

Community Collaboration to Improve Health Care Access of Northern Residents

Project Model and Overview

Workshop of BRRT, RHAs, and Other Stakeholders

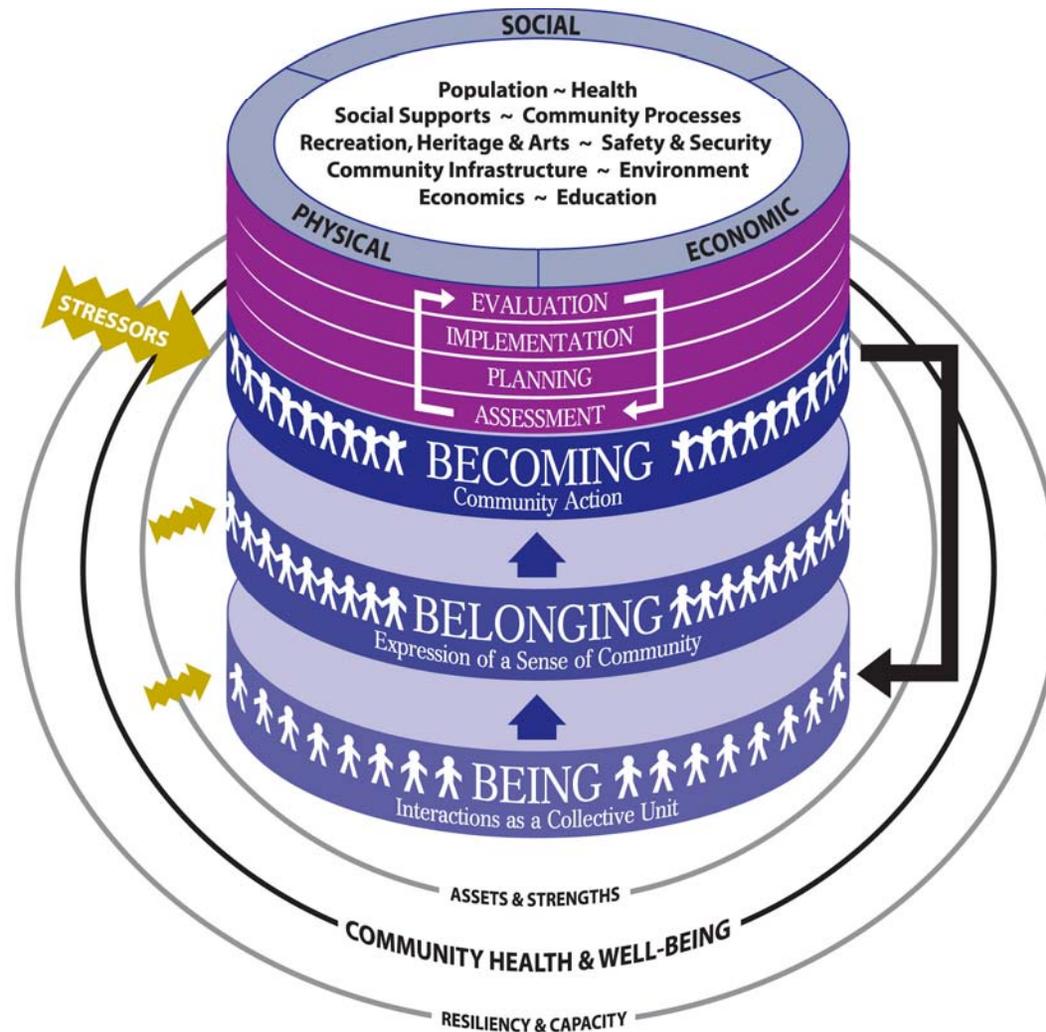
Facilitated by: Robert Annis and Fran Racher

Recorder: Laine Mosset

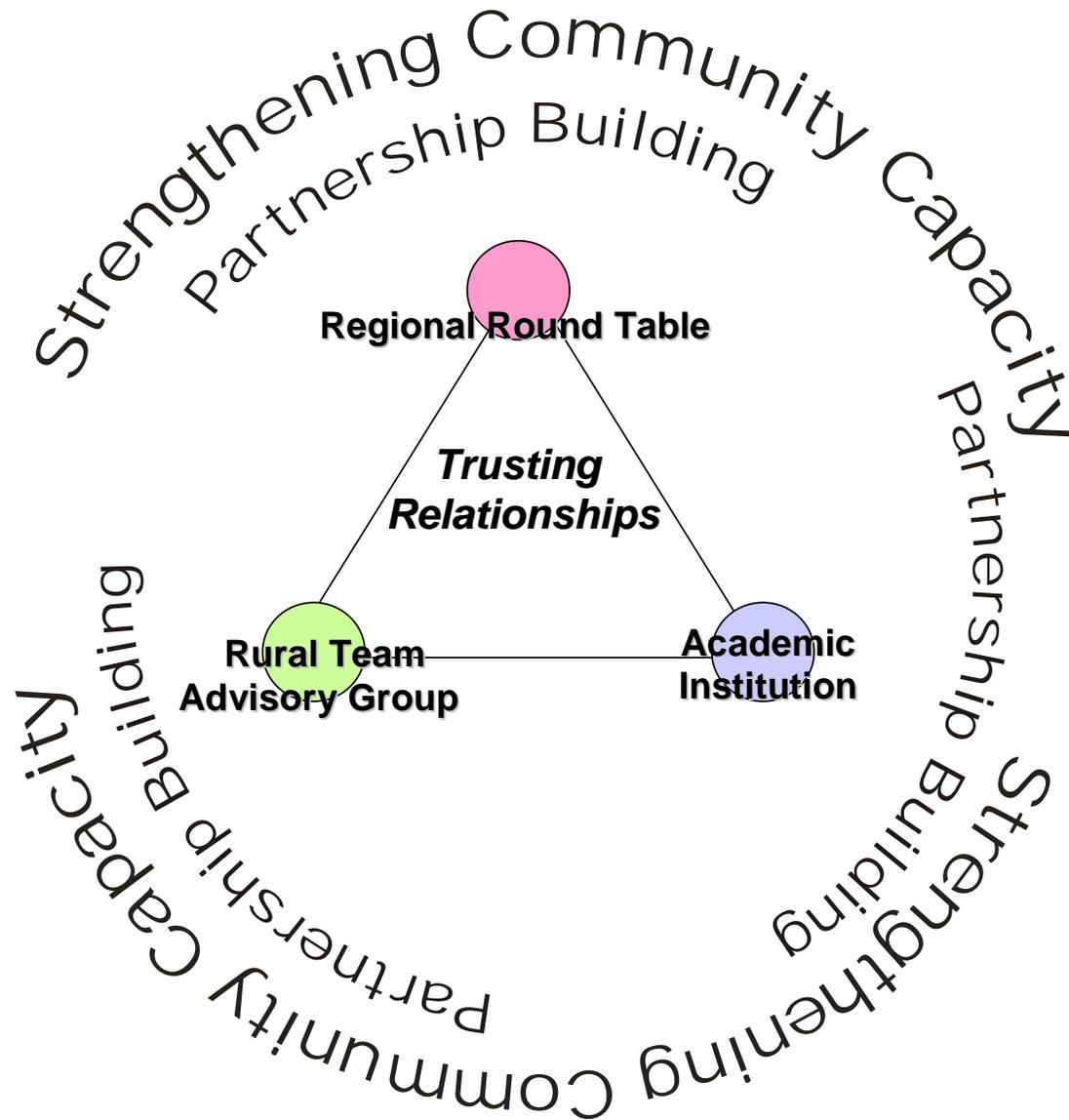
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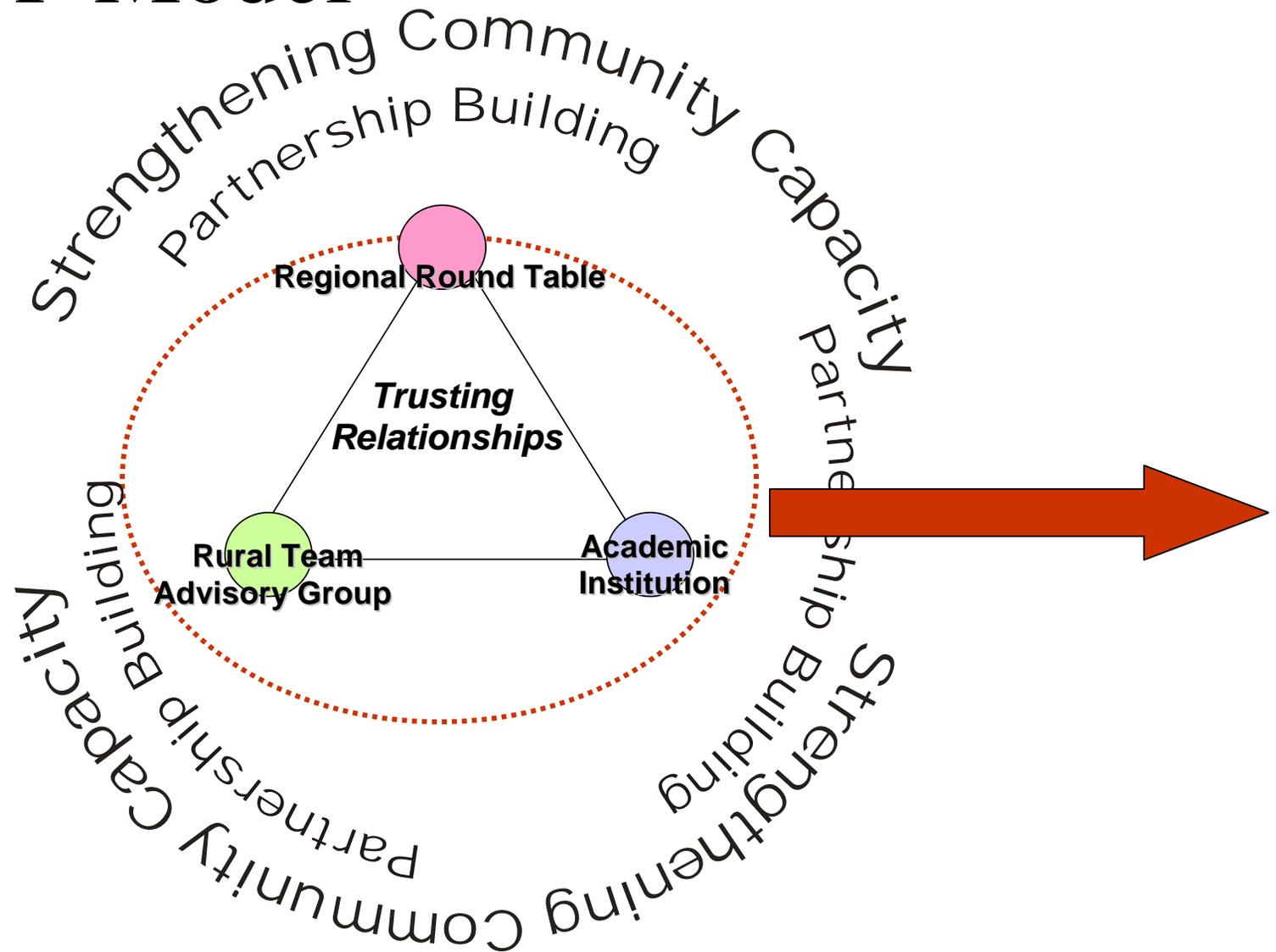
Community Health Action Model



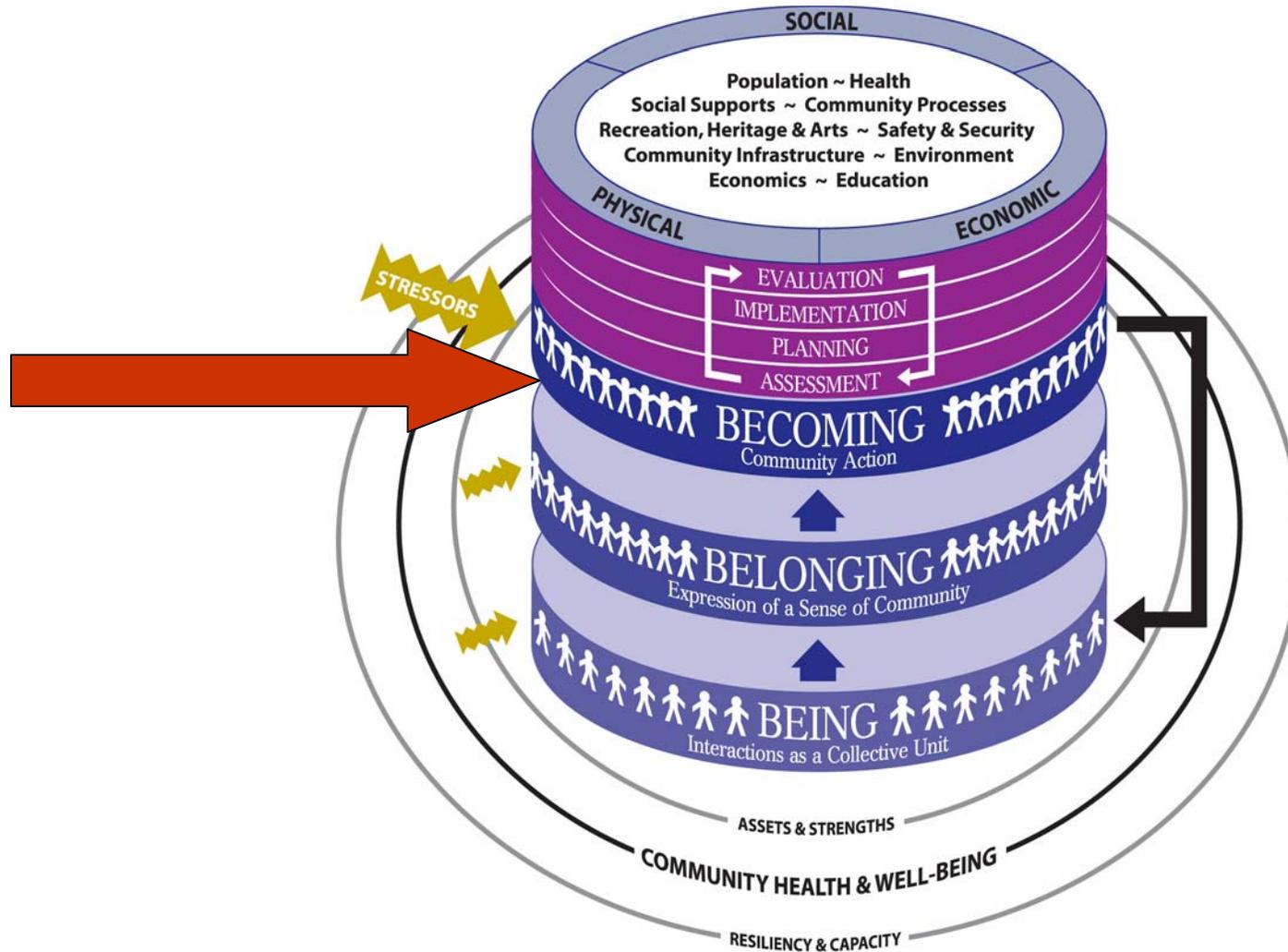
CCP Model



CCP Model



Community Health Action



Goals of the CIHR Access 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.

Project Workplan

- ✓ Interviews & focus groups in communities
- ✓ Focus groups in Thompson & The Pas with itinerant providers
- ✓ Meeting with BRRT to share findings and plan next steps
- ✓ Presentation developed for BRRT to share findings with communities
- ✓ Meetings/interviews to gather more information, Thompson, Winnipeg
- ✓ Identify & collect existing community data and statistics
- Analyze community statistics and develop report
- Determine priorities of BRRT and collaborative priorities with RHAs
- Develop plan for sharing findings across jurisdictions and sectors
- Host forums to share findings and create solutions in Manitoba
- Share lessons learned and solutions found between Manitoba and Saskatchewan and beyond

BRRT Priority Access Issues

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

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 & 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 travelling dental program to come to the schools for prevention and early treatment
- ❑ Build better connections, & 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?

Project Contacts

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Further project information available at:

www.brandonu.ca/rdi/cihr.asp

Break Out Groups

- 1. Pathfinding/Pathfinder –
 - Facilitator – Pat Lachance
 - What is the path? What information needs to be shared? What is the role of the pathfinder?
- 2. Access to Care –
 - Facilitator – Fran Racher
 - How can appointment processes be improved? How can transportation issues be managed to facilitate access?
- 3. Facilitating Relationships, Dialogue and Action –
 - Facilitator – Darrell Pack
 - How can trusting relationships be fostered? How can dialogue be encouraged and supported? What information needs to be shared? How can it be shared? How can we work together?