



2004 - 2007

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

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Community health and wellness is directly linked with the availability of health services and the capacity to access those services. Accessing health services in northern Manitoba and Saskatchewan can be fraught with difficulty, often owing to large distances, with sparse populations distributed over vast geography. Challenges related to accessing health services can occur on a number of levels: locally, regionally and provincially. Understanding difficulties associated with navigating the health care system from a community perspective enhances the potential to generate meaningful and appropriate solutions.

### **Manitoba Issues Explored**

This project evolved from a multi-community collaborative effort to address regional needs as identified by the Bayline Regional Round Table (BRRT). The BRRT is composed of 6 communities situated along the Hudson Bay rail line, including Cormorant, Wabowden, Thicket Portage, Pikwitonei, Ilford and War Lake. 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.

Research findings from this endeavor include broad system wide concerns, which are viewed as issues that underpin the entire provincial health care system. Emphasis is on understanding the unique needs of isolated communities in the north; policies developed in the south often are not a good 'fit' in the north. Accessing health services can be challenging locally, regionally and provincially. The ability to provide necessary services in small remote communities is difficult. It is difficult to build trusting relationships when staff turnover is high and resources are thinly spread. Emergency response, dental care and home care often were flagged as needing improvement. On a regional scale, difficulties with long waiting periods, a lack of physicians, and a 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. Navigation of a complex system and the provision of more information about options were identified as needs by both residents and providers.

Issues related to distance and transportation weave through many of the concerns. Two of the six Bayline communities have all weather road access, while the other four depend upon rail and air travel complimented by winter ice roads. Travel to regional and provincial centres is expensive and time consuming, plus there are issues of reliability. Leaving home to get to an appointment can mean significant time away from family and other commitments. Understanding challenges associated with living in northern isolated communities is essential in generating future solutions.

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## **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 the broadest 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, and two communities from the Mamawetan Churchill River Regional Health Authority (MCRRHA) in the near north were included as part of the study. Residents and health care providers from these communities identified access issues related to distance, geography, funding models and jurisdictional fragmentation. As in Manitoba, interviews and focus groups with residents and service providers took place in the communities.

Research findings from Saskatchewan highlight concerns related to transportation policy, funding models and local availability of services and health care professionals. As in Manitoba, the ability to provide necessary services in small remote communities is difficult, and residents in both the near and far north expressed concerns with 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 are of primary concern. Three of the AHA communities are accessible only 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 are often compounded by a lack of awareness on the part of service providers and support staff in the south, who may not be cognizant of travel and cost issues when scheduling treatment. Communication between patients and service providers is also an area where improvements are required. 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 Tele-health and local specialized equipment from being used to their full potential.

The degree to which there is 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, and an eagerness to address these jurisdictional barriers was expressed.

### **Dissemination**

In an effort to broadly disseminate research findings, a number of creative tools and venues are being explored. Reports and articles are being developed for publication and distribution and case studies have been written based on community members' experiences accessing health services and will be used as teaching tools in professional programs to educate health professionals. Presentations have been made at national conferences, most recently at the annual Canadian Rural Revitalization Foundation (CRRF) conference held in Vermilion, Alberta in October 2007. CRRF partnered with the Canadian Rural Health Research Society (CRHRS) this year broadening the audience. Findings and potential solutions have been shared at workshops and meetings over the past two years. The Rural Development Institute (RDI) will host a cross-jurisdictional workshop in April 2008 to bring community members, provincial government representatives from Manitoba and Saskatchewan and federal government representatives together to discuss research findings and seek ways to further develop and implement creative solutions.