

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***





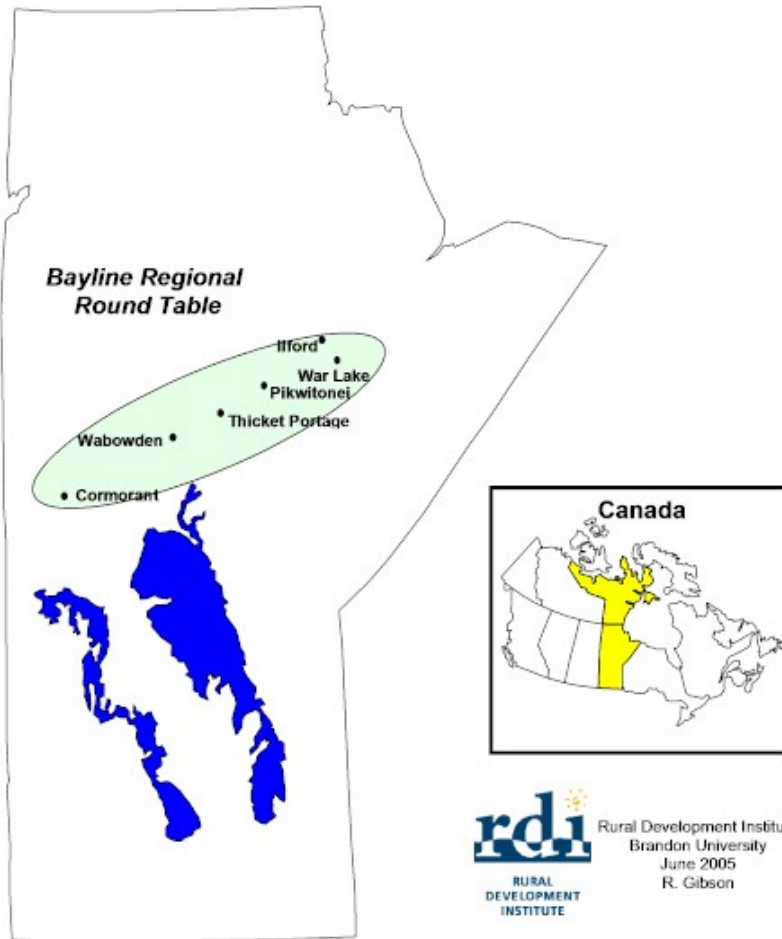
Outline

- 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 Learned

- ❑ 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

- Alison Moss
Research Affiliate, Rural Development Institute
Brandon University
Phone: 1-204- 571-8553
Email: mossa@brandonu.ca
- Fran Racher
Associate Professor, School of Health Studies
Research Affiliate, Rural Development Institute
Brandon University
Phone: 1-204-727-7414
Email: racher@brandonu.ca
- Diana DeLoronde-Colombe
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