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Health Care Access of Northern Residents: MB/SK Workshop

April 16 & 17, 2008

SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

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Health Care Access of Northern Residents: MB/SK Workshop

April 16 & 17, 2008
Saskatoon, SK

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Purpose Statement: The purpose of the workshop was to learn from findings, procedures, and challenges shared across provincial borders. The workshop presented a unique opportunity to share and learn from provincial neighbours drawing on one another's successes and challenges, as well as generating new and creative ideas for improving access to health services in the North.

Welcome and Introduction

Concern about the quality of access to health services within northern communities locally, regionally and provincially sparked interest in conducting a multi-year participatory action research (PAR) project engaging a variety of stakeholders. Conversations, interviews and focus groups were conducted with community members, service providers (itinerant, local, regional and provincial), and government representatives. Inclusion of personal experiences and community knowledge to empower participants is fundamental to PAR. This type of research activity values the process through which awareness and consciousness of issues is raised. Creative solutions and education at all levels are important outcomes of this project. In keeping with the inherent principles of community development, community members actively engaged in the process, gaining skills and knowledge necessary to take charge of their own destiny and build partnerships to improve access to health services by northern residents.

A key objective of this project was to foster discussion and education at various levels, across jurisdictions in keeping with the fundamental principles of PAR and community development. Northern people guided the processes and discussions were facilitated across sectors as community members and RHA representatives met to share their concerns and generate solutions. In time, northern Manitoba and Saskatchewan residents and representatives from their health authorities met with provincial and federal policy makers to share concerns, exchange knowledge and ideas, gain insight, and develop relationships to foster change. The project was a collaborative endeavour, lead by faculty from the Saskatchewan Population Health and Evaluation Research Unit, University of Regina and the Rural Development Institute, Brandon University. The project was funded through the Canadian Institutes of Health Research, Aboriginal Peoples' Health Grant.

The Saskatchewan Population Health and Evaluation Research Unit, University of Regina and the Rural Development Institute, Brandon University hosted a final project workshop in Saskatoon in the spring of 2008. Participants included:

Workshop Participants

Manitoba Participants	Saskatchewan Participants
Arnold Bignell, Bayline Regional Round Table, Thicket Portage, MB	Denise Beaudin, Health Canada, Regina, SK
Joelle Breton, First Nations and Inuit Health, Winnipeg, MB	Mary Rose Bouvier, Black Lake Denesuline Nation, SK
Tanis Campbell, NOR-MAN Regional Health Authority, The Pas, MB	Colleen Bowen, First Nations and Inuit Health, Prince Albert, SK
Jean Cox, Manitoba Health and Healthy Living, Winnipeg, MB	Dr. Peter Butt, Northern Medical Services, Saskatoon, SK
Diana DeLaronde-Colombe, Bayline Regional Round Table, MB	Kathy Chisholm, Mamawetan Churchill River Regional Health Authority, La Ronge, SK
Jack Flett, Pikwitonei, MB	Earl Cook, Saskatchewan Health, La Ronge, SK
Laurel Gardiner, Upstream Connected, Thompson, MB	Sandra Cripps, Saskatchewan Health, Saskatoon, SK
Frances Hall, Bayline Regional Round Table, Wabowden, MB	Bonnie Jeffery, SPHERU, University of Regina, Prince Albert, SK
Catherine Hynes, NOR-MAN Regional Health Authority, Flin Flon, MB	Tammy Lidguerre, Fond du Lac Denesuline Nation, SK
Gloria King, Burntwood Regional Health Authority, Thompson, MB	Tom McIntosh, SPHERU, University of Regina, SK
Freida Parenteau, Bayline Regional Round Table, Cormorant, MB	Fay Michayluk, Athabasca Health Authority, Black Lake, SK
Solomon Parenteau, Bayline Regional Round Table, Thompson, MB	Brenda Mishak Beckham, Mamawetan Churchill River Regional Health Authority, La Ronge, SK
Ricky Pronteau, Bayline Regional Round Table, Thicket Portage, MB	Ida Ratt-Natomagan, Pinehouse Lake, SK
Marilynn Settee, Burntwood Regional Health Authoirty, Wabowden, MB	Vince Robillard, Athabasca Health Authority, Black Lake, SK
Fran Racher, School of Health Studies, Brandon University, MB	Evelyn Throassie, Black Lake Denesuline Nation, SK
Robert Annis, Rural Development Institute, Brandon University, MB	Colleen Hamilton, SPHERU, University of Regina, Prince Albert, SK
Alison Moss, Rural Development Institute, Brandon University, MB	Josie Searson, Mamawetan Churchill River Regional Health Authority, La Ronge, SK

Holly Dolan, a representative of the federal Rural Secretariat, working in British Columbia and Glen Murray, of Glen Murray Management from Ontario also participated in the workshop.

A joint Manitoba/Saskatchewan workshop planning committee worked together for several months prior to the event and included representatives from communities, community-based organizations, regional health authorities, and researchers to foster dialogue across provincial boundaries and broaden lessons learned. Desired workshop outcomes included:

- increased understanding of provincial systems, process, structures, findings and solutions;
- enhanced awareness about how provinces, or other organizations, can work together to advance common concerns; capture and report what is working well;
- and exploration of similar challenges, possible solutions and creative ideas for improving access to health care in the north.

Participants from Manitoba and Saskatchewan were welcomed by Dr. Robert Annis, Principal Investigator, Dr. Bonnie Jeffery and Dr. Fran Racher, Co-Investigators for the Community Collaboration to Improve Health Care Access of Northern Residents. The aim of the workshop was to function as a venue to bring residents, service providers and researchers together to talk about issues related to northern access to health services. The workshop provided a forum to share not only challenges, but also successes and creative solutions. A key component of the endeavour was to highlight the role of community in the planning process. Workshop priorities included not only capturing learning across provincial boundaries, but also fostering new working relationships and partnerships to generate ideas for improving access to health services in the north.

The workshop began with a series of speakers on the morning of the first day. These morning presentations focussed on:

- the results from the research in the two study areas;
- description of current working structures, programs, policies, related to access to health services in the North;
- federal government linkages to the provinces, northern health authorities and to individual communities;
- provincial government linkages to the northern regional health authorities and to individual communities.

The afternoon focused on:

- the strengths of the organizations and the processes that members use to carry out their work;
- the lessons members learned about successful sustainable partnerships and, the work they have undertaken related to access to health services in the North.

These discussions and panel presentations laid the foundation for the workshop participants to determine the topics they would like to explore in greater depth during the morning of the second day of the workshop. Topics were chosen and small groups formed around each topic area. Each small group presented the results of their discussions and a general question and answer session concluded the workshop.

The agenda was very open and flexible in order to accommodate participant's expectations. To begin the process of dialogue, the facilitator had participants introduce one another and share their thoughts about their aspirations for the workshop. Expectations to be revisited through the course of the two-day discussions included:

- Increase cross-jurisdictional communication
- Share and learn about project findings
- Share challenges, issues, policies, and programs
- Create new ideas
- Learn about similarities and differences
- Generate potential solutions to challenges
- Learn about resources, policies, and programs
- Share vision
- Set direction for action
- Explore high level policy change
- Build on strengths
- Foster new partnerships

After discussing expectations and accepting the agenda, the morning sessions began.

April 16, 2008 - Morning Session

Federal/Manitoba/Saskatchewan Government Panel

This first panel, with federal and provincial representatives was designed to provide context for the workshop. Panellists were asked to describe their working structures, programs and policies related to health service access in northern Saskatchewan and Manitoba. Many questions were asked about ways that federal government departments link with provinces, northern and regional health authorities and individual communities. Provincial representatives were asked about ways that their departments link with northern regional health authorities and individual communities.

Jean Cox, Executive Director of Rural and Northern Support Services, Manitoba Health and Healthy Living gave an overview of the department's organizational structure, the Regional Health Authority Act, Manitoba Health's guiding principles and its mandate (see Appendix B). There are 11 Regional Health Authorities (RHAs) in Manitoba; 63% of provincial funding goes to RHAs. According to the 2006 census approximately 55% of Manitoba's population resides in Winnipeg. Traditionally the provincial health care system has been highly centralized, providing services through hospitals. Increased demand for health promotion and palliative care has challenged traditional structures and service provision through hospitals. Today there is an increased movement to provide services such as health education and promotion at a community level. An example is the *Closer to Home Program* mandated to enhance access proximity. The province is also seeking ways in which innovation and technology can be increasingly used as part of an access strategy.

A task force has been created to examine 'wait times' as part of a multi-faceted access strategy. The province of Manitoba works with federal partners both by design and on an ad hoc basis; however, there is room for improvement and increased partnering to more effectively enhance access and delivery of health care services in the North. An idea currently being reviewed is an electronic database of patient files to speed and ease access to pertinent information by health care professionals. This system will likely be available in a few years.

Earl Cook, Director, Northern Health Relations, Saskatchewan Health, described linkages between the province and northern RHAs. In particular a forum, the Leadership Council, has been created to facilitate regular meetings between Health Authority chairs and provincial ministers. In 2001 the Northern Health Strategy was established through the signing of a northern health accord. The strategy was created for northerners by northerners. Technical Advisory Committees advise the Northern Health Strategy Working Group (NHSWG) on health issues and service delivery strategies for northern residents. The strategy is unique in its capacity to bring multiple levels of government together, including First Nations and the Province. The Northern Labour Market Committee examines issues related to changing labour and market needs. The Northern Health Sector Training Sub-committee meets quarterly and has the mandate to provide opportunities for northerners at home, to fill needed roles in communities. One goal of the Northern Health Training Sub-committee is to develop a multi-partner training plan for the northern health sector.

A lack of structural linkages between Saskatchewan and Manitoba highlights limited proactive planning; northern Manitoba and northern Saskatchewan have more in common with one another than northern RHAs do with their southern neighbours within their provincial boundaries. In the past there has been limited interaction between the provinces; the Mamawetan-Churchill River RHA chair sits on the NOR-MAN RHA board. Funding exchanges occur on an issue-by-issue basis, however, these funding exchanges are not well understood. This workshop was viewed as unique as it provided an opportunity to create linkages between provinces and communities across the border.

Joelle Breton, Manager, Non-Insured Health Benefits, First Nations and Inuit Health (FNIH)

In Manitoba a large northern population is dispersed over a vast land base. The one tertiary care facility is located in Winnipeg. A fundamental challenge is distance and travel requirements. Many service users' journeys begin in their regional centres, either The Pas or Thompson in Manitoba, and then they must travel south to Winnipeg. FNIH provides funding for travel, and is viewed as a payer of last resort.

Common limitations encountered by northern Manitobans were shared. Distance and limited transportation networks make travel time intensive and costly to access services both regionally and in Winnipeg. A great deal of ambiguity and confusion exists regarding funding and care delivery responsibility, due to an overlap of jurisdictions related to Aboriginal status (Status, non-Status, Métis, Inuit, non-Aboriginal). Families are often divided because of arbitrary policy changes; children and parents may technically have different statuses and therefore may be entitled to different programs and resources. The Northern Patient Transport Program (NPTP) is unique to Manitoba and covers some costs related to travel, but does not

cover travel or expenses incurred when accessing dental or optometrist services. One barrier is the cumbersome and bureaucratic nature of the provincial health care system; one participant suggested that a potential solution was to somehow "streamline the process and make access accessible."

Jurisdictional issues related to Aboriginal and non-Aboriginal status within and between communities causes frustration and tension for northern residents. There is a "need to better understand our provincial neighbours and learn from one another while working our way towards positive change".

Colleen Bowen, Zone Nursing Officer, First Nations and Inuit Health (FNIH)
From the Saskatchewan perspective the recent building of communication mechanisms is something of pride. The national framework has been tailored to suit the needs of northern Saskatchewan residents. First Nations individuals, both on- and off-reserve, are covered through the non-insured branch of FNIH. Ultimately residence dictates what services are readily and immediately available.

Saskatchewan's Northern Health Strategy is viewed as the key to fostering communication and creating linkages across the province, with communities, the province, and federal partners working collaboratively. The Northern Health Strategy is a key example of collaboration with a primary focus on providing services to people, and placing less focus on who is required to pay the bill.

Northern Saskatchewan, like northern Manitoba, is experiencing severe physician shortages. Therefore, individuals must travel to access care. For northern Saskatchewan residents, travel to Saskatoon for health services is a solution that is fraught with difficulty. Long waiting periods have become the norm. However, there is a provincial contract with Northern Medical Services, a division of the Department of Academic Family Medicine at the University of Saskatchewan to ensure that physician services are available in northern communities through itinerant providers.

Emergency services are at a critical junction in northern communities. Challenges are experienced in finding air service providers, and obtaining timely air ambulance service from Saskatoon to northern communities is often difficult as calls are triaged in an effort to meet the needs of the entire province. A Northern Med-Evac program with a central dispatch and trained personnel in each community is being introduced to improve emergency services.

Northern Manitoba/Saskatchewan Panel

Representatives from the Burntwood Regional Health Authority, NOR-MAN Regional Health Authority, Mamawetan-Churchill River Regional Health Authority, and Athabasca Health Authority provided a description of working structures, programs and policies related to health service access in the North.

Gloria King, CEO, Burntwood Regional Health Authority (BRHA) described the trials and tribulations of health care delivery in Northern Manitoba (see Appendix C), especially providing access to residents of small communities dispersed over a huge land base. The BRHA board has been comprised of community representatives since undergoing a structural change in 1997. This structure provides the opportunity for increased communication between communities and the RHA through regular meetings.

The Northern Patient Transport Program (NPTP) operates on a 5.5 million dollar annual budget to assist northern health service users to fund travel and pay for some expenses incurred when leaving home communities to access necessary health services. This unique program is geared to facilitate access through transportation, however, multiple challenges remain unresolved. For example, travel for certain types of medical appointments such as dental and optometrist visits is not covered. Appointments and travel arrangements have complex and vague requirements which are difficult for users to understand. These arrangements must be made through health care staff, a process that strips individuals of the freedom and autonomy to plan for their own needs.

Difficulties are associated with service provision in Thompson, the regional centre for the Burntwood RHA. Currently there is about twice as much demand for services as can be met. Although only about half of the need displayed at the regional level can be met, the RHA is striving to provide itinerant services in surrounding communities. Health promotion and education are facilitated through community celebrations such as National Child Day and Literacy Day.

Immunization rates are almost 100% in outlying communities, with about a 70% immunization rate within Thompson. Immunization is provided by community workers. Higher levels of immunization in outlying communities highlights positive impact associated with local service delivery and demonstrates RHA commitment to provision of this service. However, providing pre and post natal care in communities is a struggle due to staff shortages.

The administration of the Burntwood RHA understands that without community partnerships the provision of care at the local level will not be successful. Outreach programs are geared to improve and reduce risk factors and promote health lifestyles. A social marketing strategy used to relay health promotion information, is used by the RHA as the Regional Health Advisory Committee distributes clothing and other items to local communities that display healthy messages and market health promotion.

There is an understanding that some services are underutilized because of social and emotional burdens. Increased awareness and understanding is needed to encourage individuals to seek services, such as mental health services. The BRHA is seeking ways to partner with communities to enhance communication about how to access certain services; who to call for support and information; and how to minimize cancellations based on delays associated with travel. Policy changes are necessary, but the initial goal is defining the problem and creating an understanding about why a policy or program is or is not working.

Trust and relationship building is a critical part of effective service delivery and increased access to services. There is a real need to partner and work together to find appropriate and meaningful change. The concept of "pathfinding" has been explored as a method of assisting health service users and ensuring communication and the provision of information to users. There is a real movement to ensure that "northern health is in northern hands."

Catherine Hynes, Decision Support, NOR-MAN Regional Health Authority
Tanis Campbell, Regional Care Advocate, Men's Team, NOR-MAN Regional Health Authority

The NOR-MAN RHA was established in 1997 (see Appendix D). There is Mamawetan-Churchill River Regional Health Authority (SK) representation on the NOR-MAN RHA board. NOR-MAN provides services to 24, 209 people in the region in conjunction with 3 federal health providers. The gender balance is relatively equal; 53% of individuals in the region are under the age of 35, but the population of seniors is rising. There are many types of communities in the region, industrial communities boasting high wages, as well as small isolated communities relying heavily on government transfers. Differences across communities have an impact on what and how services are provided. There is a real need to promote RHA activities, improving awareness and subsequently service delivery.

There is cause for concern about issues related to personal choices and lifestyle. The NOR-MAN region has the highest number of smokers in Manitoba, but it also boasts the highest number of ex-smokers. The incidence and prevalence of diabetes and STIs are also of concern. There is a need to partner with local communities and organizations. Better communication is critical. It is important to include traditional knowledge and practices with modern health service delivery.

Individuals needing health services are required by design to travel away from home requiring them to leave support networks. Patients have limited access to primary care and specialized services related to a lack of physicians. Relationships need to be built at the local level fostering a coordinated and seamless health care system. There is an eye towards creative and innovative technologies and ways of delivering services; it is important to look beyond traditional boxes and old barriers.

Through creativity and innovation more diagnostic services are now available in the region alleviating some of the need to travel to Winnipeg. Telehealth services are being utilized to provide: education; clinical information; administration; geriatric care; pre and post operative care; and nutrition services. Currently these types of services are only available in Flin Flon and The Pas but there is a real movement to create access outside of regional hubs. There are

issues related to technology and infrastructure in outlying communities but work is underway. Through innovation real possibilities are being generated to increase self-management; however, a comfort level with new ways of doing things must be established.

NOR-MAN is the only RHA that operates an Addiction Centre, though there is still a need to seek ways to make addiction treatment and counselling increasingly community based. A movement away from traditional silos hopefully will assist in uptake and navigation through the system. "No wrong door is associated with access." The region is continuously seeking alternative models of service delivery. The RHA is striving to put a preventative lens on the work it does. The need is for the RHA to become a resource for and a partner with communities rather than taking the role of 'expert'. Ways of providing high level screening at home are being explored to alleviate some travel currently taking place.

Old challenges are still encountered daily. Jurisdictional issues still get in the way. Challenges are related to availability and distribution of capital and resources, both monetary and human. Instead of just being 'stuck' the need is to be creative and innovative and seek positive change.

Kathy Chisholm, CEO, Mamawetan-Churchill River Regional Health Authority (MCRRHA) pointed out the numerous commonalities between Saskatchewan and Manitoba. Both provinces face similar challenges related to distance and population density; northern Manitoba and northern Saskatchewan have more in common than either do with their southern counterparts. MCRRHA covers the largest geographic region of Saskatchewan and only has 21,000 residents. Some 76% of the region's population is Aboriginal, with 33% of the region's population being under 15 years of age. About 49% of residents live on reserve, and 51% live off reserve. There is a 43.9% employment rate.

Success is built upon teamwork and effort by the string of partnerships that exist in Northern Saskatchewan. Creative ways of bringing people and organizations together are continuously being sought, and it is recognized that understanding one another is fundamental to working together. A Population Health Unit based in La Ronge is co-managed by the three northern health authorities to provide population and public health services. Northern Medical Services has provided physician and specialist services to the region for more than 20 years. MCRRHA has partnerships with many other jurisdictions within and outside of the region.

Work needs to be done across provinces to alleviate challenges related to poverty, sub-standard living conditions, distance, and population density. Saskatchewan does not have a program like NPTP in Manitoba. More focus needs to be placed on prevention and education to reduce the need for and costs of treatment, and efforts need to be made to maximize the use of Tele-health in the region.

Vince Robillard, CEO, Athabasca Health Authority, spoke about the Athabasca Health Authority (AHA) which is Saskatchewan's newest health authority. Established in 2003 the AHA does not fall under the provincial RHA Act, but instead is a unique arrangement that brings federal and provincial jurisdictions together to collaborate in health service delivery within the region, both on- and off-reserve. Decisions are made through *Unanimous*

Agreements. The AHA is funded through Saskatchewan Health and transfer arrangements with First Nations communities. It is a 50/50 funding arrangement and represents a truly integrated health service provided both on and off reserve.

The AHA model is based on partnerships to provide an array of quality services. Itinerant staff rotate through the Athabasca Health Facility (located on reserve land adjacent to Stony Rapids) in two-week shifts. Specialists provide services to the area on an itinerant basis. It is important to be cognizant of differences as well as similarities while being tapped into the needs of the region's population.

The region's population is very young underscoring the need to work collaboratively across jurisdictions and borders. Communities are the biggest positive driving forces, as is the board with its dedication and that of the staff. A high number of local people are employed and work with itinerant service providers. The AHA region, like other northern regions, has unique needs based on geography and population. It is therefore crucial to work with funding partners to fill in 'gaps' and address the challenges.

Morning Lessons

Shifting away from traditional models of service delivery, while accepting and making room for flexibility and creativity are fundamental needs of the health care system participants are striving to create. The cumbersome and bureaucratic nature of the provincial health care system is often described as the single largest barrier to accessing health services. The lack of structural linkages between Saskatchewan and Manitoba illustrates the absence of proactive planning between neighbours boasting similar attributes and often challenged by similar issues. This workshop was viewed as unique because it provided an opportunity to create linkages between provinces and among communities within the two provinces.

Multi-level, cross-jurisdictional partnerships and collaboration are crucial to ensure policy and programming is well understood, and altered for the right reasons at the right times. Partnerships and communication will create understanding and foster balanced change and implementation. Without community partnerships the provision of care at the local level will not be successful. Trust and relationship building is a critical part of effective service delivery and increased access to services. The need to partner and work together is essential to generating appropriate and meaningful change. Open and sincere dialogue will inform and support the collectively-held view that northerners and their communities need to be heard and involved in the process; a powerful movement is developing to ensure that "northern health is in northern hands."

April 16, 2008 – Afternoon Session

Partnership Models Panel

The objective of the partnerships model panel was to explore organizational differences and strengths, as well as processes that are employed to meet organizational goals. Panellists shared organizational lessons about fostering successful and sustainable partnerships.

Panellists also shared the work that their organizations have undertaken to address issues of access to health services in the north.

Saskatchewan Northern Health Strategy Working Group

Kathy Chisholm, CEO, Mamawetan-Churchill River Regional Health Authority (MCRRHA)

The Northern Health Strategy started as an idea to form a group of northern health care providers to talk about common issues. Initiated by Keewatin Yatthé Regional Health Authority, the goal of the Northern Health Strategy Working Group (NHSWG) is to improve the health status of northern residents and create a northern voice; a powerful collective voice to advocate for northern people and their communities. The NHSWG was established in 2001 through the signing of a northern health accord between health authorities responsible for health service delivery in the north. The 12 Northern Health Strategy Partners include federal and First Nations jurisdictions (Lac La Ronge Indian Band, Meadow Lake Tribal Council, Peter Ballantyne Cree Nation, Prince Albert Grand Council, Northern Inter-Tribal Health Authority, Health Canada First Nations and Inuit Health); provincial jurisdictions (Kelsey Trail RHA, Keewatin Yatthe RHA, Mamawetan Churchill River RHA, Population Health Unit, Saskatchewan Health,); and joint provincial/ federal and First Nations jurisdictions (Athabasca Health Authority and Northern Medical Services.

In 2002 the Northern Health Strategy Working Group (NHSWG) was formed with the goal of improving the health of the residents of northern Saskatchewan by working together and taking a more holistic approach to health and health services. The strategy is aimed at assisting in the navigation of a complex health system, with a mandate to collaborate and work across jurisdictions. Taking a community development approach, areas of emphasis include consultation and strategic planning, human resource planning and electronic health information management, The group has learned lessons in cross-jurisdictional decision making strategies from the Manitoba Aboriginal Health Strategy.

The need is to focus on what can be changed and the work to be done at the program level to achieve that change. Working together for policy development at an organizational level and working toward policy and legislative changes at federal and provincial levels are key considerations. Leadership is critical. Strength is created by numbers of people and organizations involved. Working together collaboratively is essential when advocating for change. Leadership needs to come together regularly at a community level for effective discussions about health and health care. Cultural knowledge and understanding weaves through these entire processes.

A project of the NHSWG entitled *Shared Paths for Northern Health* sought to utilize existing relationships within the NHSWG to move to a comprehensive primary health care approach to service delivery. Technical Advisory Committees (TACs) were created in to identify shared needs across the north and work toward equitable and practical access to health services.

The Northern Health Strategy Working Group has been used as a vehicle to highlight other types of northern issues such as emergency evacuation (fire); emergency preparedness (pandemics); and the need for transportation system improvements. Work is also being done

to create a Northern Health Database that will ensure security and privacy protection while enabling key people to access pertinent information as individuals move from community to community.

Another important function of the NHSWG is to translate corporate knowledge to guide and assist new staff. It is important to learn from those who are experienced and possess a meaningful understanding of policy and its impact. It is important to think and act critically; review existing policy, understand the context in which it was formed and make changes to address societal needs that are relevant today. Knowledge sharing and communication are important. Development and change need to be viewed through appropriate lenses. Collaboration and cooperation are essential ingredients in promoting positive, solution-based change.

Bayline Regional Round Table

Diana DeLaronde-Colombe, Community Animator, Bayline Regional Round Table Laurel Gardiner, Healthy Communities Advisor, Upstream Connected.
The Bayline Regional Round Table (BRRT) is formally comprised of six communities located along the Hudson Bay Rail line between The Pas and Churchill (see Appendix F). These communities include Cormorant, Wabowden, Thicket Portage, Pikwitonei, Ilford and War Lake First Nation. Only two of the six communities (Cormorant and Wabowden) have road access, the remaining four are accessible only by rail and air. Cormorant situated within the NOR-MAN Health Region; the other communities are located within the Burntwood Health Region. Ilford, a provincial community, and War Lake, a First Nation community lay adjacent to each on two different sides of the same local road.

In 2001-2002, these communities came together to build a partnership that would explore and take action on issues of common concern. The BRRT has experienced increasing confidence and influence over the years through their shared agendas and common voice. They have become a powerful voice for other northern communities and the region. The BRRT has to date focused primarily on food security and access to health care, but future endeavours are hoped to be based on housing needs, employment, and income diversification. Communities, especially in the North, struggle to stretch limited resources, both financial and human to achieve their goals. Community development is the driving force behind the successes of BRRT. Decisions are made by consensus, people respect and support each other, and social interactions are strengthened.

Research Findings

Manitoba Issues Explored

The three-year project, *Community Collaboration to Improve Health Care Access of Northern Residents* evolved from a multi-community collaborative effort to address regional needs identified by the Bayline Regional Round Table (BRRT) (see Appendix E). The BRRT was established in 2001 as these communities identified many shared similarities and issues related to factors of distance, geography and isolation. Concern about the quality of access to health services within BRRT communities locally, regionally and provincially sparked interest in conducting a multi-year participatory action research (PAR) project engaging a variety of stakeholders. Conversations, interviews and focus groups were conducted with

community members, service providers (itinerant, local, regional and provincial), and government representatives. Inclusion of personal experiences and community knowledge to empower participants is fundamental in PAR. This type of research activity values the process through which awareness and consciousness of issues is raised. Creative solutions and education at all levels are important outcomes of this project. In keeping with the inherent principles of community development, community members actively engaged in the process, gaining skills and knowledge necessary to take charge of their own destiny and build partnerships to improve access to northern health.

Focus groups and interviews with residents and community leaders were conducted in Bayline Communities in northern Manitoba. Focus groups of itinerant providers and interviews with RHA managers and other key informants knowledgeable about factors that contribute to individual and community health were held in Thompson and The Pas as regional centres.

Workshops were held in Thompson to share findings with community leaders from the Bayline Regional Round Table, other BRRT community members and RHA representatives as well as provincial and federal representatives. The BRRT shared these findings with their communities and came together for further discussions with providers to determine action to be taken at local and regional levels. As a result of the discussions participants decided to share the Manitoba findings with their Saskatchewan neighbours and learn from Saskatchewan experiences as well.

Accessing health services can be challenging locally, regionally and provincially. Northern Manitoba findings included broad system wide concerns; issues that underpin the entire provincial health care system. Emphasis was on understanding the unique local needs of isolated communities in the north; policies developed in the south often are not a good ‘fit’ in the north. The ability to provide necessary services in small remote communities is difficult. Building relationships of trust is difficult when staff turnover is high and resources are thinly spread. Emergency response, dental care and home care were flagged as needing improvement. On a regional scale, difficulty with long waiting periods, a shortage of physicians, and lack of coordination of services were identified. On a provincial scale, travel to Winnipeg for specialized services is complicated at best, but distance compounds the need for better coordination of services and appointments. Need for assistance with navigation of a complex system and the provision of more information about options or choices were problems identified by both residents and providers.

Issues related to distance and transportation were woven through many of the concerns expressed. Two of the six Bayline communities have all weather road access, while the other four depend upon rail and air travel, in addition to winter ice roads which offer short term access. Travel to regional and provincial centres is expensive and time consuming for northern residents. These problems are compounded by a lack of trust that northerners have come to experience as appointments are cancelled and needs remain unmet. Leaving home for appointments in the south can mean significant time away from family and other commitments. Many northerners do not have knowledge of the large urban centres that they must navigate for their appointments. Understanding challenges associated with northern isolated communities and the difficulties experienced by those who live in these communities must be considered in efforts to generate future solutions and improve access to health services.

Saskatchewan Issues Explored

From its inception the project goals were to explore barriers to health care access for northern residents and find ways to dialogue with policy makers to effect change. To understand a broader range of issues and solutions, northern Saskatchewan communities were included as part of the project, allowing the sharing of issues and solutions between the two provinces. Five communities under the jurisdiction of the Athabasca Health Authority (AHA) in Saskatchewan's far north including Stony Rapids, Black Lake Denesuline Nation, Fond du Lac Denesuline First Nation, Uranium City, Camsell Portage. In addition, the two communities of La Ronge and Pinehouse Lake from the Mamawetan Churchill River Regional Health Authority (MCRRHA) in the near north were included. As in Manitoba, interviews and focus groups with residents and service providers took place in the communities. Residents and health care providers from these communities identified access issues related to distance, geography, funding models and jurisdictional fragmentation (see Appendix G).

Research findings from Saskatchewan highlighted concerns related to transportation policy, funding models as well as local availability of services and health care professionals (see Appendices H & I). As in Manitoba, the ability to provide necessary services in small remote communities was identified as an issue and residents in both the near and far north expressed concerns about their ability to access many services. At the same time, the value of local and regional facilities and services was recognized and many community members spoke of their appreciation of local staff.

In both the AHA and MCRRHA regions transportation issues were of primary concern. Three of the AHA communities are accessible primarily by air and the remaining two have only seasonal road access. The MCRRHA communities both have road access to the south. Participants spoke of hardships experienced when traveling great distances at personal expense to obtain service. These hardships were often compounded by a lack of awareness on the part of service providers and support staff in the south, who were not cognizant of travel and cost issues when scheduling treatment. Communication between patients and service providers was also an area where need for improvement was suggested. Ways to address language and information barriers are needed to ensure that patients can understand and manage their own health issues. Only by understanding their conditions can patients properly take medications, obtain appropriate follow-up and advocate for themselves.

Expansion of locally provided services such as dental, home care and mental health services and increased specialist visits was cited as a way of reducing the transportation burden on residents. However, health care providers highlighted the need to have long term staff in place to take advantage of the technology, citing restrictions in staff training availability and scope of practice standards as barriers that prevent technologies such as Telehealth and local specialized equipment from being used to their fullest potential.

The degree of coordination of services between federal and provincial health care systems was identified by service providers as affecting both the quality of health care and the availability of local services. An eagerness to address these jurisdictional barriers was expressed.

Day 1 ended with a discussion about what can be learned from the partnership models, the research findings, new linkages and partnerships. It is critical to translate corporate

knowledge and share information through effective communication channels to increase understanding and awareness. The key lesson from the panel is that there is real power through a collective voice, underscoring the importance of collaboration and cooperation. It is important for individuals come to the table as collaborators with a solution-oriented lens.

April 17 – Morning Session

Identification of Priorities

The group reconvened on Day 2 and began with a review of expectations and workshop objectives to generate priority topics to be discussed in working groups. Priority areas explored in the six working groups included:

1. Building community partnerships
2. Understanding the development of the Athabasca Health Authority and development of federal / provincial partnerships
3. Building 'pathfinding' processes
4. Recruiting health care staff
5. Building a vision of success for northern health services
6. Cross-boarder cooperation and partnership

Working groups were based on an open learning process; participants self-selected groups and roles within each group. Group leaders facilitated discussion and reported back to the group.

Community Partnerships

Ida Ratt-Natomagan, Social Worker, Pinehouse Lake, Saskatchewan facilitated a working group exploring possibilities for improving community partnerships. The members of this group identified experiential learnings and shared their thoughts on building partnerships. Participants stated that community partnerships often depend on people and resources outside of a community. It is important to build upon local strengths, understand local resources and appreciate that different individuals excel at different things. Local passion and ownership must be fostered. Community health is dependent on many variables – emotional, physical, and general well-being of the residents and their overall quality of life. It is critical to build community confidence; local people need to take control and drive the process of change. Residents and providers need to work together to help communities realize their abilities and potentials.

Providing local educational and training opportunities is fundamental when building local community capacity and support. It is important to value individual's and organization's time – meetings away from work come at a cost. It is imperative to learn from and share with others. Successful model development hinges on the notion that every person has the opportunity to contribute and become a part of the decision-making process. It is time to realize the potential strength of collectives and it is important to celebrate success. Making use of existing community resources, such as infrastructure is important.

The importance of communication at the community level cannot be over emphasized. Residents may think they know one another, but do they really? Communication is only

strong when there is local independence and ownership. Dependence on resources from outside of communities undervalues local communication and ownerships. However, sometimes communities partner with others to help their voice be heard, such as through research. Sometimes we have to reach out when we do not understand the process. There is a need for local educational opportunities and sharing. It is critical for local community members to understand the process in order to navigate the system.

Local coordination is an important part of fostering partnerships and building capacity. Individuals on the receiving end need to understand who they will encounter, when and why. Cross-cultural sensitivity and understanding is needed. Honouring language and tradition is an important component of meaningful change. An inter-agency model will help facilitate training and education. A combination of formal and in-formal ways of learning and knowing will increase understanding about places and people. Education, training and local employment opportunities are fundamental components that lead to confidence building at the local level. This is required through the life span, from babies to elders. A poem was used to summarize the importance of education and individual growth.

Education is strength,
Strength is voice,
Confidence to speak,
Self-sufficiency.

An example of a community partnership model can be found in Pinehouse, Saskatchewan. A Care Group started very informally as way to provide support to community members in need. Volunteers assisted people in need; help was provided to those who at the time may not have had their own strength. It was a way in which community members could help one another; the entire process was based on trust. Saying thank you is an important factor in ensuring groups such as this continue to exist.

Funding requirements can become barriers; a formal facility or organization may not always be in a community's best interest. Discussion of such issues is necessary. It is time to eliminate dependency and make community goals a reality. It is both necessary to rethink decision-making processes and models and to build on what already exists.

Federal-Provincial Partnerships

Vince Robillard, Chief Executive Officer, Athabasca Health Authority, Saskatchewan facilitated a working group exploring Federal-Provincial partnerships as possible solutions to duplication and subsequent mismanagement or waste of resources. Vince shared his experience in working with the federal-provincial partnership within the AHA to provide health services to the most northerly residents of Saskatchewan. He stated that collaboration and partnerships are needed at various levels and across many types of organizations. Long-term commitment is needed to ensure the time and effort of individuals put into building relationships is valued. Partnerships need to be more broadly defined than they traditionally have been. The success of these types of endeavours is based upon trust and mutual benefit, especially when sharing resources.

All of this must occur at the community level, or simply where most needs occur, therefore, this process should be community-driven. The Northern Health Strategy Working Group is further proof that collaboration is possible and should be valued for its achieved and potential successes. Manitoba and Saskatchewan should continue having discussions that have started at his workshop. There may be room at the table for participants from the Province of Manitoba and representatives from northern Manitoba at Northern Health Strategy Working Group meetings. Vince Robillard offered to bring the interest of the communities and RHAs in northern Manitoba to the attention of those in the Working Group and explore opportunities for attendance at one of their meetings. Such a meeting could be pivotal in furthering northern Manitoba and Saskatchewan dialogue. There is also an annual Health Conference in Northern Saskatchewan that could include Manitoba representation and provide ongoing opportunity for sharing across the two provinces. Offers were made by Saskatchewan participants to encourage invitation of their Manitoba counterparts for future events. Workshop participants suggested that perhaps there are ways for the provinces to partner and take turns hosting events such as the northern health conference.

Building Pathfinding Processes

Diana DeLaronde-Colombe, Community Animator, Bayline Regional Round Table, Manitoba led the group discussion about the concept of "pathfinding" and assisting navigation through a complex system. This topic initially came up a possible solution in Manitoba at the May 2007 BRRT meetings. It has been a popular idea since inception. Members of this group suggested that an information pamphlet could be created to share information about the role of pathfinding in order to navigate the complex health care system. This concept is about advocacy and ensuring needs and concerns are heard and valued, thereby helping to enhance personal experiences and the degree of success in linking people more directly with services. Without appropriate information and knowledge the simplest of undertakings can become very difficult. Relationships have been strained because of poor communication and a lack of understanding. Concerted efforts to create easier paths for those in need of health services would reduce frustration and go a long way in creating northern resident trust in the system and in those who deliver the services. As health care staff develop pathfinding skills, their abilities to identify barriers to services and assist in reducing those barriers will be enhanced.

In essence we are all pathfinders in the health care system, patients, family members and providers alike. Perhaps creating a map or plan for the journey that individuals could access would assist them in their journeys. General information and advice would be very helpful to those in need. It may also help to alleviate or reduce blame and tension between service users and providers.

This process needs to be based on cooperation and collaboration. Open relationships linking people and helping with pathfinding could facilitate the process of translating and disseminating the right information at appropriate times. It is impossible for one person to have all the answers at all times.

Clients or service users need to strive to become advocates for themselves; the providers are also pathfinders and could assist. It is crucial to foster personal empowerment and build

capacity through information and realize that sometimes people have to speak for themselves. An example of this type of process has been undertaken by the Calgary Health Authority where the role of 'patient navigators' has been established to assist service users in need. The program has been especially helpful for elderly patients. The program was initially created because of long waiting lists and this program was designed to help people know where they were on the list.

Staff Recruitment

Dr. Peter Butt, Director, Northern Medical Services, Saskatchewan convened a group discussion exploring ways to recruit staff to northern communities. Physician shortages have become commonplace across northern and rural areas. Career and social opportunities are often perceived to be more attractive in urban centres. The issue has become one of finding ways to match skills with services. Service providers need to be encouraged to work collaboratively rather than continuing with a system that values and rewards work based purely on how many patients have been seen within a particular timeframe. Ways to engage students and young professionals need to be explored. Effort and attention should be aimed at encouraging northern youth to pursue training and careers in the health care sector with the hope that they are more likely to return to the north to practice. RHAs and communities should work together and share information and knowledge to recruit medical staff.

Vision for Successful Northern Health Services

This working group explored ways to create a vision for northern health services while gazing through a lens of mutually agreed upon reasonableness. It is important to listen closely to what communities are saying because most are generally reasonable and have a real understanding of what is occurring at the grassroots level. There is a need for timely care. One way to facilitate a timely and effective system is to train paraprofessionals capable of filling gaps and providing services locally. Leaders from various levels of government need to be engaged to ensure action. Part of the northern vision will be to blend worlds and create a system that respects diversity and works with differences. Northern people come from a vast array of cultures and histories. It is critical to incorporate traditional knowledge and learn from community elders. All people and cultures can benefit from sharing knowledge, while respecting and striving to understand one another. A broad interpretation of community health is fundamental along with the need to look at the determinants of health such as education, employment, the environment, social supports, and child development.

Cross-Border Cooperation and Partnerships

The final group, in keeping with the theme of the workshop, explored cross-border cooperation and partnerships. The group noted that in many respects the northern regions of Saskatchewan and Manitoba have more in common with one another than either does with their southern neighbours in their own provinces. Trust and relationship building are critical in effective service delivery. It is important to seek ways "to compare apples to apples instead of apples to oranges" which is often the case when comparing north to south. Open and sincere dialogue will inform and support the principle argument that northerners and their communities need to be heard and involved in the process; workshop participants stressed the need to ensure that "northern health is in northern hands." Through cross-border cooperation and collaboration it is hoped that a seamless system enhancing access of northern residents

could be created. It is useful to share research findings and develop health indicators. Information can be gathered and used to foster policy changes that will reflect common needs across provincial borders. This workshop could act as a catalyst. Participants agreed that it is imperative to continue sharing and talking across borders. Participants suggested that CEOs from northern RHAs could continue to meet. The network established through this workshop should continue to foster communication, share information and provide updates over time. The ongoing potential exists for joining forces across the Manitoba-Saskatchewan border to create a common voice of greater strength in the north; a voice to call for and work towards improved access to health services for northern residents.

Thank You to Contributors and Participants

The organizers and participants wish to offer special thanks to those who facilitated the enjoyable energy breaks. Ricky Pronteau of the Bayline Regional Round Table led the group in a jigging lesson on the afternoon of Day 1. A Saskatchewan *In Motion* representative led the group in a stretching and exercise routine on Day 2.This workshop was made possible through dedication and commitment of the planning committee. Special appreciation to all participants who took time from their busy schedules and travelled great distances to gather information, share their ideas, extend their networks and make this workshop a success!

Evaluation

Workshop evaluation responses were very positive (see Appendix A). The workshop was described as well organized and useful. The topics were of strong interest to participants and the information provided by presenters was rated as very useful. The working group session received the most positive evaluation score. The atmosphere of the workshop was described as inviting; the facilitator was excellent and participants were enthusiastically engaged. The openness of the group provided the foundation to see the possibilities and to seek change and overall improvement of northern access to health care.

Appendices

Appendix A

Evaluation

Health Care Access of Northern Residents: MB/SK Workshop
April 16 & 17, 2008
Workshop Evaluation Responses

Please share your thoughts on this workshop. Please place a tick in the box that represents your opinion.

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Workshop					
Workshop was organized and flowed well.	**9**	**12**			
Workshop topics were of interest.	**16**	**5**			
Presenters provided useful information to set the stage.	**12**	**8**			
Discussion groups were valuable.	**18**	**3**			
Networking opportunities were beneficial.	**15**	**6**			
Activity breaks were stimulating.	**11**	**6**	**3**		
Overall I found the workshop useful.	**17**	**4**			
Facilities					
Workshop location worked well.	**11**	**8**	**1**		
Meals and refreshment breaks were good.	**10**	**9**	**1**		

What I liked best about the workshop was…

- The atmosphere was very inviting – the facilitator provided excellent facilitation skills. Great participation by all that attended.
- I thought that the identification of priorities was extremely beneficial. The discussions and break out groups was excellent—I found that a lot of issues were brought to the table and will be addressed.

- Networking – sharing of ideas. Breakout groups. Facilitation got us to points as where to next.
- Sharing of research results.
- Networking.
- Everything was good and informative.
- The interaction between provinces.
- Sharing of information from Saskatchewan and Manitoba.
- Meeting with those from the north in another province.
- The discussions of all topics which are so similar in both northern provinces.
- Learning from others.
- Learn about other communities with similar problem.
- Networking with others, hearing others issues and comparing notes!
- Working groups.
- Broad range.
- Sharing of information. Openness of community/is to see possibilities for change. Facilitator kept bringing us back to topics. Felt welcomed.
- Organization and flow of the 2 days. I also liked the interaction with others from another province. I also enjoyed the organization of the sessions and the group work.
- Great dynamics, great group of participants "learned" new dance steps.
- Workshop location—perhaps The Pas or Flin Flon next time! If there is a next time. Chance to hear what SK was doing. It was very good, mix of people organizations, governments. Same time next year?
- Hearing the various perspectives from participants.
- Info on N. Manitoba; dancing lesson but volume could have been better; seeing 3 CEOs attend; good attendance in terms of numbers.

What I liked least about the workshop was…

- There was nothing I disliked
- Overall the workshop was well worth coming to and I can't think of anything I didn't like.
- There was no youth involved in this workshop.
- Nothing really.
- The location/hotel.
- Food wasn't great.
- No soup with lunch on the first day.
- Noise from kitchen; lack of soup on first day; some voices don't carry as good.

To improve the workshop I would…

- Nil
- Like to see future workshops that will include cross provincial learning. Facilitator did an awesome job!
- Like to see more breakdown of policies and rules in RHAs's programs in place.
- Have the community stakeholders have a specific time to connect and discuss.

- I see that breaking out in groups brought out lot of issues and well dealt with in discussion. Thank you to the coordinators Bob, Fran, Glen and all who had something to do this workshop.
- Include more group work.
- Well organized but the facilitator could have followed the time lines closer. Would have liked more discussion around the issues determined in the research project.
- Like the reports that were talked about especially from Sask.
- Mix the working groups rather than allow people to choose because people went with who they knew and more ideas could have come to each group.
- Have a good overall review of the written and oral feedback and proceed from there.
- More jigging.
- Background noise from kitchen made it difficult to hear.

Other

- Did not feel pressured to share. Very open. Relevant!! (very much so)

Appendix B

An Overview of Manitoba's Health System

Presented to:
MB/SK – Access to Health Services in the North Workshop
April 16, 2008

Jean Cox, Executive Director
Rural/Northern Regional Support Services
Manitoba Health & Healthy Living

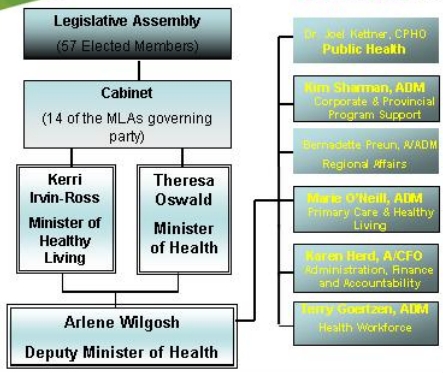
Manitoba

Manitoba's Health System – An Overview

- Organizational Structure
- Manitoba Health – Key Outcomes
- The RHA Act – Minister's Authority
- Manitoba Health Roles
- Fiscal Context: Spending Distribution
- Health Authorities – RHAs, CCMB
- The RHA Act – RHA's Responsibilities & Duties
- Programs & Services Continuum
- RHA Roles
- Questions / Discussion

2 Health

Manitoba



3 Health

Manitoba

Manitoba Health & Healthy Living Key Outcomes

- Manitoba Health & Healthy Living ensures that the five principles of the Canada Health Act are upheld: Universality, portability, comprehensiveness, accessibility, public administration
- Manitoba Health & Health Living strives to improve the health status of Manitobans through an effective and appropriate balance of prevention and care

4 Health

Manitoba

Manitoba Health & Healthy Living Key Outcomes Contd

- Manitoba Health & Healthy Living advocates for a system in which Manitobans receive appropriate, effective, quality care at the right time, by the right provider in the right setting, and that the health services are planned, managed and delivered around the needs of individuals, families and communities
- Manitoba Health & Healthy Living strives to achieve a sustainable health system

5 Health

Manitoba

The RHA Act – Minister's Authority

- Promote, Protect and Preserve Health;
- Establish provincial objectives and priorities;
- Give binding direction to Regional Health Authorities (RHAs);
- Provide (or arrange for) health services;
- Delegate authority;
- Withhold funding for non-compliance;
- Appoint official administrator.

6 Health

Manitoba

Manitoba Health & Healthy Living

VISION

Healthy Manitobans through an appropriate balance of prevention and care.

MISSION

To lead a publicly administered sustainable health system that meets the needs of Manitobans, and promotes their well-being.

GOAL 1	GOAL 2	GOAL 3
Optimize the health status of all Manitobans	Improve quality, accessibility and accountability of the health system	Achieve a sustainable health system

Manitoba

Manitoba Health & Healthy Living Roles

- Determines core services, broad health strategies, new service initiatives and provincial workforce strategies
- Establishes and monitors standards
- Ensures necessary legislation is in place
- Receives and analyses regional health plans and submits recommendations to the Minister of Health for approval

Manitoba

Manitoba Health & Healthy Living Roles cont'd

- Collaborates with federal/provincial/territorial partners to address common issues
- Provides support to the RHAs as required
- Allocates funding
- Ensures accountability for public spending
- Provides central support for community health assessment

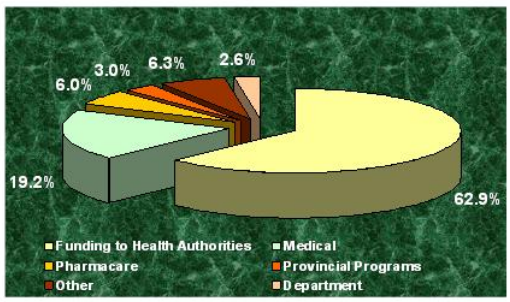
Manitoba

Manitoba Health & Healthy Living Roles cont'd

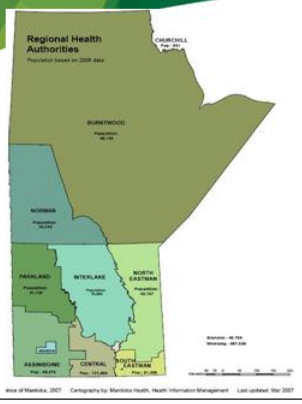
- Evaluates effectiveness in terms of impact on health
- Leads, participates in research activities and communicates findings
- Support to the Minister of Health in the form of information and recommendations

Manitoba

Fiscal Context: Manitoba Health & Healthy Living Spending Distribution (2006-07)



Manitoba



11 Regional Health Authorities

CancerCare Manitoba

Manitoba

The RHA Act – Duties & Responsibilities of RHAs

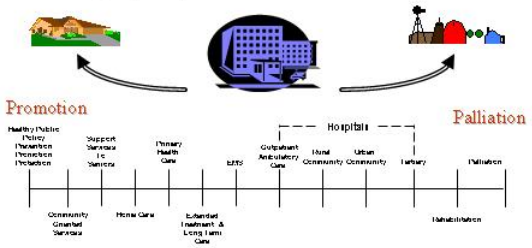
- Assess the health needs of the health region on an ongoing basis;
- Develop objectives and priorities;
- Prepare and implement a regional health plan;
- Provide for the delivery of and administer health services to meet health needs in its health region;
- Promote and protect the health of the population in the health region;
- Implement measures for the prevention of disease and injury.

13 Health

Manitoba

Health – Programs & Services Continuum

Re-structuring the system towards a more appropriately balanced continuum of services



14 Health

Manitoba

RHA Roles

- Comply with the RHA Act
- Manage the organization and delivery of evidence based/quality programs and services and propose service changes and/or enhancements to existing programs and new programs
- Develop and submit strategic plans, community health assessments and health plans. As well, conduct Annual General Meetings.
- Manage budget allocations

15 Health

Manitoba

RHA Roles cont'd

- Monitor programs and services against standards (provincially and nationally)
- Monitor effectiveness of actions in terms of impact on health
- Alert the department to incidents and occurrences that threaten the integrity of the organization
- Initiate practice-based research and participate in provincial research

16 Health

Manitoba

Manitoba Health & Health Living - Access

- Appointment of Provincial Director of Patient Access
- Access Strategies
  - Wait Times Task Force
    - 5 Five Federal Priorities
    - 4 Provincial Priorities
    - Manitoba Patient Access Network
    - Patient Access Registry
    - Compendium Project – Federal Provincial Partnership

17 Health

Manitoba

Questions/Discussion

18 Health

Appendix C


Burntwood Regional Health Authority
Health Care Access of Northern Residents
Manitoba/Saskatchewan Workshop
April 16 & 17, 2008
Presented By:
Gloria King
A/Chief Executive Officer
Burntwood Regional Health Authority
1
Structure of Health Services
Regional Health Authorities Act
Policy Governance
Core Services
2
Health Services
Public Health on the Bayline
Public health nurse 1-2 days per month
Community Health Workers
On call workers
3
Health Services
Thicket Portage, Pikwitonei and Ilford:
Public Health Nurse travels out twice a month to provide Public Health Services, Home Care Assessments, community follow-up etc.
Families First Program travels out twice a month.
A Physician and Clinical Assistant travel out once a month to provide services.
Footcare travels monthly.
4
Health Services
Wabowden:
A Nurse lives in community of Wabowden and provides Public Health Services, Home Care Assessments, community follow-up
Families First weekly Home Visits
Physician, clinical assistant monthly
Foot Care – nurse travels monthly
5
Health Services
Other Travel Includes:
Retinal Screening, Diabetes Program, Dietician, Dental Program, Infectious Diseases, Home Care Program, Mental Health
Partners that Travel with us Includes:
Child and Family Services as they work on cases
Addictions Foundation of MB
Any other community agencies
6

Health Services

Community Celebrations:

- National Child Day in November
- Family Literacy Day in January
- Safe Kids in June

7

Health Services

- Immunization
  - Almost 100% in every community
- Influenza/Pneumococcal
  - 1-2 trips to each community in flu season (November – March)
  - Homebound clients are seen in the home

8

Health Services

- Sexually Transmitted Diseases
  - Sexual health counseling – grade 7,8
  - Disclosure/counseling
  - Distribution of condoms

9

Health Services

- TB Coordination
  - Follow up for clients
  - Community presentations upon request
  - Outreach

10

Health Services

- Public Health in the Schools
  - Detailed calendar
  - Education:
    - Fetal Alcohol Spectrum Disorder
    - Immunization Awareness
    - Flu awareness
    - Tobacco +++
    - Lice (September, January, April)
    - Mental wellness awareness
    - Safety – Safe Kids week - June
    - Diabetes (November)
    - World Aids Day (HIV/AIDS)

11

Health Services

- Community Events
  - National Child Day - November
  - Family Literacy Day – January
  - Safe Kids – June

*** we need to plan together on literacy – our rates are not improving

12

Health Services

- Prenatal and Postnatal Care
  - Healthy Baby
    - Prenatal up to one year
    - Nutrition education/milk vouchers
    - Not running due to vacancies at present
    - Nurses/Community Health workers are excellent at referring to the program

13

Health Services

- Families First
  - 0-5 years
  - Every 2 weeks
  - Specific worker for each family – travels from Thompson

14

Health Services

- Books for Babies – package given to every new mom
- Oral Health
  - Our dental health coordinator has been to every community
  - Train the trainer – health centre staff

15

Health Services

- Chronic Disease Prevention Initiative
  - Physical activity
  - Nutrition
  - Tobacco reduction
  - Mental wellness

16

Health Services

Diabetes

- RN/Dietitian – travel every 2 months to communities – clients visited every 2 months
  - Presentations as requested
  - Diabetic foot care nurses traveling regularly
  - Retinal screening
  - Risk Factors and Complications Assessments – train the trainer program is starting in the fall

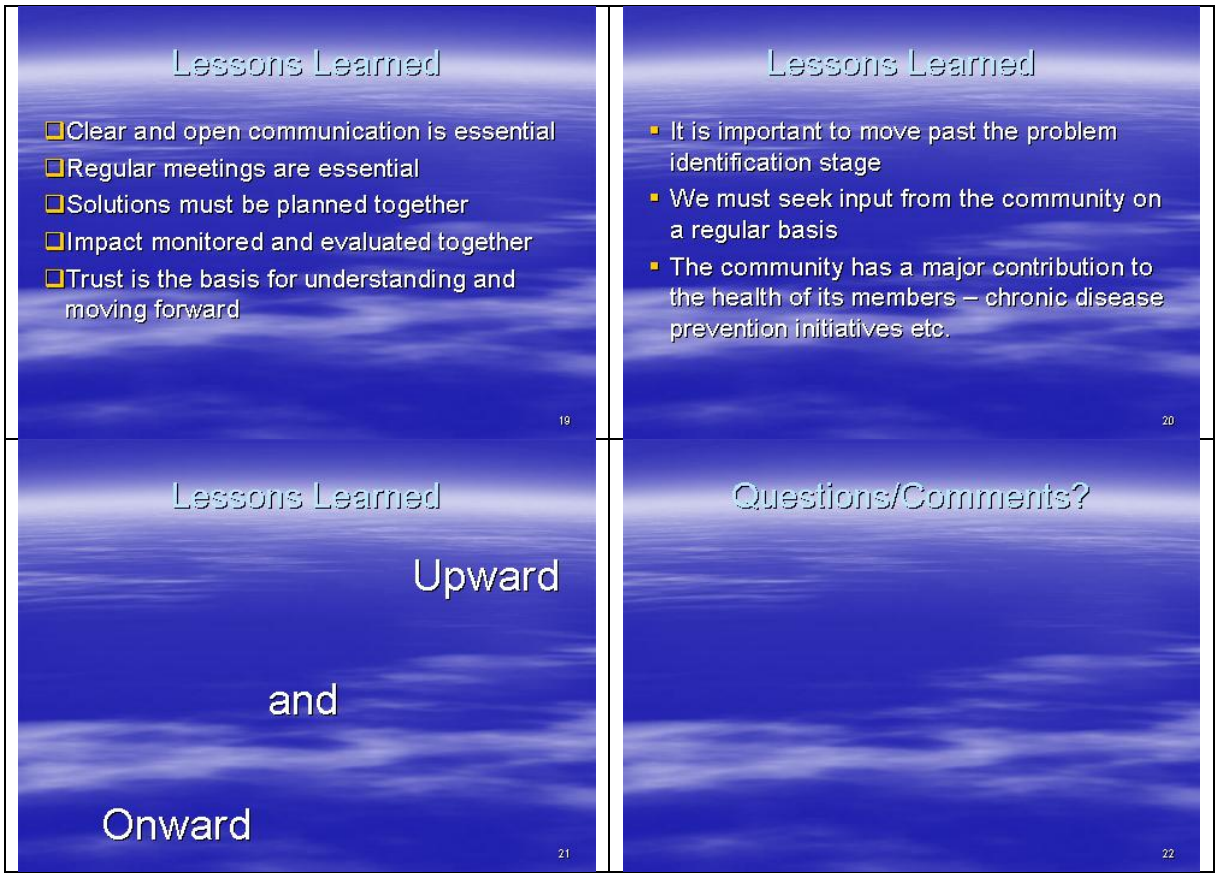
17

Health Services

Mental Health services present a great challenge.

Our objective is to partner with the community to focus on promotion and prevention and to reduce the stigma for seeking help.

18


Lessons Learned
Clear and open communication is essential
Regular meetings are essential
Solutions must be planned together
Impact monitored and evaluated together
Trust is the basis for understanding and moving forward
19
Lessons Learned
It is important to move past the problem identification stage
We must seek input from the community on a regular basis
The community has a major contribution to the health of its members – chronic disease prevention initiatives etc.
20
Lessons Learned
Upward
and
Onward
21
Questions/Comments?
22

Appendix D

NOR-MAN Regional Health Authority

Overview of the
NOR-MAN Regional Health Authority

Health Care Access of Northern Residents: MB/SK Workshop
April 2008

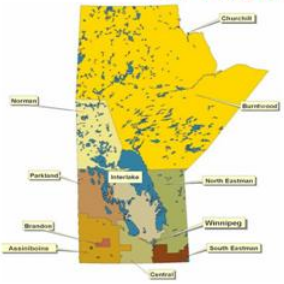
About NOR-MAN RHA

- Established in April 1997 (Bill 49 - The RHA and Consequential Amendments)
- Governed by a Board of Directors appointed by the Minister of Health
- Accredited organization by the Canadian Council for Health Services Accreditation - April 2002 and May 2005

About NOR-MAN RHA

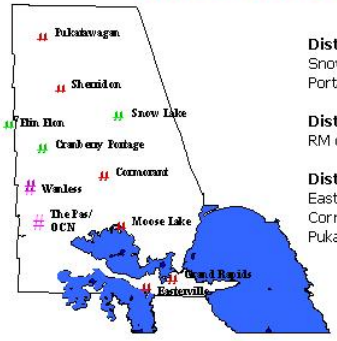
- 1 of 11 RHA's in Manitoba
- Our Mission is **"Healthy People in Healthy Communities – Working Together to Improve our Health."**
- NRHA provides 11 core services in 3 Acute Care Facilities, 3 PCH, 2 Primary Health Care Centres, 2 NRHA Nursing Stations and 1 Community Wellness Centres
- Do not have jurisdiction to provide all health cares services in all communities. Strong partnerships critical to ensure services are provided in a coordinated & seamless fashion.

Regional Health Authorities of Manitoba



NRHA is 1 of 11 RHA's:
1. Winnipeg
2. Central
3. North Eastman
4. South Eastman
5. Brandon
6. Assiniboine
7. Interlake
8. Parkland
9. **NOR-MAN**
10. Burntwood
11. Churchill

NOR-MAN Communities



District 1 = Flin Flon, Snow Lake & Cranberry Portage

District 2 = The Pas, OCN, RM of Kelsey

District 3 = Grand Rapids, Easterville, Moose Lake, Cormorant, Sherridon, Pukatawagan, Unorganized

Who are the people?

- 24,209 people live in NOR-MAN
  - Home to 2.04 % of Manitobans
  - 50% female; 50% male
  - 53 % under age of 35 (MB= 46%)
  - 9.0% are 65 years+ (MB=14.0%)

Based on Manitoba Health Population Data - June 1, 2007

- 46% of NOR-MAN residents have claimed Aboriginal Identify (MB = 14%) / based on 2001 Canadian Census Data

Who are the people?

- Remoteness & # of widely scattered communities impacts our access to services.
- Lower education levels than other MBs. (higher % of of residents with less than high school or only a high school diploma)
- Double than unemployment rate (12.1%)
- High dependence on government transfer payments
  - ➢ Higher dependence rates in outlying communities
- Higher median household income than MB

Common Themes

- The need to improve access to services.
- The need to enhance awareness of regional & community NRHA services & programs.
- The need to improve service integration.
- The need to better coordinate services in the community.
- The need to continue to strengthen primary prevention activities.

Common Themes

- The need to continue to build individual & community capacity for improving health.
- The need to work in partnership.
- The need to communicate and consult with our communities.
- The need for including traditional healing practices.

Service Sites

Acute Care/ER/ Diagnostic
- The Pas Health Complex
- Flin Flon General Hospital
- Snow Lake Health Centre

Long Term Care:
- St. Paul's Residence
- Northern Lights Manor
- Flin Flon PCH
- Snow Lake PCH

Addictions:
- Rosaire House

Primary Health Care Services:
- The Pas
- Flin Flon
- Snow Lake
- Cranberry Portage Health Centre
- Cormorant Nursing Station
- Sherridon/Cold Lake Nursing Station

Scope of Services Provided

Mandated to provide core services:

1. Health Promotion/ Education
2. Health Protection
3. Prevention & Community Health
4. Treatment, Emergency & Diagnostics
5. Developmental & Rehabilitation Services
6. Home-based Care
7. Long Term Care
8. Mental Health
9. Substance Abuse/Addictions
10. Palliative Care

We added:

11. Physician Services

CT Machine

- New CT Machine opened in October 2003.
- CT is the top Diagnostic reason why NRHA residents travel out.
- Improve timely access to Diagnostic Imaging procedures in the region and ↓ NPTP costs.

Telehealth

MB Telehealth program services:
- Clinical
- Education
- Administration

Telehealth Sites
- The Pas - 2 units
- Flin Flon – 2 units
- Snow Lake – 1 unit

Telehealth usage continues to grow yearly.

Addictions

- **Rosaire House**
  - Only RHA operated Addiction Centre
  - 20 bed residential program (28 day)
  - Day and modified program options
  - Aftercare programming
  - Co-Occurring Disorders Initiative

ROSAIRE HOUSE

Primary Health Care Centres

- Primary Health Care Centres
  - The Pas – all services under 1 roof
  - Flin Flon – all services in 2 facilities
    - Infant/Child
    - Youth/Women's
    - Men's
    - Senior's

Itinerate Community-based Services

Communities
- Grand Rapids/ Gr Rapids FN
- Easterville/ Chemawawin FN
- The Pas/ OCN/ RM of Kelsey
- Moose Lake/ Mosakahikan FN
- Cormorant
- Cranberry Portage
- Snow Lake
- Sherridon/ Cold Lake
- Flin Flon
- Pukatawagan/ Mathias Colomb FN

Challenges

- **Service Provision Challenges** - So… How do we shift resources to prevention?
- **Jurisdictional Challenges** - need to have strong partnerships
- **Capital Challenges** - aging facilities and no new capital funding
- **Human Resource Challenges** - recruitment and retention of quality staff and physicians

Mission

"Healthy People
in
Healthy Communities"

Working Together to Improve our Health

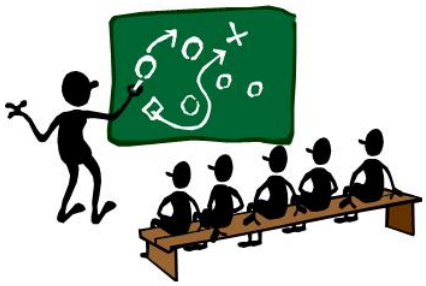
New Mission Approved March 2002

Board Ends

- Healthy Communities
- Healthy People
- Optimal Access to Services
- Excellence in Patient Safety & Quality of Care

Revised March 2005

Questions?



Healthy Communities

Strategic Priorities:

1. Increased public awareness of health care services.
2. Increased resident involvement in activities that promote healthy lifestyles and personal well-being.
3. Increased awareness of illness caused by physical environment factors.
4. Increased culture of trust, cooperation and strong partnership with Aboriginal groups, community agencies & other jurisdictions responsible for health.
5. Increased understanding of regional health needs.

Healthy People

Strategic Priorities:

1. Decreased incidence & prevalence of chronic illnesses.
2. Increased awareness of Mental Health and Co-Occurring Disorders and expand services accordingly.
3. Reduced incidence of suicides.
4. Decreased incidence & prevalence of addictive practices & behaviors.
5. Improved infant/child health & promotion of healthy lifestyles.
6. Reduced incidence of injuries and poisonings.
7. Improved youth/women's health & promotion of healthy lifestyles.
8. Improved men's health & promotion of healthy lifestyles.
9. Improved senior's health & promotion of healthy lifestyles.
10. Improved Aboriginal health & promotion of healthy lifestyles.
11. Improved staff health & promotion of healthy lifestyles.

Optimal Access to Services

Strategic Priorities:

1. Increased on-site resources in our outlying communities.
2. Improved access to service through primary health care.
3. Improved knowledge of Primary Health Care.
4. Increased specialty services and programs based on demonstrated need and cost effectiveness.
5. Maintain & Improve our infrastructure.
6. Increase use of technology.
7. Increase awareness of NPTP
8. Reduce jurisdictional barriers to improve access to services

Excellence in Patient Safety & Quality of Care

Strategic Priorities:

1. Ensure safety & quality of care by:
   - Creating a culture of safety.
   - Coordinating services across the continuum
   - Creating a work life and physical environment that supports the safe delivery of care
2. Ensure accountability within the health care system
3. Ensure evidence-based decision making is used throughout the organization
4. Ensure sustainability within the health care system by:
   - Optimizing the efficiency and effectiveness in the use of resources
   - Ensuring an adequate and skilled workforce.
   - Developing northern Human Resources.

Values
(draft March 2005)

1. Dynamic, innovative, realistic, inclusive & stable leadership.
2. Honesty, respect, truthfulness &effective, open communication with those we work with & serve.
3. Informed choices for people & personal responsibility for health, wellness & safety.
4. Being responsive to the unique needs of individuals & communities.
5. A fundamental quest for excellence in all facets of the organization.
6. The person's right to informed, participatory decision making.
7. The person's right & need for confidentiality of information.
8. Being innovative, cost-effective approaches in an evidence-based environment.
9. Proper accountability & prudent expenditure of public funds.
10. Personal and professional growth & development for Board & staff to meet emerging challenges.

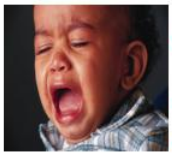
Painting our Picture
Health Status

- **Our health status is poorer**
- **We die earlier**
- **Higher rates of chronic diseases relating to unhealthy lifestyle choices:**
  - More females smoke
  - More likely to be exposed to second hand smoke
  - Drink more heavily
  - More likely to be overweight

Painting our Picture
Injuries

- **We are more likely to get injured, be hospitalized and die from an injury**
- **Injury Mortality Rates** - Males over double the MB rate
- **Leading Causes of Injury deaths:** Motor Vehicle Traffic Injuries, Suicides, Drowning & Submersion, Fire & Burns, Falls
- **Injuries are No Accident ER visits:** Falls, struck by or collision with an object, cutting and piercing, motor vehicle incidents, struck by or collision with a Person

Painting our Picture
Other Issues



- Teenage pregnancy rates almost 2 X higher
- High birth weights a concern
- Second highest STD rates
- Stress & Mental Health identified as concern

Painting our Picture
Physicians

- 92% of physician visits take place within the region
- Over 90% of all ambulatory visits are made to family physicians
- Ambulatory consult rates are statistically lower than the provincial rate.
- Specialist visit rate within our region have increased

Challenges
Service Provision

- Traditionally, the focus nationally has been on:
  - Illness rather than health
  - Hospitals and physicians as the first access point into the system
  - Curing vs. preventing.
- Majority of health care resources spent on illness care
- No new resources but we can't cut hospital bed, services, staff

Challenges
Jurisdictional Issues

- Many agencies providing health services to residents of region:
  - MB Health
  - Sask Health
  - First Nations – SCTC & PBCN
  - AFM
- Partnerships are key!!

Challenges
Capital Issues

- Facilities nearing the end of their useful lifespan.
- Major Capital development required in both sites.
- Approval for $ for new facilities not hopeful for many years.
- Major renovations and code requirements ongoing.
- Space an issue.

Challenges
Human Resources

- Recruitment & retention of qualified staff & physicians continues to be the # 1 challenge for the NRHA.

St. Anthony's (39 beds)

- Medical/Surgical/Pediatric (20)
- Psychiatric (8)
- OBS (8)/ Newborn (8)
- ER/SCU (3)
- Surgery (6 day surgery beds)
- Dialysis
- OPD Clinics
- Dialysis/ Chemotherapy
- Diagnostic Imaging/ Lab
- Pharmacy
- Rehabilitation Services
- Infection Control/ Staff Health
- Social Services

Major Capital Plans:
Medical Gas Upgrade
New Nurse Call System

Flin Flon General Hospital (44 beds)

- Medical (19)
- Surgical (8)
- Pediatric (9)
- OBS (6)/ Newborn (6)
- ER/SCU (2)
- Surgery (8 day surgery beds)
- Dialysis
- OPD Clinics
- Dialysis/ Chemotherapy
- Diagnostic Imaging/ Lab
- Pharmacy
- Rehabilitation Services
- Infection Control/ Staff Health
- Social Services

Major Capital Plans:
Pharmacy Redevelopment
Admission Department Renovations
Ultrasound Renovations

Snow Lake Health Centre (6 beds)

Snow Lake Health Centre (6 Beds)

- Inpatient (2)
- PCH (4)
- ER
- Lab/ X-ray Unit
- Physician Clinic
- Pharmacy
- Public Health
- Home care
- Itinerant Clinics

Major Capital Plans:
New Morgue
X-Ray Department Renovations

Emergency Medical Services

- The Pas
- Flin Flon
- Cranberry Portage
- Grand Rapids
- Volunteer services in all other communities

Long Term Care Services

- St. Paul's Residence
  - Level III/IV facility
  - 60 beds + 1 respite bed
- Northern Lights Manor
  - Level III/IV facility
  - 36 beds + 1 Respite Bed
- Flin Flon PCH
  - Level III/IV facility
  - 60 beds
- Snow Lake
  - 4 beds

NORTHERN LIGHTS MANOR

ST. PAUL'S PCH

Appendix E

Community Collaboration to Improve Health Care Access of Northern Residents: Manitoba Research Findings

Access to Health Services by Northern Residents: MB/SK Workshop

Alison Moss
Rural Development Institute, Brandon University

Diana DeLoronde-Colombe
Community Animator, Bayline Regional Round Table

Fran Racher
Professor, School of Health Studies
Research Affiliate, Rural Development Institute
Brandon University

Canadian Institutes of Health Research, Aboriginal Peoples' Health grant

Outline

- Goals of the project
- Data collection
- Findings from community and provider interviews and focus groups
- Priority issues for attention
- BRRT potential solutions
- Strategies for sharing lessons learned

Goals of the Project

1. Design effective processes and forums for collaboration involving northern community residents and health care organizations to discuss access issues and generate solutions.
2. Describe issues of access to health services from the experiences of northern residents.
3. Identify quantitative and qualitative population health data that are appropriate and relevant for use by northern communities.
4. Build community capacity to use health data and access theory to understand community experiences in accessing health services, as well as capacity to influence program planning and policy development.
5. Evaluate the design of health service delivery to improve access by northern residents.
6. Influence healthy public policy to ensure it is appropriate and relevant for people and communities of the north.

Map of Study Site

Data Collection In the Communities

Community	Users Focus Group	Users Interviews	Health Providers FG or I	Community Leaders Focus Group
Cormorant	1 (3)	5	1	1 (7)
Ilford & War Lake		13	4	1 (3)
Pikwitonei	1 (3)	5	1	
Thicket Portage	1 (5)	6	1 (4)	1 (4)
Wabowden		9	1 (3)	1 (3)
	11	38	13	17 = 79

September 2005: Thicket Portage and Pikwitonei
November 2005: Wabowden, Ilford and War Lake
March 2006: Cormorant
Itinerant providers focus group in Thompson (7)

Frequently Identified Concerns

A. Broad system-wide concerns
B. Access challenges identified within communities
C. Access issues related to regional services in Thompson (Burntwood) and Norman Regions
D. Access issues - specialized services in Winnipeg
E. Transportation issues

Frequently Identified Concerns

A. **Broad system-wide concerns**

- Confusion, lack of consistency, and ambiguity as to who is eligible for what services, what is included, and what costs are covered (Residents, Providers)
- Personal responsibility, decision making, and autonomy are goals, yet the system makes achieving these goals difficult, if not impossible (R, P)
- Northern circumstances of distance, respect for people's choices to remain in their home communities in the North (R)

Frequently Identified Concerns (con't)

B. **Access challenges identified within communities**

- Travel in by itinerants – building relationships, trust and continuity; turnover; physician availability (R, P)
- Emergency response, medical evacuations, training/ education and turnover of on call staff (R, P)
- Dental health - prevention and services (R, P)
- Access to health unit / home visits (R)
- Home care – criteria, staff availability, continuity (R)
- Health promotion and health education – link with schools, across providers (P)

Frequently Identified Concerns (con't)

C. **Access issues related to regional services in Thompson (Burntwood) and NOR-MAN Regions**

- Access to physicians/ family doctor, timely appointments, use of ER, wait for follow-up (R,P)
- Coordination of appointments - physicians, diagnostics, treatment, care (R, P)
- Use of Medivac – appropriately, cost effectively, timely (R, P)
- Mental health services, stigma, availability
- Travel warrants – 3 weeks in advance (R,P)

Frequently Identified Concerns (con't)

D. **Access issues - specialized services in Winnipeg**

- Complex system to access (R, P)
- Lack of coordination of services in the city (R, P)
- Transportation, escort/ family accompaniment, waiting places between appointment and travel (R)
- Access to information about expectations at appointments, travel in the city and getting around the city, and waiting accommodations (R)
- Cultural sensitivity, cultural awareness, language barriers, understanding of northern circumstances (R, P)

Frequently Identified Concerns (con't)

E. **Transportation issues**

- Winter roads, all weather roads (R, P)
- Dependence on rail service, future prospects, frustration about treatment of local passengers (R)
- Bus service to Winnipeg compared to flights for ill people (R)
- Development and maintenance of air access including northern runways (R, P)

Priority Issues for Attention

- Transportation – roads, rail, air, bus service, now and in the future, related policies
- Waiting periods/ access – for doctor appointments, diagnostics – coordination – regional and Winnipeg
- Confusion, lack of consistency, ambiguity as to eligibility, program and cost coverage
- Homecare – consistency, criteria, staff availability
- Emergency response – air ambulance, ground ambulance, service provision, staff training & regulations
- Coordination of a complex system, need for pathfinder / advocate

BRRT Potential Solutions

- Improve people's understanding of the system, enabling expectations to be better met – what is available, covered
- Coordinate doctor appointments, diagnostic tests, and treatments for the same trip to Thompson/Winnipeg
- Develop the position of Pathfinder to assist people in making their way through the system
- Allow nurses and other providers more freedom to deliver more services; be innovative with home care, ambulance service
- Use TeleHealth services more effectively
- Provide more prevention education/activities in communities/schools
- Develop a traveling dental program to come to the schools for prevention and early treatment
- Build better connections, and improve communication, understanding, and trust between community residents, service providers, and decision makers
- Find ways for communities, RHAs, schools and others to encourage northern people and youth to enter the health care field

Building a Healthy Dialogue

- How can a healthy dialogue between the BRRT, RHAs, and provincial and federal sectors continue to be maintained and developed?
- How can the BRRT, RHAs, provincial and federal sectors, and other stakeholders work together to strengthen the health of northern communities?
- How can information from the research project contribute to this healthy dialogue and subsequent action?

Break Out Groups

1. **Pathfinding/Pathfinder**
   - Providing access to appropriate information
   - Making a cultural shift
2. **Access to Care**
   - Coordinating appointments
   - Understanding distance & other barriers
   - Providing individual assistance and support
3. **Facilitating Relationships, Dialogue and Action**
   - Building trusting relationships and mutual respect
   - Developing communication channels
   - Sharing concerns and setting mutual goals

Strategies for Sharing Lessons Learnec

- Networking of community leaders, health care providers, policy makers and researchers
- Synthesizing & compiling data for community use
- MB/SK Workshop
- Health Indicator Reports
- Case Studies
- Findings Paper
- Book Chapter
- Other

Project Contact

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  Community Animator, Bayline Regional Round Table
  Phone: 1-204-689-2063
  Email: cedo689@hotmail.com

- Further project information available at:
  www.brandonu.ca/rdi/cihr.asp

Appendix F

BAYLINE REGIONAL ROUNDTABLE INC.

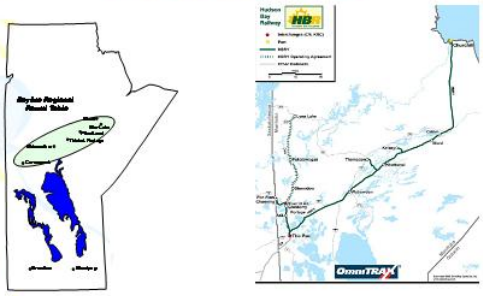
THE BRRT

- **Cormorant** Frieda Parenteau / Rita Ducharme
- **Wabowden** Reg Meade, President/Frances McIver
- **Thicket Portage** Arnold Bignell, Secretary / Ricky Prenteau, Treasurer
- **Pikwitonei** Martha Chartrand, Angeline Flett
- **War Lake First Nation** Chief Betsy Kennedy / Philip Morris
- **Ilford** Jim Chernesky, Alfred Laliberty

COMMUNITIES WORKING TOGETHER ON ISSUES OF COMMON CONCERN

- Formed Nov 2001
- Mayor and 1 community member/councillor

Where We Are..



Primary Focus on *FOOD SECURITY*...

- In the near future, the BRRT Inc. would like to expand to other areas such as: welfare-to work diversion project(s), Asset Mapping (community profiles), Technology infrastructure (high speed), and housing

FOOD SECURITY....

has a **profound impact** on health because it is so closely connected with all other aspects of our lives

≈

Affects many Departments within Government,

Ie: housing, income security, agricultural, environment, health, education, etc..

PROJECT: NORTHERN FOOD SECURITY PARTNERSHIP INITIATIVE "Partnership Building"

TO EXAMINE AND ACT ON ISSUES RELATED TO FOOD SECURITY IN THE NORTH

- To create linkages among stakeholders and increase awareness about food security issues
- To increase awareness of issues at the grassroots/community level and promote empowerment towards solutions
- To provide a central location for accessing information on Manitoba Food Security Issues

Each of these objectives will be accomplished through multiple partners and stakeholders in an overall cooperative effort to achieve sustainable food security systems within all our regions.

BRRT WILL BE COLLABORATING WITH COMMUNITIES & BUILDING ON THE STRENGTHS OF INDIVIDUALS & COMMUNITIES BY:

- **Empowering individuals and communities**
- **Identifying issues & solutions**
- **Developing action plans – decide what to do about them**

BAYLINE COMMUNITY ANIMATOR, ROLE IS TO:

- **Foster discussion**
- **Encourage action toward solutions**
- **Document/Record/Distribute information**

AS A RESULT OF THIS INITIATIVE…

- Hope to bring all the resources available together
- Act upon recommendations as a result of studies/research done to date (More particular, Northern Food Prices Report, 2003)
- Opportunities will increase as we proceed
- Increased economic opportunities will present themselves

FOOD SECURITY EXISTS WHEN ALL PEOPLE, AT ALL TIMES, HAVE PHYSICAL AND ECONOMIC ACCESS TO SUFFICIENT, SAFE AND NUTRITOUS FOOD TO MEET THEIR DIETARY NEEDS AND FOOD PREFERENCES FOR AN ACTIVE AND HEALTHY LIFE

…….World Food Summit, 1996

Increasingly, definitions of food security are now emerging that also incorporate environmental sustainability.

WHAT HAS BEEN HAPPENING….

Forums

- BRRT Forums
- Northern Visions
- Manto Sipi
- Bunibonibee
- Community Champions
- Rural Forum
  - Share ideas
  - Explore Issues
  - Plan action
  - Evaluate Progress

Rototiller project

- Provide equipment needed to develop new garden plots,
- Provide technical support & backup through partners.

Freezer Purchase Project

- Purpose to allow storage of hunt, garden & bulk purchases
- Agency bulk purchases freezers
- Families buy back over time (low or no interest)

Manitoba Food Security Website

- One-stop-shop for Food Security info in Manitoba
  - Northern, Urban, Rural & Food Charter
  - Information, surveys, calendar & contacts
  - Web training for partner agencies to input own information

www.manitobafoodsecurity.ca **or http://food.cimnet.ca**

Committees

- Represent BRRT & Northern Manitoba on committees related to Food Security & Northern Development
  - BHRA Food Security
  - Manitoba Food Charter
  - Food Secure Canada
  - Community Collaboration Project

Board & Staff Development

So we can work better

- **Brazil**: Belo Horizonte Story
- **CIMnet** Training
- Simply **Accounting** Training
- **Project Planning** & Evaluation
- Local, Regional and National **Conferences**
- **Food Thoughtful** Seminar (Mount St. Vincent University)

MANITOBA FOOD CHARTER

- The Food Charter is taking a provincial approach because the policies that are instrumental to shaping our food system are largely provincial in scope
- This relationship of food to poverty, to health and to our environment sets the background for a discussion of food policy.

Access To Health Care

- Partnership began in 2005 with RDI, Burntwood Regional Health Authority & NorMan Regional Health Authority,
- RDI received R&D $ from CIHR to investigate access issues and experiences of northern residents and potential solutions to improving access to health services.
- Focus groups with service providers and community members.
- Researcher visits to communities.
- Some positive changes:
  - Guaranteed to be seen even if train is late.

Strengths of Organization

- It is direction from the community level
- The BRRT representatives are primarily community leadership
- Opportunity for community members to participate
- Strong administrative and technical skills

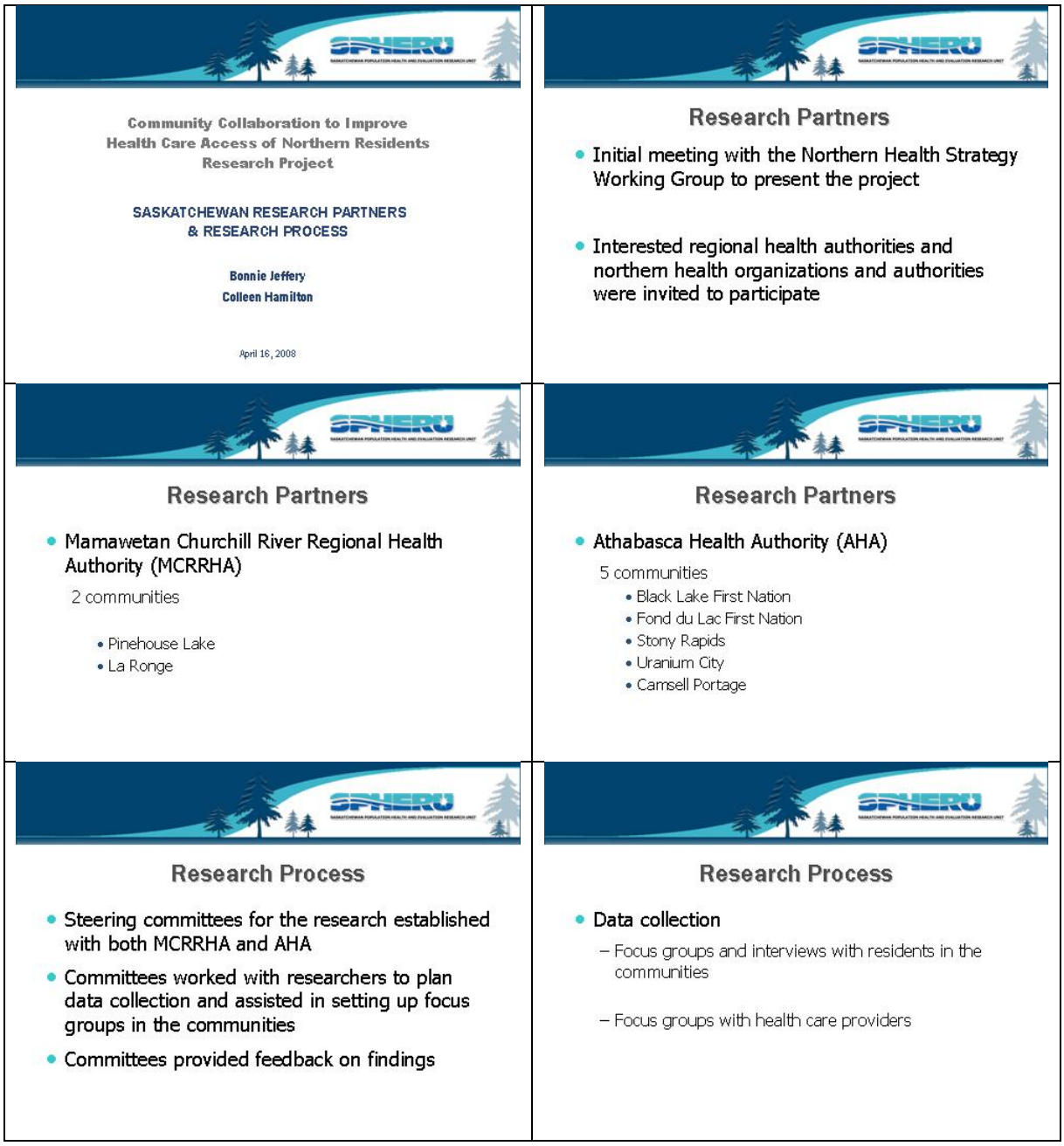
Partnerships

- Are necessary in order to move ahead (extend and receive benefits)
- Partnerships are from within each community and outside (community, regional, provincial, national)
- Partnerships extends beyond the bayline

THE DESIRE OF BRRT IS TO BUILD ON COMMUNITY CAPACITY WHILE HONORING THE SKILLS AND ABILITIES OF OUR COMMUNITIES

THANK-YOU!

Appendix G



Community Collaboration to Improve Health Care Access of Northern Residents Research Project

SASKATCHEWAN RESEARCH PARTNERS & RESEARCH PROCESS

Bonnie Jeffery
Colleen Hamilton

April 16, 2008

Research Partners

- Initial meeting with the Northern Health Strategy Working Group to present the project
- Interested regional health authorities and northern health organizations and authorities were invited to participate

Research Partners

- Mamawetan Churchill River Regional Health Authority (MCRRHA)

  2 communities

  - Pinehouse Lake
  - La Ronge

Research Partners

- Athabasca Health Authority (AHA)

  5 communities

  - Black Lake First Nation
  - Fond du Lac First Nation
  - Stony Rapids
  - Uranium City
  - Camsell Portage

Research Process

- Steering committees for the research established with both MCRRHA and AHA
- Committees worked with researchers to plan data collection and assisted in setting up focus groups in the communities
- Committees provided feedback on findings

Research Process

- Data collection
  - Focus groups and interviews with residents in the communities
  - Focus groups with health care providers

Data Collection

- MCRRHA - 37 participants

  Residents n = 16

  Health Care Providers n = 21

Data Collection

- AHA – 53 participants

  Residents n = 18

  Health Care Providers n = 35

Findings

- Two reports
  - Detailed report of findings to MCRRHA and AHA
  - Report on population health indicators for the participating communities
- The findings presented today will summarize the overall themes from both residents and health care providers

Appendix H


Community Collaboration to Improve
Health Care Access of Northern Residents
Research Project
PRESENTATION OF FINDINGS
Mamawetan Churchill River Regional Health Authority
(MCRRHA)
Brenda Mishak Beckman
Ida Ratt-Natomagan
April 16, 2008
Findings ~ MCRRHA
Findings are organized into four main theme areas, with a number of sub-categories in each.
Availability of Services
Access to Services
Service Delivery
Additional Findings
A summary of issues and improvements suggested from the findings will be presented for each sub-category.
Findings ~ MCRRHA
Availability of Services
Local Facilities and Services
Issues:
– Need for expanded local services to reduce the amount of travel for residents
– Need for improved access to cancer treatment & services
– Inadequate funding levels for local facilities and services
Findings ~ MCRRHA
Availability of Services
Local Facilities and Services
Improvements Suggested:
– Increase the capacity of existing facilities to allow for expanded services (e.g. addition to health centre)
– Increase the use of existing facilities (e.g. more ultrasounds)
– Increase funding for local services & facilities
– Conduct a needs assessment to establish priorities
Findings ~ MCRRHA
Availability of Services
Specialist and Itinerant Services
Issues:
– Lack of specialists in the region
– Infrequent itinerant visits
– Difficulties in recruitment and retention
Findings ~ MCRRHA
Availability of Services
Specialist and Itinerant Services
Improvements Suggested:
– Increase the frequency of itinerant visits
– Expand specialist services for seniors/Elders and diabetics
– Expand mental health services, especially for youth

Health Care Providers

- **Issues:**
  - Lengthy wait times for appointments & emergency care
  - Shortage and turnover of doctors
  - Recruitment challenges (nurses, dental therapists, doctors)

Health Care Providers

- **Improvements Suggested:**
  - Funds to recruit more health care providers to the region
  - Fill vacant positions
  - Hire support staff at health centres to lessen the time health professionals spend on paperwork (eg. ward clerks)

Tele-Health

- **Issues:**
  - Tele-health is not being utilized to its full extent
  - Perception that some providers in the south are reluctant to use Tele-health
  - Inconvenient scheduling of Tele-health education sessions limits attendance

Tele-Health

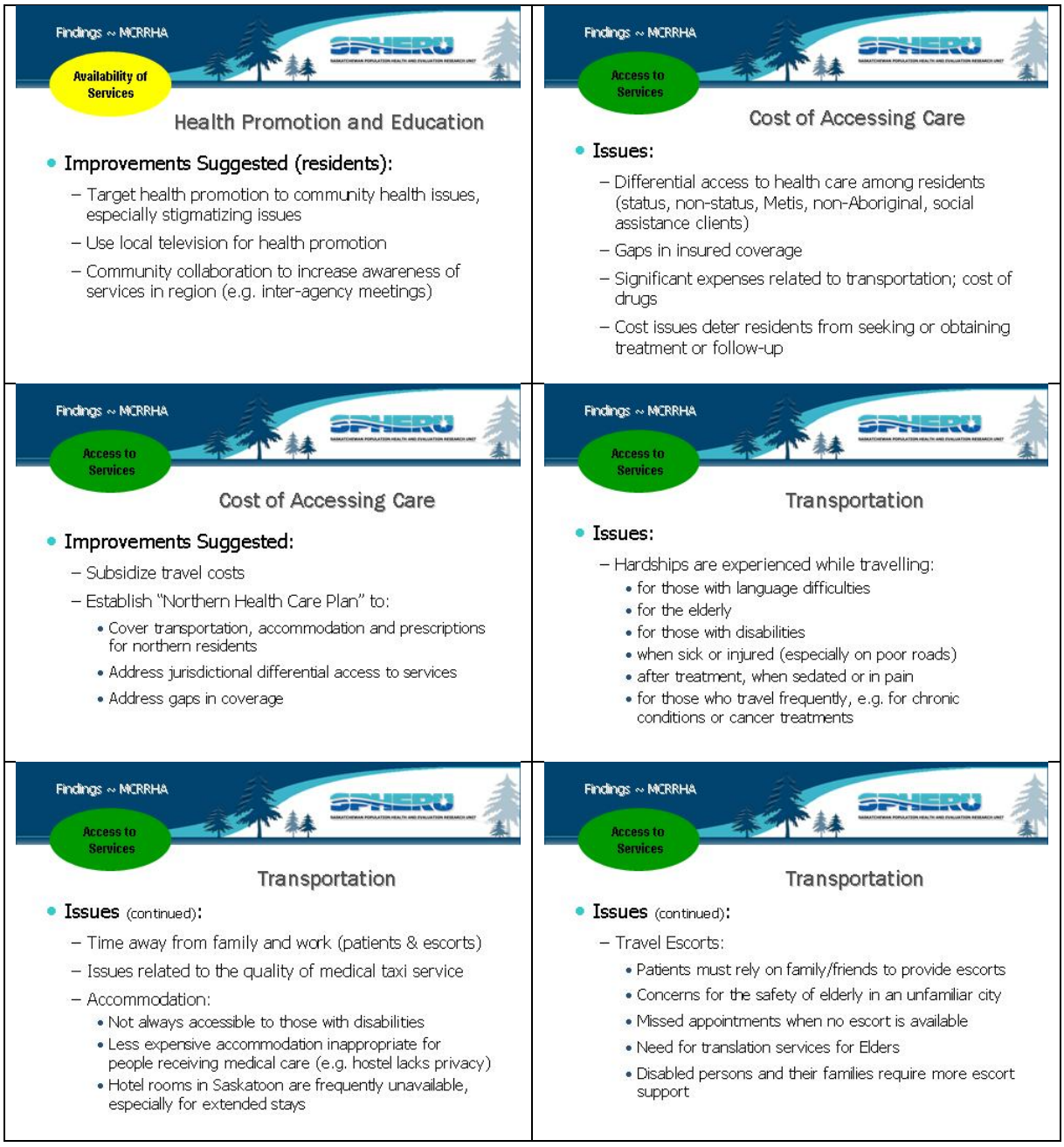
- **Improvements Suggested:**
  - Better utilization of Tele-health for education, communication and to expand health services
  - Develop strategies to increase the use of Tele-health by providers in the south
  - Tele-health coordinator in communities

Health Promotion and Education

- **Issues:**
  - Need for greater health awareness among residents to reduce demand on health services
  - Need to reduce the stigma related to certain conditions so that residents will seek treatment (STIs, mental health, addictions)

Health Promotion and Education

- **Improvements Suggested (providers):**
  - Expand the role of public health nurses in schools
  - Improve nutrition and fitness awareness
  - Expand diabetes program to target children and youth
  - Make healthy living teams available in every community
  - Funding to implement a health guide to each home


Findings ~ MCRRHA
Availability of Services
Health Promotion and Education
Improvements Suggested (residents):
– Target health promotion to community health issues, especially stigmatizing issues
– Use local television for health promotion
– Community collaboration to increase awareness of services in region (e.g. inter-agency meetings)
Findings ~ MCRRHA
Access to Services
Cost of Accessing Care
Issues:
– Differential access to health care among residents (status, non-status, Metis, non-Aboriginal, social assistance clients)
– Gaps in insured coverage
– Significant expenses related to transportation; cost of drugs
– Cost issues deter residents from seeking or obtaining treatment or follow-up
Findings ~ MCRRHA
Access to Services
Cost of Accessing Care
Improvements Suggested:
– Subsidize travel costs
– Establish "Northern Health Care Plan" to:
• Cover transportation, accommodation and prescriptions for northern residents
• Address jurisdictional differential access to services
• Address gaps in coverage
Findings ~ MCRRHA
Access to Services
Transportation
Issues:
– Hardships are experienced while travelling:
• for those with language difficulties
• for the elderly
• for those with disabilities
• when sick or injured (especially on poor roads)
• after treatment, when sedated or in pain
• for those who travel frequently, e.g. for chronic conditions or cancer treatments
Findings ~ MCRRHA
Access to Services
Transportation
Issues (continued):
– Time away from family and work (patients & escorts)
– Issues related to the quality of medical taxi service
– Accommodation:
• Not always accessible to those with disabilities
• Less expensive accommodation inappropriate for people receiving medical care (e.g. hostel lacks privacy)
• Hotel rooms in Saskatoon are frequently unavailable, especially for extended stays
Findings ~ MCRRHA
Access to Services
Transportation
Issues (continued):
– Travel Escorts:
• Patients must rely on family/friends to provide escorts
• Concerns for the safety of elderly in an unfamiliar city
• Missed appointments when no escort is available
• Need for translation services for Elders
• Disabled persons and their families require more escort support

Transportation

- **Issues** (continued):
  - Lack of funding for transportation related to specialized services (mental health and addictions, domestic abuse, sexual assault, dental services)

Transportation

- **Improvements Suggested:**
  - Establish a transportation service to PA/Saskatoon
  - Policy to provide adequate and affordable accommodation
  - Provide travel escorts for elderly & disabled and assess escort requirements on a case-by-case basis
  - Community appointed travel escort

Transportation

- **Improvements Suggested** (continued):
  - Improve awareness of existing travel support resources (e.g. Aboriginal relations staff at hospitals)
  - Travel coordinator in communities

Coordination of Services

- **Issues:**
  - Poor coordination of appointments outside of region results in increased number of trips for patients
  - Health care providers/staff in south do not consider travel implications when scheduling or cancelling appointments

Coordination of Services

- **Improvements suggested:**
  - Providers/staff facilitate multiple appointments for those travelling long distances (when possible)
  - Both clients & providers take responsibility for improving communication (e.g. clients should confirm appointments before leaving)

Transfer of Function

- **Issues:**
  - Limited scope of transfer of medical function increases residents' need to travel for services
- **Improvements Suggested:**
  - Funds to expand transfer of function certification by training existing nurses and/or the recruitment of certified staff

Jurisdiction

- **Issues:**
  - Divisions within the health care system result in fragmented funding and service delivery, and affect relationships within the community
  - Sharing of health information is important, as patients move between systems:
    - between First-Nation and provincial systems
    - between local and out of region providers
    - between health centre and doctor

Jurisdiction

- **Improvements suggested:**
  - Improve cross-jurisdictional sharing of information
  - Creation of more formal communication channels
  - Clear communication of client discharge plans
  - Enhanced collaboration with other departments related to social issues (housing, RCMP)

Interactions with Providers

- **Issues:**
  - High level of commitment and sensitivity on part of providers is important
  - Residents are more likely to seek care if they are familiar with provider
  - Perception by some that unnecessary treatment recommendations being made for insured residents
  - Communication of health issues is hindered by language issues and patients' medical knowledge

Jurisdiction

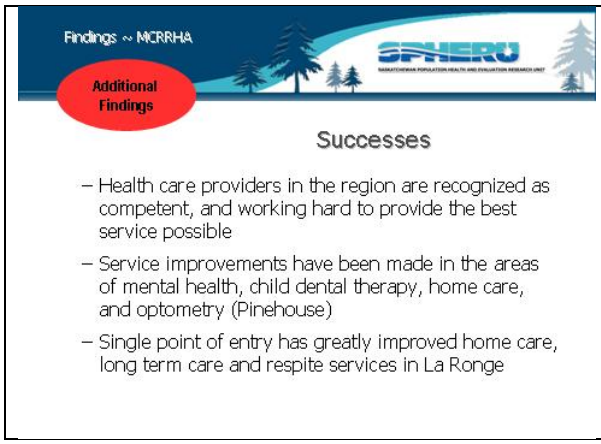
- **Improvements suggested:**
  - Improve cross-jurisdictional sharing of information
  - Creation of more formal communication channels
  - Clear communication of client discharge plans
  - Enhanced collaboration with other departments related to social issues (housing, RCMP)

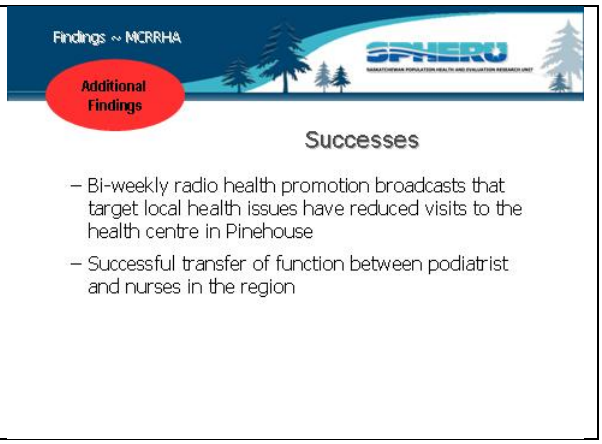
Interactions with Providers

- **Improvements Suggested:**
  - Improved inter-personal skills for some providers
  - Participation by health care providers in community events to allow residents to get to know them
  - Increased use of health promotion and education to improve residents' knowledge of health and increase their ability to communicate health concerns

Other Factors Impacting Health Care

- **Issues:**
  - Poverty & housing issues
    - Significant contributors to poor health
    - Related to travel costs and cost of food


Findings ~ MCRRHA
Additional Findings
Successes
– Health care providers in the region are recognized as competent, and working hard to provide the best service possible
– Service improvements have been made in the areas of mental health, child dental therapy, home care, and optometry (Pinehouse)
– Single point of entry has greatly improved home care, long term care and respite services in La Ronge


Findings ~ MCRRHA
Additional Findings
Successes
– Bi-weekly radio health promotion broadcasts that target local health issues have reduced visits to the health centre in Pinehouse
– Successful transfer of function between podiatrist and nurses in the region

Appendix I

Community Collaboration to Improve Health Care Access of Northern Residents Research Project

PRESENTATION OF FINDINGS

Athabasca Health Authority (AHA)

Tammy Lidguerre
Evelyn Throassie

April 16, 2008

Findings ~ AHA

Findings are organized into four main theme areas, with a number of sub-categories in each.

- Availability of Services
- Access to Services
- Service Delivery
- Additional Findings

A summary of issues and improvements suggested from the findings will be presented for each sub-category.

Findings ~ AHA

Availability of Services

Local Facilities and Services

- **Issues:**
  - Limited capacity for advanced treatment in region means traveling out for many services
  - Need for increased mental health services in region as wait times are too long
  - Insufficient funding affects quality and availability of services (e.g., diabetes program, home care, long term care)
  - Need for community consultation when designing programs

Findings ~ AHA

Availability of Services

Local Facilities and Services

- **Improvements Suggested:**
  - Expand services at AHA Health Facility - prenatal and maternity, long term care
  - Improve emergency services & equipment and home care in smaller communities
  - Long term care home in communities (BL & FDL)
  - Greater cooperation among communities to increase efficiencies

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Findings ~ AHA

Availability of Services

Specialist and Itinerant Services

- **Issues:**
  - Need for expanded specialist services
  - Improvements in specialist services are not available in all communities (e.g. dental)
  - Itinerant visits are infrequent; time spent in the community is too short
  - Lack of specialists in the region; difficulties in recruitment and retention

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Findings ~ AHA

Availability of Services

Specialist and Itinerant Services

- **Improvements Suggested:**
  - Increase the frequency of itinerant visits and length of stay in communities
  - Expand specialist services (dental, optometry, speech therapy, diabetes related specialists)

Health Care Providers

- **Issues:**
  - Recruitment challenges for long term providers, especially full-time nurses
  - High turnover rates adversely affect care and programming
  - Need for certification for CHR's

Health Care Providers

- **Improvements Suggested:**
  - Recruitment strategies to attract resident providers
  - Strategies to encourage local students and residents to consider health careers
  - Expanding health education opportunities in Sask.
  - Improving access to CHR course

Tele-Health

- **Issues:**
  - Limited broadband access prevents Tele-health from being used in the region
- **Improvements Suggested:**
  - Implementation of Tele-health
  - Tele-health seen as beneficial for consultations & follow-ups with specialists, communication between providers, health promotion and education

Health Promotion and Education

- **Issues (providers):**
  - Need to increase the time allocated to health promotion
  - Need for greater health awareness among residents to reduce demand on health services
  - Need to reduce the stigma related to certain conditions so that residents will seek treatment (STIs)
  - Language of promotional materials important

Health Promotion and Education

- **Improvements Suggested (providers):**
  - Take a team approach to health promotion
  - Build stronger partnerships between health care providers and community/leadership
  - Expand the role of nurses in schools
  - Prepare health promotional materials in Dene

Cost of Accessing Care

- **Issues:**
  - Differential access to health care among residents (status, non-status, non-Aboriginal, social assistance clients)
  - Gaps in insured coverage; confusion over policies
  - Significant expenses related to air transportation; cost of drugs
  - Cost issues deter residents from seeking or obtaining treatment or follow-up

Cost of Accessing Care

- **Improvements Suggested:**
  - Ensure that travel policies adequately cover costs

Transportation

- **Issues:**
  - Isolation creates anxiety over access to care and contributes to over-utilization of services
  - Lack of all-weather roads means air travel is only option
  - Medi-vac procedures complex, delays in securing access to a pressurized aircraft

Transportation

- **Issues** (continued):
  - Hardships are experienced while travelling:
    - for those with language difficulties
    - for Elders
    - for those with disabilities
    - when sick or injured (especially on poor roads)
    - after treatment, when sedated or in pain
    - for those who travel frequently, e.g. for chronic conditions or cancer treatments

Transportation

- **Issues** (continued):
  - Accommodation:
    - Lack of day accommodation for those undergoing day surgery or recovering from treatment
    - Accommodation in PA and Saskatoon often inappropriate and of poor quality
    - Insufficient meal allowances

Transportation

- **Issues** (continued):
  - Travel Escorts:
    - Age at which youth are expected to travel on their own is considered too young (16 years)
    - Insensitivity on part of travel administrators in south
    - Need for translation and escort services for Elders
    - Inflexible policies don't accommodate escort needs of disabled and their families, injured

Transportation

- **Improvements Suggested:**
  - Pressurized aircraft dedicated to Athabasca region
  - Funded monthly air service between communities in region and AHA Health Facility
  - Accommodation facility in south dedicated to Northern residents
  - Policy improvements related to accommodation (approved hotels, checkout times, meal allowances)

Transportation

- **Improvements Suggested** (continued):
  - Increase age at which youth are provided an escort (e.g. up to 18 years)
  - Assess travel escort needs on a case-by-case basis (e.g., Elders, disabled, those with language barriers)
  - Community appointed travel escort

Coordination of Services

- **Issues:**
  - Underutilization of health care staff (LPN's, CHR's, home care aides, EMT's)
  - Health care providers/staff in south unaware of travel implications when scheduling appointments, cancellations

Coordination of Services

- **Improvements Suggested:**
  - Increased communication between community health centres and facilities in the south to promote understanding

Transfer of Function

- **Issues:**
  - Level of transfer of medical function varies by facility
  - Inconsistent transfer of function between jurisdictions
  - Limited availability of those certified to sign-off
- **Improvements Suggested:**
  - Funds to expand transfer of function certification

Jurisdiction

- **Issues:**
  - Lack of awareness & confusion over available health services across jurisdictions
  - Health care providers employed by different authorities; negotiating discrepancies difficult
  - Need for improved communication across jurisdictions: government officials, community leadership and health staff, health authority, health care providers, facilities in region and south

Jurisdiction

- **Improvements Suggested:**
  - Interagency initiatives to improve awareness of health issues & services
  - Adopting a team approach involving community and health authority staff
  - AHA & band leaders work together to develop communication strategies

Interactions with Providers

- **Issues:**
  - Difficulties with language and literacy hamper communication of health problems
  - Confidentiality issues deter residents from seeking care to avoid stigmatization
  - Long term staff necessary to build relationships/trust
  - Need for providers to have an understanding of cultural background and values

Interactions with Providers

- **Issues** (continued):
  - Health care providers need to feel welcome, respected
  - Level of professionalism at health centres
  - Appointments rushed on doctor days

Interactions with Providers

- **Improvements Suggested:**
  - Expanded translation services at health centres; hire staff with knowledge of Dene/English
  - Separation of services to reduce stigma (addictions, mental health)
  - Cultural awareness training for new staff

Successes

- Proximity of AHA Health Facility has improved access in the region
- Service improvements have been made in staffing levels, dental services (some communities), EMT's
- Health care providers seen as dedicated, caring and respectful
- Health promotion position at AHA
- AHA travel subsidies for Camsell Portage & Uranium City residents

Successes

- Informal coordination of flights for non-status patients
- Transfer of function certification high among nurses in region

RDI ADVISORY COMMITTEE

The role of the RDI Advisory Committee is to provide general advice and direction to the Institute on matters of rural concern. On a semi-annual basis the Committee meets to share information about issues of mutual interest in rural Manitoba and foster linkages with the constituencies they represent.