



SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

Community Collaboration to Improve Health Care Access of Northern Residents

Summary Report of Findings

Athabasca Health Authority

Bonnie Jeffery, PhD
on behalf of the research team

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Healthy
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Fond du Lac Denesuline Nation
Stony Rapids
Uranium City
Camsell Portage

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INTRODUCTION

This report summarizes findings from a qualitative study that explored the views of local health care providers and residents on access to health care in the Athabasca Health Authority (AHA). The aim of the study was to identify barriers that support or impede northern residents' access to health care in order to generate improvements. This report describes and summarizes the findings while a separate report¹ summarizes policy and program options that were discussed at a workshop where community members, policy makers and research team members met to propose responses to the many issues identified from the research. A total of 25 health care providers and 18 residents from the region shared their perceptions of access to health care in focus group discussions and interviews. Several themes were identified during the analysis of transcripts of these focus groups and interviews, a summary of which forms the basis of this report. These findings highlight issues that emerged as being related to health care access for AHA health care providers and residents. The findings have been organized according to the following five dimensions of access: availability, accessibility, affordability, accommodation, and acceptability.²

DATA COLLECTION

This study used a community-based participatory research (CBPR) approach that included residents and health care providers from the region in the research process. Representatives from the AHA worked on the steering committee with the researchers to develop the focus of the research, develop interview and focus group questions and assist with publicizing the study and locating volunteer participants. Such an approach enabled the identification of specific issues that affect access to health care from the perspectives of those who live in the AHA region. All interested residents and health care providers were invited to participate in focus groups, and interviews were arranged with individuals who could not attend the focus group meetings. In total, nine focus groups and 2 interviews were completed in 2006. The focus group and interview discussions were semi-structured, following a common set of questions but also allowing participants to highlight issues that they felt were important. Verbal and written consent was confirmed with each of the participants prior to the commencement of the focus groups and interviews. Permission to audio-record the discussions was also sought, and on two occasions participants requested that the

discussion not be recorded. On these occasions, the focus group facilitator and recorder took detailed notes instead and summarized their notes for participants before ending the focus groups.

DATA ANALYSIS

Data analysis began once focus groups and interviews with health care providers and residents had been completed and transcribed. A cross-sectional approach was utilized, which involved several readings of the transcripts in order to identify common themes emerging from the transcripts. First, an initial reading of the transcripts was performed in order to identify possible thematic categories. Once emerging themes had been identified, a preliminary coding structure was developed. The transcripts were then coded according to the thematic categories using the qualitative software program *Atlas.ti*, version 5.0. This initial round of coding helped the researchers to clarify major themes and identify potential relationships between themes. Once the initial coding of all transcripts was complete, a second round of coding was performed that allowed for the identification of sub-themes which highlight specific issues related to a specific theme.

CONCEPTUAL FRAMEWORK

Data analysis was guided by a conceptual framework³ that defines access as the fit between the clients and the health care system across five dimensions. *Availability* focuses on the relationship of the volume and type of health care services to the volume and type of clients' needs. This dimension focuses specifically on the opportunities that individuals have to utilize health care services in comparison to their need for services. *Accessibility* refers to the location of health care services in relation to the location of the clients. This dimension emphasizes the physical or geographic relationship between facilities and individuals, taking into account time, distance and cost of transportation. *Affordability* highlights the relationship of the cost of accessing health care services to the clients' ability to meet those costs. This dimension can be expanded to include access to funding for health care facilities or programs. *Accommodation* encompasses "the relationship between the manner in which the supply resources are organized to accept clients... and the clients' ability to accommodate to these factors and the clients' perception of their appropriateness"⁴ This

dimension can be broadened to include the ways in which the organization of health care services is altered in order to accommodate the needs of a specific population. *Acceptability* focuses on clients' attitudes about personal and practice characteristics of health care providers in relationship to the actual characteristics of existing providers, in addition to providers' attitudes about acceptable personal characteristics of clients. Acceptability draws attention to the influence of socio-cultural factors on access to health care services.

Figure 1: Five Dimensions of Access

(Penchansky & Thomas, 1981)



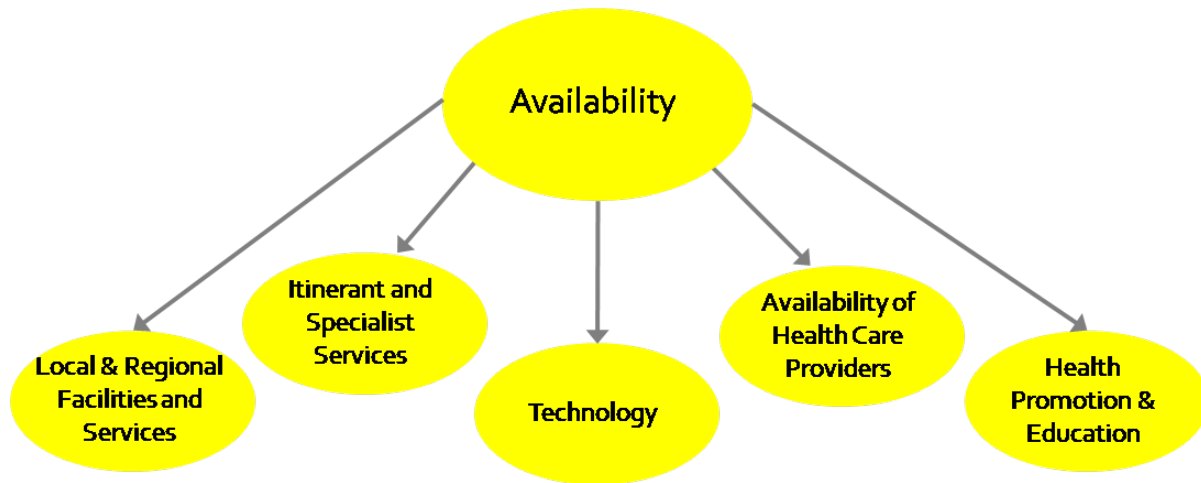
FINDINGS

Availability

Analysis of the focus group and interview data revealed that availability was a significant aspect of health care providers' perceptions of access to health care in the AHA. As discussed previously, availability refers to the relationship between the volume and type of health care services and the volume and type of clients' needs. Several themes related to availability were identified that reflect an appreciation of the health care services available in AHA communities,

possible factors that affect availability, and issues that could be addressed in order to improve availability. The major themes are related to: local and regional facilities and services, itinerant & specialist services, technology, the availability of health care providers, and health promotion and education.

Figure 2: Availability of Health Care Services



Local and Regional Facilities and Services

- Many residents recognized the value of local and regional facilities and their satisfaction with the health care services that they had received there. This included local clinics and the AHA health facility. Providers described access to health care resources within the AHA communities and region as having improved over recent years. Newly established programs and services were thought to be highly beneficial, especially those related to mental health.
- Participants reported that they were required to leave the region in order to access advanced or specialized services. Some participants suggested that minor health issues could be dealt with locally, whereas emergencies and major health issues required treatment in a facility in the South.
- Participants expressed that local and regional facilities should be expanded in order to eliminate much of residents' need to travel elsewhere for advanced and specialist services. Participants expressed a preference for having health care services provided locally whenever possible. One

example given by participants was the need for pre-natal and birthing services in the region, which had formerly been available at the hospital in Uranium City.

- Other improvements that were suggested included: access to portable defibrillators in the AHA communities for use in the event of a heart attack, the establishment and improvement of home care and general support services in all of the communities, and the creation of long term care facilities in Black Lake and Fond du Lac so that Elders can receive proper care and stay close to their families.

Itinerant and Specialist Services

- Participants indicated that the availability of itinerant health care providers and specialists had improved in recent years and that between local and itinerant providers many of their health needs were met. Access to specialist services was reported in the following areas: dental care, optometry, gynecology, psychiatry, and occupational/physical therapy. One example of satisfaction with itinerant providers that was reported by participants was the high quality of service delivered by itinerant occupational therapists, as Elders with diabetes had greatly benefited from their services.
- Bringing itinerant specialists to the AHA communities was said to be preferred to residents having to travel outside the region, in addition to being more efficient and cost effective. However, participants acknowledged the difficulty of finding specialists to come to the AHA region because of shortages within Saskatchewan. Nonetheless, participants suggested that efforts be made to secure or expand access to the following specialist services: dental care, speech therapy, podiatry and diabetes-related services, and mental health services.
- Despite overall satisfaction with itinerant services, participants described problems that arose from itinerant services. For example, residents of Black Lake were unable to access health care services without an appointment on days that the itinerant physician was there.
- The frequency and length of time that specialists spent in the AHA communities was also a concern, especially because visits by specialists were often shortened by transportation delays. Participants from Camsell Portage also reported that many residents missed the opportunity to see a physician because their work schedules conflicted with the day of the week that the

physician came to the community. Specifically, Friday is typically the day that workers travel in and out of the mining camp, which results in their missing the weekly physician visit.

- Concern was expressed over the dental services available in the region because access varied amongst the communities. While some of the communities had dental therapists or itinerant dentists, participants indicated that many residents were required to travel south for dental services. In addition, participants noted that dental therapy services were also difficult to access because therapists were either: in the community for a limited amount of time, on leave, or only taking clients from a specific community.
- Participants also noted problems related to optometry services. It was stated that a physician specializing in eye problems comes to the region twice a year and residents experiencing eye problems who cannot wait until the eye specialist is in the region must pay for their own travel expenses. Participants also reported that this itinerant provider could not always provide the necessary services, but that travel expenses remained uncovered in this situation.

Technology

- Participants indicated that the use of *Tele-health* (video-conferencing via the internet) could improve access to health care services in the region, as it would allow residents to consult specialists without leaving the community.
- Tele-health was reported to be a useful means of communication between health care providers and education for both providers and residents. Participants believed that Tele-health would improve current ways of communicating with other health care providers and accessing up-to-date health care information.
- A negative consequence of the establishment of Tele-health services was that AHA residents would be further isolated and have fewer opportunities to grocery shop when out of the region for health care services.

Availability of Health Care Providers

- Several participants expressed their appreciation of the health care services provided by local providers and gave examples that illustrated their excellence and dedication. It was stressed

that health care providers in the region do their best with the resources that are available to them.

- Despite appreciation for providers, some participants indicated that the quality of health care services in the region was affected by high turnover rates, which affected providers' ability to implement health care programs and follow up with clients. In addition, participants were frustrated with seeing a different provider each appointment and thought that this increased the length of appointments.
- Participants also expressed that the shortage of health care providers in the AHA region resulted in a reliance on relief staff and itinerant providers, which resulted in a lack of consistency in the care that residents received. The lack of health care providers in the region was viewed as being related to the shortage of providers in Saskatchewan. Participants indicated that efforts should be made to attract providers to the region, in addition to finding ways to address the need for more providers in the Province as a whole. Steps that could be taken to attract full-time providers included: assessing whether the wages being offered health care providers in the region are competitive, and improving educational and extracurricular opportunities in order to increase the desirability of living in the AHA communities for providers and their families. Participants suggested that the promotion of health-related careers and improved educational opportunities within the AHA communities would also encourage community members to pursue health-related careers and return to the region to provide health care services.
- Participants proposed that greater efforts be made to provide health care training to members of the community, especially individuals working as Community Health Representatives (CHRs) who sometimes had no background in health despite being liaisons between health care providers and clients. In order to improve access to training, participants indicated that training should be provided within the region because many residents cannot leave their families for extended periods to receive training.

Health Promotion and Education

- The importance of health promotion and its impact on the availability of health care was recognized by participants. Specifically, the lack of knowledge of health within the community

resulted in some residents being overly reliant on providers and over-utilizing health care services.

- Participants suggested that health education for residents was a priority, as it would create greater awareness of health and independence among community members. Decreased reliance on health care providers would in turn allow providers more time for further health promotion and the development of new programs and services.
- Participants suggested that collaborative efforts would be most effective in improving health awareness, stating that partnerships with schools, community leadership, Elders, and other local organizations are crucial to successful health promotion.

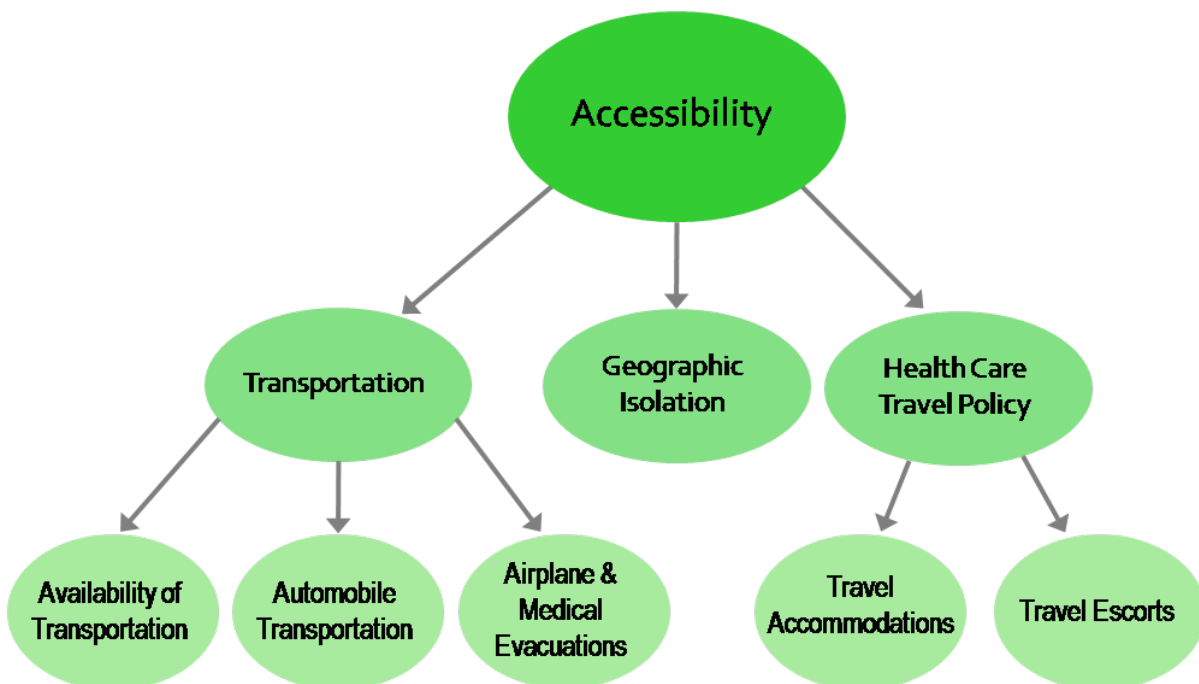
Summary

Availability issues identified included: local and regional facilities and services, specialist services, technology, the availability of health care providers, and health promotion and education. Each of these themes highlights the importance of the availability of health care services to AHA residents' access to health care. Most importantly, the themes suggest the need to improve the extent to which the volume and type of services available in the AHA meet the needs of health care clients. Several concerns were identified by participants, as were suggestions for improving the availability of health care services. Participants identified a number of services that they felt should be made available within their communities, such as: pre-natal care and birthing facilities, emergency medical equipment for Uranium City and Camsell Portage, improved home care services and facilities in Uranium City and Black Lake, and long term care facilities in Black Lake and Fond du Lac. Although participants expressed appreciation for itinerant specialists, they reported some problems related to itinerant services, such as disruptions to regular clinic services and issues with the schedules of itinerant providers. Participants also identified a need for increased availability of specialist services in the region, particularly in the areas of dental care and optometry services. Other improvements proposed by participants included: establishing *Tele-health* services, attracting full-time/consistent staff by improving the desirability of living in the AHA communities, recruiting and training more residents to fill health care positions, and prioritizing health promotion and education. Overall, participants identified factors that were both internal and external to the health care system that affected the availability of health care services.

Accessibility

Throughout the study, accessibility emerged as a major influence on access to health care where accessibility refers to the location of health care services in relation to the location of the clients. This dimension calls attention to the physical or geographic relationship between facilities and individuals, and the need to account for travel time, distance and cost of transportation when assessing access to health care. Given the remote geographic location of the AHA communities, it is not surprising that the need to travel for health care services has a significant influence on residents' ability to access health care. While geography cannot be changed, participants identified a number of issues related to accessibility that could be ameliorated. The main themes discussed in this section are: geographic isolation, transportation and policies related to travel. These themes highlight issues related to: over-utilization of evacuation services, the availability of transportation, automobile transportation, airplanes and medical evacuation, travel accommodations, and policy regarding travel escorts.

Figure 3: Accessibility of Health Care Services



Transportation

Availability of Transportation

- The availability of transportation was a key factor in determining residents' ability to seek health care services. Participants felt that some residents had limited access to health care because they lacked the means to travel to health care facilities. For example, limited access to automobile transportation posed difficulties for some residents requiring non-emergency health care services, particularly for those residents living in Black Lake and Stony Rapids. Transportation to local health care facilities was a particular problem for Elders because a shuttle service to the AHA health centre was no longer available. In addition, the establishment of a monthly flight from Camsell Portage and Uranium City to Stony Rapids for residents needing health care services would eliminate barriers related to accessibility and affordability.

Automobile Transportation

- Although there are very few roads in the AHA region, participants reported that automobile transportation was a concern related to the accessibility of health care services because the roads which exist are in such a state of disrepair that they cause distress to patients being transported for health care services. Participants advocated that efforts be taken to improve road quality.
- Participants indicated that the development of year-round roads between AHA communities would help to improve access to health care services for residents who are currently required to travel for health care services or wait for itinerant providers to travel to their community. However, it was recognized that creating year-round roads between the communities could be expensive and complicated.

Airplanes and Medical Evacuations

- Participants identified factors influencing access to travel by airplane for emergency services such as: the availability of an air ambulance, the urgency of the situation, and the availability of a commercial flight.
- Participants stated that access to transportation for emergency services needed improvement. It was reported that evacuation via airplane was often a lengthy process that involved

negotiating approval for evacuation and securing an airplane, as well as waiting for its arrival which was often delayed due to weather. The average length of time that clients had to wait to be evacuated for emergency services was thought to be approximately 4 hours, with some residents reporting that they had waited up to 16 hours for evacuation.

- Participants noted that some airplanes used for evacuation posed difficulties to health care professionals when transporting patients; specifically airplanes that were not pressurized made communication difficult. Participants felt that a pressurized airplane should be dedicated to evacuations from the North.
- Some participants indicated that there were times when patients' health was put in jeopardy because airplane transportation was not available. When an air ambulance was unavailable, health care providers had to negotiate transport with commercial airlines. On some occasions, airplanes were available in the region but pilots had already reached their maximum number of hours flying for the day.
- Other aspects of the medical evacuation procedure were thought by participants to need review. It was reported that residents requiring emergency services are evacuated to the AHA health facility in Stony Rapids and then, if necessary, flown south for advanced treatment and services. In the case of severe injuries or illness, participants thought residents should be flown directly to health facilities in the South.
- Participants from Camsell Portage indicated that improvements needed to be made in order to ensure that emergency airplanes could access the community, as airplanes could not currently land at night because of the absence of runway lights.

Geographic Isolation

- Participants recognized unique issues stemming from isolated nature of AHA communities and specifically the limited road access and dependency on air travel. As a result, participants felt a greater expediency to have themselves or others evacuated for advanced health care services because leaving the region could be complicated and lengthy. These feelings resulted in the occasional over-utilization of medical evacuation services by residents, which had detrimental impact on the availability of evacuation services.

Health Care Travel Policy

Travel Accommodations

- Participants reported numerous problems arising from the accommodations provided to AHA residents traveling for health care services. In both Prince Albert and Saskatoon, participants noted that accommodations were unacceptable and created unnecessary distress for residents already experiencing health issues. For example, some participants communicated that the accommodations provided to them in Prince Albert were unclean and lacked privacy and certain essentials, such as towels. In addition, the staff at this facility were said to be sometimes disrespectful.
- Participants also noted that problems arose from how the accommodation in Prince Albert is operated and to what extent clients' travel expenses are covered. Participants stated that the food provided at this accommodation is not suitable for individuals with dietary restrictions. Also, participants stated that only 3 meals are covered for a one night stay and that individuals have been denied food, despite needing it for health reasons. It was suggested that issues with accommodations could be ameliorated with the creation of a facility specifically dedicated to Northern residents as such a facility could be tailored to satisfy Northern residents' health needs and cultural background.
- Several participants indicated that certain hotels with which the First Nation and Inuit Health Branch arranges accommodation for AHA residents are sub-standard. Participants emphasized that the hotels provided are unclean and one participant even reported that he/she contracted lice while staying at one of the hotels. It was also problematic for residents to have access to a hotel room only until 11:00 a.m. in the morning when traveling to Saskatoon for health care services. Participants indicated that they should have access to a hotel room until their departure back to the AHA, especially after surgery or cancer treatment. Currently, individuals who have not checked out of their room by 11:00 am because they are at a health care appointment reported returning to find their belongings in the hotel lobby. AHA residents are then expected to wait in the lobby for the rest of the day until they are taken to the airport or use their own money to pay for a hotel room.

Travel Escorts

- Participants indicated that certain aspects of policy relating to travel escorts needed to be revised. Of particular concern was policy stating that an escort would not be covered by First Nations and Inuit Health, Health Canada (FNIH) for residents aged sixteen years and older. It was also reported that there were occasions in which escorts for younger residents had been refused. Participants felt that FNIH employees had been rude and insensitive in some situations. A number of participants recalled an incident in which a FNIH employee said that if teenagers were old enough to have babies then they were old enough to travel alone. Participants felt this was offensive and expressed the desire to accompany their children to health care appointments until they were adults.
- Participants also felt that escorts should be provided to AHA residents who are elderly or have mobility issues, as well as pregnant women who are traveling with their other children. Approval should also be given for two escorts to travel with a disabled child in a wheelchair. Examples such as these demonstrate that policy regarding travel escorts needs to be more flexible in order to ensure that escorts are covered for those individuals who require assistance when traveling.
- Participants suggested that the creation of a community escort position within each of communities would provide assistance to AHA residents needing to travel for health care services and ensure that residents do not abuse the escort policy.

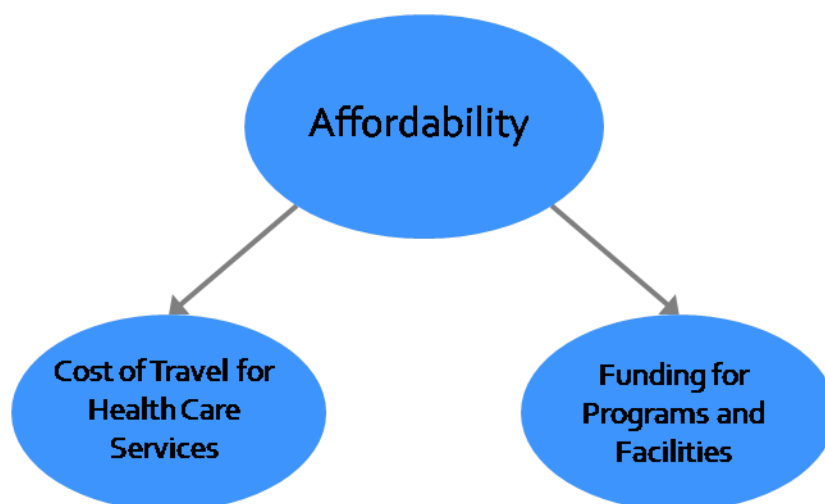
Summary

Geographic isolation has a number of effects on residents, including occasional over-utilization of health care services due to anxieties about not being able to receive timely access to emergency services. Transportation issues had an immense impact on residents' access to health care because of the need for residents to travel both within and outside of the region in order to receive many health care services. The limited availability of automobile transportation and poor quality of roads within some of the AHA communities were reported to hinder access to health care. Problems with airplanes and medical evacuation were also reported. In addition, participants expressed concern about policies regarding travel accommodations and travel escorts, which were thought to negatively affect residents' ability to access health care services.

Affordability

Affordability refers to the relationship between the cost of accessing health care services and the clients' ability to pay for them. This dimension can be expanded to include the availability of funding for health care facilities or programs. According to participants, travel-related costs posed a problem for many residents who were often required to travel within and outside of the AHA in order to receive health care services. Participants also commented that there were differences in the extent to which residents' transportation costs were covered by the First Nation and Inuit Health Branch. As a result, some participants felt there was differential access to health care services. In addition, participants expressed that funding for programs and facilities in the region was insufficient and hindered providers' ability to provide more diverse and specialized health care services. The lack of funding was discussed within the context of division of available funds amongst the communities. The remote location of the AHA communities clearly influenced the cost of delivering and accessing health care services. Thus, this theme demonstrates the inter-relatedness of the five dimensions of access, in that accessibility issues are closely connected to affordability issues.

Figure 4: Affordability of Health Care Services



Cost of Travel for Health Care Services

- The cost of traveling outside of the region for health care services was a prominent issue discussed by participants. It was indicated that travel expenses and meals were covered by the First Nation and Inuit Health Branch (FNIH) if residents were traveling for health care services that are unavailable in the region, which was vital to residents' ability to access health care.
- The availability of coverage for the cost of travel for health care services within the region was a concern, as some residents could not afford travel costs to the AHA health centre. Participants felt that this issue warrants further attention as its impact on residents' access is significant and some suggested that a free, regular flight be established between the AHA health centre and Uranium City and Camsell Portage in order to ensure that residents are able to access the necessary health care services.
- Participants also reported that financial assistance was not always available for travel costs for specialist services, which resulted in some residents being unable to access necessary services. Specifically, travel outside of the region for health care services that were offered periodically by itinerant providers was reportedly not covered by insurance. For instance, individuals requiring optometry services have the choice of seeing the itinerant optometrist who comes to the region a few times a year or paying their own way to the city to see an optometrist there. Some participants indicated that there are many health needs that cannot wait for itinerant providers.
- Participants also reported that coverage for travel does not account for other costs ensued while traveling, which poses problems for residents in the event of delayed or cancelled flights. Participants noted that some AHA residents had been stranded at the airport without anything to eat because they lacked finances. Improvements need to be made in this respect, particularly because many of the residents who find themselves in this situation are elderly and diabetic. Although airlines should be responsible for providing residents with meal vouchers when flights are delayed or taxi fare when flights are cancelled, participants felt that FNIH should make provisions to ensure that AHA residents are taken care of if airlines do not provide such assistance.
- Participants expressed that differential access to funding for travel costs exists amongst AHA residents; namely, residents with First Nations status were thought to have better health

insurance coverage than non-status residents, who had limited coverage or no coverage at all. In addition, participants noted that residents who received social assistance also received coverage for travel costs. For example, participants stated that residents who were evacuated for emergency services had to pay for their flight home, whereas residents with First Nations status or who were on social assistance did not. Variance in access to health care resulting from differential coverage for travel costs was an issue that participants felt that regional and provincial authorities needed to address.

Funding for Programs and Facilities

- Participants cited that funding for health care programs and facilities needed to be increased by all levels of government if access to health care is to be improved in the AHA region. In particular, increased funding would allow health care providers to develop and implement specialized and community-specific programs that focus on the unique needs of the AHA population.
- Diabetes-related programs and services were of specific concern to participants. At the time when the focus groups were conducted, the Prince Albert Grand Council provided diabetes-related services, but participants felt that more funding would allow providers to develop programs that are tailored to their clients' needs.
- According to participants, another area in which improvements could be made to existing services was Home Care. It was stated that the current program does not have sufficient funding to adequately meet the needs of Elders in these communities.
- Another funding issue raised by participants was related to travel escorts for Elders requiring health care services outside of the region, as only those Elders who are home care clients receive funding for travel escorts. Funding for travel escorts for Elders was crucial because many had issues with the English language and benefited from translation services provided by escorts. Increased funding for travel escorts would ensure that Elders do not have to travel outside their communities alone.
- Participants also expressed a need for greater funding for long-term care facilities because it was reported that Elders currently had to pay for long-term care which was thought to be

inappropriate to their needs. Greater funding could help to establish long-term care facilities within the communities that allow Elders to remain close to their families and be provided with suitable care free of cost.

- Some participants saw political struggles over funding as a key issue in the delivery of health care in the region. Some observed that the First Nations band councils in the region would be able to accomplish more if they worked together, rather than disagreeing over the administration of funding.

Summary

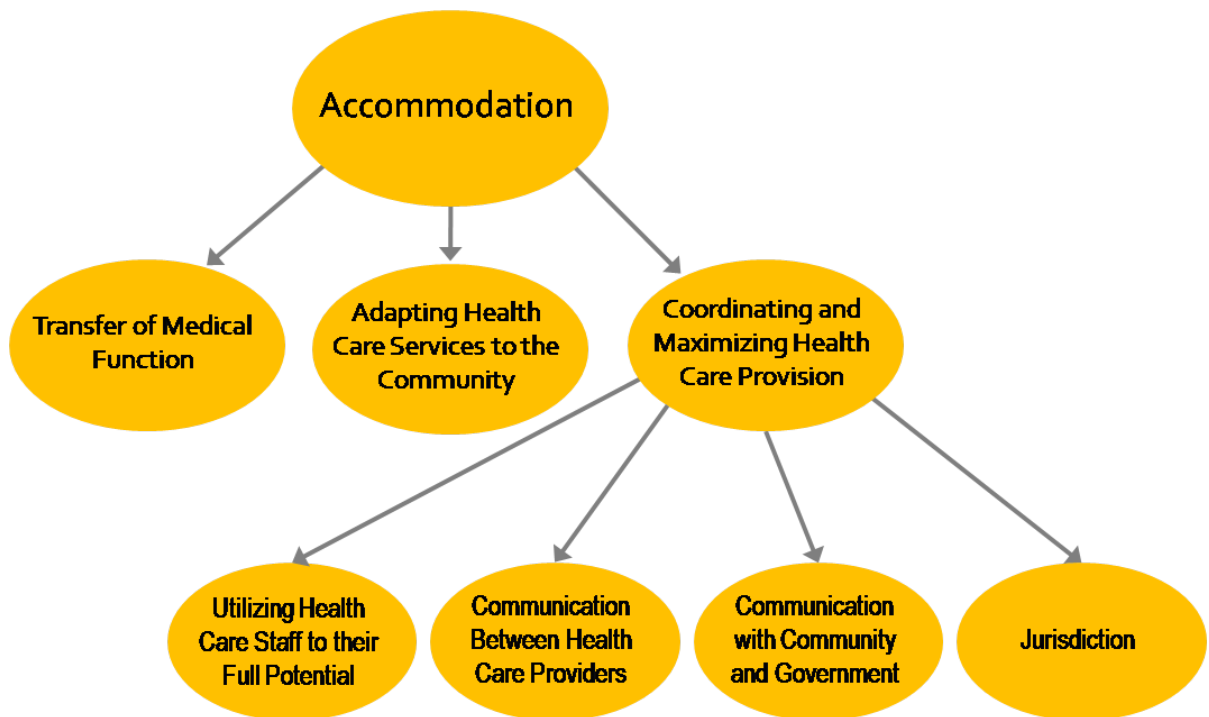
This theme highlights two major issues related to affordability and health care in the AHA region: the cost of travel for health care services and funding for health care facilities and services. First, while participants appreciated the coverage for travel expenses for health care services that they received, participants felt that additional coverage was needed at times. Another issue related to travel costs was the differential access to travel coverage among the residents of the AHA region. Participants proposed one solution to the financial burden that travel for health care services imposed on some residents: the establishment of a regular, universally available flight between Uranium City and Camsell Portage and the AHA health centre. Second, participants described the impact of funding on residents' access to health care services and identified some areas of health care provision that could benefit from increased funding. For example, increased funding for home care programs, travel escorts for Elders, and long term care facilities was suggested. Participants proposed that greater cooperation among communities and band councils in the region was needed in order to maximize the funding that is available. Therefore, the findings discussed in this section indicate that the affordability of health care services and programs has a significant effect on access to and provision of health care.

Accommodation

Participants emphasized the importance of ensuring that health care services available in the region were suitable to residents' needs. Their comments highlighted the necessity that health care services be designed in a manner that takes into account the unique requirements of residents

in the region. This dimension includes the ways that the organization of health care services is tailored in order to accommodate the needs of a specific population. This theme highlights important strategies that are used by health care providers in the AHA in order to ensure that residents' health care needs are met. In particular, participants described how the transfer of function between providers occurs in their daily activities and suggested ways in which this process could be revised. Participants also described how some residents in the region play a role in ensuring that health care services are available in their community and further recommendations for accommodation were provided. Several participants indicated that successful service delivery relied on coordinating and maximizing health care provision, which involved: utilizing health care staff to their full extent, improving communication, and negotiating jurisdictional issues would benefit access to health care in the region. This theme provides insight into the need to make accommodations to the provision of health care in order to ensure that the needs of clients are met.

Figure 5: Accommodation of Health Care Services



Transfer of Medical Function

- Participants reported that the transfer of medical function that exists among health care providers in the region was beneficial. For example, nurses' scope of practice had been expanded in some ways in order to provide services that would be otherwise unavailable, such as the prescription and distribution of medications.
- Participants felt that improvements could be made to this process. For instance, nurses were frustrated with having to have a physician sign off on requests for certain health care services, especially because few providers were available to do the signing off. Nurses would like authority to order x-rays, ultrasounds, and lab tests without physician approval (especially for clients needing annual lab tests).
- It was suggested that the role of LPNs be expanded to include the administration of some medications, as that would help to relieve the workload of RNs.
- Review and clarification of transfer of medical function procedure was recommended, as it was reported as occurring differently within the region.

Adapting Health Care Services to the Community

- Participants from Camsell Portage highlighted some strategies that had been used in order to ensure that residents were able to access the health care services that they required, despite a lack of health care providers in the community. One example related to the administration of some types of medication by community members in partnership with health care providers in another community. Participants also noted that residents sometimes worked with health care providers from outside the community in order to diagnose the severity of health issues or in emergency situations. This partnership between community members and providers is successful in Camsell Portage because of the small, tight-knit population and the dedication of certain community members to providing this service.
- While the strategies used in Camsell Portage will not necessarily be successful elsewhere, participants felt that other AHA communities could explore options for adapting health care services to the unique characteristics of residents.

Coordinating and Maximizing Health Care Provision

Utilizing Health Care Staff to Their Full Potential

- Participants thought that ensuring that health care providers were being used to their full potential would improve effectiveness of service provision. This includes clarifying the roles and capabilities of health care positions in order to ensure that providers are aware of other providers' scope of practice. Doing so would alleviate the high demand for some providers and introduce opportunities for providers to use and maintain their skills. LPNs were particularly thought to be under-utilized. Home-care aides' roles could also be expanded to include more health-related services, as they currently provide mainly housekeeping services. CHRs could also take on increased roles in order to assist providers and ensure clients receive necessary services. For example, reviewing clients' medical charts prior to appointments could help nurses and decrease appointment times.

Communication between Health Care Providers

- Participants identified aspects of communication that were successful and others that needed improvement. Communication between the various types of nurses was thought to be good and getting even better.
- Participants felt that AHA staff could better communicate with health care providers with respect to new personnel, job roles/descriptions, etc., which would increase ease and efficiency of dealing with issues. (i.e. *"who does what at AHA?"*)
- Greater emphasis should be placed on team building and communication between health care providers. For instance, providers suggested that regular meetings with all health care providers would open up communication between different types of providers. (However, accommodating the schedules of local and itinerant providers was recognized as difficult).
- Residents suggested that access to health care could be improved through better communication between health care providers because poor communication among local providers and providers outside the region had detrimental effects for residents requiring health care services. For instance, miscommunication sometimes resulted in residents missing appointments with specialists who were only in the region for limited amounts of time. A better

system of communication between health care providers needed to be developed in order to ensure that information was passed on to health care clients efficiently.

- Participants also thought that health care providers should ensure that providers communicate the unique issues that AHA residents face with respect to transportation and the availability of resources when referring clients to providers outside the region.

Communication with Community and Government

- Participants stated that good communication with community members and all levels of government was necessary for effective health care provision. Efforts that have been made to open up communication channels between providers and community were applauded, such as a conference including providers and community representatives.
- However, participants indicated that improvements were necessary and would require efforts from both providers and communities. Participants emphasized the importance of communication in ensuring that health care services appropriately met AHA residents' needs. Participants also felt that greater efforts should be made in communicating to residents what health care services are available in the AHA communities, as there is sometimes confusion regarding what services are available and how to voice concerns.
- Participants suggested that health care providers who worked within the community (i.e. home care aides, CHRs) act as liaisons between the community and providers, which would improve providers' awareness of community issues and events.
- Participants advocated for the establishment of a clear connection between providers and community leadership, which would be beneficial in informing providers of specific health and social issues within the region. Specifically, an annual meeting with providers and community leaders and members could open communication channels. Additionally, increased communication with community organizations would benefit health care provision. For instance, collaboration with R.C.M.P., Child and Family Services, Mental Health and Addictions, and First Nations Band Councils could improve awareness of community issues and help providers' to address issues related to safety, addictions, and abuse that impact the need for health care services.

- Improved communication between AHA residents and government officials responsible for health care programming in the region was recommended by participants. One example given by participants was the confusion over the services that are available for special needs children, as participants had received contradictory information from different sources. Despite claims that the special needs program was being eliminated, participants reported that these services were fortunately still available.

Jurisdiction

- Participants reported that the need to negotiate issues related to jurisdiction affected providers' ability to deliver health care services. For instance, some providers were under AHA jurisdiction while others were under the jurisdiction of the local band council, which created divisions among health care providers.
- The division of authority between the AHA and local band councils sometimes required health care providers to negotiate discrepancies in directions from the two authorities. Some participants expressed that they were "*caught in the middle all the time*" and could not satisfy both sides. This issue indicates a need to improve communication between the two authorities in order to eliminate discrepancies and enable better coordination of health care services.

Summary

The theme of accommodation provides the participants' insights into the organization of the health care system in the AHA region. This theme highlights the need for health care providers to modify the provision of health care services in order to meet the requirements of the communities. For example, participants' discussion of the transfer of medical function between health care providers demonstrates the existing shift of responsibility for certain tasks to available staff. Participants proposed a number of other situations in which medical functions could be transferred. Participants from Camsell Portage also described ways in which residents assisted in the delivery of certain health care services in order to adapt health care services to the needs of the community. In addition, participants focused on the desire to coordinate and maximize the provision of health care services in order to ensure efficiency and quality. Strategies for coordinating and maximizing provision involved utilizing providers to their full extent, improving communication between providers and with the community, and negotiating matters of jurisdiction. Communication was an

especially significant sub-theme because participants stressed the impact that poor communication had on the provision and receipt of health care services. These sub-themes provide avenues that should be examined in order to further accommodate health care services to AHA residents' needs.

Acceptability

Acceptability refers to the relationship between clients' attitudes about the personal and practice characteristics of health care providers and the actual characteristics of providers. This dimension also incorporates the attitudes of providers about the personal characteristics of clients. The two broad themes to be discussed in this section are: the quality of health care services and social and cultural issues. The sub-themes of the latter topic will address issues related to: cultural values and differences, differing health care needs of northern populations, language, education, confidentiality and the stigma associated with health issues, and interactions with health care providers. As a whole, this theme provides examples of the detrimental effect that social and cultural issues can have on access to health care and the importance of ensuring the acceptability of health care services.

Figure 6: Acceptability of Health Care Services



Quality of Health Care Services

- Participants felt that the health care services offered in the AHA were of high quality. It was reported that vast improvements had been made over the past decade, including the addition of a variety of new health care positions.
- Participants stated that access to health care services was readily available in some of the AHA communities, with wait times being less than in the south.
- Participants indicated that the response from the community to health promotion and education events had been very positive.

Social and Cultural Issues

Recognition of Cultural Values and Differences

- The need for cultural understanding between providers and residents was acknowledged by participants to be important to improving access to health care. Participants suggested that the development of an orientation package for providers who are new to the region would help to familiarize them with the AHA communities and First Nations culture in the region.
- Participating providers expressed a willingness to incorporate traditional healing practices into health care provision in order to improve residents' access to health care. For example, arrangements could be made for Aboriginal healers to be brought to regional health facilities.
- Participants stressed the need for community involvement as a means for providers to build relationships and trust with residents. According to participants, some providers had successfully gained the community's trust, but had taken years to do so. Some providers felt that their efforts at community involvement had been met with mixed responses, as they sometimes felt unwelcome at community events. Some participants felt that mutual respect did not exist between providers and clients, as they felt sometimes felt disrespected within the community.

Language

- A number of concerns related to language emerged in the focus groups, including: difficulties with speaking and understanding English, the need for translation services, and literacy issues, all of which can hinder residents' ability to access appropriate health care services.
- Participants from some of the AHA communities felt that efforts should be made to overcome the communication difficulties that result from language differences. Participants reported that residents from Black Lake and Fond du Lac speak the Dene language, while very few health care providers are knowledgeable of this language. As a result, residents who are unable to speak English encounter difficulties when communicating with health care providers and may not receive the appropriate health care services. The expansion of translation services was proposed as a way to overcome language differences. Specifically, a full-time translator at the Fond du Lac clinic and the AHA health centre would benefit clients. Participants also indicated that health care providers who spoke Dene would be valuable to the region because they would command greater respect within the First Nations communities and have greater success in communicating health information to residents.
- Participants indicated that there were multiple ways to overcome language issues, including the improvement of available facilities. For example, the addition of bath facilities for the home care program would allow home care aides to better assess their clients' physical well-being, which would lessen the reliance on verbal communication in health assessments.
- Participants also reported that language issues affected residents' access to specialized services because residents with language difficulties would not be likely to travel outside the region without an escort who spoke English. However, the lack of insurance coverage for travel escorts for the majority of residents in the region meant that individuals may go without the required services because of the barrier resulting from language difficulties.

Interactions with Health Care Providers

- Participants felt that negative interactions with providers diminished residents' desire to access health care services. It was reported that residents are not always greeted when they enter some health care facilities and are sometimes ignored until they approach the desk. While participants understand that clinic staff may be busy, they felt that staff at health care facilities

should pay greater attention to their clients in order to ensure that they receive health care services.

- Participants also commented on the quality of services being provided to long-term care clients, stating that this service needed improvement in order to become appropriate to clients' needs. Participants felt that Elders were often ignored by the long-term care staff and that measures should be taken in order to ensure that providers fulfill their responsibilities and offer the highest quality of service to their clients.
- Another issue reported was that health care providers sometimes rushed through appointments and failed to give clients the appropriate attention. Although physicians and nurses were required to see clients as quickly as they can because of limited time in some communities, participants felt that the quality of health care services would improve if providers spent more time with each client and more time in each community. In addition, it was stated that residents may experience negative emotions as a result of providers not spending enough time with clients or failing to listen to them, which could have detrimental effects on residents' perceived access to health care.

Confidentiality and Stigma Surrounding Health Issues

- Participants noted that confidentiality played a role in residents' access to health care. Because of the small population of the AHA communities, it was hard for residents to seek health care services without other community members being aware of it. For example, being seen going to the health care facilities or traveling to Stony Rapids may indicate to other community members that an individual is experiencing health issues, which may deter some individuals from accessing health care. One suggestion that participants made regarding the reduction of stigma was to separate certain services from others in order to increase privacy.
- Participants also reported instances where they felt that health care providers had failed to ensure the confidentiality of test results or an individual's health status and had caused unnecessary distress to clients. The lack of attention to clients' privacy by some providers reportedly deterred some residents from seeking health care services. Participants suggested that greater attention to confidentiality by all health care providers would ensure that residents are not deterred from seeking health care services.

- Participants suggested that individuals may feel stigmatized by health issues because there are few others in the region who share their experience. As a result, residents may not have others to confide in or ask advice from which may deter them from broaching health concerns with health care providers. Finding ways to diminish stigma related to health issues could encourage residents to communicate their health concerns to providers and decrease the length of medical appointments. For instance, greater awareness of health issues would lessen stigma and create more acceptance within the communities.

Summary

This dimension of access illustrates the need to ensure that health care services are acceptable in meeting the requirements of the target population and to recognize the effect of social and cultural issues on health care provision. Participants indicated that they felt the quality of health care services in the AHA was quite good and had improved in recent years. The second theme addressed socio-cultural issues and their perceived effect on residents' access to health care. Issues related to language and the stigmatization of health issues were discussed in relation to their negative impact on access to health care. Participants also stressed the need to recognize cultural values and differences in order to ensure that health care services were appropriate and culturally sensitive. Participants also indicated that some interactions with health care providers were viewed as negative, which diminished their desire to seek health care services. These sub-themes imply a need for continued efforts to overcome such barriers that can impede access to health care.

CONCLUSION

This report has provided a summary of the findings from focus groups and interviews with health care providers and community residents within the jurisdiction of the Athabasca Health Authority. It should be noted here that these findings illustrate the *perceptions* participants have of health care services, and do not necessarily reflect the actual policies and procedures of the various health care providers and jurisdictions referred to. It is also important to recognize that since the time of the data collection some of the issues raised in this report may have been addressed by the various jurisdictions in their ongoing efforts to improve services. The researchers hope that the information contained within this report can be of assistance to the Athabasca Health Authority and other

stakeholders by highlighting issues as seen from the perspective of health care users and providers within the jurisdiction, and by providing insights that will guide the search for solutions.

¹ *Health Care Access of Northern Residents: MB/SK Workshop*, April 16 & 17, 2008, Rural Development Institute (Brandon University) & Saskatchewan Population Health & Evaluation Research Unit (SPHERU), U of R and U of S. Available at www.spheru.ca

² Penchasky, R. & Thomas, J.W. (1981). The concept of access. *Medical Care*, 19(2). 127-140.

³ Penchansky & Thomas (1981)

⁴ Penchansky & Thomas (1981), p. 128)

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