**The Wicked Problem: Accessibility for IVF for Women of Childbearing Age Experiencing Infertility in Kamloops BC - Part B IPB Analysis**

Amanda Ashley, Pamela Bain, Kimberly Csek

Masters of Nursing - Nurse Practitioner, Thompson Rivers University

HLTH 5200: The Canadian Healthcare System

Dr. Anila Virani

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**Introduction** (00:00-00:24)

Hi everyone. This is Amanda speaking on behalf of myself, Pam, and Kim.

Our topic is accessibility for in vitro fertilization for women of childbearing age experiencing infertility in Kamloops, BC. The objectives are to review this wicked problem and discuss the IPB analysis related to this topic

**How Big is the Problem** (00:25-00:53)

The issue of in vitro fertilization (IVF) accessibility in Kamloops, BC, represents a wicked problem, one that is complex, evolving, and resistant to straightforward solutions. While infertility affects one in six couples globally, those living in mid-sized or rural communities like Kamloops face tough challenges accessing IVF. These barriers are multifaceted and encompass geographic isolation, financial constraints, limitations within the healthcare system, and social inequities.

**Barriers to IVF Access in Kamloops** (00:54-01:45)

Kamloops residents must travel to Kelowna or Vancouver, incurring additional costs, time off work, and logistical burdens that disproportionately affect rural and low-income individuals. Financially, the high cost of IVF remains a significant barrier. Although the BC government introduced publicly funded IVF in April 2025, covering one cycle per eligible individual, this support does not cover all associated costs, and many patients fall outside the strict eligibility criteria. Healthcare infrastructure challenges further exacerbate the issue. Limited access to specialists, long wait times, and disruptions to the continuity of care in rural areas can delay or prevent patients from receiving necessary treatment. Additionally, social and equity-related barriers have a significant impact on marginalized populations. These factors make IVF less attainable for already underserved populations.

**Why This is a Wicked Problem** (01:46-02:26)

The nature of this problem reflects the characteristics of a wicked problem. No single solution exists, and interventions often lead to new complications. For example, while the introduction of public funding for IVF is a positive step, it has created new challenges related to capacity, access, and equity. Broader demographic concerns further compound the issue; BC experienced its first-ever population decline in 2025, making fertility access not only a personal health priority but a public policy priority. Addressing IVF access in Kamloops requires multi-layered, adaptive strategies that extend beyond funding to encompass geographic, cultural, and systemic reforms.

**Interrelationships Analysis** (02:27-02:43)

Inter-relationships in wicked problems don’t happen in isolation. They connect and reinforce each other (Williams & Van’t Hof, 2014). IVF access in Kamloops shows this through the four qualities of interrelationships: dynamics, non-linearity, context sensitivity, and complexity (Williams & Van’t Hof, 2014).

**Dynamics: Policy Shift & Waitlists** (02:44-03:05)

In April 2025, BC announced funding of up to $19,000 for one IVF cycle (Province of British Columbia, 2025). At first, this expanded access and gave many couples hope. But soon demand exceeded resources, creating long waitlists, a clear example of relationships shifting over time (Raymond, 2025). But the funding policy also revealed how small gaps can produce disproportionately large effects.

**Non-linearity: Small Gaps, Big Consequences** (03:06-03:25)

The absence of just one local clinic in Kamloops forces families to travel hundreds of kilometres to Vancouver/Kelowna, piling on costs like gas, accommodation, and lost wages. A single missing resource creates a ripple effect of exclusion, and these effects aren’t the same everywhere.

**Context Sensitivity: Different Regions, Different Realities** (03:26-03:59)

In Vancouver, with multiple clinics, IVF is more accessible. But in Kamloops, rural geography and fewer services amplify inequities. In fact, 37% of respondents in the Thompson-Okanagan reported not pursuing IVF due to cost and geography, compared to just 14% in the Lower Mainland (Quelch, 2025). Identical policies yield vastly different results depending on location, and when you layer additional sociocultural factors on top of this geographic divide, the problem becomes even more complex.

**Complexity: Overlapping Social Inequities** (04:00-04:17)

Indigenous families face compounding challenges: lower income levels, older maternal age, and greater travel distances (Indigenous Services Canada, 2023). Each barrier amplifies the others, creating systemic exclusion that can’t be solved by addressing a single factor in isolation.These four qualities aren’t separate - they weave together.

**Perspectives Analysis** (04:18-06:20)

In systems thinking, perspectives are crucial because different stakeholders define the problem in different ways. As Williams and Van’t Hof (2014) explain, a system reflects the viewpoint of the observer. No single perspective is sufficient, and conflicting perspectives often make a problem wicked.

For IVF in Kamloops, patients are the most directly impacted. For them, accessibility means affordability, timeliness, and continuity of care. Whitehead et al. (2024) highlight that many women feel unsupported when navigating IVF, reinforcing the patient perspective that the system is fragmented.

From the government’s perspective, IVF is a question of resource allocation, equity, and population growth. With BC experiencing negative population growth (BC Stats, 2025), the government frames fertility access as both a health and an economic priority. However, as Raymond (2025) notes, the rollout of one publicly funded IVF cycle immediately created demand far beyond capacity, reflecting the limits of a government-centric view. Fertility clinics bring another perspective, focused on sustainability and quality of outcomes. Their goal is to ensure high success rates, manage capacity, and remain financially viable. Indigenous and marginalized communities offer an especially important perspective. Statistics Canada (2023) and Indigenous Services Canada (2023) highlight the disproportionate income gaps and barriers faced by Indigenous families, meaning IVF is not just a medical service but an issue of reconciliation and culturally safe care. Finally, society at large brings moral and ethical perspectives. Some question whether public funds should support reproductive assistance at all, while others, including advocacy groups, stress that access to IVF is a human right linked to family-building equity (Beers, 2023).

By examining these perspectives together, we see what Williams and Van’t Hof (2014) describe as a core principle of systems thinking: each perspective defines the boundaries of the problem differently. Patients see accessibility as an individual right, governments as a resource challenge, clinics as a capacity issue, Indigenous and marginalized communities as an equity matter, and society as a moral debate. This diversity of perspectives is exactly what makes IVF accessibility in Kamloops a wicked problem.

**Boundaries Analysis** (06:21-08:15)

Boundaries help to identify what is important and what is unimportant, who benefits and who is disadvantaged, what is relevant and what isn’t (Williams, 2016; Nabavi et al., 2017). There are three core ideas when assessing boundaries: ethics, politics and pragmatics (Williams, 2016; Alberta, n.d.). Specific personal values influence your ethical stance on issues (Williams, 2016). From a political perspective, you want your endeavour to be legitimate, and how you set your boundaries affects this legitimacy (Williams, 2016). From a pragmatic point of view, it is essential to assess those who are marginalized and those who are unlikely to accept things at face value (Williams, 2016).

Several different boundaries would apply to the wicked problem of access to IVF for women of childbearing age experiencing infertility in Kamloops, BC. Financial boundaries are substantial, including costs from travel, time off work, and the IVF procedure itself. Fair distribution of funds must be standardized for all eligible individuals to keep the overall cost low, and a focus on available resources. Funding is based on income, potentially leaving middle-income women ineligible for support (Ministry of Health, 2025; Olive Fertility Center, n.d.; Province of British Columbia, 2025).

Geographic challenges, given Kamloops' location in relation to the IVF clinics in BC, present another boundary issue. Residents must travel to Vancouver or Kelowna for frequent IVF appointments, which incur significant travel burdens, including time and cost. Not all individuals will be able to access paid time off work to attend these out-of-town appointments, resulting in personal financial strain. As individuals need to travel to IVF clinics outside of Kamloops, transportation also presents a concern, as not everyone has a vehicle.

Ethical and normative boundaries, including decisions on who “deserves” treatment based on various eligibility rules, are another concern. Basic requirements include being covered by MSP, having an age limit of 41 years or less, and meeting income and health status limits, which determine who can obtain access and who cannot (Ministry of Health, 2025).

**Summary: IPB Analysis of IVF Accessibility in Kamloops** (08:16-09:10)

When we bring together interrelationships, perspectives, and boundaries, a clear picture emerges. IVF accessibility in Kamloops is not defined by one barrier, but by many factors that connect and reinforce each other. Multiple stakeholder viewpoints complicate the issue, while financial, geographic, and policy boundaries determine who is included and who is excluded. Together, these interactions show why IVF access in Kamloops is a wicked problem, complex, evolving, and resistant to simple solutions. The barriers affecting IVF access are interconnected and mutually reinforce each other. Each viewpoint highlights a different aspect of the problem, making it impossible for any single perspective alone to address the full complexity of IVF accessibility. The financial, geographic, and ethical boundaries surrounding this issue reveal who is included or excluded from access.