

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

#### PRESENTATION OF FINDINGS

#### Mamawetan Churchill River Regional Health Authority (MCRRHA)

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



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



### **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



### **Local Facilities and Services**

- Improvements Suggested:
  - Increase the <u>capacity</u> of existing facilities to allow for expanded services (e.g. addition to health centre)
  - Increase the <u>use</u> of existing facilities (e.g. more ultrasounds)
  - Increase funding for local services & facilities
  - Conduct a needs assessment to establish priorities



# **Specialist and Itinerant Services**

- Issues:
  - Lack of specialists in the region
  - Infrequent itinerant visits
  - Difficulties in recruitment and retention



## **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



## **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)



- 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



- **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



- 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



- **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



- **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



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



- 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



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



Coordination of Service

- 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



- 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



#### **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



- 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



- 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