Presentation of Findings

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

Athabasca Health Authority (AHA)

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April 16, 2008
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.
Local Facilities and Services

- 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
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
Specialist and Itinerant Services

- 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
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

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

Findings ~ AHA

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
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
Additional Findings

Successes

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