North Algoma Health Needs Assessment

EXECUTIVE SUMMARY

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North East Local Health Integration Network

Réseau local d'intégration des services de santé du Nord-Est

Executive Summary

The North Algoma Health Needs Assessment pilot project is the first of its kind to be conducted and delivered in Ontario. The project consisted of using the North East Rural Communities Framework for Achieving Improved Health System Coordination to implement change that is based on client focused health care needs. The purpose of the framework is to provide rural communities with a process and tools to assist in determining where and how improvement can be made in their local health care system. This framework is rooted in community involvement and is intended to be driven by the collaborative efforts of local stakeholders. Personal stories from study participants helped to gather information related to client experiences within the local level of care and external health care systems.

At the request of the Wawa Seniors Solution Council, the NAHNA pilot project began in March 2014. A steering committee was formed which included local representation from the following stakeholder groups: acute, long term care, primary care, community support services, mental health and addictions, public health, social services, patients, family member of patients, municipalities, francophone and aboriginal populations, as well as the NE LHIN. A project coordinator was engaged to deliver the North East Rural Communities Framework for Achieving Improved Health System Coordination in six communities of North Algoma (Dubreuilville, Hawk Junction, Michipicoten First Nation, Missanabie, Wawa and White River). The population of these communities is 4,503 people. The data which was gathered was collated and then validated through presentations in each community including the prioritizing of themes.

Results and Strategies

The following section provides an overview of the overarching themes and suggested strategies for improvement.

Overarching Theme 1: Opportunities to Strengthen Local Health Care Service Delivery

NAHNA study participants identified that they were generally satisfied with the following services provided across all six communities in North Algoma:

- nurse practitioner;
- diabetes education program (diabetes nurse/dietitian, foot care/nurse);
- telemedicine;
- public health;
- Ambulance services.

NAHNA participants also provided suggestions to strengthen these services in order to improve local healthcare service delivery and client experience.

As well, they also identified other services that could be enhanced across all six communities including:

- physician services;
- wellness/social activities;
- homecare services;
- transportation;
- community support services;
- seniors services;
- women's services;
- physiotherapy;
- community emergency plans;
- culturally sensitive and linguistically appropriate services with respect to Francophone and First Nations communities;
- specialists; respite care; chemotherapy; obstetrics; and hearing services.

Descriptions of the general issues with these services and suggestions on how to strengthen them are described below.

- **Nurse Practitioner:** In the community of Missanabie there were requests for more frequent visits; possibly monthly or bi-monthly. There also appeared to be a need to enhance awareness of service across all communities and a suggestion was made to prepare an information sheet describing the NPs capabilities. The last suggestion was to expand nurse practitioner's referral privileges to include the ability to refer to specialists and this has recently occurred through legislation.
- **Diabetes Education Program (Diabetes Nurse/Dietitian/Foot Care Nurse):** For communities outside of Wawa, study participants identified that more frequent and consistent visits would enhance their experience with the services offered by the Diabetes Education Program (DEP). Foot care services for clients with diabetes should also be addressed by increasing the availability of the foot care nurse and not allowing non-diabetic clients to access the DEP foot care services. Seniors should be able to access community support services for foot care.
  Other improvements relate to communication and awareness of providers and include ensuring physicians and locums are aware of the DEP service and that primary care physicians and the diabetes team hold client case conferences. Education and support should also be addressed through creating a venue for diabetic peer support and providing more education workshops in schools to prevent diabetes. Finally there was a request to expand services to pediatric clients.
- **Telemedicine:** In general OTN services seemed available and appreciated. There was a request to also make them available in Missanabie and Michipicoten First Nation to assist in decreasing travel to Wawa or other areas for services. Increasing the use of OTN for more health and education workshops, access to dietary and nutrition

programs, senior's exercise programs, Wawa Family Health Team programs and enhance access to French Language services. The need to increase awareness of OTN services was also identified and could be addressed by providing education sessions to the public about the available options. These suggestions would address one of the most common themes throughout the study which has been out of town travel for services that are not available locally.

- **Public Health:** Public health services offered for participants in Missanabie, Hawk Junction, and Wawa are currently meeting the needs. The communities of Dubreuilville and White River are interested in increasing local access to public health services such as vaccinations, birth control, prenatal classes, and tobacco cessation counselling by providing more frequent visits to these communities. The frequency of visits will be discussed with Algoma Public Health.
- **Physician Services:** There were common themes for opportunities to enhance experiences with physician services. Collaboration with the physicians and the Wawa Family Health Team administration will be undertaken to understand how they can better meet the needs of the communities. Physician resources are limited; the teams can offer physicians their assistance to improve client experience.
    - *Length of Appointments:* Short physician visits of fifteen to twenty minutes contribute to the need for clients to commute back to Wawa multiple times to deal with various health issues. Participants have suggested increasing the length of visits and allowing more than one issue to be dealt with at a time.

      Longer visits may result in fewer clients being able to access physicians therefore other suggestions were made to help clients to better prepare for visits. The recommendation which was made was to inform clients of the questions to prepare for doctor visits, and then to ensure that each patient was seen by a nurse who would document the information for the physician. This would help to better address clients' concerns and make better use of physician time.

    - *Medication Management:* Clients would like to understand what a medication is for, as they do not always understand the diagnosis, or the remedy to their ailment.

      Participants indicated that they have experienced difficulty keeping track of their medications when seeing physicians in other communities. The potential solution to this is to implement a program for clients to receive drug lists from pharmacies and for them to carry their medical information with them in a folder. In addition, a campaign to inform seniors and others with chronic illnesses of the benefits of posting a medication list on their fridge at home for easy access for health care workers and paramedics would be beneficial.

    - *Communication:* Participants identified that communication with physicians can be intimating at times. Participants require clearer more complete information about their health issues from their physicians. Another suggestion is to enhance client awareness of available venues to voice their concerns about physician care.
    - *Visits to Outlying Areas:* The communities of Missanabie, Hawk Junction, Michipicoten First Nation, White River, and Dubreuilville have all indicated that they would benefit from having regular visits to their communities by Wawa-based physicians that are scheduled ahead of time in a yearly calendar.
- **Wellness/Social Activities:** Each community wishes to have more wellness and social activities. Some suggestions include: holding big screen movie nights; activities specifically for women; true colours workshops; activities for children and youth; exercise classes; Francophone celebration days; and seniors programming. They identified that it may be necessary to hire a recreational coordinator to organize the above activities. There is a need to promote volunteerism and participation with the activities. Wawa and area residents would like to establish reasonable in and out of town transportation to facilitate social activities. Each community will establish health and wellness programs. The establishment of a Health Committee will help to address these issues.
- **Homecare Services:** A gap in homecare services (i.e. nursing and personal support) was believed to exist. The discussion about the gap is to be further explored with North East Community Care Access Centre. Issues with inadequate local access and continuity of access were the main items to be addressed. Improvements in how the service is provided include in-person homecare assessments rather than over the phone, as well as, ensuring that a client advocate is present during the assessment. The service would be better received if local personal support workers were trained and would also lead to fewer missed visits and shorter wait times for services. The area would benefit from inclusion in preventative homecare assessments through the new Paramedicine pilot project which will be discussed with Algoma Emergency Services. The Home First government strategy needs to be followed and requires appropriate funding to address the strategy.
- **Transportation:** The residents of Hawk Junction are interested in having an accessible vehicle going to Wawa at least once a week to assist with getting to and from medical appointments. Michipicoten First Nation residents would like to adjust the way that their existing van is run to better meet their needs, as well as, enhancing awareness of this service. Dubreuilville study participants have suggested establishing a transportation program similar to that of Hornepayne. White River residents are in the process of enhancing their local transportation services through a partnership with the Canadian Red Cross. The transportation funding has been received. The Canadian Red Cross Transportation Program is available to all

communities; however, there is a cost for this service which may limit access for those who cannot afford it.

- **Community Support Services:** A lack of awareness of available community support services including meals on wheels, home maintenance, home help, senior foot care, and friendly visiting was an issue across the region. Human resource issues were the main contributor to the availability of services while lack of awareness of the services is also an issue. Enhanced promotion of employment opportunities may be required in order to increase access to services. Increased funding to address wait lists is necessary.
- **Senior's Services:** Increased access to Algoma Geriatric Program locally is required. A congregate dining program and increased recreational activities would be beneficial to many seniors. For caregivers**,** an increased availability of respite care would help to keep seniors at home longer. Seniors identified that lack of access to reasonably priced foot care was an issue across communities.
- **Specialists:** The items of concern relate to catchment area restrictions; wait times for telemedicine specialist's appointments; and a lack of locally available specialists. Given the volume of work available for specialists (anesthetists, geriatricians and surgeons) in this area, the focus will be on improving access rather than attempting recruitment. Concerns related to wait times need to be tracked and discussed with the organizations providing specialists telemedicine services. A community physician services committee would be required to develop a plan to address these concerns. Catchment area restrictions should not be an issue and clarification will be sought from the NE LHIN.
- **Women's Services:** Suggestions for addressing the need for enhanced women's services include local access to women's health clinics and workshops, and housing all local women's services in the same building in Wawa. Workshop options that empower women may help to support women and build a strong foundation for their families.
- **Other Identified Service Gaps:** The following services have been identified by the majority of participants as gaps in all communities with the suggestion to make them available locally.
    - *Physiotherapy*
    - *Community Emergency Plan*
    - *Respite Care*
    - *Chemotherapy*
    - *Obstetrics*
    - *Hearing Services*
    - *Renal Dialysis services*

Due to the lack of availability of human resources both medical and other disciplines, as well as, the ability to maintain competency in specialized areas such as obstetrics,

hemodialysis, etc., it is not possible to deliver these services locally. The focus needs to remain on removing or reducing the roadblocks to access to the services. These roadblocks include travel costs, accommodation costs, family support, and wait times.

Making Wawa-based services available in the outlying communities was an overwhelming recommendation. Accomplishing this could be done through telemedicine as described above, or through Community Healthcare Days/Health Fairs held in outlying communities. These days could include services provided by the Nurse Practitioner, Diabetes Nurse/Dietitian, Public Health Nurse, and Wawa Family Health Team, etc. The inventory of services list can be utilized to enhance other service provider participation in the community healthcare days/health fairs that are provided during other community events.

Across the region there was a recommendation for a social services navigation role to assist clients to access the services they require.

Theme 2: Lack of Awareness of Available Services/ Financial Assistance and Grants

The second overarching theme is lack of awareness of available services, financial assistance and grants. Generally, clients feel as though they do not receive or receive very little information about available services. Some suggestions to enhance awareness include:

- Increased use of existing methods of communication as noted in each community-specific section of this report, as well as, establishing a central location for health information in each community;
- Provide the community with information about available financial assistance and grants by setting up a grant opportunity database;
- Increase health service provider awareness of existing services through lunch and learns and inter-service provider meetings;
- Provide physicians with up to date list of available services;
- Encourage physicians and service providers to relay information to clients when needed;
- Hire an additional social worker and/or increase the Wawa Family Health Team social worker to a full-time position as a system navigator to facilitate connections between clients and health services;
- Ensure consistent health service provider visits to outlying areas;
- Hold health forums/fairs in each community to help clients understand what services are available, and how to access them;
- Re-establish local community cable channel to promote programs and services.

All information must be kept current.

Theme 3: Issues with Travel Grants

The third overarching theme is with travel grants. Clients spoke about insufficient reimbursement and no coverage for care giver costs. Out of province travel costs not being covered was identified as an issue particularly when the service is not available on an emergency basis in Ontario. The mileage condition disqualifies trips to Wawa for White River and Dubreuilville residents from coverage. The local travel grant process was also identified as problematic. Some suggestions for strengthening the travel grant experience include:

- Lobby the government to change the Northern Ontario Travel grant program to provide reimbursement based on length of stay rather than on a per trip basis, and to reimburse for caregiver costs;
- Establish an affordable accommodations in Sault Ste. Marie;
- Increase awareness of "special rates" at certain Sault Ste. Marie hotels for confirmed medical appointments;
- Sault College housing facilities are available from May to August as an option.

Theme 4: Mental Health and Addictions Services

The fourth overarching theme identified by NAHNA participants are gaps in available mental health and addiction services in North Algoma. These gaps include: a lack of locally available grief and mental health support; seniors' mental health services; preventative mental health services; addictions services; mental health counselling; acute/crisis services; mental health helpline services; and traditional forms of healing. Mental health and addictions stigma has also been identified by participants. The following strategies have been suggested:

- Provide mental health services and support system to seniors in all communities either by having outreach from the Seniors' Mental Health program in Sault Ste. Marie or through telemedicine;
- Implement life skills training for youth;
- Implement a support system for survivors of residential schools;
- Provide in-home aftercare for clients with addictions;
- Enhance access to seniors, youth, and adult counselling, psychology, psychiatry, and social workers to assist local residents with mental health and addiction issues;
- To reduce stigma establish mental health awareness workshops locally;
- Mental health and addiction services in the Emergency department of Lady Dunn Hospital require review to better meet the needs of the clients related to assessment and safe transfer;
- Increase awareness of WARM line mental health services;
- Increase awareness of locally available crisis service and helpline;

- Offer traditional practitioners for the high number of Native clients who access existing mental health services.

Next Steps

Over the next months, short and long terms goals and objectives will be implemented along with business cases for those items for which funding is not currently available. The next stages will continue to be under the oversight of the steering committee and the work will be done through working groups and community leadership with client participation on the teams. Along with implementation, the plan will be monitored, and evaluated by the steering committee with periodic progress reports back to the communities.

Conclusion

Ultimately the health care system in North Algoma will be improved by the professionals and clients who live and engage in everyday life in these rural communities. The NAHNA Steering Committee extends a thank you to all clients, service providers, the NE LHIN, and Lady Dunn Health Centre for the opportunity to conduct the NAHNA pilot project for North Algoma.

Please contact your local municipality, clinic, library, or Wawa hospital for:

Summary Reports

Inventory of Services Database

Financial Assistance & Grants Database

Contact information is available in Appendix C of the Summary Report

N Algoma health needs assessment

March 2014 – December 2015
Wawa, Ontario

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Ontario
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