to draw volunteers. Increasing demands on this limited base increases the risk of volunteer burnout. Population aging also increases the risk of burnout on the remaining volunteers by further reducing the local volunteer pool. Added to these human capital limits is an increasing number of service demands downloaded from the public and private sector.

Focusing upon health care, one of the components of health care reform has been a substitution of informal service providers for formal sector providers. As noted at the beginning of the talk, in rural and small town places, this is taken up largely by the local voluntary sector.

**STRESS I**

Limited capacity to meet funding / program demands
- Lack of community skills to develop funding proposals
- Lack of volunteer time for onerous applications / reports
- Lack of experience with multi-year plans
- Limited coordination across government supports

The rural and small town voluntary sector is stressed by its limited capacity to deal with changes in either funding or program demands.

Not only are there limited local skills for completing the increasingly onerous reports and demands of public sector agencies, but the application of auditing and monitoring rules have been developed to satisfy federal bureaucratic standards and are not geared to the time or capacity limits of the voluntary sector.

**STRESSES II**

Lack of fit of with funding programs
- Program start dates not aligned with funding approval timelines
- Lack of clarity in the application process purposes and needs not always apparent

Group capacity building not supported
- Interim funding support needed
- Phase-out funding needed
- More generic funding to allow community specific programs
- Long-term funding needed

Despite evidence that downloading to the voluntary sector does not create a net cost savings, there continues to be a lack of fit between service needs and funding supports to provide those needs.

Where funding programs do exist, they are often poorly conceptualized and fail to link approval process timelines with start dates for program commencement. They also fail to institutionalize capacity building
for the voluntary sector organizations that are now taking up these service needs. For example, interim or phase out funding is rarely a part of project design, and generic funding to allow group capacity building is rarely available.

Furthermore, successes of project funding are determined by outcomes after a short-term funding period. However, the effects of the project may take years to be felt.

**STRESSES III**

- Community building role not recognized
  - Proactive work not rewarded
    - funders focus on crises
  - Failure to recognize community needs
    - (i.e.: high incomes do not mean a lack of need)
  - Specific needs of community groups
  - Successful events become community traditional
    - funders seek unique or new ideas
  - Challenge to ‘prove’ effectiveness
    - ‘busy’ work for volunteers

One of the key ways by which voluntary organizations contribute to rural and small town viability is through community building processes of social capital, social cohesion, and community capacity building. Again, project based funding that seeks press release and ministerial photo opportunities do not recognize the long run need to build and support rural and small town voluntary groups in their community building role.

**STRESSES IV**

**Burnout**
  - Failure breeds non-participation in the future
    - Volunteer time is exhausted
    - Sense of powerlessness
    - Time spent on gov’t demands not local service delivery

Lastly, the offloading of service needs on rural and small town voluntary providers continues to fail to recognize that the limited human capital available in these places cannot absorb additional downloading or offloading. Government funding programs to support these organizations continues to demand that more time be spent answering government accountability needs than on actual local service delivery.

In summary, the rural and small town voluntary sector is a key building block for not just community capacity building but also local economic revitalization. Increasingly, the voluntary sector has been looking after local services needs because of service reductions through restructuring and reform. These reforms fail to recognize the opportunities of innovation in providing for needs in the diverse landscape of rural and small town Canada.

Under health care reform, where service needs are either downloaded or discontinued, the burden on rural and small town voluntary providers is increasing to the point where we may be burdening the overburdened. It is under this context of finite human capital limits that discussion on rural health care reform needs to be constructed.

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