SASKATCHEWAN POPULATION HEALTH AND EVALUATION RESEARCH UNIT

Community Collaboration to Improve Health Care Access of Northern Residents

Report of Findings

Athabasca Health Authority

Community Residents

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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Black Lake Denesuline Nation

Fond du Lac Denesuline Nation

Stony Rapids

Uranium City

Camsell Portage

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INTRODUCTION

The *Community Collaboration to Improve Health Care Access of Northern Residents* research project was a joint undertaking of the Rural Development Institute at Brandon University in Manitoba, and the Saskatchewan Population Health and Evaluation Research Unit (SPHERU) at the University of Regina. The researchers were interested in looking at ways to improve access to health care for northern residents across the two provinces and successfully applied for funding from the Canadian Institutes of Health Research to carry out the project. The study took place in participating communities in northern Manitoba and Saskatchewan, with researchers working with groupings of communities rather than individual communities to facilitate inter-community sharing of issues and generation of solutions.

Participating in the Saskatchewan portion of the study were five communities within the jurisdiction of the Athabasca Health Authority (AHA) and two communities within the Mamawetan Churchill River Regional Health Authority (MCRRHA). Steering committees in both regions were formed to work with researchers to plan and undertake data collection, analysis and create a forum to discuss issues and solutions with policy makers.

A key goal of the project was to create a forum for dialogue involving community residents, community organizations, health-related organizations, health service providers, health authorities and others interested in access issues. This goal was met with the hosting of a two day inter-provincial workshop that took place in April 2008, bringing together community leaders, residents, health service providers and policy makers from both Saskatchewan and Manitoba to discuss barriers to access and possible solutions. The workshop focused on a review of the research findings and a discussion of current health delivery structures and policies in order to achieve the goal of creating a common understanding amongst participants of the factors that contribute to health care access barriers. This deeper understanding of how barriers are created allowed for meaningful discussions to generate solutions and the building of relationships to move the process of change forward.

The study looked at the following research questions:

- *What are the experiences of northern residents in accessing health services and what are the issues identified by community members and health care providers from an analysis of those experiences?*

- *How can the experiences of northern residents and northern health care providers be used to influence and design health care delivery and healthy public policy?*
- *What is an effective collaborative process and forum for engaging community residents and health care organizations in discussions of access issues and creative solutions?*
- *What population health data (quantitative and qualitative) can be gathered and used by small northern communities to improve access to health services?*

Focus groups and interviews were held with residents in all communities to gather stories of their experiences in accessing health services. Discussion meetings were also held with local health care providers to hear their perspectives regarding access to health care services for residents of their communities both within the community and beyond. These discussion groups were aimed at helping researchers and the communities to understand the experiences of both health service users and providers. In meetings with the project steering committees in AHA and MCRRHA, community leaders, representatives from health care organizations worked with researchers to identify and describe the key issues related to health care access.

This report is one of a series from the Saskatchewan portion of the study. A separate set of reports has been prepared for each of the participating health authorities. The reports include:

1. Report of Findings – Community Residents (this report)
2. Report of Findings – Health Care Providers
3. Summary Report of Findings – combining both providers and residents findings
4. Population Health Data Report
5. Inter-Provincial Workshop Report (to download report, go to: http://www.brandonu.ca/organizations/rdi/Publications/Health/MB-SKWorkshopReport2008.pdf

This report, designed to provide detailed information to assist with policy and planning, summarizes the findings from the focus groups and interviews with community residents within the Athabasca Health Authority, and is organized as follows:

A) Data Collection: This section provides a brief description of the location, number and dates of focus groups and interviews.

B) Data Analysis: This section summarizes the approach used in the data analysis which was guided by a conceptual framework encompassing five dimensions –Availability, Accessibility, Affordability, Accommodation and Acceptability.

C) Findings: This section presents detailed findings from the focus groups and interviews, organized by the five dimensions of access.

D) Conclusion: The concluding section provides a general summary of the findings in table format including the barriers to access that were identified along with suggested solutions identified from the focus groups and interviews.

E) Summary of Issues, Barriers and Suggested Solutions: Presented in table format, issues identified in the findings are summarized, along with a description of the resulting barrier to health care access and suggested solutions.

A) DATA COLLECTION

Saskatchewan data collection for the *Community Collaboration to Improve Health Care Access of Northern Residents* research project began by conducting focus groups and interviews with residents in the Athabasca Basin during February and March of 2006. The Athabasca Health Authority had provided the project with the services of the Community Liaison Worker, who assisted in identifying appropriate times and locations for the meetings. The focus groups were completed in one trip in February/March, 2006 to the communities of Stony Rapids, Black Lake, Fond du Lac, Uranium City and Camsell Portage. Four (4) community focus groups took place with 16 residents participating. As well, two (2) interviews were held with individual community members, one of which was conducted by the Community Liaison Worker at a later date.

Table 1 – Focus Groups & Interviews with AHA Residents

Focus Groups		Interviews	
Community	**# participants**	**Community**	**# participants**
Black Lake	N = 2	Black Lake	N = 1
Camsell Portage	N = 3	Stony Rapids	N = 1
Fond du Lac	N = 5		
Uranium City	N = 6		
Total # participants	**16**	**Total # participants**	**2**

The meetings began by providing the group with a description of the project, after which the consent forms were read aloud and completed. The meetings went very well with the questions being well understood and leading to positive and candid discussion taking place for approximately 1-1/2 hours, with thoughtful answers given by participants. Consent was given for all of the focus groups and interviews to be tape recorded, from which verbatim transcripts were created and returned to participants for validation.

B) DATA ANALYSIS

Data analysis began once focus groups and interviews with both health care providers and residents had been completed and transcribed. A cross-sectional approach was utilized (Mason, 2002), 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 had occurred, a second round of coding was performed which enabled the identification of sub-themes. The sub-themes highlight specific issues related to a theme.

Data analysis was guided by a conceptual framework based on Penchansky and Thomas' (1981) concept of access. Access refers to the fit between the clients and the health care system. These authors highlight five dimensions of access: availability, accessibility, affordability, accommodation, and acceptability. Each of the dimensions addresses a specific aspect of the concept of access.

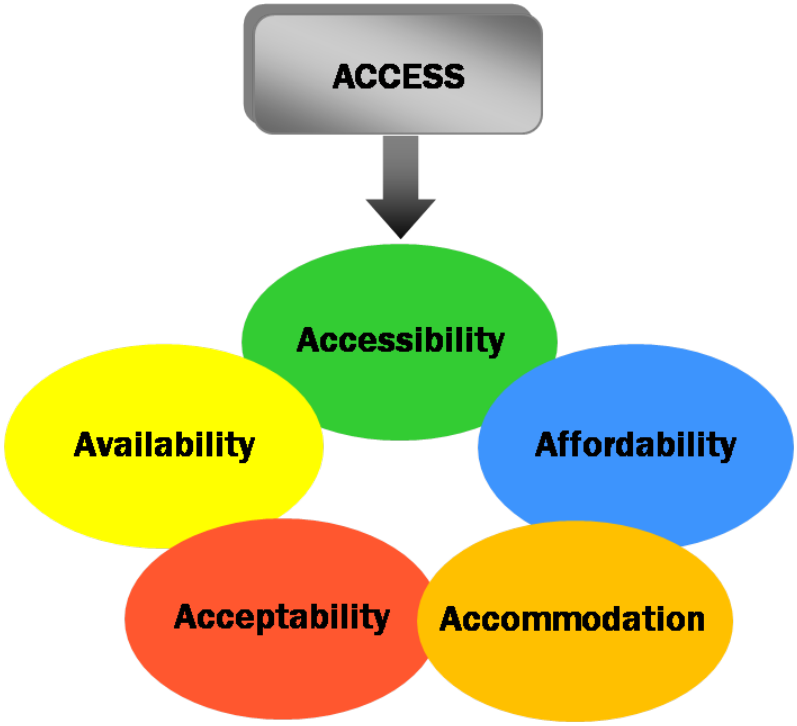
Availability focuses on the relationship of the volume and type of health care services to the volume and type of clients' needs. This dimension focuses specifically on the opportunities that individuals have to utilize health care services in comparison to their need for services. Many factors contribute 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.

According to Penchansky and Thomas, ***accommodation*** is related to "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" (p.128). 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.

Figure 1: Five Dimensions of Access



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.

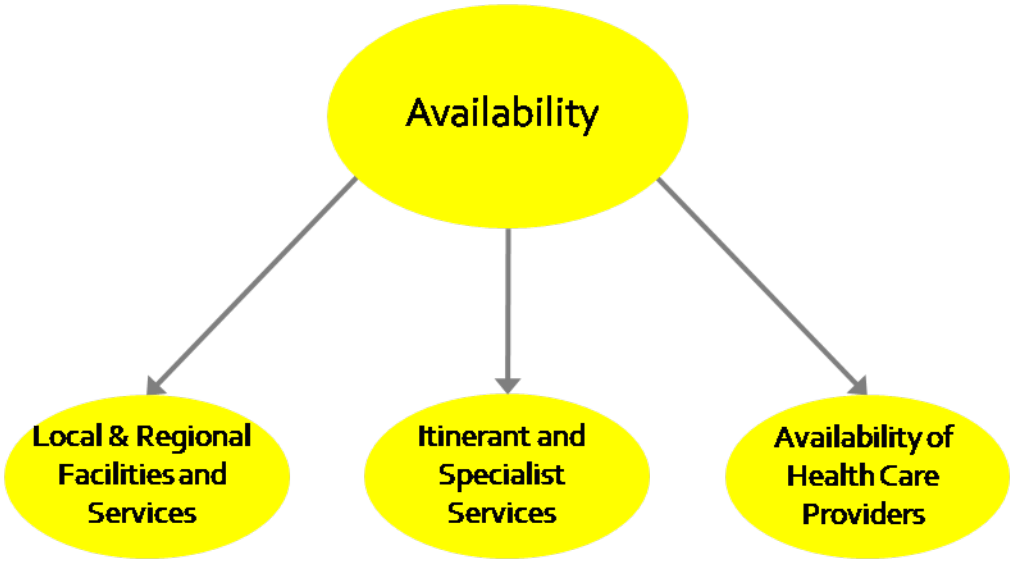
C) FINDINGS

The findings presented in this section are based on the analysis of four focus groups and two interviews with residents from the Athabasca Health Authority (AHA). The participants included community residents: from Black Lake, Fond Du Lac, Stony Rapids, Uranium City, and Camsell Portage. In total, 18 residents participated in the focus groups and interviews. These findings highlight issues that emerged as being significantly related to health care access for the AHA residents. The findings have been divided according to the five dimensions of access discussed previously (availability, accessibility, affordability, accommodation, acceptability).

1. Availability

Analysis of the focus group and interview data revealed that availability was a highly significant aspect of residents' 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 (Penchansky & Thomas, 1981).

Figure 2: Availability



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 suggested ways that issues might be addressed to improve availability. The major themes are related to: local and regional facilities and services, specialist services, itinerant services, and availability of health care providers.

Local and Regional Facilities and Services

Throughout the focus groups and interviews, residents of the AHA communities expressed various opinions regarding the health care facilities and services that were available locally and within the region. Many residents recognized the value of local and regional facilities and services, including local clinics and the AHA health facility. For example, one participant communicated that *"the hospital here in Stony since it's been operating - it's kind of good for our people here from Black Lake… It's just fifteen minutes drive from here to that hospital. That facility is good."* This participant indicated that the AHA health facility was advantageous to the residents of Black Lake, particularly because its close proximity to Black Lake assured residents access to health care services. Other participants also acknowledged their satisfaction with the AHA facility and the health care services they had received there.

Despite the seemingly successful provision of health care services by local clinics and the AHA facility, participants noted that they still were required to leave the region in order to access specific 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. One participant described his/her perception of the health care services that could be provided regionally in the following statement: *"I'm sure there are, like I said minor injuries, like broken arm, or casts, stuff like that they can probably do for sprains…"* This participant emphasized that local facilities were competent in addressing health issues such as broken bones, but went on to state that residents must leave the community for more advanced health care services. Several other participants echoed this sentiment, suggesting that local facilities were not often able to provide advanced treatment or specialist services.

Participants proposed that the need to travel south for certain health care services created problems for residents related to transportation and the cost of travel. In order to ameliorate

problems associated with travel and improve residents' access to health care, participants expressed the view that local and regional facilities should be expanded. One participant articulated that [he/she] would prefer to have more services provided locally, rather than having to travel elsewhere for them. Other participants also indicated their desire to access health care services in the community whenever possible. One prominent example given by participants was the need for pre-natal and birthing equipment and facilities in the region. Participants recalled that babies had been delivered previously at the hospital in Uranium City, but that the current AHA facility in Stony Rapids did not provide this service. As one participant stated:

> *To me, it doesn't make sense… if everything's all right through your whole pregnancy and most people that have three or four kids - like it's usually good. But there is times when [problems] will happen but then they will just Medivac you out.*

This participant communicated that women should be able to have their babies at the AHA health facility, if their pregnancy poses no foreseeable difficulties. Other participants put forward similar suggestions, emphasizing that traveling elsewhere to give birth was often inconvenient and problematic. Thus, these participants suggested that there is a need to improve the medical equipment and services available at the AHA health facility in order to accommodate women from the region wishing to have their babies locally.

Participants from each of the communities in the AHA region also identified specific medical equipment, health care services and facilities that, if made available, would improve residents' access to health care. For instance, participants from Uranium City and Camsell Portage advised that access to emergency services and equipment needed to be improved within their communities. In particular, these participants suggested that portable defibrillators be made available. One participant indicated that although a staff member was trained in the use of defibrillators, their community lacked the equipment and would be unable to manage an emergency situation such as a heart attack, when Medivac could not be accessed quickly. This also demonstrates that community residents with health care training also improve access to health care for their communities, as they can provide services during times of emergencies when other health care providers are not available. Participants from both Uranium City and Camsell Portage agreed that the availability of medical equipment, such as portable defibrillators, could improve residents' access to emergency health care services.

Participants also communicated that the establishment or expansion of certain health care services would benefit the provision of health care services in their communities. For example, participants from Uranium City stressed a need for home care services. Participants commented *"there's no home care - that's really what we really need up here"* and *"I can't get in the tub and do some housework. I'd like to get somebody up here to hire somebody to do that for us up here."* These statements demonstrate the need to establish home care services in Uranium City. Specifically, participants thought that someone within the community should provide home care and support services on a regular basis, as opposed to having an itinerant home care provider come to the community. One participant proposed that:

> *What would be good is if, you know, every morning certain people got a phone call like "Oh Good Morning". Just to make sure they're up, especially in the winter time, make sure, you know, their fire is going or their oil stove is working… just have that daily check and make sure the night went well and see if there's anything that needs taken care of right away.*

This participant suggested that a home care program be established to provide home care services as well as other forms of support to elderly residents. The establishment of a home care program would provide an important service for elderly residents in Uranium City who currently must ask family and neighbours for care and support.

Participants from Black Lake indicated that home care services in their community were in need of improvements. In particular, participants stated that a vehicle was needed to transport home care workers and clients to and from the AHA health facility in Stony Rapids. One participant reported that *"we don't have a vehicle for the home care workers that walk around in the winter, like 40 below, house to house."* This participant highlighted that home care services could be greatly improved by having access to a vehicle for transportation. Currently, participants stated that home care workers must walk or find another means of getting to their clients. In some cases, participants noted that they asked their friends with vehicles to pick up their clients and bring them to the AHA health facility. This example demonstrates how improvements in facilities and services can increase residents' access to health care.

Residents from Black Lake and Fond du Lac expressed a desire for long term care facilities to be established within their communities. Currently, residents from these communities have access to long term care facilities at the AHA health facility in Stony Rapids. However, participants stressed

that a long term care facility within the community would provide better access to services and allow Elders to remain close to their families. As one resident from Fond du Lac stated,

> *You know, these Elders, they're all related to us, they come from the communities, from the reserves, then we have to ship them out to stay [at the health facility] all by themselves, you know? Where if we had a facility in the community, they would have their grandchildren, their children visit these people but once they're in Stony you can't visit them every day you know.*

This participant stressed the importance for Elders to remain close to their families while receiving long term care. In particular, the participant acknowledged that residents from Fond du Lac cannot travel to Stony Rapids often. Thus, a local long term care facility would benefit residents by improving access to health care services within the community.

Participants from Black Lake echoed the desire for a long-term care facility to be established within their community, despite their closer proximity to Stony Rapids. For some participants, having a long term care facility in the community would provide them with greater peace of mind. In some cases, participants expressed concern regarding the care that their relatives received at the AHA health facility and felt that having a local facility would allow them to monitor the quality of care. As one participant expressed,

> *What I want to see happen in the next few years is a nice, clean place for Elders that can be - a house that can be built for the Elders… A long-term care facility right in the community and then we could have palliative care and respite and the Elders should have activities there and they should have a good dietician and have meetings there to make sure people are taking good care of them.*

This participant suggested that a long term care facility in Black Lake would be highly beneficial to local Elders. In addition, the participant communicated that access to such a facility would enable Elders to remain in their own community and allow families to ensure that Elders received appropriate and high-quality care.

This theme demonstrates the importance of local and regional of health care facilities and services in the AHA region. According to participants, access to health care services locally and regionally was positive because it eliminated many of the problems associated with traveling elsewhere for services. While many participants were satisfied with local and regional facilities,

others indicated that improvements were necessary. For instance, 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. The suggestions put forth by the participants highlight the importance of continuing to improve local and regional health care facilities in order to ensure that residents are able to access the necessary health care services.

Itinerant and Specialist Services

According to the AHA residents who participated in the focus groups and interviews, many of their health needs were met by itinerant health care providers who traveled to the region or specialists elsewhere in the province. Participants highlighted a number of issues related to access that emerged as a result of this arrangement. Overall, participants indicated that the local and itinerant services met their basic health needs. A participant from Camsell Portage expressed that itinerant health care providers were significant in meeting many of the community's health needs, as shown by the following quotation: *"Well, it's good that… they send a nurse here every two weeks. We never ever did have that before and a doctor comes… once a month."* This participant emphasized that the availability of itinerant health care providers sufficiently met the needs of the community. The participant also noted that the availability of itinerant providers had improved in recent years, which had improved residents' access to health care.

Other participants also commented on the value of local and itinerant health care providers in meeting the community's health needs. One participant from Uranium City reported that the local nurse and the physician who traveled to the community once a month fulfilled the community's basic health needs. However, participants acknowledged that any health issues requiring more specialized treatment had to be accessed outside the community. As one participant pointed out, travel was necessary for anything that required a specialist and even though some residents were able to coordinate travel out for medical purposes with their jobs, they experienced inconvenience and extra expense as a result of specialist services being unavailable in their community and in the region. This finding suggests that increasing itinerant

specialist visits to the AHA communities could help to overcome barriers related to travel and improve access to health care.

While participants typically reported that itinerant health care providers played a significant role in meeting residents' health needs, a few problems related to itinerant services were also identified. For example, participants from Black Lake communicated that having access to a physician twice a week was beneficial. However, participants also expressed that, on those days, residents were unable to receive health care services without a doctor's appointment. One participant stated:

> *We have twice a week for doctor's day, like on Mondays and Thursdays, yeah. During those days, if you have an emergency or minor medical attention and you need to see one of the nurses, they just say to you "You can't come. It's doctor's day today, can you wait until tomorrow?"… Unless we have an appointment to come in, you know. Well, there's at least four or five nurses working in the community and at least two nurses are helping the doctor so at least two can see the patients, they still can see the patients even on the Doctor's Day, you know.*

This participant indicated that access to local health care services was disrupted as a result of *"doctor's day"* and, specifically, that nurses were too busy assisting with doctor's appointments to meet with other clients. Despite this, the participant felt that the number of nurses in the community was sufficient to allow nurses to see other clients, as well as assist with doctor's appointments. Thus, while participants appreciated the availability of itinerant health care providers, they reported that local services were disrupted as a result.

Despite being generally appreciative of itinerant health care services, participants from Camsell Portage communicated that one aspect of itinerant services in their community needed to be improved. In particular, participants suggested that the itinerant physician come on a different day of the week. One Camsell Portage resident described the problems caused when the scheduled doctor day falls on the same day as the shift change at the mines. This participant emphasized that many of the residents of Camsell Portage 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. As a result, participants reported that residents sometimes went without health care services for long periods of time. It was also stated that the scheduled duration of physicians' visits was typically not long enough, as participants said they felt that *"it's like [the physicians] are looking at cattle or*

something" because they are in such a hurry. Participants suggested that the duration of time scheduled for physicians' visits be lengthened in order to accommodate residents experiencing health issues. Thus, this finding indicates that efforts to revise the current schedule for itinerant health care services in Camsell Portage would improve access to services for residents.

Although there were some issues with itinerant health care providers, participants expressed satisfaction with certain itinerant providers who provided specialist services within the region. For example, one participant noted that occupational therapists that traveled to the region each month to provide health care services were beneficial to residents. The participant stated that *"we get [occupational] therapists that come every month for Elders who are diabetic - they do exercises every month… that works well."* According to participants, the availability of an occupational therapist within the region was beneficial to residents, particularly Elders with diabetes. This quotation highlights an example of an itinerant health care service that is offered in the region that participants were pleased with.

Participants discussed several other examples of specialist services that were commonly accessed by AHA residents. A prominent issue in the majority of focus groups and interviews was related to dental care. Overwhelmingly, participants reported that access to dental care needed to be improved within the region. While some of the communities had dental therapists or itinerant dentists, participants indicated that they were required to travel south for most dental services. As one participant explained, there is a *"dental therapist, but not a dentist…if there is any special work that needs to be done, they'll refer them to the south or wherever the nearest dentist is available."* As this participant recalled, residents were able to access dental therapy in their community but had to travel elsewhere to receive more advanced treatment and services. In some of the AHA communities, participants stated that dental therapists were not even available and, therefore, residents were required to travel elsewhere for that service as well. Thus, a need to increase the availability of dental services in the region was identified, as residents have limited access to this type of service and, as a result, must travel elsewhere.

In addition to a lack of advanced dental care, 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 that specific community. Participants expressed

particular concern regarding dental services for children and youth in the AHA communities. One participant recounted problems related to dental care in Stony Rapids, stating that:

> *My kids need dental services. I know there hasn't been [a dentist]. They just have the basic fluoride treatments and that at school but I don't think my kids have ever had their teeth examined so I don't know when it is for the residents of Stony. I don't know, maybe it's different if you're a child in Black Lake because they have resources that are available and we don't.*

This participant reported that his/her children have access to limited dental care and have never had their teeth examined by a dentist because this service is not available in the community. The participant communicated the perception that access to dental care is better in Black Lake due to the greater availability of resources. As a result of limited dental services, this participant must take his/her children down south in order to receive dental care. The need to travel for dental services is unfortunate for AHA residents, as they encounter many difficulties resulting from the transportation, which will be discussed to a greater extent in an upcoming section.

Participants also put forward concerns regarding the availability of other health care specialists in the region. For example, participants noted that a physician specializing in eyes comes to the AHA region only twice a year. In some cases, residents experiencing eye problems may not be able to wait until the eye specialist is in the region. Also, this itinerant provider may not be able to provide the necessary services. One participant recalled that

> *My son was complaining about his blurry vision so the eye doctor came to Stony Rapids in November and I took him there. That was just an eye examination and there were no glasses or anything so he wrote a letter to a specialist in PA for him to see the optometrist there. That letter came and we took it to the clinic and the worker sent it to the travel agency, the MSB[1] [Medical Services Branch] people said they won't pay for the trip…[they said] "Well, the eye doctor comes to [your community] twice a year. They'll be coming back in April." They just denied my son's trip so I took my son down south with a vehicle. I made an appointment for him and his eyes were examined and he got his glasses right away.*

[1] Medical Services Branch (MSB) is now referred to as First Nations and Inuit Health (FNIH) and non-quote references to MSB in the report have been changed to reflect the new name

This participant described a situation in which the itinerant specialist could not provide the service the client needed. Despite this, the participant was required to take his/her son elsewhere at her own expense. This example demonstrates the importance of improving access to specialist services, such as optometrists, in order to maximize the availability of services within the region and minimize the amount that residents must travel elsewhere to receive services, as several issues arise as a result of the need to travel.

This theme highlights a number of issues associated with itinerant or specialist health care providers. In some cases, the participants emphasized that value of itinerant services, especially in communities that previously went without. Although participants expressed appreciation for itinerant services, they reported some problems with these services as well. In Black Lake, participants suggested that itinerant providers disrupted the health care services normally available to residents because the nurses were pre-occupied with assisting the physicians. In Camsell Portage, participants reported that many residents were unable to see a doctor because the day of the week that the itinerant physician visited the community conflicted with their work schedule. These examples demonstrate areas in which improvements may be made. Participants also identified a need for greater access to specialist services in the region. In particular, dental care and optometry services were thought to be insufficient, especially for children and youth. Overall, this theme illustrates the need to expand specialist services in the region in order to improve residents' access to health care.

Availability of Health Care Providers

A prominent theme emerging from the focus groups and interviews was related to the availability of health care providers within the region. Several participants expressed their appreciation of the health care services provided by local providers and gave examples that illustrated their excellence. For instance, one participant from Black Lake described his/her experience with local health care providers in the following quotation:

> *I wasn't feeling well and I came to the hospital here and I asked to see the nurse, and they allowed me to see the nurse right away and she was very helpful. She made a referral to see the Doctor the following Tuesday, and I seen the Doctor on Tuesday and they were very nice, they were understanding and they asked for all sorts of questions that they feel that they needed to know, they gave me the opportunity to*

> *express myself and that they listened… they responded quickly and I felt well taken care of, and they are still keeping an update on how I'm doing and I felt very respected and I like that.*

This participant emphasized his/her satisfaction with local health care providers, recalling that the experience was positive. In particular, the participant appreciated that the nurses and doctor listened to his/her health concerns and responded in a caring manner. This quotation demonstrates that there are high quality health care providers available in the AHA region.

Other participants also described occasions where local health care providers offered outstanding services. Two residents from Fond du Lac recollected the dedication of local nurses to their clients. One resident stated: *"when my grandkids were here, [the nurses] spent the whole night with those kids and then they had to work the next day."* The second resident responded by saying:

> *These nurses here, they'll do everything in their power to help, whatever resources are available for them they'll use it. It's just like say maybe they don't have control over when they can charter planes out for people, maybe somebody is telling them not to charter planes until desperate you know, maybe that's what our problem is, but for the nurses, I'm sure they do as good as a job as they can providing the services that they can give."*

These quotations highlight the participants' contentment with the health care services provided by local nurses. The first participant gave an example of the nurses' dedication, describing their willingness to attend to health issues outside of clinic hours if necessary. The second participant stressed that the nurses do their best with the resources that are available to them. This example draws attention to the significance of local health care providers to AHA residents' ability to access high quality health care services.

Although local health care providers were appreciated by most participants, some participants indicated that the quality of health care services in the region was affected by high turnover rates. According to participants, there is a high degree of staff turnover in all areas of health care provision. One participant said:

> *See that's a situation that we get with a lot of our services. You know, you think it's gonna start, [the providers] take all the info, they say 'we'll call you next month' and*

you don't hear from them. And then, oh well, they're off, somebody else is in training but…

This participant revealed that many health care providers are only in the region for a short period of time and, therefore, do not have time to implement or follow up on the programs they begin. As a result of high turnover rates, participants felt that access to health care services was negatively affected.

In addition, participants indicated that the lack of consistent or long term health care providers in the region was unfavourable to clients. One participant expressed his/her frustration with seeing a different health care provider each appointment in the following statement: *"Not speaking to the same [provider], time and time again, you're always repeating yourself and you don't have that relationship."* Another participant agreed, adding that *"they don't know everything about you."* These participants identified that the lack of consistent health care providers resulted in clients having to spend time describing their health history every appointment, whereas seeing the same provider each time allowed for rapport to develop between provider and client. Other participants also suggested that they found it easier to communicate with same health care provider over time, as opposed to a different one each appointment. Thus, the participants suggested that the availability of consistent health care providers positively affected access to high quality health care services.

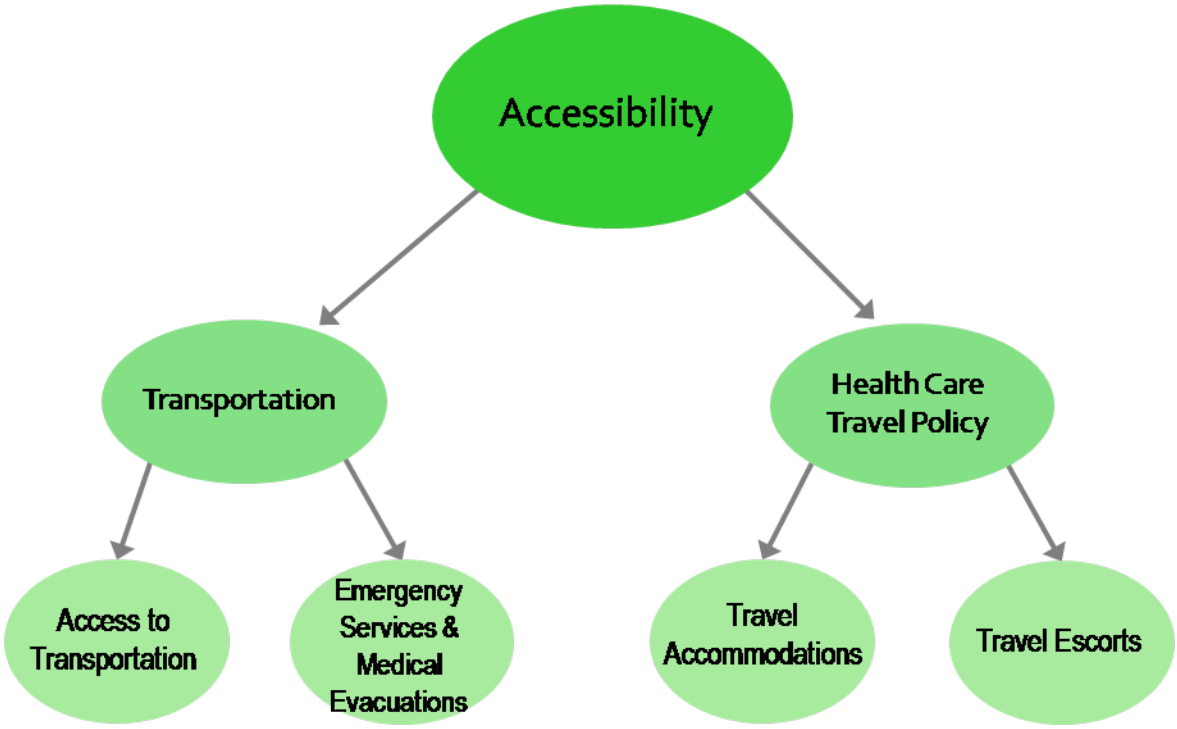
Summary

As a whole, this theme illustrates the significance of health care providers being available within the community. Several residents acknowledged the hard work and dedication of local health care providers, recalling examples of exceptional service. The availability of health care providers was reported to have a positive impact on access to health care within the region. Despite general appreciation of local providers, participants noted that the availability of consistent health care providers was important to ensuring the provision of high quality services. For example, participants indicated that high turnover rates contributed to difficulties for health care providers trying to implement programs or follow up with clients. Participants also communicated that they felt the delivery of health care services was more efficient as a result of consistent providers and that familiarity allowed provider-client rapport to develop. This theme demonstrates the value of local health care providers to AHA residents' access to health care and the influence that the availability of consistent providers has on the quality of health care services.

2. Accessibility

Throughout the focus groups, accessibility was identified as a major factor related to residents' access to health care. As outlined previously, accessibility refers to the location of health care services in relation to the location of the clients (Penchansky & Thomas, 1981).

Figure 3: Accessibility



This dimension calls attention to the physical or geographic relationship between facilities and clients and the importance of accounting for issues related to 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 services. While geography cannot be changed, participants identified a number of issues related to transportation that should be resolved. The main themes discussed in this section are transportation and policy related to travel. These themes highlight issues related to: the availability of transportation, problems with emergency services, issues with travel accommodations, and policy regarding travel escorts.

Transportation

During the focus groups and interviews, it was evident that transportation issues had an immense impact on residents' access to health care because of the need to travel in order to receive health care services. Participants identified a number of problems associated with transportation that affected the accessibility of health care services. These problems were the result of travel within the region, as well as outside of the region. Two particular issues that participants identified in relation to transportation were: access to automobiles and the availability of emergency services. These sub-themes highlight difficulties that participants have encountered when seeking health care services. Thus, this theme demonstrates areas related to transportation in which improvements can be made in order to enhance AHA residents' access to health care.

a) Access to Transportation

According to participants, 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. As one participant pointed out, limited access to automobile transportation posed difficulties for some residents requiring non-emergency health care services. This problem is relevant to residents of Black Lake and Stony Rapids in particular. The participant stated that *"on the reserve, not everybody has access to vehicles and a lot of cases here… like the cost of living up here is really high… and you know when somebody calls for a cab, taxi to take them to the clinic, medical service don't cover that."* This participant communicated that some AHA residents do not have access to automobiles and, therefore, must take a taxi to the clinic or health facility in order to receive medical attention. However, the participant revealed that, unlike emergency services and travel for specialist services, the cost of a taxi to the local health clinic is not covered by FNIH. Thus, there are some residents who are not able to seek health care services because transportation to local facilities is problematic. The issue of travel costs will be discussed further in the upcoming section on affordability.

Participants expressed that transportation to local health care facilities was a particular problem for Elders in the community of Black Lake. Participants indicated that there had been a transportation service in the past that shuttled Elders to and from the clinic, but that it no longer existed. One participant stated that:

> *We need transportation, like from home to home. When the Elders arrive at the clinic, they need that transportation home by the taxi. It used to be, a couple of years [ago] that they had a taxi service from home to home and I guess Medical Services cut that. Or is it still going on? Like nobody knows what is going on towards that health issue.*

This participant recalled that a transportation service had been available in the past for Elders needing to travel to health care facilities, but believed that this service had been discontinued by FNIH. The participant demonstrated that there is a need to establish a formal system of transporting Elders to and from health care facilities. As discussed above, transportation also poses a problem for other residents who do not have access to an automobile. Therefore, improvements made to transportation services for residents within certain AHA communities would help to overcome transportation barriers.

Participants also felt that transportation between AHA communities needed to be improved. Participants from Camsell Portage suggested that a monthly flight be scheduled for residents needing to travel to Stony Rapids for health care services. One participant reported that transportation for health care services is an issue for residents of Camsell Portage and other AHA communities who do not have First Nations treaty status because their travel costs are not covered. The participant described a situation in which a resident was unable to travel for health care services unless another resident with treaty status was traveling to Stony Rapids, in which case they could travel on the same plane without charge. As a result of transportation costs, some AHA residents may not receive the health care services they require. Thus, this participant proposed that a flight be scheduled once a month to transport residents from Camsell Portage and Uranium City to Stony Rapids in order to access health care services.

This sub-theme emphasizes the need to expand transportation services within the AHA communities. In particular, participants noted that some residents lacked access to automobile transportation. They suggested that transportation be arranged for residents from Black Lake and Stony Rapids to bring them to and from the AHA health facility. This example is especially relevant to Elders who do not have access to transportation or lack the ability to drive. Participants also noted that access to airplane transportation between AHA communities also required improvement. Participants from Camsell Portage communicated that some residents had limited access to airplane transportation because of its cost and the lack of insurance

coverage. These participants proposed the establishment of a monthly airplane flight that would transport residents of Camsell Portage and Uranium City to Stony Rapids for health care services. This sub-theme demonstrates the relationship that the physical location of health care facilities has to residents' access to health care.

b) Emergency Services and Medical Evacuations

Participants also noted that access to transportation for emergency services needed to be improved. Several participants commented on issues related to medical evacuations using airplanes. For example, some participants commented on the length of time clients had to wait in order to be evacuated for emergency services. One participant described a situation in which his/her ill grandchildren had to spend the night at the local health centre while waiting for a medical evacuation. The participant recalled:

> *Both [children] got sick here and they brought them in to the health centre. … [it was] about 8:00 at night… I know those nurses are doing a good job, but they said that there was no plane available to fly them out so, they kept them for about fourteen hours in the health centre here. And I did some complaining about it, but I don't want to complain about the nurses - the nurse did a really good job here… they got the plane for a Medivac out of Saskatoon… That was about fifteen or sixteen hours later.*

This participant communicated that gaining access to an airplane in order to evacuate his/her grandchildren took fifteen or sixteen hours after arriving at the health centre. While other participants reported that the typical wait time for a medical evacuation was substantially shorter than 16 hours, several participants indicated that waiting four to seven hours was also not acceptable. Thus, participants stressed the importance of improving the availability of transportation for emergency services.

Participants expressed that one factor contributing to wait times for medical evacuations was related to the availability of pilots to fly the airplanes. In some cases, participants asserted that airplanes were available, but that pilots had already reached their maximum number of hours flying for the day. One participant described the predicament by saying:

> *[An AHA resident] got hurt and it took seven hours to get a plane there, like [a local commercial airline] wouldn't even go get them because their pilots, they couldn't*

fly because they had all their time in… like that's not right at all because there's [another commercial airline] now, you know, like they'll come out. I don't know why they didn't use them that day.

This participant expressed frustration at the length of time that AHA residents are sometimes required to wait for a medical evacuation. As stated above, a Medivac airplane took seven hours to reach the AHA community; meanwhile, a local commercial airline with airplanes may have been available nearby. This participant highlighted a need to review policy regarding medical evacuations in order to ensure that AHA residents are evacuated as fast as possible in order to receive emergency services.

Participants expressed that other aspects of the medical evacuation procedure could also be reviewed. Participants reported that residents requiring emergency services are evacuated to the AHA health facility in Stony Rapids and then, if necessary, are flown south for advanced treatment and services. Participants felt that there were some instances where the severity of the injury or illness was clear and clients could be flown directly to health facilities in the South. One participant put forth this argument by recollecting his/her own experience, stating:

I had a really bad accident…[the nurses] got me to Stony [to see] a doctor and what they should have done was they should have flew me directly from here to Saskatoon, but they wanted to ship me to Stony and the doctor there checked me out, just seen my wound… the doctor just shook his head and turned around and walked out, and then the paramedical team took me to Saskatoon, that doctor didn't do nothing, so why they took me there instead of directly to Saskatoon?

Based on his/her own experience, this participant suggested that residents with severe injuries be evacuated directly to Saskatoon, as health care providers in Stony Rapids were not able to provide the advanced emergency treatment and services that were required. Therefore, procedure regarding medical evacuation should be reviewed in order to allow AHA nurses to determine if clients should be evacuated directly to health care facilities in the South, which could decrease the length of time clients wait to receive emergency services.

Participants from Camsell Portage indicated that improvements needed to be made in order to ensure that Medivac airplanes could access the community. In particular, participants indicated airplanes could not land at night because of the absence of runway lights. One

participant described how emergency situations were managed if they took place after dark. The participant recalled:

> *I had someone here with a dislocated shoulder… We had to take him to Charlotte River because we have no lights on the runway [here]. But it's between twenty minutes and half an hour ride with a skidoo and it's really bumpy and his arm was dislocated…the runway [there has lights].*

This quotation outlines the difficulties that arise because of the lack of airplane runway lights in Camsell Portage. This participant reported that the resident had to be taken by snowmobile to Charlotte River where a Medivac airplane can land at nighttime. As the participant stated, the snowmobile ride to Charlotte River is bumpy and may cause further distress to an injured client. The poor quality of the trail to Charlotte River would be especially problematic in the case of neck or spinal cord injuries. Thus, participants from Camsell Portage proposed that runway lights be installed in order to ensure that residents can be evacuated in emergency situations.

This sub-theme highlights several issues related to transportation for emergency services. According to participants, AHA residents' access to airplanes for medical evacuations was inadequate. Participants reported that residents waited between two and sixteen hours to be evacuated for emergency services; however most participants indicated that evacuation took at least four hours. In particular, participants suggested that greater efforts be made to access locally-available commercial airplanes, rather than waiting for a Medivac airplane to be sent from Saskatoon. It was also suggested that evacuation procedures be revised in order to allow AHA nurses to send clients with severe injury or illness directly to health facilities in the South. Finally, participants from Camsell Portage indicated that their access to emergency transportation was hindered by the absence of runway lights at their airport. Participants suggested that the installation of runway lights would greatly improve their access to emergency services. As a whole, this sub-theme demonstrates that transportation issues can have a significant impact on residents' access to health care, especially during emergency situations.

Health Care Travel Policy

This theme focuses on issues arising from AHA residents' need to travel for health care services. In particular, the focus of this section is on transportation-related policy that influences

residents' ability to access health care services. During the focus groups and interviews, two prominent issues emerged in relation to travel policy which were associated with travel accommodations and travel escorts. As a result of having to travel to receive certain health care services, AHA residents were provided with accommodations in Prince Albert and Saskatoon. Participants emphasized that several problems emerged from the accommodations selected for residents and suggested that many improvements needed to be made. Another issue of contention raised by participants was associated with policy related to travel escorts. Participants expressed mutual displeasure at the lack of sensitivity and respect that this travel policy had for the people of the AHA region. Thus, this theme identifies two significant issues that influence the accessibility of health care services for AHA residents.

a) 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 travel accommodations were unacceptable and created unnecessary distress for residents experiencing health issues. For example, some participants communicated that the accommodations provided to them in Prince Albert were objectionable. One participant summarized the problems with accommodations by stating:

> *When [residents] go down south for medical problems, they stay at the Spruce Lodge in Prince Albert. I've been there myself too and I wanted to talk about it. That place is dirty and those workers had an attitude towards [AHA residents] and also the food. Some people they go down, the people who are diabetic or have gallstones and there was no dietician working there. No towels to use. They lock the towels there.*

This quotation highlights a number of issues that participants identified as contributing to unsuitable accommodations. For instance, this participant believed that Spruce Lodge was unclean and lacked certain features that were essential to its clients, such as a dietician and a healthy menu. This participant also indicated that individuals working at this facility were inconsiderate and disrespectful to clients. Other participants also echoed this sentiment, recalling incidents in which staff displayed disregard for the well-being of its clients.

In addition to these problems with Spruce Lodge, participants described other issues they had experienced as a result of this accommodation. Many of these issues are directly related to the policies that dictate how the accommodation is run and to what extent clients' travel expenses are covered. For instance, one participant recounted his/her own experience in the following statement:

> *I'm taking cancer pills for five years and I take them every day at lunch time… I check in at Spruce Lodge and I had a little something like this [food] on the table. And there was no room, so they send me to Budget Inn… So I check in there and I had supper there. Next morning I take my pills, cancer pills, and they told me that "You had lunch yesterday already at Spruce Lodge and you can't have lunch here [today]".*

This participant described a situation in which a meal was being withheld because of policy regarding meal allowances for individuals traveling for health care services. In this particular instance, the resident had eaten lunch at Spruce Lodge the previous day and, therefore, the staff would not provide an additional meal. However, this participant indicated that his/her cancer medication needed to be taken with food. This example demonstrates the need for policy to be revised in order to take into account the health needs of clients. Specifically, clients of Spruce Lodge may require that exceptions be made with respect to meal allowances, given that many individuals have specialized health and diet requirements (i.e. diabetics and people taking medication). Also, policy related to travel accommodations should take into account the long distances that AHA residents must travel in order to access health care services in the South. Consequently, residents are often away from home for more than a 24-hour period and, as a result, require more than three meals be covered.

Another issue that participants raised in relation to the accommodations being offered at Spruce Lodge stemmed from the lack of privacy. Participants noted that each room had four beds and both men and women shared the rooms. One participant stated that *"men and women are like…mixed, yeah… That's not a good thing. They should have men on one side and they should have ladies on the other side."* While funding would not allow for each client to have a private room, this participant suggested that clients be distributed among the rooms at Spruce Lodge according to sex in order to ensure that clients have some degree of privacy. At minimum, Spruce Lodge clients should be asked if they would prefer an all-female or all-male

room. This example identifies another aspect of policy related to travel accommodations that could be reviewed in order to improve the acceptability of travel accommodations.

Although improvements to travel policy could be made, participants felt that some issues with accommodations would only be ameliorated with the creation of a facility specifically dedicated to Northern residents. One participant commented on the possibility of an accommodation specific to residents of the Athabasca basin by saying: *"that would be more excellent than a hotel. Our own people could be working in there… Something just for the Athabasca basin, some kind of facility like Spruce Lodge, you know, that would do."* The participant elaborated by identifying what organizations should be involved in order to establish such a facility. The participant said: *"this kind of good idea could be [suggested] to the INAC [Indian and Northern Affairs] people from PA and the MSB people that we could have our own place, like you know, just for the Dene people."* This participant emphasized the benefits that a specialized facility could have for residents of the Athabasca basin. In particular, such a facility would ensure that accommodations appropriately met clients' health and cultural needs, as staff could be made aware of the issues and challenges that Northern residents faced. This proposal highlights the need to improve accommodations for AHA residents in order to ensure clients' access to health care is not hindered by accommodation issues.

While participants had several complaints about Spruce Lodge in Prince Albert, there were many more regarding the quality of accommodations in Saskatoon. Several participants indicated that certain hotels with which FNIH arranges accommodation for AHA residents are sub-standard. For instance, one participant exclaimed that the hotel *"was just not a place I would ever stay in if I had to go down south. It wasn't pleasant."* This participant elaborated by saying that the hotel room was not clean and he/she contracted lice from staying there. This participant's experience highlights the need to make improvements in the quality of accommodations provided to AHA residents in Saskatoon, as residents requiring health care services should not have to stay at a hotel in which catching lice is a concern while dealing with health issues.

Participants also expressed that it was problematic for residents to only have access to a hotel room until 11:00 a.m. in the morning when traveling to Saskatoon for health care services. Several reasons were given as to why FNIH should consider expanding coverage for

accommodations in order to allow clients to remain in their hotel rooms up until 5:00 p.m. on the day of their appointments. One participant described a common situation for AHA residents who traveled to Saskatoon for health care services in the following passage:

> *I got an appointment at one o'clock, I go for my appointment and come back around three o'clock. They took my clothes [and put them] at the front desk… I changed my clothes, I put it on my luggage; they left it like that in front of the hotel. And some people lose their luggage like that.*

This participant indicated that clients who had not returned from their medical appointments and checked-out by 11:00 a.m. had their belongings removed from their hotel rooms by hotel staff and left in the hotel lobby. As a result, the participant noted, some residents had lost their belongings. Other participants communicated similar experiences and one participant even noted that her son's clothing had once been put in her bag despite the fact that they were staying in separate hotel rooms.

Participants also expressed that not having access to a hotel room in between the time their medical appointments finish and the time they have to be at the airport is problematic. The following quotation supports the argument for extending the length of time that AHA residents have access to hotel rooms when traveling to Saskatoon for health care services:

> *I'm sure [FNIH] could come up with some sort of an agreement that, you know, that if somebody's plane doesn't leave until three thirty or whatever they should, they should allow them to stay in [their room] until they are ready to leave. Like in [one resident's] case, when [he/she] goes for his cancer treatment, I'm sure [he/she] gets tired out and [he/she]'s not a kid, and [he/she] shouldn't be left outside, or wandering around the hallways.*

This participant argued that participants should have access to their hotel rooms past 11:00 a.m., especially for those clients who are receiving advanced treatment or having surgery. Other participants also communicated that it is unacceptable for AHA residents to be required to sit in the lobby or hallway of the hotel until it is time to leave for the airport. Thus, there is a need for policy related to travel accommodations to be reviewed to address current problems AHA residents encounter when accessing health care services in Saskatoon.

Throughout the focus groups and interviews, participants emphasized that travel accommodations were a major issue related to accessibility. Participants communicated that accommodations in both Prince Albert and Saskatoon were unacceptable. Participants who had stayed at Spruce Lodge in Prince Albert stated that there were several problems with the facility, including: its cleanliness, inconsiderate staff members, and a lack of privacy. Participants noted that travel policies were partly responsible for the residents' poor experiences with the facility. Specifically, participants felt that insurance coverage for meals should be increased, as AHA residents were often away from home for more than 24 hours and required regular meals because of health conditions. One solution to the problems with Spruce Lodge presented by participants was the establishment of a similar facility in Prince Albert dedicated to residents of the Athabasca basin, which would ensure appropriate and adequate accommodations. Several participants also expressed concerns regarding the poor quality of accommodations in Saskatoon. One participant reported contracting lice while staying at a Saskatoon hotel, while others stated that it was inappropriate for AHA residents to sit in the lobby or hallway until their flights were to leave. Thus, participants stressed that efforts be made to negotiate an agreement with hotels in Saskatoon so AHA residents can remain in their rooms until their flights depart. This sub-theme draws attention to some of the issues that arise from having to travel outside of the AHA region in order to access health care services, which further illuminates the need to provide services within the region as much as possible.

b) Travel Escorts

Another important issue raised by the participants during the focus groups and interviews was related to escorts for residents traveling elsewhere for health care services. Participants indicated that certain aspects of policy relating to travel escorts needed to be revised. Of particular concern to participants was policy related to the age up to which an escort would be covered by FNIH for younger residents travelling out of the community for services. Participants expressed confusion over the actual policy, stating that an escort was previously provided up to age 18. As one participant exclaimed, *"nowadays, you don't want to send your sixteen year old or fifteen year old teenager down south by themselves"*. Other participants echoed this belief, emphasizing that residents should not be expected to travel on their own until they are 18 years old.

Participants also recalled situations in which escorts for younger residents had been refused. In one example, a participant recalled the following example: *"last year, my daughter [whose] son is underage, under eighteen – she phoned Regina and she talked with [a FNIH employee] and was told that he don't need an escort."* The participant elaborated, stating that the FNIH employee responded that, because teenagers are having their own children these days, they should be able to travel on their own. These comments infuriated participants, who expressed that they would like to accompany their children to medical appointments and surgeries until they are legally adults. This example demonstrates the frustration that AHA residents feel as a result of policy regarding travel escorts, as well as the insensitivity that is sometimes encountered when dealing with health care providers and administrators from the South.

Participants also felt that escorts should be provided to AHA residents who are elderly or have mobility issues. One participant spoke from experience, stating that *"I go out every three months… the only problem I have with that is, not with me, but they wouldn't pay for an escort to go out with me… just to help me get on the plane and sometimes like I can't barely walk."* This participant indicates that he/she has mobility issues that make boarding an airplane difficult. However, the participant reported that he/she could not get approval from FNIH for an escort. Another participant recalled an experience in which her initial request for an escort was rejected, but was later granted. This participant stated that she had broken her ankle while eight months pregnant and, after having the baby in the South, was refused a paid escort home. The participant continued to say that *"in the end, they provided somebody to come back with me"* after she explained that she could not walk and carry the baby at the same time. These examples demonstrate the need for policy regarding travel escorts to be flexible, as travel escorts provide crucial support to clients traveling for health care services.

Participants indicated that there were other situations in which they felt exceptions should be made in relation to travel escorts. For example, one participant expressed concern for parents accompanying their disabled children to medical appointments in the South. While current policy allows for one adult to accompany a disabled child, it was thought that two escorts should be approved in that situation. A participant described the difficulties of traveling with a disabled child in the following:

> *See the problem is you can't have one parent go to manage a kid in a wheelchair, a disabled kid in a wheelchair, handling all the luggage, handling the wheelchair with the kid in there. You need two escorts for somebody that's in a wheelchair period, no matter what age they are.*

This participant recalled that it is difficult for one person to manage a child in a wheelchair, as well as the luggage, when traveling. Currently, participants noted that funding was being provided by the local band council in order to pay the travel costs of a second escort. However, participants advocated for the revision of travel policy in order to allow for the approval of two escorts for individuals who are disabled. As the quotation above reveals, it was suggested that individuals of any age who are confined to a wheelchair should be allowed to have two escorts, as many difficulties arise as the result of traveling.

As a solution, participants suggested that the creation of a community escort position within each community would provide assistance to AHA residents needing to travel for health care services and also ensure that residents do not abuse the escort policy. One participant put forth this idea by stating:

> *I think a position in the community would be the best step you know, because I've seen an Elder having problems with escorts down south even with their own family members… They took them down south and they just abandoned them.*

This participant proposed that it would beneficial to have a designated person in the community who is responsible for escorting individuals requiring health care services in the South. The participant indicated that there were sometimes problems with residents abusing the escort policy and neglecting to escort their family member to health care appointments. Thus, the creation of an escort position would provide assistance with travel to those residents who needed it, while ensuring that residents do not abuse funding for travel escorts.

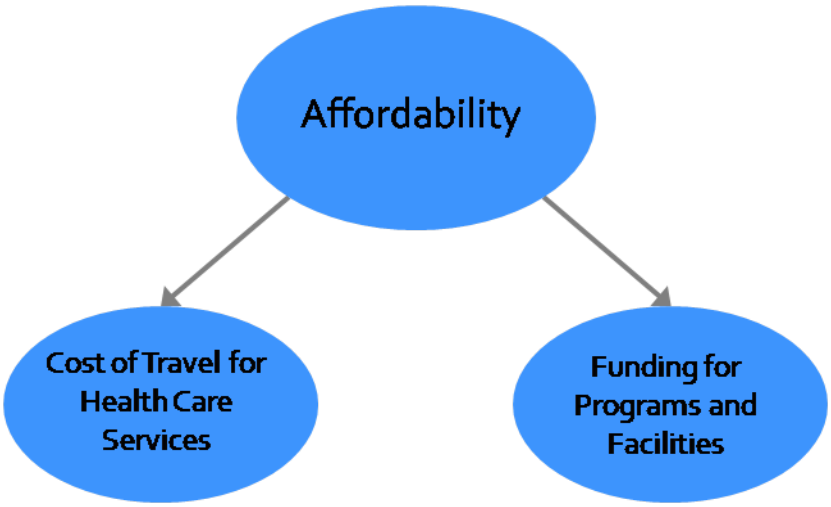
This sub-theme highlights various problems that participants identified with policy regarding escorts for travel to health care services. A major issue that residents had with this policy was in reference to the age that youth were expected to travel to health care appointments on their own. Participants argued that sixteen years old was too young to travel alone and that the policy should be revised to allow for escorts for youth up to the age of eighteen. It was also noted that employees at FNIH were sometimes disrespectful to AHA

residents enquiring about travel escorts. Participants also indicated that travel escorts should be available for elderly residents and those with mobility issues or disabilities. Participants suggested that the creation of an escort position within the community would provide the assistance residents need with travel and also ensure that people do not abuse funding for this service. This sub-theme provides important insight into the difficulties that arise in relation to travel for health care services.

3. *Affordability*

An important barrier in accessing health care services that was identified by the participants was associated with affordability. As outlined previously, affordability refers to 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.

Figure 4: Affordability



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 insurance. Specifically, residents without First Nations treaty status typically had to pay for some or all of their own travel expenses. 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. The lack of funding was thought to be made worse by the division of available funds amongst the communities. As a result, the region was lacking collaborative efforts to ensure access to health care. It is important to recognize that the remote location of the AHA 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.

Cost of Travel for Health Care Services

Participants from all communities discussed the financial costs involved in accessing health care services. As mentioned previously, some residents had difficulties affording transportation to local health care facilities. However, the majority of participants commented on the cost of traveling outside of the region for health care services. In many situations, participants indicated that travel expenses were covered by FNIH if residents were traveling for health care services that are unavailable in the region. One participant described the travel costs which are typically covered by FNIH in the following quotation:

> *Well, the Medical Services do pay for your return trip and a taxi from the airport to the hotel and then three meals a day - breakfast, lunch and supper and then when you go see the doctor appointment they provide a taxi slip for you and then from the doctor back to the hotel they provide a slip for you again and then when you go home from there they provide a slip for you back to the airport.*

This participant outlined the coverage for travel expenses that is provided by FNIH, which included flights, taxis and three meals a day. While this coverage is vital to residents' access to health care, it does not account for any other costs ensued while traveling.

For instance, in the event of delayed or cancelled flights, participants noted that some residents were stranded at the airport and went without anything to eat because they lacked finances. Participants emphasized that improvements needed to be made in this respect, particularly because many of the residents who find themselves in this situation are elderly and diabetic. One participant recounted this issue by stating:

> *Not that it happens quite often, but once in a while, if the plane is cancelled out of Saskatoon or delayed three or four hours, like we're saying not the whole community's got the money to pay, like they'll be stuck at the airport. P.A. to the airport is quite a ways. Like last time I flew in, like a taxi was about twenty-two dollars from the airport to the Marquis Inn so the people who get in at about 8:30 in the morning by medical services' [shuttle] and the plane is delayed until 3:00 in the afternoon they won't have anything to eat until they get home.*

This participant expressed concern regarding the lack of financial support provided to AHA residents whose flights are cancelled or delayed out of Saskatoon. The participant acknowledged that this is a situation that does not occur frequently, but often enough to be of concern.

Participants felt that the airlines could take responsibility for providing residents with meal vouchers when flights are delayed or taxi fare when flights are cancelled. However, in the event that airlines do not do so, it was suggested that FNIH make provisions to ensure that AHA residents are taken care of.

Although participants appreciated that FNIH provided coverage for travel expenses, they indicated that there were occasions where coverage was not provided and residents had to pay their own way. For example, participants described a situation in which FNIH refused to cover travel for specialist services. One participant explained:

> *My son, he was complaining about his blurry vision so the eye doctor came to Stony Rapids in November and I took him there. That was just an eye examination and there were no glasses or anything so he wrote a letter to a specialist in PA for him to see the optometrist there. That letter came and we took it to the clinic and the worker sent it to the travel agency, the MSB people and they won't pay for the trip… [They said] "Well, the eye doctor comes to [community] twice a year. They'll be coming back in April." They just denied his trip so I took him down south with a vehicle. I made an appointment for him and his eyes were examined and he got his glasses right away. In Stony that was the eye doctor who examined eyes, you know. It wasn't an optometrist.*

This participant stated that, despite his/her son not being able to receive the appropriate services within the region, FNIH would not cover the travel expenses for optometry services. According to the participant, he/she was told by FNIH that the eye doctor would be returning in April and it would have to wait until then. Given the circumstances, this response seems inappropriate, as a referral to an optometrist in Prince Albert was made by the itinerant specialist. The outcome of this situation was that the residents were required to pay for their own travel expenses and the youth did receive the necessary services. Fortunately, the participant reported that he/she was able to get reimbursed for travel expenses from his/her personal health insurance; however other AHA residents who find themselves in a similar situation may not have personal health insurance to cover the cost of travel for health care services.

Another participant described a similar situation in which FNIH did not cover travel expenses despite residents being unable to access the appropriate services in the region. This participant recalled:

My son, he broke his arm… and we were sent to Stony, on our own expense, and he had to have an x-ray done. The x-ray machine, she could not get it to work, so we ended up having to go to PA, so that he could have his arm x-rayed and casted down there. And it was a very simple, simple fracture, there wasn't really a need to go to PA for the injury [except for] the x-ray machine. Now fortunately at that time the, our travel was paid for us…but we would have had to pay for that, even though the x-ray machine was not working - and along with my accommodations. [FNIH] didn't class it as an emergency because the fracture wasn't serious but they couldn't further the treatment in Stony because their x-ray machine wasn't working.

This participant stressed that, because the x-ray machine was broken, the necessary health care services were not available in the region at the time. Therefore, the participant was required to take his/her son to Prince Albert in order to receive appropriate services. He/she continued to say that FNIH would not cover any of the travel expenses. This example demonstrates the need for FNIH policy to take into account unusual circumstances when determining whether travel expenses will be covered. Similar to the above discussion, participants felt that FNIH should cover travel expenses because the youth could not access the necessary services within the region.

During the discussions of travel costs, several participants indicated that there is a discrepancy between what is covered for some AHA residents and what is covered for others. Specifically, participants reported that residents with First Nations treaty status had all travel expenses covered, while residents without treaty status received limited coverage. One participant stated: *"we had to Medivac our daughter out of Stony and, you know, obviously we're not treaty, but her Medivac was paid for because it was an emergency. Just the way out [was paid for]… and not accommodations."* This participant revealed that emergency travel out to services were covered for AHA residents without treaty status, but that the return flight and accommodations were not. Several other participants described similar situations and expressed that travel to and from the North was very expensive. This example of differential access to health care services is especially an issue for residents of Camsell Portage and Uranium City, as many of them do not have treaty status.

As a result of the lack of coverage, participants stated that local health care providers looked for ways to ensure that non-treaty residents were able to access health care services, despite financial costs. One participant discussed nurses' efforts to coordinate the travel schedules of

treaty and non-treaty residents in order for non-treaty residents to avoid expensive travel costs. The participant said:

> *You were asking what's good and I think one thing is, if I for example had to go to Stony for blood work… from experience, the nurses do try and coordinate it. So they would put me on a plane with a treaty person just to try and help, you know, my financial situation, so they are looking at that and say "Well if you can wait till Tuesday then so and so is going and you'd have a free ride." So at least the airfare to Stony would be covered then and I really appreciate that.*

This participant emphasized that nurses' attempts to coordinate residents' travel for health care services was extremely beneficial to non-treaty residents because of the high cost of travel within the region. As a result, non-treaty residents were able to access the appropriate health care services because they were able to get a ride on the airplane with treaty status residents. While this strategy provides a temporary solution to the problem of the lack of travel coverage for some AHA residents, it is informal and dependent on the goodwill of individual nursing staff to coordinate.

As discussed previously, residents of Camsell Portage and Uranium City proposed that the establishment of regularly scheduled flights dedicated to transporting residents of these communities to Stony Rapids would improve their access to health care services. One participant communicated this idea by saying that *"they should actually have a once a month lab day for everybody, for both communities."* Another participant put forth a similar idea, emphasizing that transportation to Stony Rapids should be made available for everyone, regardless of status. This participant suggested the need for a service where:

> *Everything was taken care of and you, you know, just showed up and you didn't have to worry about paying for anything. So they could bring eye doctors [to Stony Rapids] and dental there and then we'd have Uranium planes just taking everybody over regardless of if you're covered in one way or another.*

These participants recommended that a universally available means of transportation be made available in order to ensure that the financial cost of travel for health care services does not hinder residents' ability to access health care. Because many residents of Camsell Portage and Uranium City do not have First Nations treaty status, the establishment of free transportation between these communities and Stony Rapids could greatly improve their access to health care. The additional

benefit of streamlining the delivery of services by having them available in one location in the Athabasca region was also pointed out by one participant.

This theme highlights a number of issues arising from the cost of traveling for health care services. Participants outlined the expenses that were typically covered by FNIH for residents requiring health care services outside the AHA region. While this coverage was appreciated by the residents who received it, some participants felt that additional coverage was needed at times. Several participants described their own experiences in which coverage for travel expenses from FNIH was refused and residents were required to pay their own travel expenses. For some residents, personal health insurance and other means of transportation enabled them to travel for health care services; however, participants suggested that not all AHA residents had access to these resources. Therefore, some residents were unable to access services without FNIH coverage for travel. Another important issue related to travel costs that participants broached was related to differential access to travel coverage among the residents of the AHA region. Specifically, residents without First Nations treaty status received significantly less travel coverage than residents with treaty status, who had most travel expenses covered. Participants proposed solutions that they hoped would alleviate the financial burden that travel for health care services imposed on residents without treaty status, including the establishment of regular, universally available flights between Uranium City and Camsell Portage and Stony Rapids. As a whole, this theme demonstrates the significant effect that travel costs have on AHA residents' access to health care.

Funding for Programs and Facilities

During the focus groups and interviews, residents of the AHA communities suggested that certain areas of health care could benefit from increased funding from all levels of government. One area that was of particular concern to participants was home care. A participant stated that *"homecare is another issue that we're severely under funded, the homecare that we can provide to the Elders in the community here is minimal because of the funding arrangements."* As this participant indicated, there is a need for increased funding for home care programs as this service could be greatly improved. This concern was also shared by a participant from Fond du Lac who explained:

> *A lot of these Elders here like, when… the coordinator does their reports, when they go do their home visit with the homecare nurse and that a lot of times they will refer for a special item - some people need like handles to mobilize themselves. Like there's not even enough funding available to buy lots of this stuff so that you could provide for these Elders properly you know. Sure you can always recommend them…[but] it is very, very difficult to provide the care that you should be giving to these Elders.*

This participant stressed that sufficient funding is not available to meet the care requirements of Elders in the community. As an example, the participant noted that the home care program cannot afford to distribute handles that assist individuals with mobility, let alone other more expensive items. As a result of the lack of funding, this participant felt that the home care program was unable to meet some of the needs of its clients. The quotations highlighted in this section draw attention to the need for increased funding for home care services.

Another issue raised by some of the participants was related to travel escorts for Elders traveling elsewhere for health care services. Participants reported that escorts for Elders were only provided to those who received home care services. When asked about the policy regarding escorts for Elders, one participant responded that escorts were funded *"only for the Homecare Elders, but in the community it's different."* This statement implies that Elders not involved in the home care program will not receive coverage for an escort to accompany them while traveling for health care services. Several participants emphasized the importance of funding for travel escorts for Elders, especially because many Elders had issues with the English language and benefited from translation services. Thus, increased funding for travel escorts could be made available in the region in order to ensure that Elders do not have to travel outside their communities alone.

Some participants indicated that there was also a need for greater funding for long term care facilities. According to some participants, AHA residents were required to pay to stay at the long term care facilities currently available in the region. One participant from Fond du Lac commented on this, stating:

> *Why are they paying out of their pension to stay at a facility that's provided for treaty? And on top of that the hospital was built on-reserve, and yet these long care patients have to pay out of their own pensions to stay there and yet we can't be funded for a facility on-reserve.*

This participant disagreed with Elders having to pay to stay in long term care facilities. The participant also questioned the current arrangement of long term care facilities in the region and advocated that funding be secured in order to establish a locally-run, long term care facility in the community. Another participant agreed with this suggestion, stressing that *"it would be a lot better to have facility on-reserve."* As mentioned previously, participants indicated that enabling Elders to remain in the community was of great importance. Thus, increased funding for long term care facilities was identified as necessary to meet the long term care and cultural needs of AHA residents.

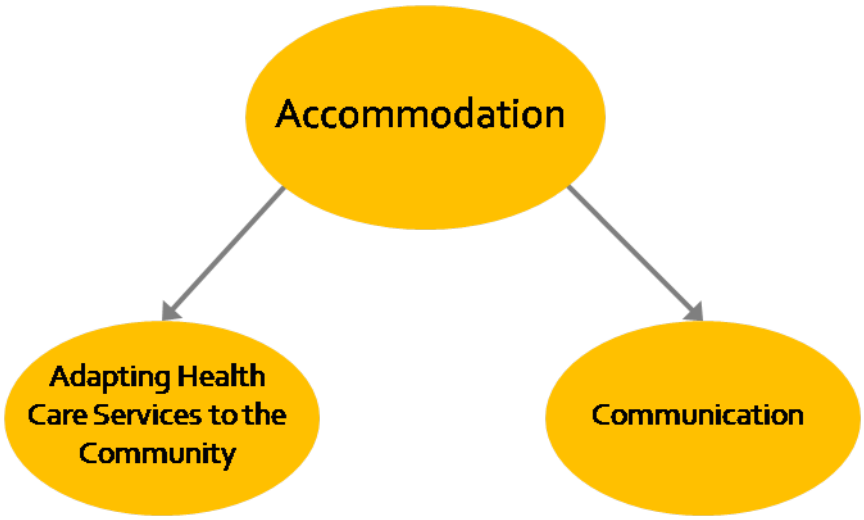
Some participants saw political struggles over funding a key issue in the delivery of health care in the region. In particular, participants noted that the First Nations' band councils in the region could accomplish more if they worked together, rather than disagreeing over the administration of funding. Participants indicated that disagreements between the communities and band councils in the region can lead to problems in the establishment of health care services and facilities, and indicated that greater efforts should be made by the communities and band councils in the region to work together in order to maximize their funding and resources.

This theme highlights the impact of funding on residents' access to health care services and identifies some areas of health care provision that could benefit from increased funding. For example, several participants commented that home care programs are in dire need of more funding, as the current level of funding does not allow the needs of some clients to be met. In addition, participants suggested that more funding be available in order to ensure that all Elders from AHA communities are able to have an escort when traveling for health care services, rather than just Elders in the home care program. The need for greater funding for long term care facilities was also emphasized by some participants, who felt that improved facilities were needed. Participants also suggested that greater cooperation among communities and band councils in the region was needed. Cooperation was thought to allow for funding to be used as efficiently as possible, in order to maximize the services available to AHA residents, rather than having the communities compete for funding. The issues identified in this section illuminate the relationship between funding and residents' access to health care.

4. Accommodation

AHA residents emphasized the importance of ensuring that health care services available in the region were suitable to their needs. Their comments highlighted the necessity that health care services be designed in a manner that takes into account the unique requirements of residents. This section focuses on Penchansky and Thomas's (1981) fourth dimension of access, accommodation. These scholars propose that accommodation refers to "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" (p.128).

Figure 5: Accommodation



This dimension includes the ways that the organization of health care services is altered in order to accommodate the needs of a specific population. This theme highlights examples and recommendations given by participants from Camsell Portage as to how health care services can be adapted in order to ensure that residents' health care needs are met. Participants also drew attention to the relationship between communication and access to health care. Specifically, residents felt communication with community members and other health care providers should be encouraged in order to improve residents' awareness of health care services and increase residents' input regarding the community's health needs. This theme demonstrates that the organization of health care services must reflect the requirement of the community being served in order to be successful.

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 they required, in the absence of health care providers in the community. A particularly notable example pertained to the administration of some types of medication by community members in partnership with health care providers in another community. One participant explained the process involved, stating that *"if someone needs even Tylenol, we'll phone the nurse in town and say " is it okay if we give Tylenol to this person for a headache" or whatever… Yeah, we talk to the nurse [every time]. We don't just give it out."* The participant indicated that, through a partnership with nurses in another community, residents of Camsell Portage are able to access some types of medication for minor health issues. Participants noted that the types of medication available included: aspirin, antibiotics, cough syrup, and other low-dose medications. Participants felt that the administration of medication by a community member provided an important service to residents that would be otherwise unavailable.

One participant elaborated on the adaptation of pharmacy services to the resources available in their community. The participant related that

> *Some people would probably be leery about it but like nobody abuses it and everybody knows everybody around here, like I know [which residents are] allergic to [certain things]… because we're all so close… When I phone the nurse, I'll make them spell out the medicine to me and, you know, make sure it's the right kind and everything like that. And then we just go through that list every so often and take all the outdated medicine out of there and then when the nurse comes we'll give them all the outdated medicine and they'll take it back and then they will re-stock it. It's just mostly antibiotics and creams and stuff.*

This participant outlined steps that were taken in order to ensure that residents received the appropriate medication. As the participant revealed, this strategy is successful in Camsell Portage because of the small, tight-knit population and the dedication of certain community members to providing this service. This example demonstrates the benefits that can result from the adaptation of health care services to the needs of communities. Exploring other strategies similar to this one could help to improve residents' access to health care in the AHA region.

Participants from Camsell Portage discussed other responsibilities they took on within their community with the intention of facilitating the provision of health care services. For example, participants described occasions where they worked with health care providers in the region to assess residents' health issues. For example, one participant expressed that *"the nurse shows us what to look for sometimes… They'll say "look in here and see how this looks", like if it's normal or if it's red. Like with tonsillitis it's so easy to tell because you're all pussy back in there, stuff like that."* As a result of this partnership, community members are able to identify health issues to some extent and work with providers to treat ailments. Although participants noted that they were able to assist providers with the delivery of health care services in their community, they emphasized that community members typically recommended home remedies to other residents as opposed to offering health care advice.

Another example demonstrating the importance of community members to the provision of health care services in communities without health care providers is related to emergency services. Participants stressed that residents with a basic knowledge of emergency procedures were beneficial to any small community with limited access to emergency services, especially if Medivac airplanes cannot reach the town quickly. A Camsell Portage participant described the significant role that residents had during emergency situations, stating:

> *When there's an emergency… we take blood pressure; we take their temperature; we take their sugar depending on what [the health care providers] tell us to do - all of this [is done] before they get there… We can't get excited; we can't get scared, like we have to stay calm because if we start getting scared, well then we just end up scaring [the injured/ill resident] too.*

This participant identified some of the simple procedures that residents perform on injured or ill individuals while waiting for the arrival of paramedical services. Participants indicated that the ability of some residents to provide services such as these was crucial to the well-being of their community. However, they suggested that access to other emergency equipment, such as a portable defibrillator, would improve their capacity to deal with emergency health issues in the community.

This theme demonstrates the value of adapting health care services to the unique characteristics of communities. In this case, participants from Camsell Portage described ways in which residents assisted in the delivery of health care services in the absence of health care

providers. In particular, participants noted that they worked with providers from elsewhere in order to administer medication, assess health issues, and offer basic emergency services. As a result, residents in this community had much better access to health care than they would otherwise. The examples given by Camsell Portage residents highlight the benefits that can result when accommodations are made in the delivery of health care. While it is apparent that strategies used in Camsell Portage will not necessarily be successful elsewhere, other AHA communities could explore options for accommodating health care services to the unique needs of residents.

Communication

Throughout the focus groups and interviews, participants emphasized the importance of communication to ensuring that health care services appropriately met AHA residents' needs. In some cases, participants noted that communication needed to be improved. One participant indicated that increased communication between the community and health care providers was necessary. Specifically, this participant thought that some residents were not aware of the health services available in their community. Confusion over the availability of services and programs was often expressed by participants. For instance, one participant recalled that

> *When the Elders arrive at the clinic, they need that transportation home by the taxi. It used to be, a couple of years [ago] that they had a taxi service from home to home and I guess Medical Services cut that. Or is it still going on? Like nobody knows what is going on towards that health issue.*

As this quotation suggests, some residents are unclear as to what services are available in the community, why certain services are not, and how to initiate improvements. Thus, these participants advocated for increased communication between the community and health care providers, which would positively influence residents' access to health care.

One participant described in-depth a situation in which great confusion existed as a result of poor communication. The participant indicated that a notice was posted publicly stating that a program for special needs children run by the Department of Indian Affairs was going to be discontinued. When the participant made an inquiry into this notice, he/she was told that the program was not being cancelled. The participant expressed that this miscommunication led to confusion within the community and worry for parents who cared for disabled children, as the

program was vital in assisting with the cost of special needs items. Despite the notice, the participant reported that the program had not been cancelled and remained in effect. The participant emphasized that communication regarding such programs needed to be improved, as visible efforts to open communication channels with residents were not being made. The participant stated:

> *When I talked to [the representative from Indian Affairs] over the phone, [he/she] said "whenever I come to [community], I will come and visit you and talk to you about this policy and stuff like that" and then I said "I'm pretty welcome to talk to you about that." Then I saw her two weeks later at the airport here, we're leaving with my grandson and I said "this is the boy I was talking about", and she doesn't want to talk to me about it.*

This quotation implies that improvements could be made with respect to communication between AHA residents and government officials responsible for programming in the region. This specific example demonstrates the poor quality of communication that sometimes exists and the need for greater opportunities for residents to communicate their priorities to individuals involved with policy development and implementation.

Participants also suggested that improving communication between health care providers would benefit AHA residents' access to health care. For example, some participants described experiences in which poor communication had affected their access to services. One participant outlined one such experience in the following quotation:

> *One [service] I had to go to PA for it, it seemed like there wasn't communication between the health clinic here and the hospital staff in PA. Because,just the way the [flight schedule] works, I didn't get into PA until 3:30 p.m. and by the time I got to the hospital it was 4:00. And, they were informed that I'd be there at 2:00 and so when I didn't show up for 2 hours, you know, the doctor had left, and they weren't gonna see me any more…You know, it's a long flight and everything, and uncomfortable, I had a little one with me and then just to get there and be confronted with, you know, they were upset because they were waiting for me. In their mind I was, you know, being rude and not showing up on time so.*

This participant expressed that poor communication between health care providers caused her frustration and compromised her relationship with health care staff in Prince Albert, because they lacked an understanding of why she did not make it to her appointment on time. Specifically, the

participant indicated that health care providers referring AHA residents elsewhere for services should notify providers in the South of the need to take into account issues related to travel when scheduling appointments.

Other participants identified other communication issues between providers that had negatively affected their access to health care. One example pertained to the procedure involved in notifying residents of their specialist appointments. In this instance, the problem lay in the communication between health care providers at the AHA facility and those at other health care facilities in the region. The participant recalled that:

> *People who have to see a specialist, their [paperwork] gets sent to Stony and then there's lots of times [when] they don't send those referral letters, or whatever, to here - and then so people are missing their appointments… I know someone who missed a couple of appointments now because they never sent the letters from Stony over here.*

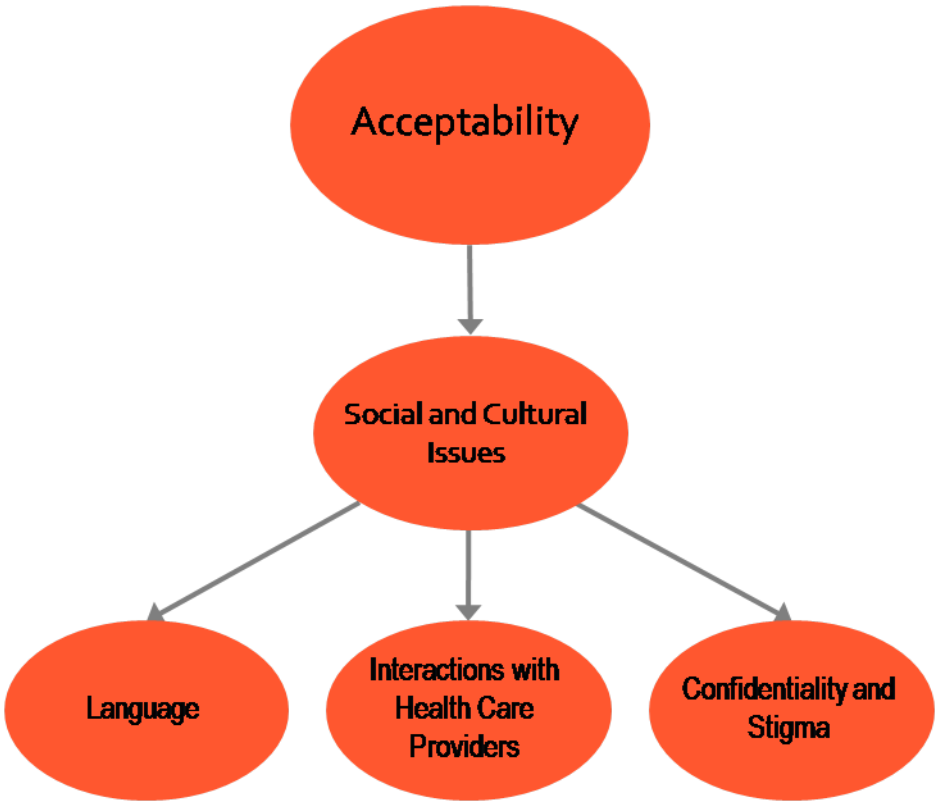
This participant indicated that the system of communication between health care providers needed to be improved. In particular, this participant suggested that local providers were not receiving information regarding referrals to specialists and, therefore, were unable to inform residents of upcoming appointments. Participants noted that this problem resulted in residents missing appointments and not receiving the necessary health care services.

This theme demonstrates the significant effect that communication can have on access to health care. Participants pointed out that increased communication between health care providers and the community would benefit residents' awareness of health care services and providers' awareness of health care priorities. Participants also expressed that there was confusion among residents with respect to certain health-related programs, highlighting a need for greater communication between community members and government officials responsible for developing and implementing health care programs. It was also recommended that communication between health care providers be improved, as residents experienced frustration and embarrassment as a result of being late or missing appointments. As a whole, this theme highlights aspects of communication that should be focused upon in order to expand channels of communication and improve AHA residents' access to health care.

5. *Acceptability*

The fifth dimension of access proposed by Penchansky and Thomas (1981) is acceptability. This dimension 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 acceptable personal characteristics of clients.

Figure 6: Acceptability



The main focus of this theme is the effect of social and cultural factors on access to health care services. The topics to be discussed in this section relate to: language, interactions with health care providers, and confidentiality and stigma surrounding health issues. As a whole, this theme illustrates the relationship between providers and clients' perceptions of one another and access to health care.

Social and Cultural Issues

Participants from the AHA communities identified a number of social and cultural issues that they perceived as having an impact on access to health care. This section focuses on three social and cultural issues that could be ameliorated in order to improve access to health care. The first issue highlights the need for clients and providers to negotiate communication in different languages. Participants indicated that difficulties related to language hindered AHA residents' ability to access health care services. The second sub-theme discusses participants' perceptions of health care providers and how negative interactions can diminish the desire to seek health care services. The third issue focuses on issues of confidentiality and the stigma surrounding health issues. This sub-theme identifies that there is a need to improve confidentiality at local health facilities in order to ensure that residents seeking health care services are not stigmatized by others in the community. As a whole, this theme provides examples of the detrimental effect that social and cultural issues can have on access to health care.

a) Language

Participants from some of the AHA communities felt that there was a need to improve communication between health care providers and their clients. A significant component of difficulties in communication stemmed from providers and clients speaking different languages. Specifically, many residents of Black Lake and Fond du Lac speak Dene, while only a minority of health care providers speak this language. Thus, residents who are unable to speak English may encounter difficulties when communicating with health care providers and, as a result, may not receive the appropriate health care services. For instance, one participant commented on the need for improvements to be made in this area by saying: *"the hospital in Stony… like mostly our Elders are in long-term care there. They are going to be there for a long time and mostly people from Stony [work there] - they don't hardly understand our language."* This participant stressed that many of health care providers working at the AHA health centre in Stony Rapids do not speak Dene, which causes communication difficulties to arise. The participant draws attention to the providers working with long term care clients in particular, as they must communicate with Elders who have limited knowledge of English.

In order to improve communication issues resulting from language differences, participants proposed that translation services be expanded. One participant emphasized the

need for translation services by recalling that *"the Elders, they don't understand English that well and mostly they need a translator at the clinic full-time."* This participant advocated for a full-time translator to be employed at the local clinic in Fond du Lac in order to ensure that language barriers do not affect the delivery of health care services. Another participant recommended that translators be employed at the AHA health centre, stating: *"they should hire people from here, from the Black Lake community so they can translate and take good care of our people from Black Lake that's in the long-term care."* This participant suggested that employing Black Lake residents at the AHA facility in order to provide translation services would benefit long term care clients who do not speak English. Increased access to translation services was thought by participants to have positive ramifications for those residents with limited knowledge of the English language.

One participant advocated for the greater use of the Dene language by health care providers in order to better impart information about health and health care services to residents of Black Lake and Fond du Lac. The participant asserted:

> *I feel that people reporting to our people during a meeting should be in Dene. When [residents] hear something in our own language that's when people pay attention, 'cause a lot of people don't understand English. Like yeah I'm working, I'm providing services in the community, but I have this report that's in English, I know what I'm talking about, but these people have absolutely no [idea], they don't know what the hell I'm talking about because it's in English.*

This participant emphasized that health care and other service providers in the community may have difficulty getting their message across to residents if they are communicating in English. As the participant affirmed, many residents may not pay attention to presentations, reports, and notices in English because they have a limited understanding of the language. As a result, language barriers may impede the delivery of health care services and negatively affect residents' ability to access appropriate services.

This sub-theme focuses on the detrimental effect that communication difficulties resulting from language barriers can have on access to health care. Specifically, participants noted that some AHA residents had a limited knowledge of English, while the majority of health care providers did not speak Dene. As a result, participants felt that residents did not receive the highest quality of care, especially in the case of long term care clients. Participants

suggested that translation services at the Black Lake and Fond du Lac health clinics and the AHA health centre be expanded. Employing residents with knowledge of both Dene and English was thought to increase communication between providers and clients which, in turn, improved health care provision. It was also suggested that health information be reported to the Black Lake and Fond du Lac communities in Dene in order to ensure that residents pay attention and understand what is being communicated. This sub-theme demonstrates the significant effect that language barriers can have on residents' access to health care and the need to improve translation services in regional health facilities.

b) Interactions with Health Care Providers

Another factor that participants felt affected residents' desire to access health care services was related to interactions with health care providers. Some participants described interactions with providers that were unpleasant. In particular, participants indicated that certain health care providers should show a greater degree of professionalism. One participant stated:

> *I hear other people saying that these workers at the clinic they don't respect you. If you wanted to see the nurse, you get in there - sometimes Elders are really forgetful and when you get into the clinic the secretary in the front office don't pull out your file right away. They forget about you and, you know, they say that they should greet the people, "Hi, how are you this morning or this afternoon? Are you here to see one of the nurses?" They should greet you like that, but they kind of ignore you.*

This participant reported that some residents feel that there is not enough respect being shown to individuals who come to the health clinic for services. According to this participant, residents are not always greeted when they enter the clinic and, in some cases, are ignored until they approach the desk. While it is understandable that clinic staff are sometimes too busy to greet each client, residents should not have to wait unnecessarily for an appointment as a result of being ignored by staff.

Participants also commented on the quality of services being provided for long term care clients. As mentioned previously, some participants felt that this service needed improvements in order to acceptably meet clients' needs. One participant emphasized this point by saying:

That facility is good but now the inside workers, the way they are treating our Elders - the nurses' aide or the nurses. We've been hearing some stuff about the staff there too, you know…Like, this morning again there was an Elder staying there…I heard she fell, you know. If only the nurses' aide were there to help these patients full-time. Because I went in there a lot of times and I saw them just sitting around watching TV in the big living room area.

This participant expressed concern over the quality of service being offered to long term care clients. The participant provided an example of this, stating that at times the providers are watching TV rather than assisting their clients. Thus, participants suggested that measures be taken in order to ensure that providers fulfill their responsibilities and offer the highest quality of service.

Participants also communicated that there were times when they felt health care providers rushed through appointments and failed to give their clients the attention they deserve. As discussed previously, the limited time that physicians and nurses are in some communities requires them to see as many clients as they can in a short length of time. While participants understood this, they felt that the quality of health care services would benefit from providers spending more time in each community and more time with each client. One participant described the rushed nature of medical appointments by saying:

They come at 9:30 and they're gone by 11:00 and sometimes there's eight people to see them and in the wintertime it's even less time because there's not much daylight so they don't get here until 10:00 and then by 11:00 they are just rush, rush and I don't think that's right.

This quotation highlights the short duration of time that physicians have available to spend with their clients. Other participants also commented on the problems arising from the lack of attention being paid to clients by some providers. One participant noted the significant consequences that feeling neglected has for residents, stating that: *"if they're being rejected, it creates problems you know, which is why people don't want to come around, they know they need help though. And they don't want to bother because they'll say "I go there, but they're too busy."* This participant expressed that residents may experience negative emotions as a result of providers not spending enough time with clients or failing to listen to them. The participant emphasized that residents will not seek health care services if they feel like they are being a

nuisance or are not receiving the appropriate attention. Thus, negative interactions with health care providers were thought to have a detrimental effect on residents' access to health care.

This sub-theme highlights the problems that can emerge as a result of negative interactions with health care providers. Participants indicated that there were instances where health care providers could show greater respect to residents, as it sometimes deterred residents from seeking health care services. Participants also suggested that improvements were needed in the quality of certain health care services. In particular, it was noted that long term care clients should receive greater attention from providers in order to ensure their well-being. Finally, participants noted that feeling hurried by health care professionals had a negative impact on their desire to seek health care services. The issues raised in this section demonstrate possible areas of improvement that would increase the acceptability of health care services and benefit residents' access to health care.

c) Confidentiality and Stigma Surrounding Health Issues

During the focus groups and interviews, some of the participants raised issues associated with confidentiality in the health care setting. On one hand, participants noted that it was hard to seek health care services without other community members noticing because of the small population of the AHA communities. According to one participant, *"there's lots of people that don't feel comfortable going to the hospital [in Stony Rapids] because of [the lack of confidentiality]. They don't like going to see a doctor there, like for certain things, because they think that everybody's gonna know about it and lots of times everybody does know why you're going there."* This participant recognized the difficulty in trying to maintain confidentiality in small communities. In particular, traveling to Stony Rapids may indicate to other community members that an individual is experiencing health issues. The participant concluded that some residents may avoid or delay seeking treatment because of the lack of confidentiality in their communities.

There were also some instances where participants felt that health care providers had failed to ensure that test results or health status remained confidential. One participant described a scenario in which they were awaiting the results of a Mantoux test when a health care staff member came out and announced a hastily made and inaccurate conclusion in front

of everyone in the waiting room. The participant felt that he/she was put through unnecessary stress and stigma because the staff member was unqualified to interpret the test result, and further had failed to show discretion when reporting the results to them. This example highlights the need for some health care providers to show greater respect for the confidentiality of their clients.

Participants expressed that the lack of confidentiality shown by some health care providers deterred some AHA residents from seeking health care services. In particular, participants thought that residents with sexual health concerns may fail to seek treatment because their status will be announced to other residents at the health facility. Also, participants noted that individuals working at the health facility may tell other residents why someone was seeking health care services, which will contribute to the stigmatization of that individual. One participant touched upon this problem by stating:

> *What's happening now, like in some communities, like not here, but lots of young people don't want to go to Stony. Like for STD's, because if they go to the hospital, everybody's gonna know. And then so, instead of going to the hospital, they leave it untreated. Now that disease is spreading. It's getting, you know, more people are getting STD's here. And then, if they leave something untreated… it gets worse and you have to end up going down south.*

This quotation highlights the importance of maintaining confidentiality with respect to health. The participant emphasized that the lack of confidentiality can result in a failure to receive treatment for health concerns and possibly result in the condition worsening. Thus, participants communicated the need for greater emphasis on confidentiality in order to ensure that residents are not deterred from seeking health care services in order to avoid stigmatization.

This sub-theme reveals the impact that a lack of confidentiality can have on residents' access to health care services. As discussed in this section, participants suggested that some AHA residents did not feel comfortable seeking health care services because everyone in their community would know, which could result in stigmatization. One aspect of confidentiality that could be ameliorated is health care providers' discretion when reporting test results. As a participant reported, a situation had occurred in which a provider had announced a client's test results in front of everyone in the waiting room. To make matters worse, the participant noted that the conclusion drawn from the test was inaccurate, thus causing unnecessary distress for

the client. Participants suggested that the lack of confidentiality shown by some health care providers deterred some residents from seeking services, especially individuals with sexual health concerns. Thus, this sub-theme emphasizes the need to ensure confidentiality in the delivery of health care services in the AHA region so that residents feel comfortable accessing services and are not stigmatized for doing so.

D) CONCLUSION

This report has provided a detailed analysis of the findings from focus groups and interviews with community residents within the jurisdiction of the Athabasca Health Authority. It should be noted here that these findings illustrate the *perceptions* participants have of their 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 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 health care providers by highlighting issues as seen from the perspective of the people they serve, and by providing insights that will guide the search for solutions.

A summary report, combining the findings from both the AHA community resident and health care provider interviews and focus groups, has also been prepared for distribution to the Athabasca Health Authority.

E) SUMMARY OF ISSUES, BARRIERS & SUGGESTED SOLUTIONS

To assist the Athabasca Health Authority in reviewing the issues identified in this report, a summary table has been prepared (see Table 2), organized under the Five Dimensions of Access (see Figure 1). Included in the table is a description of the barriers to health care access created by these issues and suggestions participants have provided as possible solutions to these barriers. Also documented in this report are many positive comments made by participants in relation to the provision of health services and improvements that have been achieved in the Athabasca region. A number of these successes have also been included in the summary, as highlighted by community residents.

Table 2 – Summary of Issues, Barriers and Suggested Solutions: AHA Community Residents

Availability

Issue	Page	Barrier Created	Suggested Solutions
Need for local prenatal and birthing services	9	Travelling south to deliver babies creates hardships for families when mothers have to be away for weeks at a time	AHA Health Facility expand services so that low risk pregnancies can be delivered at the facility
Access to emergency services and equipment for regional communities	9	Lack of equipment in smaller AHA communities hinders ability to respond to emergencies	Provide remote communities with emergency equipment such as defibrillators
Need for expanded home care services & resources	10	Elders in communities without home care services are at increased risk Lack of resources in communities with home care services	Establish home care program in Uranium City AHA and Black Lake share vehicle for home care worker
Need for long term care facilities in First Nation communities	10	Separation of Elders from their families at end-of-life causes hardship and emotional distress Families are unable to monitor quality of care	A long term care facility be built in each First Nation community
Infrequent itinerant visits; time spent in community too short	13	Infrequent visits lead to lack of service availability and relationships with patients Insufficient time spent in communities to meet demand Regular services interrupted on doctor days	Increase frequency of physician and specialist visits and length of stay in communities
Scheduling of itinerant service providers	13	Itinerant doctor visits conflict with mine work schedules preventing access	Consult communities to establish appropriate schedule for itinerant service provider visits
Lack of dental services in region	14	Lack of advanced care capacity Limited time of therapist visits Differential access to insured services requires many residents to travel south for majority of dental care	
Limited access to specialist services	15	Infrequent visits means local access to specialists is not available on a timely basis *(also see Affordability)*	Expand local specialist services

Issue	Page	Barrier Created	Suggested Solutions
High rate of staff turnover	17	Inconsistent staff leads to program discontinuation and poor relationships with providers; inefficient use of time as appointment time increases for new staff to familiarize with patient history	

Successes:

- Residents value local services and facilities and proximity of AHA health facility
- Dedication and competence of local and itinerant health care providers is appreciated by residents

Issue	Page	Barrier Created	Suggested Solutions
Lack of access to transportation in community/region	20	Transportation within and between AHA communities is not accessible or affordable for some residents, especially Elders, non-status residents	Provide ground transportation to AHA Health facility from Black Lake Fund monthly air service to AHA Health facility from regional communities
Distance from emergency services; capacity for aircraft	22	Lengthy wait times for emergency evacuations due to inability to access aircraft and evacuation policies can affect outcomes	Allow local health care providers to authorize evacuations directly from community, without need to send patient to AHA Health Facility first Install runway lighting at Camsell Portage
Travel accommodations inadequate	25	Poor quality hotel rooms and unreasonable check out times; lack of private rooms, flexible policies and respectful treatment at Spruce Lodge create emotional and physical hardships	Ensure policies allow for reasonable length of stay and meal allowances that consider treatment received Selected hotels should be clean and comfortable Create facility in Prince Albert dedicated to AHA residents
Travel escort policies	29, 38	Age at which youth expected to travel on their own is considered too young; concerns that Elders, youth and those with disabilities are left on their own in an unfamiliar city Inconsistent application of policy and insensitive administrators create confusion, anger and frustration; Elders not receiving home care services do not quality for travel escort	Increase age at which youth receive travel escort Incorporate flexibility into travel escort policy to accommodate individual circumstances Create community escort positions to provide escort and translation services, liaise with hotels, funding administrators, etc. Provide escort and translation services for all Elders, not just those receiving home care

Affordability

Issue	Page	Barrier Created	Suggested Solutions
Inadequate coverage of travel expenses	33	No allowance for day accommodations for those undergoing day surgery or recovering from treatment No provision for additional meal and other travel costs if flights are delayed means that some patients (esp. Elders) are stranded at airport without food	Provide airlines with taxi, meal and hotel vouchers that can be distributed during flight delays/cancellations
Lack of timely specialized services & related travel policies	15, 34	FNIH does not cover travel outside the region for services considered to be offered in the region, even if the service is not available in a timely manner due to infrequent service or equipment failure	Provide coverage for travel to services not able to be obtained locally in a timely manner
Differential access to funding for travel costs	35	Availability of travel funding varies among residents (status, non-status, non-Aboriginal, social assistance clients, etc.) resulting in differential access to health care (e.g. one-way coverage for Medi-vacs) Creates a financial burden and/or deters those without financial resources from accessing care	Allow and coordinate space for non-insured patients on flights with insured patients Provide funded monthly air service to AHA Health facility from regional communities and organize services accordingly (i.e. lab days, centralization of specialized services)
Limited funding for programs and facilities	38	Ability to offer quality services affected by funding restraints Lack of funding for community based Home Care and long term care facilities	Governments provide adequate levels of funding for programs Communities, band councils should work together to maximize funding and resources

Successes:

- Nurses facilitate coordination of air travel for residents without travel insurance, reducing financial burden

Accommodation

Issue	Page	Barrier Created	Suggested Solutions
Adaptation of services and increasing community capacity	41	Informal partnerships between community members and health care providers can lessen the impact of reduced access to services by developing community capacity to handle routine and emergency situations	Health professionals work with community members to provide training in emergency response and recognition of common health issues
Lack of communication between residents, health care providers, policy makers	43	Confusion over available services and programs prevents residents (esp. Elders) from accessing them (seeking services, meeting appointments) Poor communication between providers negatively affects quality of relationships with patients and care provided	Improve communication (methods and channels) between policy makers, providers and residents: - so that services and programs are well understood - to ensure that necessary information is transferred at the appropriate time to the correct person (i.e. appointments, referrals, test results)

Successes:

- Partnership between with community members in Camsell Portage and health care providers has trained local residents to provide basic health care services

Issue	Page	Barrier Created	Suggested Solutions
Language and literacy barriers	48	Residents(esp. Elders) experience difficulties in communicating health issues to health care providers, negotiating appointments and travelling to services in the south, impacting quality of care Health promotion efforts are not understood and therefore ineffective	Expand translation services at health centres and hire bilingual staff Provide travel escorts for residents with limited English Present oral (meetings, verbal reports) and written information (notices, posters, letters, reports) in Dene
Lack of professional behavior	50	Residents may be deterred from seeking health care services if they feel they are being treated with a lack of respect and/or in a professional manner	Take measures to ensure that providers are fulfilling their responsibilities and providing high quality service
Lack of time with health care providers	51	Quality of health care and provider/client relationship is negatively affected by rushed appointments, inability of staff to attend to walk-in clients; residents may be deterred from seeking services	Increase time available for interactions with health care professionals
Stigma associated with health issues	52	Residents may be deterred from seeking health care services to avoid stigmatization	
Staff confidentiality issues	53	Lack of confidentiality standards and professional behavior by health care staff may deter residents from seeking treatment	Test results be communicated to clients in private by the appropriate, qualified health care professional