



SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

Community Collaboration to Improve Health Care Access of Northern Residents

Summary Report of Findings

**Mamawetan Churchill River
Regional Health Authority**

Bonnie Jeffery, PhD
on behalf of the research team

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Healthy
Children

Rural Health

Northern and
Aboriginal Health

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La Ronge

Pinehouse Lake

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INTRODUCTION

This report describes findings from a qualitative study that explored the views of local health care providers and residents on access to health care in the Mamawetan Churchill River Regional Health Authority (MCRRA). The aim of the study was to identify barriers that support or impede 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 the workshop with community members, policy makers and research team members. A total of 21 health care providers and 16 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 MCRRA 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 MCRRA participated in the steering committee with the researchers to develop the focus of the research, develop the 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 MCRRA 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, five focus groups and 3 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 all participants agreed to

being recorded. However, on one occasion, technical difficulties with the audio-recorder occurred; detailed notes were then taken by the recorder and reviewed for accuracy by the focus group facilitator.

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 researcher 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. Many factors contribute to the availability of health care 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 travel time, distance and cost of transportation. *Affordability* highlights the relationship of the cost of accessing health care services to the clients' ability to pay for them. This dimension can be expanded to include the availability of 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 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)



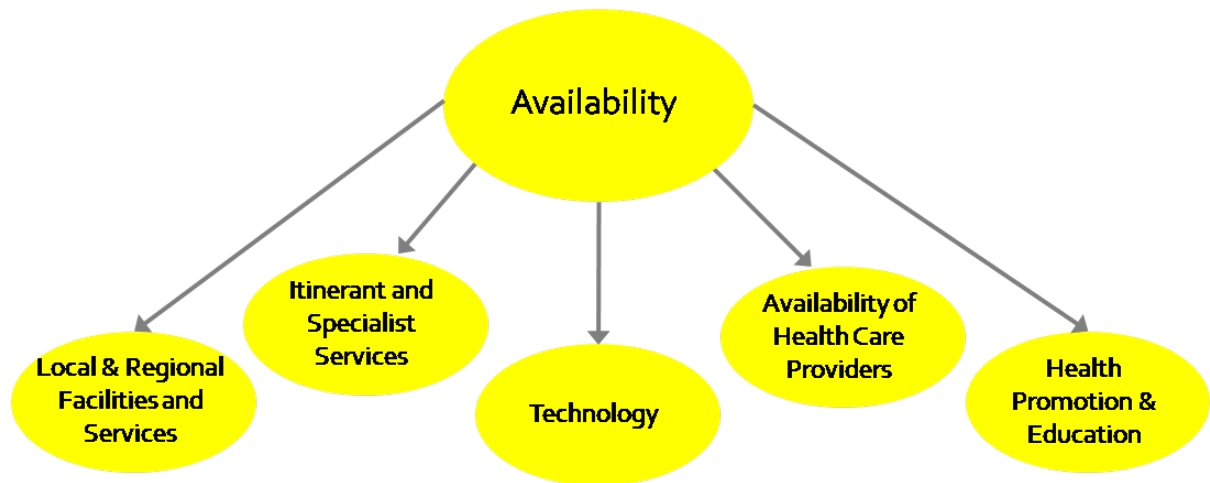
FINDINGS

Availability

Availability refers to the relationship between the volume and type of health care services and the volume and type of clients' needs³. Several themes related to availability were identified that reflect an appreciation of the health care services available in MCRCHA 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

- Participants recognized the impact of local and regional health care services on the provision of health care because they allowed both for services to be tailored to the needs of the community and for continuity of care. The La Ronge health centre was thought to be particularly beneficial because it provides access to multiple services at one location and enables providers to work as a team. The existence of local facilities also helps to overcome many barriers to access stemming from transportation and financial problems.
- Participants expressed confidence in local providers and their ability to determine whether a health problem can be managed in local facilities. If a client requires health care services beyond what is available within the region, providers seek the advice of specialists elsewhere or transfer clients to Prince Albert or Saskatoon where these medical services are available. Participants noted that local providers were important to the successful delivery of health care services, as their dedication ensured that residents' health needs were met.

- Participants noted that facilities external to the health centre were also vital to the effective provision of health care services. For instance, dental clinics located within two schools in the region assisted providers in reaching a greater number of children.
- Participants from Pinehouse Lake emphasized the value of the following services: dental therapy for children, acute and chronic care, public health and immunizations, home care, health promotion, and mental health and addiction services. Participants also applauded a program that was currently being developed which would provide care and support to children with disabilities or mental health issues and their families.
- Despite general satisfaction with local health care facilities and services, participants indicated that the development of new facilities and programs and the expansion of existing services are necessary to improve residents' access to health care. Expanded facilities and services would have benefits for MCCRHA residents and minimize the need to travel outside the region to access health care services. Participants felt that, as a result, the demand for health care services in Prince Albert, Saskatoon and Regina may decrease because fewer people from Northern Saskatchewan would be utilizing services in the south. Participants suggested that having a fully-equipped hospital in La Ronge would be preferable to the health centre that currently exists because hospitals can offer operations and surgeries to clients.
- Examples of services that participants suggested could be established or expanded included: specialized services for the elderly and aging, ultrasound services, assisted living facilities, mental health programs, substance abuse and addictions services, and cancer treatments such as chemotherapy. Of particular concern to residents was the establishment of addictions and substance abuse treatment facilities in the region, especially for youth as such facilities are not sufficiently available in the province. The expansion of mental health and addictions services in Pinehouse Lake was highlighted, as high demand exists for alcohol and substance abuse treatment and support programs. The availability of detoxification facilities or a stabilization program within the community would contribute to the overall health of the community and eliminate many of the complications arising from travel for health care.
- Participants indicated that insufficient space at the existing health care facilities was a barrier to the expansion of health care services and programs. Specifically, in Pinehouse Lake, it is difficult

to find space for support programs as the community infrastructure had not kept up with the growth of the population.

- Although participants felt it was important to expand services in La Ronge for residents of the region, they also noted the value of having health care facilities in smaller communities. Access to health care services within one's own community was thought to help residents overcome the barriers caused by geography and financial issues. Although MCRCHA residents will always be required to travel to larger cities in order to receive specialized care, local health care facilities were seen as essential in providing primary care and identifying health issues that needed further attention.

Itinerant and Specialist Services

- Participants reported that a number of specialists travel to La Ronge to provide health care services, including: surgeons, ophthalmologists, ear, nose and throat specialists, pediatricians, psychiatrists, gynecologists, obstetricians, podiatrists, cardiologists, and dentists. The availability of itinerant specialists in the region was thought to benefit residents' access to health care. Participants described situations in which services provided by itinerant specialists had diagnosed serious health problems that may have gone otherwise undetected. Although surgeries are not performed at the local health centre, initial consultations can be held there, which decreases the amount that residents need to travel for health care services and, on some occasions, expedites the process of being put on a waiting list for surgery.
- Itinerant specialists were seen as especially valuable in providing diabetes-related health services. In addition to providing health care services, specialists educate local providers on how to perform certain specialized care services, such as foot care. Participants also reported that an itinerant ophthalmologist provided training to local providers in retinal screening, which was valuable to many residents.
- Participants noted a few examples of specialist services that could be improved. For instance, increased access to mental health professionals was recommended, especially those specializing in child and youth mental health services. In addition, expanded services for elderly residents would diminish the difficulties and distress that travel can cause for elderly individuals. It was

also proposed that existing itinerant specialists travel to the region more frequently in order to better meet the health needs of residents.

- Participants suggested that the expansion of physiotherapy services in the region would also be beneficial, although this may be difficult because the availability of physiotherapists is thought to be limited. It was suggested that a partnership with Saskatchewan Government Insurance (SGI) and Worker's Compensation Board (WCB) could enable a private physiotherapist to be brought to the region specifically for residents who have had automobile or workplace accidents, decreasing residents' need to travel elsewhere for physiotherapy.
- Participants from Pinehouse Lake expressed their appreciation of itinerant health care providers, especially the physicians who traveled from La Ronge each week to provide health care services and referrals to specialists in La Ronge or the South. However, increasing the number of physicians, specialists, and dentists who came to the community would help to overcome barriers related to transportation and would be more economical than sending residents elsewhere. Specialists that participants identified as being vital to meeting residents' health care needs were dentists and diabetes-related specialists, such as nephrologists. Dental services were cited as being of particular importance because dental care for adults and youth over the age of 16 is currently unavailable in Pinehouse Lake.
- Participants from Pinehouse Lake also proposed that arrangements be made for a psychologist or psychiatrist to visit the community because there is a high demand for mental health services in the community. It was noted that residents are currently required to travel to La Ronge where an itinerant psychiatrist visits once a month or to Prince Albert in emergency situations. The suggestion was made for a private psychologist from La Ronge to be contracted to provide itinerant services in the community.
- Participants from La Ronge reported that they were pleased that local physicians traveled to Pinehouse Lake to offer health care services, but felt that this resulted in difficulty for La Ronge residents wishing to make an appointment with a specific doctor. Because the physicians in La Ronge took turns traveling to Pinehouse Lake, La Ronge residents either had to see a different doctor each appointment or wait until their usual doctor was available. La Ronge residents felt that itinerant services offered in Pinehouse Lake cut into the availability of health care services in their own community. The solution to this problem posed by participants was to increase the

availability of doctors in the region as a whole in order to maximize all MCCRHA residents' access to health care services.

Technology

- Participants reported that there were some technologies that had been successfully used to improve access to health care. For instance, *Tele-health*, a tool which enables video-conferencing via the internet, has been used to connect residents with health care providers elsewhere. It reportedly is successfully incorporated into services related to: pediatric psychiatry, dementia assessment, dermatology, wound management, and follow-up care. *Tele-health* was thought to reduce the travel for health care services, which is especially important for individuals with mental health issues and dementia symptoms. However, participants stated that problems exist in the implementation of the dementia assessment program, as not all tests can be performed via *Tele-health* and therefore it is still necessary for clients to travel on some occasions. Participants also noted that some health care providers outside of the region were not always enthusiastic to use this technology. Thus, there is a need to communicate to health care providers elsewhere the benefits that *Tele-health* has for residents of northern and remote communities to ensure that it is utilized to its full capacity.
- Participants felt that there was potential for Tele-health to be used for educational and health promotion purposes. For example, dieticians could use this technology to interact with diabetic clients in other communities. *Tele-health* could also be utilized to a greater extent for communication purposes. For instance, *Tele-health* was sometimes used for meetings among health care providers in different locations, as face-to-face meetings were more difficult to coordinate; however, it was stated that it could be used to a much greater extent.
- Participants from Pinehouse Lake reported that *Tele-health* has primarily been used for educational purposes in their community. The potential for increased use of *Tele-health* was emphasized. Participants felt that the under-utilization of *Tele-health* was due to facilities at other sites being inconveniently located.
- Participants identified other technological innovations that had been implemented in the region, such as the retinal screening program for diabetics. This program involves an itinerant ophthalmologist traveling around the region with a camera that assists in the diagnosis of

retinopathy. In addition, the ophthalmologist teaches local providers to operate the camera so that in the future they can take pictures and send them to the ophthalmologist for assessment.

- Participants from Pinehouse Lake reported that local health care providers had successfully used the local radio as a means of health promotion and education. Radio broadcasts took place twice a week for twenty minutes, during which time providers could address health problems that were relevant to the community or focus on general health promotion. Participants felt that this was an effective way to access a large number of community members and suggested that this strategy be used elsewhere in region.
- Participants suggested that television advertisements could also be used for informational and health promotion purposes in La Ronge and throughout the region. Although informational brochures are available at the health centre and clinics in the region, it was thought that television advertisements could reach a greater number of people, including residents with low levels of literacy. If television advertisements are too expensive, radio broadcasts could be an alternative means of disseminating health information.

Availability of Health Care Providers

- Participants emphasized that the availability of health care providers had a considerable impact on access to health care in the region. Some participants began by recognizing that the availability of certain providers was quite good, as the number of physicians working in the La Ronge area was said to be sufficient. However, participants reported an insufficient number of nurses in the region, which was difficult to improve because of a nursing shortage in the province. Also, retaining nurses is a problem because many come to the region to gain experience before settling elsewhere. The high demand for nurses meant that the MCCRHA must compete with other organizations to hire nurses but often failed to secure nurses because better working and living conditions could be found elsewhere. This issue also affects the recruitment and retention of dental therapists.
- Many residents were concerned with the length of time residents had to wait for appointments with health care providers. Participants expressed that wait times for health care services in the region were too long and that residents' health problems could worsen as a result of not receiving prompt medical attention. Lengthy wait times for appointments with providers was

thought to cause MCRRHA residents to unnecessarily resort to emergency services rather than waiting weeks for an appointment. Participants expressed an understanding that providers in the region were not responsible for wait times, as local health care needs exceeded providers' capacity.

- One solution to the shortage of health care providers that was suggested was for the Provincial Government to do more to encourage students to choose health-related careers.
- While health care providers from La Ronge and Pinehouse Lake often faced different challenges, provider shortages, high turnover rates, and recruitment challenges were identified as issues for both communities. Some providers described feeling overwhelmed by the demand for their services, which resulted in feelings of ineffectiveness. The insufficient number of providers led to less time for health care programming, health promotion, and upgrading skills. Increased availability of providers in the region would benefit existing providers by decreasing their workload and allowing them to work more effectively. As well, a decrease in workload would allow providers to spend more time on health promotion and education, which could contribute to a diminished need for health care services and further relieve pressure on providers.
- One solution that participants posed to problems related to availability was to hire support staff to perform clerical tasks in order to free up time for health care providers. Some participants felt that providers were often responsible for administrative tasks that could be performed more efficiently by clerical staff.
- Participants stated that more health care providers could also allow residents to have a regular doctor. Having access to the same health care provider on a regular basis, with exceptions being made for emergency situations, was thought to be beneficial to clients because rapport and familiarity could be developed. Participants expressed that the lack of access to a regular doctor required that clients be vigilant when meeting with providers. Repeating their health history each appointment was thought to be frustrating by participants and lengthened the duration of appointments. Participants expressed concern over the lack of consistency in health care services and stated that access to a regular provider would improve the overall quality of health care in the region. It was reported that some residents of Pinehouse Lake had secured a family doctor in Prince Albert if they were able to afford the cost of travel.

- It is important to note that many residents expressed great appreciation of existing health care providers in the region, especially those who had been in the region for long periods of time.

Health Promotion and Education

- Participants indicated that health promotion and education was highly important to the well-being of the community and identified examples of successful health promotion programs. Programs related to physical activity and sexual wellness had been successfully implemented as a result of a partnership between the MCRRHA and the local schools. This partnership was thought to be successful because it targets youth in order to create awareness of health issues and disease prevention.
- Participants from Pinehouse Lake recognized the contribution to health promotion that had resulted from the bi-weekly radio broadcasts done by local health care providers. This initiative was thought to be effective because broadcasts reach many members of the community and are tailored to the community's needs at any given time.
- Despite successes, participants recalled a need for increased focus on health promotion and education, as it would encourage residents to take responsibility for their own health. As a result, residents would become less dependent on health care providers, helping to alleviate some of the demand for their services.
- Specific examples of how to enhance health promotion programs included: expanding the role of public health nurses in schools, improving awareness of nutrition, and increasing access to physiotherapists and fitness consultants. Participants advocated for the availability of healthy living teams in each community that would be responsible for a number of issues related to health promotion, such as nutrition, exercise, mental well-being, and chronic disease management and prevention. Some communities may currently have health care providers available with knowledge in these areas, participants thought that creating teams with a specific focus on health promotion would be of benefit.
- Participants also suggested that more specialized health promotion programs be developed, such as diabetes prevention programs that target children and youth.

- It was also suggested that the creation of a health guide for each home in the region would be beneficial, as it would provide access to information about health and empower residents. Participants reported that efforts are being made to create a health guide but funding has not yet been secured for this initiative.

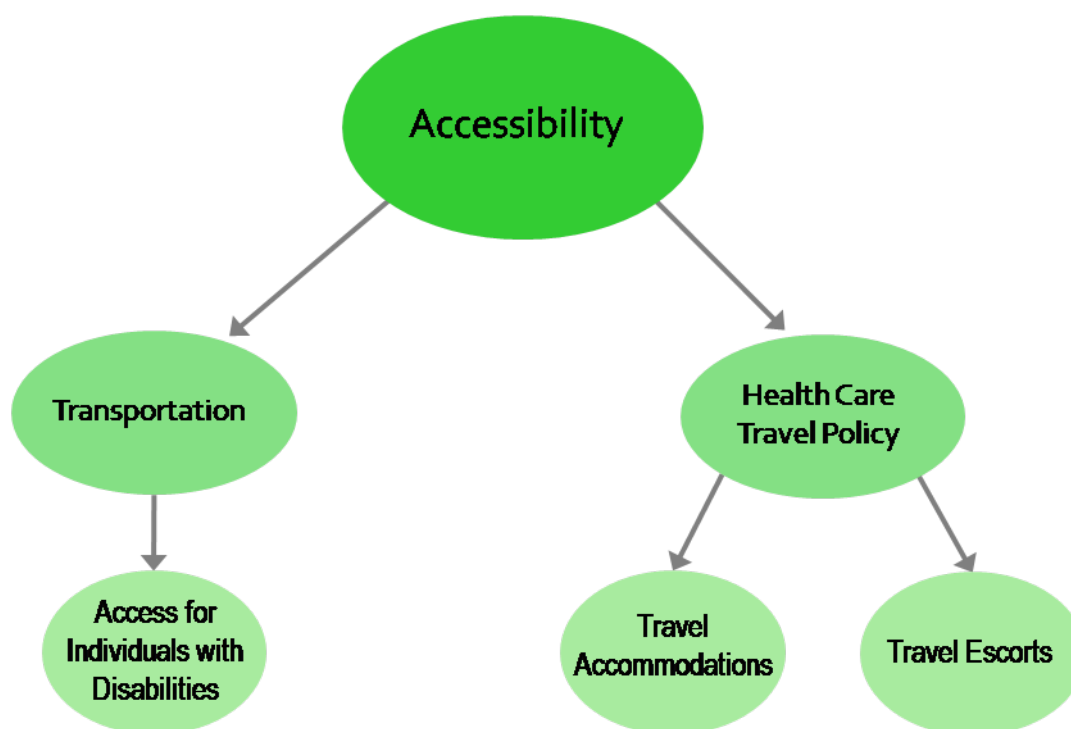
Summary

Participants drew attention to five themes that are associated with availability, including: local health care facilities and services, specialist services, health promotion and education, technology, and the availability of health care providers. These themes demonstrate aspects of health care provision related to availability that are seen as both supporting and providing challenges for access to health care in the region. Participants emphasized the value of local facilities and providers, as well as the itinerant providers who traveled to the region to provide specialist services. Despite their appreciation of existing services, participants indicated that local facilities and services should be expanded in order to better meet the health needs of residents. Participants also proposed that extending the length of time that itinerant providers are in the community would be beneficial for access to health care. The availability of technology was reported to have a beneficial impact on health care, but could be better utilized in order to improve access to health care. Finally, the need for increased emphasis on health promotion and education was advocated by participants, who thought that greater awareness of health within the community could improve health, prevent illness, and lessen the demand for health care services.

Accessibility

Accessibility refers to the location of health care services in relation to the location of the clients. This dimension calls attention to the geographic relationship between facilities and clients and the importance of accounting for issues such as travel time, distance and cost when assessing access to health care. Given the geographic location of the MCRRHA 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 services. The main themes discussed in this section are transportation and policy related to travel. These themes highlight issues related to: travel for health care services, access for individuals with disabilities, and policy regarding travel accommodations and travel escorts.

Figure 3: Accessibility of Health Care Services



Transportation

- Transportation issues were reported to have an impact on MCRRHA residents' access to health care because of their need to travel to receive many health care services. Participants from La Ronge and Pinehouse Lake identified a number of frustrations associated with transportation, including: the physical duress of travel, the need to take time off work in order to travel to Prince Albert or Saskatoon, the length of time spent traveling for services that could potentially be offered within the region, and the availability and affordability of transportation. Travel was thought to be particularly troublesome for individuals who did not speak English or those experiencing physical and mental health issues. In some cases, individuals did not receive the required health care services because they did not want to travel outside the region. It was suggested that the expansion of health care services in the region would minimize the need to travel and eliminate certain barriers.

- Problems with travel arose partly from road conditions, which were reported to be poor and to cause added stress to residents traveling for health care services, especially for individuals with injuries. The establishment of physiotherapy services in the region would reduce the need for residents with injuries to travel, thus decreasing the number of clients who must endure travel on poor quality roads.
- Travel costs emerged as a major factor associated with residents' access to health care. Although travel costs are often covered, participants stated that there are times when individuals are required to cover their own expenses when traveling for health care services. For example, if a resident cannot book a dental appointment in La Ronge for whatever reason, the resident may have to pay his/her own way to Prince Albert in order to receive dental care despite being unable to access such services within the region. The cost of transportation for specialized health care services was a problem for some residents without First Nations treaty status or personal health insurance, as they were often responsible for securing their own transportation to health care facilities in non-emergency situations. As a result, some individuals do not receive the necessary services because they do not have access to a vehicle and cannot afford the cost of a taxi. On some occasions, health care providers utilize emergency services (i.e. an ambulance) or combine a client's travel with that of another client who has coverage to ensure that clients without insurance coverage reach health care facilities. Participants emphasized that having to drive home after receiving health care services could also be a problem. Some participants described situations in which their ability to drive was compromised by the services they had received, which required them to decide between staying overnight in Prince Albert/Saskatoon or driving despite debilitating side effects. It was proposed that a transportation service for MCCRHA residents be established in order to ease problems associated with travel. Specifically, residents traveling outside the region for health care would no longer need assistance with driving from others or have to stay over night in Prince Albert/Saskatoon if a shuttle service was available. Also, free transportation would benefit individuals who do not have access to a vehicle or cannot afford travel costs.
- Some participants expressed dissatisfaction with having to travel back and forth frequently for health care services that could be completed in one appointment or several appointments on the same day. It was frustrating and expensive for clients to travel to Prince Albert several times for health care services that could be done in one trip, such as dental check-ups, cleanings, and

one or two fillings. Better coordination of services would eliminate residents' need to travel back and forth as frequently. In turn, having to travel less would alleviate several other issues associated with transportation such as availability and cost.

- Participants expressed concerns regarding the taxi services available for transportation within the region, as some clients had reportedly been treated poorly by drivers and taxis were often over-crowded which caused difficulties for clients with medical equipment or special needs. Some participants proposed that regular drivers be hired to transport clients in order to ensure the availability of transportation. Also, hiring regular drivers would create adequate work conditions, such as steady employment and higher wages. Such measures would improve the quality of transportation available to Pinehouse Lake residents and overall access to health care.
- Another issue was associated with transporting clients to alcohol and substance abuse treatment facilities. On occasion, local health care providers were responsible for transporting youth to treatment facilities in Regina. This procedure may compromise the safety of the provider in the event that a youth is resistant to going for treatment. Also, participants felt that providers' time could be better spent on health care instead of transportation.

Access to Health Care Services for Individuals with Disabilities

- Participants from Pinehouse Lake were concerned with the transportation services available to individuals with disabilities within the region. Issues arise from the vehicles being used to transport individuals with disabilities to the health centre or appointments elsewhere in the region because they are difficult to get into. Also, some specialists' offices are not wheelchair accessible or have barriers for individuals who walk with supports.
- Participants expressed concern regarding the accommodations arranged for individuals traveling for health care, as they are not always suitable for individuals with disabilities. Currently, residents traveling for health care must stay at approved accommodations in Prince Albert/Saskatoon in order to have the costs covered. Therefore, residents may be booked at accommodations that are not accessible. As well, some participants commented on the lack of support for individuals with disabilities who must stay overnight in the city because of their health care appointments. Specifically, some suggested that travel escorts are needed who can

assist individuals with disabilities with accessing health care appointments and ensure the accessibility of accommodations, in addition to providing necessary support.

Health Care Travel Policy

Travel Accommodations

- Satisfaction was expressed by participants from Pinehouse Lake with respect to the services available at Ronald McDonald house in Saskatoon for families with ill or disabled children requiring health care attention.
- However, some participants felt that access to health care was negatively affected by issues with travel accommodations. For some, frequent travel to Prince Albert/Saskatoon for advanced treatment requires them to stay in a hotel or hostel. Accommodation costs are not always covered by health insurance and may pose a barrier to clients, especially those who must stay in the city for extended lengths of time, such as cancer patients receiving chemotherapy or radiation treatment. It was reported that some individuals do not seek follow-up care when accommodations and meals are not covered by insurance, even when automobile transportation is. Participants stated that the accommodations provided by First Nations and Inuit Health, Health Canada (FNIH) are not always suitable for residents awaiting health care services. As mentioned prior, suitable accommodations for adults with disabilities are lacking. The lack of accessible accommodations results in individuals with disabilities having to either 'make do' with what they are given or pay for an accessible accommodation themselves.
- Another concern reported was related to the availability of accommodations in Saskatoon. There were occasions when reasonably priced accommodations (or any) were unavailable, which posed significant problems for residents traveling to there for health care. Efforts should be made by the MRRHA to secure accommodations for residents in Saskatoon/ Prince Albert to ensure that clients have a suitable place to stay while receiving health care.

Travel Escorts

- Participants indicated that changes are necessary with respect to policy regarding escorts for individuals traveling for health care. The need of escorts for individuals with disabilities, the elderly, and children was emphasized. Participants stated that residents' needs went beyond

assistance with transportation to appointments and may include forms of personal care. As stated above, individuals with disabilities would benefit from an escort who could ensure that they are taken care of whilst traveling for health care. Concern was expressed for elderly individuals who are often expected to negotiate an unfamiliar city or health care facility on their own. Participants concluded that potential difficulties that elderly individuals may encounter when traveling for health care should allow them access to a travel escort, whether it be a family member, friend or individual hired by the MCCRHA as a full-time escort. It was also reported that elderly individuals may have difficulty finding someone to escort them and miss their appointments as a result. Participants proposed that the MCCRHA establish community travel escorts who can provide assistance to individuals traveling for health care purposes. In addition, this person could provide translation services for residents when necessary.

- Participants from Pinehouse Lake suggested that policy regarding travel escorts should be revised in order to allow more than one escort to accompany a disabled child to health care appointments. Examples were recalled in which only one parent was provided coverage to travel with a special needs child. Participants stated that it was difficult for one person to carry the child, as well as other necessary items such as oxygen tanks, feeding tubes, a wheelchair, and luggage.

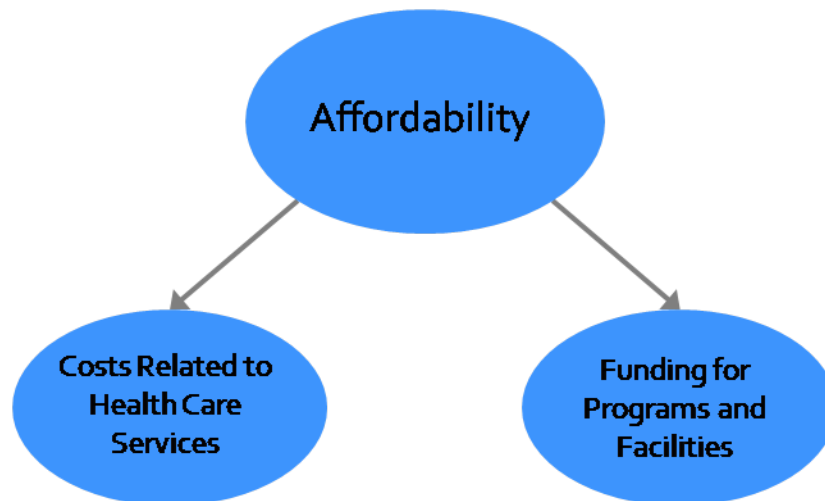
Summary

- This theme demonstrates the significance of accessibility to MCCRHA residents' perceptions of access to health care. The two main themes discussed by participants were transportation and policy related to travel for health care services. It was evident that the need to travel for health care services within and outside of the region may hinder residents' access to health care. Barriers associated with the availability of transportation, road conditions, and travel costs were among the *issues identified*. In addition, participants felt that policy related to travel accommodations and travel escorts needed to be revised. As a whole, this theme highlights the need for improvements to be made with respect to transportation and travel policy in order to ensure that accessibility issues do not hinder residents' access to health care.

Affordability

A key barrier to accessing health care identified by the MCRRHA participants was 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, the financial costs of travel posed a problem for many residents who were required to travel within and outside of the MCRRHA in order to receive health care. Participants indicated that better coverage was needed for costs resulting from travel for health care. In addition, participants expressed that funding for programs and facilities in the region was insufficient and hindered providers' ability to offer diverse and specialized health care. It is important to recognize that the remote location of the MCRRHA communities influences the affordability of 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



Costs Related to Health Care Services

- Participants reported that various aspects of accessing health care services were costly. The primary concern of most participants was transportation and accommodation costs that residents often pay when traveling outside of the region for health care services. It was noted

that some residents in the region live below the poverty line and cannot afford to travel for health care, particularly for follow-up appointments when costs are not covered by insurance. Thus, MCCRHA residents may forego crucial health care services as a result of their inability to pay for travel costs.

- For example, affordability is a problem for residents requiring cancer treatment in Saskatoon because they are responsible for their own expenses and financial assistance comes only in the form of tax deductions for travel costs. Other examples in which subsidies for travel expenses were reported to be necessary included: transport to mental health counseling, addictions treatment, and for individuals leaving abusive relationships. Currently, local health care providers often assist in transporting individuals which can place providers in an unsafe situation. Another concern was the ability of the elderly and individuals on a fixed income to access health care. Participants suggested that subsidies be provided to cover the travel costs for individuals on fixed incomes to make certain that they obtain the health care that they need. The need to improve access to health care for elderly individuals was emphasized, as some elderly individuals miss appointments or resort to hitchhiking for transportation.
- Costs related to travel for health care put some residents at a disadvantage because they cannot afford such costs and are ineligible for other coverage. Pinehouse Lake participants noted that health care insurance is provided for individuals with First Nations treaty status or individuals on social assistance, while other members of the community may not have access to insurance and may be unable to afford travel costs. Differential access to health care for MCCRHA residents was an issue that was also identified by participants from La Ronge who noted that transportation is typically paid for and arranged for individuals with treaty status, whereas other residents must pay the costs themselves. It was suggested that a Northern Health Care Plan be developed for all residents of the MCCRHA region and other areas of the North to assist with health-related travel costs.
- The cost of prescription drugs was reportedly a burden for some MCCRHA residents, particularly elderly individuals. Residents who did not have treaty status and were not on social assistance would benefit from a more comprehensive drug plan, as some residents go without their prescribed medication because the cost is too high. The cost of dental care was a barrier for some MCCRHA residents. For instance, participants stated that individuals without health

coverage often neglected preventive dental care because of its cost. Métis residents were particularly affected if they did not have health care insurance through an employer. It was proposed that greater financial coverage for dental care should be available, especially for residents without insurance or those living below the poverty line, as good dental health is related to overall health.

- Participants felt that the solution to affordability issues was greater efforts by the various levels of government to ensure that coverage for health care and travel was available. Participants felt that subsidizing the cost of health-related travel should be a priority, especially for elderly individuals whose pensions are inadequate to cover unexpected costs. It was suggested that the division of health care services into two systems, one for First Nations and one for non-treaty status residents, contributed to differential access and jurisdiction issues in the region.

Funding for Programs and Facilities

- Participants expressed a need for increased funding to expand the services provided at the La Ronge health centre. Specifically, increased funding would allow for the expansion of existing facilities and for more health care providers to be hired, which would reduce the need for residents to travel elsewhere for health care. In turn, access to more health care services within the community would decrease the funds needed to cover the cost of travel for health care, which would relieve the financial burden that travel costs *place on both MCRRHA residents and the Federal and Provincial Governments*. Thus, expanding health care facilities through increased funding has the potential to reduce other costs and improve access to health care in the region.
- Participants from Pinehouse Lake communicated concerns similar to participants from La Ronge regarding health care funding. Participants emphasized that current levels of funding were insufficient, especially given that the population is growing. Increased funding could allow for more providers to be hired and for the expansion of facilities. The need for new programs and services within the community was also highlighted, which will be difficult to initiate without additional funding. In particular, space does not exist within existing health facilities for additional programs and services.

- Participants suggested that funding to establish an in-patient mental health facility in La Ronge would be advantageous to clients and their families because it would enable the provision of emergency psychiatric services and allow clients requiring long-term care to remain close to their families.
- Another example of services that could be provided within the region if increased funding was available is chemotherapy treatment for cancer patients. Participants thought that additional funding could enable the recruitment of certified chemotherapy nurses or the training of existing nurses at the La Ronge health centre. Participants suggested that the identification of priority areas in health care provision could help the MCRRHA secure funding by highlighting the ways in which funds would be put to use.
- Participants stated that increased government funding was necessary to the improvement of access to health care in the region. The cost of delivering health care services in Northern Saskatchewan is greater than elsewhere because of its vast geography and the distance between communities. Participants believed that such challenges related to health care provision in the region should be considered by the various levels of government when decisions are made regarding health care funding.
- Participants described efforts that have been made to secure funding from non-health-related organizations in order to improve health care in the region. One participant discussed a proposal to form a partnership with Saskatchewan Government Insurance (SGI) and the Worker's Compensation Board (WCB) in order to bring physiotherapy services to the region. It was stated that if these organizations were to provide funding for a physiotherapy clinic in La Ronge the amount of money required for clients to travel elsewhere would decline and thus funds would merely be shifted from one area to another.

Summary

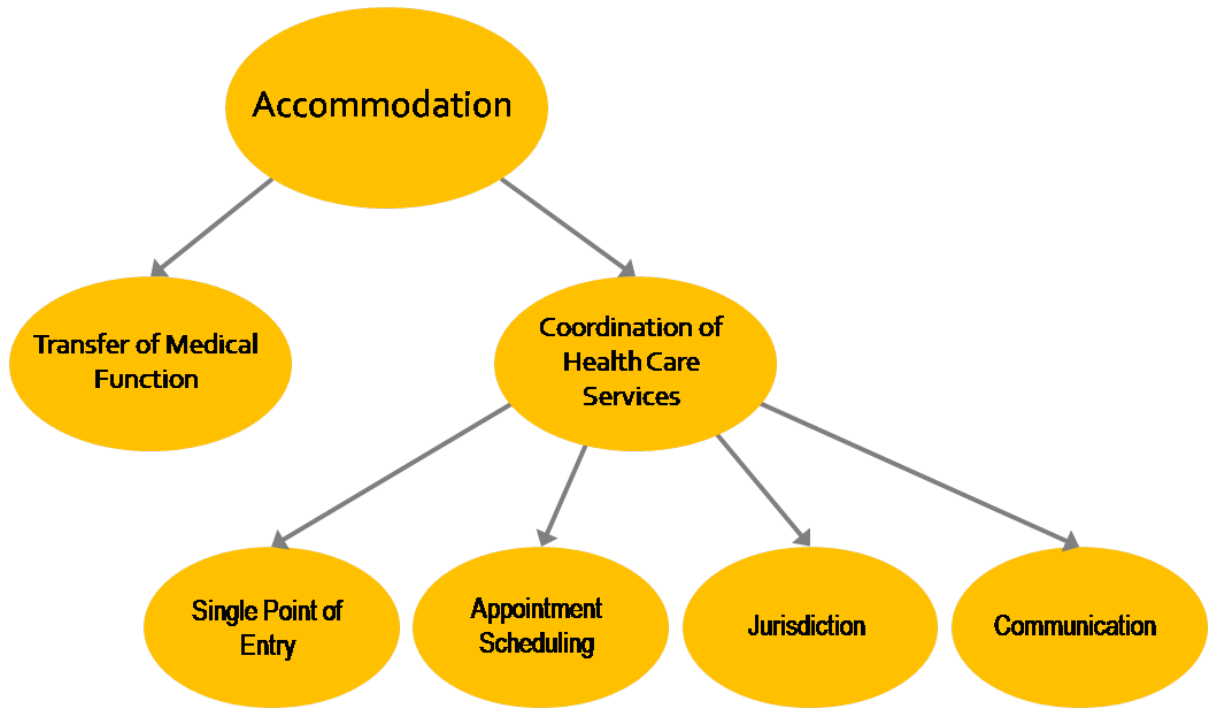
This theme illustrates the influence of affordability issues on residents' access to health care. Primarily, participants reported that the financial cost of health care hindered residents' ability to access services, especially the cost of traveling outside the region for advanced treatment or specialist services. Many residents do not have sufficient health insurance coverage for certain services, such as dental care, which affects their overall health. The lack of health insurance was

especially troublesome for Pinehouse Lake residents who often must travel for health care. It was *proposed* that a Northern Health Care Plan be developed that would cover the costs of health-related travel, accommodation, and prescription medications for all residents living in the North of the province and improve access to health care. Additionally, access to health care in the region was influenced by the availability of funding for services and facilities. Participants proposed that increased funding was needed to expand services or establish facilities in the following areas: ultrasound services, safe housing and support services, improved mental health and dental facilities, in-patient mental health facilities, and care programs. This theme demonstrates that affordability issues pose barriers for residents needing health care services within and outside of the region, as well as to the provision of health care.

Accommodation

Participants emphasized the importance of ensuring that health care services in the region were suitable to residents' needs. This dimension of access includes the ways that health care services are altered to accommodate the needs of a specific population. This section highlights strategies used by providers in the region to ensure that health care services adequately meet the needs of residents. Participants gave suggestions of additional ways that health care delivery could be changed to improve access to health care. The coordination of health care services among providers is the prominent theme for this dimension of access, which encompasses issues related to: transfer of medical function, single point of entry into the health care system, jurisdiction, appointment scheduling, and communication.

Figure 5: Accommodation of Health Care Services



Transfer of Medical Function

- Health care providers who participated in the focus groups discussed the transfer of medical function that occurs in the region; this refers to when a health care provider performs duties that are outside their normal scope of practice with the approval of another provider. This strategy enables some providers to take on expanded roles and responsibilities in order to offer services that otherwise would not be available within their communities. For example, an itinerant podiatrist has been educating local nurses and care aides to provide foot care to clients in the region. As a result, clients are receiving faster and better foot care. Given the high demand for diabetes-related services, participants suggested ways in which the transfer of function could be used among local health care providers to improve health care delivery. For instance, nurses from the region could receive training in insulin adjustment from La Ronge physicians and, working in consultation with the physicians, could provide this service to residents throughout the region. Such an initiative could improve residents' access to this service and decrease the demand for physicians' services.

- Participants expressed that there was potential for the transfer of medical function to occur in other areas of health care provision. For example, they suggested the scope of practice of physiotherapy assistants could be expanded so that clients with routine problems such as getting a cast off can be treated in the region, thus diminishing the need to travel for physiotherapy.

Coordination of Health Care Services

Single Point of Entry

- One aspect of the coordination of health care services was the organization of a single point of entry into the health care system for some clients. The single point of entry allowed clients to work with one person to access the appropriate services from a variety of departments. Specifically, this strategy is being used in the areas of home care, long-term care, and respite services in La Ronge. Having a single point of entry is beneficial to clients in that it simplifies access to health care and improves service delivery.

Appointment Scheduling

- Participants communicated that they would like to see improvements to current procedures for scheduling health care appointments with local providers. In particular, residents who require follow-up appointments or appointments on a regular basis want to be able to schedule these appointments farther in advance. Participants reported that individuals requiring an appointment with a health care provider every three months cannot schedule this while at the health clinic, but instead have to wait until the beginning of the month in which the appointment is to occur. This system of scheduling appointments is thought to result in clients having to wait longer for appointments. Participants also discussed problems that arise when making health care appointments outside of the region. Specifically, participants thought that greater efforts could be made to coordinate appointments for MCRRHA residents in Prince Albert/Saskatoon to reduce the amount of travel that is required. For instance, individuals requiring multiple health care services would benefit from having their appointments scheduled on the same day or in the same week to reduce the number of trips being made to Prince Albert/Saskatoon. Participants reported instances when the cancellation of appointments or problems with scheduling had not been communicated to residents and they had driven to Prince Albert/ Saskatoon unnecessarily. While cancellations were not unavoidable, it was

thought that efforts could be made to give MCCRHA residents appropriate notice of cancelled or postponed appointments, as phoning clients two hours prior to the scheduled appointment was not sufficient because clients will already be on the road driving to their appointment.

Jurisdiction

- Participants from La Ronge reported that one aspect involved with coordinating health care provision was negotiating jurisdiction. Specifically, frustrations arose from the division of regional health care services into two systems, one managed by the First Nations band council and one managed by the MCCRHA. As mentioned prior, participants felt that this division was detrimental and created differential access to health care among residents.
- A specific example of a jurisdictional issue was the different ways in which immunizations are documented by the two jurisdictions. It was reported that many children from regional communities are immunized when they travel to the La Ronge health centre with family members. To determine if a child has been immunized previously elsewhere, MCCRHA providers must contact the child's local health clinic and ask for the records to be sent by fax to the La Ronge health centre, which can take approximately an hour or more depending on availability. On the other hand, looking up the child's immunization record on the Saskatchewan Immunization System (SIM) takes five minutes. Participants expressed frustration with this perceived inconsistency in the management of health information and the inefficient means of accessing immunization records.

Communication

- Participants reported issues related to communication that can affect residents' access to and the provision of health care. Communication issues included communication between providers and clients, among providers, and with community agencies.
- Participants indicated that communication between health care providers and clients could be improved and would involve efforts by both parties. Particularly, communication regarding cancellation of appointments was crucial; however, it was also pointed out that clients should take the initiative to confirm their appointments so as to avoid unnecessary trips to Prince Albert/Saskatoon.

- Communication between providers and clients with respect to health concerns could also be improved, as some residents remain hesitant or unable to relate health issues to providers. As a result, residents may not receive the appropriate health care services. Thus, efforts should be made by both providers and clients to listen and communicate clearly with one another in order to foster trust and ensure that residents' health needs are being met. Increasing awareness of health issues within the region through health promotion and education could also assist communication between providers and their clients.
- It was proposed that greater involvement of health care providers in the community would help residents to feel more comfortable with providers and increase their knowledge of health care. Participants suggested that open houses or other events where residents can meet providers could build rapport and improve communication channels.
- Residents who participated in this study recalled their perceptions of communication between local health care providers and providers outside the region. Most participants felt that communication among providers was effective. Health care providers in this study emphasized the importance of communication to the successful and efficient delivery of health care services. Participants indicated that good communication among health care providers existed, especially among the various agencies at the La Ronge health centre. Examples of successful partnerships between providers that were recalled included the following services: dietetics, speech and language pathology, home care, diabetes education, public health, dental care, mental health and addictions.
- Participants expressed satisfaction with the communication and cooperation between health regions in northern Saskatchewan that had produced the Northern Health Strategy, an initiative which focuses on health issues specific to the North. It was suggested that the lack of resources for health care encouraged the development of partnerships, as health regions were encouraged to pool their resources to tackle common health issues.
- Improvements were suggested with respect to communication channels between First Nations-managed health care providers and MCCRHA-managed providers. The division of health care in La Ronge into two systems sometimes posed communication difficulties. The establishment of formal communication channels between the two jurisdictions would allow for the sharing of

health records and allow providers access to existing health information. Also, having one electronic database for the whole region would be more efficient than current methods of communication, the telephone or fax. Participants stated that addressing this gap in communication went beyond the regional level and would require various levels of government approving the creation of one electronic database for the region. Pinehouse Lake participants stated that communication among local health care providers from different departments was good and contributed to successful health care provision.

- However, participants indicated that some improvements in communication with health care providers elsewhere and government representatives were needed. For example, there is a perception that the concerns of health care providers from Pinehouse Lake with respect to addiction services were sometimes disregarded by providers from elsewhere, as well as by the Government. As well, it was reported that clients' discharge care plans are not always communicated with local providers, which results in poor continuity of care. Greater efforts should be made to ensure that discharge care plans from mental health providers elsewhere are communicated to providers in Pinehouse Lake so that clients do not go without support and follow-up care. Another communication issue raised by participants was the need for greater visibility of MCRRHA board representatives in the community. Specifically, it was suggested that the board representatives could maintain regular contact with local providers and community members. It was suggested that the board representatives be present at health centre staff meetings in order to act as a liaison between local providers and the MCRRHA board.
- Participants suggested that building strong partnerships between community organizations enables health care providers to tackle issues related to the social determinants of health, as well as those more directly associated with health. Participants from La Ronge identified a number of successful collaborations with other community organizations and agencies, including Social Services and the R.C.M.P. Participants reported on other partnerships that are successful, including the collaboration of the inter-tribal health authorities and the First Nations band councils which participated in developing the Northern Health Strategy. Also, collaborations with regional school districts had brought dental care and sexual wellness programs into schools. Participants recognized the value of these collaborations and the positive impact they had on access to health care in the region.

- Suggestions for future collaborations with community organizations were provided by participants. For example, increased cooperation with other local organizations could help to tackle social issues linked to poor health, such as inadequate housing and alcohol/ substance abuse. Inter-agency collaboration was seen as an important strategy for dealing with health and social issues common in the region.

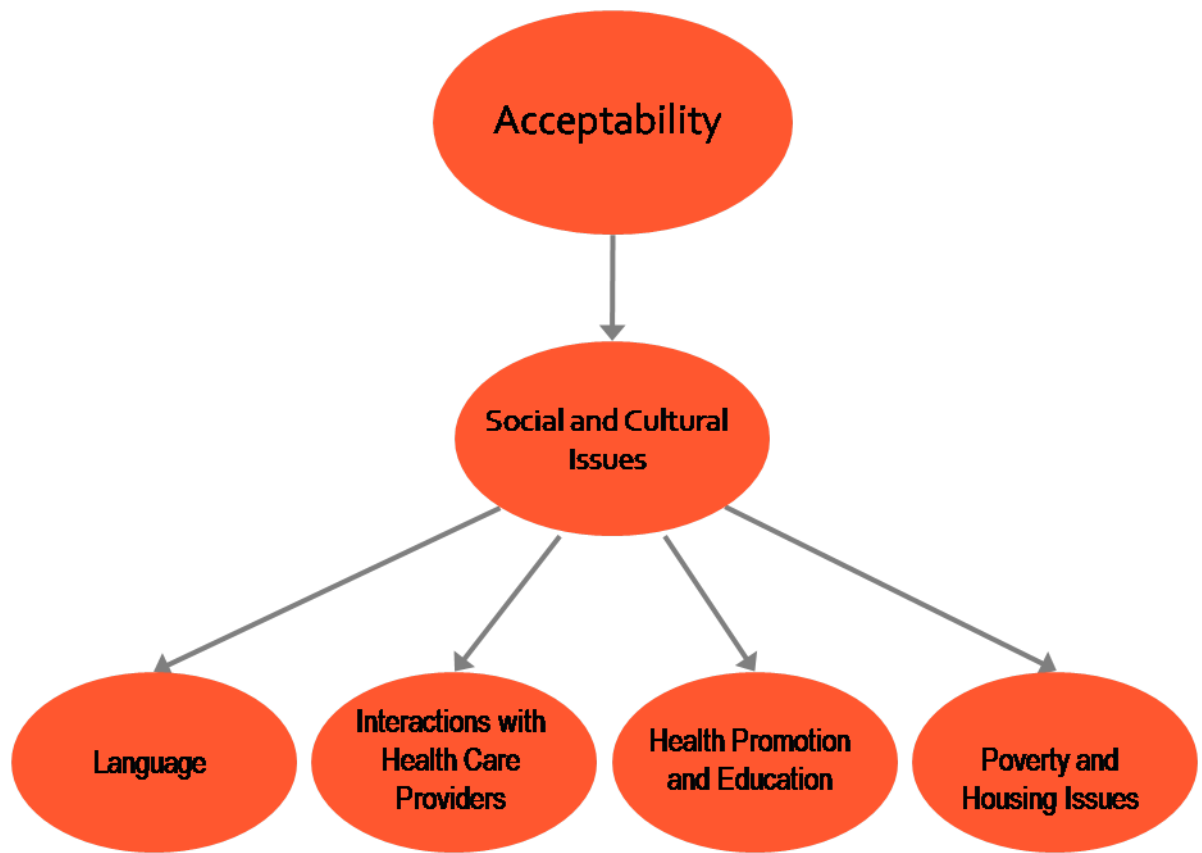
Summary

This theme reflects the need for accommodations to be made in order to ensure effective health care provision. The five main topics broached by participants were: the transfer of medical function, single point of entry, jurisdiction, appointment scheduling, and communication. Participants indicated that the transfer of medical function was being successfully used in some aspects of health care provision and could be incorporated in other ways in order to expand health care services. Participants also reported that having a single point of entry for clients requiring certain health care services was beneficial, as this strategy allowed clients to access appropriate services without having to contact each department. Participants also indicated that the coordination of health care services in the region was negatively affected by differences related to jurisdiction, as the same practices were not always used by MCCRHA-managed providers and First Nations-managed providers. Finally, participants highlighted the importance of good communication to the provision of health care services and suggested areas of improvement. As a whole, this theme identifies ways in which health care providers work together in order to deliver services and ways in which the coordination of services can be improved in order to ensure access to high quality and appropriate services in the region.

Acceptability

The fifth dimension of 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 regarding the personal characteristics of clients. This section focuses on the influence of socio-cultural factors on access to health care services. The topics to be discussed in this section relate to: interactions with health care providers, language, health promotion and education, and poverty and housing issues.

Figure 6: Acceptability of Health Care Services



Social and Cultural Issues related to Health Care

Language

- According to participants from La Ronge, language played an important role in access to health care. The inability to speak English influenced whether residents sought health care, as some residents may not utilize services offered at the La Ronge health centre because of the barriers posed by language differences. Participants acknowledged that certain barriers related to language had recently been improved or overcome as a result of providers being visible in the community and becoming familiar to residents.

- Participants noted that difficulties with communicating health concerns to providers could have a negative impact on whether clients' health needs were met. As a result, clients may not receive appropriate services because their health concerns are not clear to providers. Participants described services in La Ronge that were in place to overcome language barriers; specifically, translation services are available for clients who do not speak English. Also, some First Nations clients have family members accompany them to appointments in order to ensure that language barriers are not a problem.

Interactions with Health Care Providers

- Overall, participants were generally pleased with interactions between health care providers and clients. Participants from La Ronge who had received health care services both inside and outside of the region felt that providers were usually diligent and respectful.
- Participants also felt that some providers outside the region had made extra efforts to accommodate MCRCHA residents. Examples were given of occasions when providers had taken time to deal with clients' health issues immediately or gave MCRCHA residents priority to save them from driving back and forth between La Ronge and Saskatoon/Prince Albert. Despite several positive comments, some participants recalled interactions with health care providers that were perceived as negative. For instance, one participant saw interactions with certain providers as off-putting and judgmental, and suggested that some providers need to be more sensitive to their clients.
- Some participants from Pinehouse Lake reported that interactions with health care providers were sometimes negative, as they did not feel that all of the local providers are fully committed to clients. It was communicated that clients sometimes felt that their health concerns were minimized by providers at the health clinic, especially outside of regular hours. Although recent improvements were reported, participants emphasized that local providers need to be dedicated and thorough to ensure that health issues do not go undiagnosed.

Health Promotion and Education

- Participants communicated that the success of health promotion initiatives depends on their appropriateness to the community. Pinehouse Lake participants applauded the radio broadcasts

in their community used by health care providers to educate residents and raise awareness of relevant health issues.

- Participants from La Ronge felt that improvements need to be made in health promotion initiatives to ensure they meet the unique characteristics of the region. It was proposed that television advertisements would be an effective means of communicating information about health issues to a large number of residents. An important aspect of health promotion and education was the need to generate greater awareness of health issues among residents in order to decrease the stigma associated with certain health issues. Participants felt that stigma could deter residents from accessing health care services. Thus, it was suggested that health promotion and education programs focus on increasing residents' awareness of certain health issues and the treatments available, as has been done with respect to alcohol and substance addiction.
- Participants proposed that one way of improving health promotion initiatives was to collaborate with other community organizations in order to target specific community issues. One participant advocated for workshops involving multiple community organizations like the MCRRHA and the RCMP, which could help residents to understand the multiple factors that influence health, such as crime, unemployment, and literacy.

Poverty and Housing Issues

- Participants indicated that some residents' health needs were associated with socio-economic factors, such as poor living conditions. Inadequate housing was viewed as a major contributor to poor health, as was the lack of running water and electricity in some households. Participants emphasized that addressing these issues would positively affect residents' well-being and alleviate other social and health issues, including mental health and substance abuse.
- Participants reported that poverty has a detrimental impact on residents' access to health care, as many residents cannot afford to travel for health care both within and outside of the region. The lack of health care insurance for some residents and the need to travel for health care meant that residents must be able to pay for travel costs if they wish to access many health care services. Thus, some residents are unable to access the health care that they need. Participants noted that the cost of food was another contributor to poor health for residents in the region,

as the cost of healthy food was extremely high. The result of high food prices was that residents opted for unhealthy food because it was more readily available and less expensive. However, participants noted that efforts had been made by some stores and schools to have healthier foods available. Despite these efforts, they suggested that further steps are necessary to ensure that healthy food is available at a reasonable cost.

Summary

This theme highlights the importance of ensuring that health care services are suited to the community in which they are offered. One major aspect of this is making certain that clients' interactions with health care providers are perceived as acceptable. Participants reported that language barriers existed between some clients and providers in the region, but that strategies were being implemented to overcome these barriers. Participants also discussed the need to customize local health promotion initiatives in order to better fit with the characteristics of MCRRHA residents. Participants suggested that collaborations between health care providers and other community agencies could ensure that health promotion programs target the specific issues that the MCRRHA communities face. Lastly, participants drew attention to issues related to poverty, housing, and the cost of food, which identify social factors that affect health and influence access to health care. Each of these issues contributes to our understanding of the relevance of social and cultural issues to health care provision and promotion. This theme identifies a need for continued efforts to overcome socio-cultural barriers that affect access to health care and to ensure that health care services are suited to deal with clients from a variety of social and cultural backgrounds.

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 Mamawetan Churchill River Regional 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 Mamawetan Churchill River Regional 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 Penchasky & Thomas (1981).

⁴ Penchansky & Thomas (1981), p. 128)

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