Issues, barriers, and solutions to accessing healthcare services in the Corner Brook/Rocky Harbour and Stephenville/ Port aux Basques Rural Secretariat Regions
Final Report

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Executive Summary

A. Background

Available research (e.g. Laurent 2002; Meidema and Zupko 2006; Sibley and Weiner 2011; Warden, Clement, and Quantz 2005; Leipert and George 2008) indicates that people living in rural and remote areas of Canada face unique challenges accessing health services. Recently, the Western Regional Health Authority completed a Needs Assessment of the entire Western Region, including a telephone survey and focus groups. The present research was conducted by Principal Investigators at the Health Research Unit at Memorial University in collaboration with the Rural Secretariat Regional Councils and Regional Partnership Planners for the Corner Brook-Rocky Harbour and Stephenville-Port aux Basques Regions.. This research was designed to gather information on barriers and solutions to accessing health services and to capture the voices of individuals and groups less likely to participate in the telephone surveys and official focus groups carried out as part of the Health Authority Needs Assessment.

B. Research Objectives

In addition to gaining more in-depth information on barriers to accessing health services and exploring solutions to improving access to services in the Western Region, this research aims to:

- inform policy advice to government on enhancing access to health services
- identify potential solutions to issues identified by participants
- disseminate results broadly

C. Methods

Data was collected through two methods:

1. targeted distribution of a survey to communities throughout the region, including those in rural and remote locations;
2. informal kitchen table discussions (a form of focus group) which provided additional in-depth and qualitative information on participant perspectives.

Methods were chosen and designed to access hard to reach populations and individuals who may be less likely to participate in formal telephone surveys and focus groups. The survey included several specific questions about experiences with health services. The survey also included an open-ended question in which participants were asked if they had any additional comments about their experiences with health services in their community. Kitchen table discussions included questions about issues and solutions regarding access to health services. A total of 1049 surveys were collected and 10 kitchen table discussions were held.

D. Key Findings

Results were divided according to those that emerged from the surveys, and those that emerged from the qualitative commentary and focus groups. This report presents the main barriers and access issues identified as well as the main solutions identified by respondents. Key findings included:

Survey

- Overall, the main barriers to care listed in the survey included long wait times, services not available in the area, and services not available at time required
    - In terms of top barriers to care, there were no differences between the Stephenville/Port aux Basques and Corner Brook/Rocky Harbour Regions
- Services that individuals most often found least accessible in both the Stephenville/Port aux Basques and Corner Brook/Rocky Harbour Regions included cardiac bypass surgery and radiation therapy
    - It is notable that respondents from the Stephenville/Port aux Basques region were much less likely to report that they found maternal/child health and breast and cervical screening services accessible
- 12% of individuals surveyed did not have a family doctor; 36% had to travel outside their community to see a family doctor
    - More individuals from the Stephenville/Port aux Basques region than from the Corner Brook/Rocky Harbour region reported traveling over 90 minutes to see a doctor

Qualitative commentary and focus groups

- In the space provided for qualitative commentary, respondents identified a number of health services access issues. Most frequently raised issues included:
    - Physician Shortages
    - Difficulty Accessing Specialist Services
    - Difficulty Accessing Emergency Services
    - Consistency of Care Issues
    - Travel Difficulties and Costs
    - Wait Times
- In the kitchen table discussion, participants noted a lack of access to:
    - Pharmacists
    - Dentists
    - Nurse practitioners
    - General practitioners
- Solutions identified by participants included:
    - Financial support for travel
    - Increased recruitment of health professionals
    - Wider access to tele-conferencing
    - Hiring more nurse practitioners
- Aboriginal participants from Flat Bay expressed a desire for wellness programs specific to their needs/concerns

1.0 Introduction

Current literature supports the view that access to healthcare in rural Canada is inadequate (Laurent 2002; Meidema and Zupko 2006; Sibley and Weiner 2011). Rural Canada is significantly underserved by both family physicians and specialists (Pong and Pitblado 2004; SRPC 2013) and rural Canadians are less likely than their urban counterparts to have a regular medical doctor or to consult with a family physician or specialist (Sibley and Weiner 2011). Many barriers to healthcare reported by rural Canadians are related to lack of access to practitioners including, for example, long wait times to access community services or local healthcare workers (Boydell et al. 2006; BC Ministry of Health 2007), lack of access to transportation (BC Ministry of Health 2007; Wardman, Clement, and Quartz 2005), travel difficulties associated with poor weather (Leipert and George 2008) and high cost of travel (Warden, Clement, and Quantz 2005).

In addition to barriers faced by all rural residents such as long wait times and travel difficulties, research from Canada and abroad also suggests that specific groups in rural and remote areas may face further barriers related to their Aboriginal identity, rural culture, and/or the rural setting. In a collaborative survey-style study with Aboriginal communities in British Columbia, Warden, Clement, and Quantz (2005) found that many Aboriginal individuals indicated they were unaware of available health services or where to seek services. Study participants also listed fear of racism, discomfort in healthcare settings, and concerns over confidentiality as barriers to accessing care. In 2002, Gruen, Weeramanthri and Bailie conducted interviews with clinic staff and patients in a remote Australian community and found that barriers to specialist health services included not only a lack of public transport to regional centers and high cost of accommodation and food, but also cultural inappropriateness of services. These findings were echoed in Sahid, Finn, and Thompson's 2009 research: in a study designed to examine barriers to cancer care among Indigenous Australians, issues raised in 30 in-depth interviews included fear of the medical system, collective memories of colonialism, and lack of understanding of Aboriginal values and customs (Sahid, Finn, and Thompson, 2009).

While Aboriginal individuals may face barriers to care related to a history of colonialism and lack of cultural competency, research suggests that rural women may face gender specific barriers to care. In fact, while rural women's health is a relatively new area of research and policy focus in Canada (Leipert 2005), a growing body of national and international literature suggests that rural women's health concerns and service barriers constitute an important priority for future research. Leipert and George (2008) conducted focus groups with women in rural Ontario and found that some women were reluctant to access care because they felt that seeking healthcare conflicted with perceived cultural expectations of rural women such as strength and self-reliance. In 2004, the Gender, Women, and Social Policy Community of Scholars at Charles Stuart University in Australia along with the National Rural Women's Coalition undertook survey research designed to explore barriers to healthcare access experienced by rural women in Australia. Results of 820 surveys suggested that women felt they did not have adequate access to birthing, mental health, women's health and counseling services. Notably, travel was an important issue for respondents: 66% of respondents noted that they had to travel to a regional center for health services; 84% noted that public transport was not available for this travel; and 65% noted that the additional costs and loss of work time associated with travel were significant

issues (Allan et al. 2006). Accessibility issues may deter rural women from seeking important health services: in the United States, for example, Doescher and Jackson (2009) examined data from the Centre for Disease Control's Behavioral Risk Factor Surveillance System (an ongoing telephone survey) and found that rural women in the United States are less likely than urban women to receive mammography screening.

Poorer access to care may have significant effects on rural women's health outcomes. Using hospital discharge data from 33 rural hospital service areas in Washington State, Nesbitt et al. (1990) found that women from communities with fewer obstetrical providers were more likely to deliver outside of their community and to have complicated or premature deliveries. More recently, Gryzbowski, Stroll, and Kornelson (2011) examined 49,402 cases of women delivering in British Columbia from 2000 to 2004 and found that rural women who had to travel to access maternity services had increased rates of adverse perinatal outcomes including increased rates of neonatal intensive care unit usage.

Rural settings may also exacerbate barriers experienced when accessing mental health services. In a study of use of healthcare services by rural and urban Canadians with dementia, Forbes, Morgan, and Janzen (2006) utilized the Canadian Community Health Survey and found that while both rural and urban residents with dementia reported barriers to healthcare such as long wait times and cost, rural residents often additionally reported that they did not know where to access care. In other Canadian research, Boydell et al. (2006) conducted in-depth interviews with 30 parents in rural Ontario and found that barriers to accessing mental healthcare for children in rural areas may include not only a lack of services and a lack of awareness of services, but also a fear of stigma related to the smaller size of rural communities.

International research supports the suggestion that attitudinal barriers to mental health services may be amplified in the rural setting. While American psychiatrists Roberts, Battaglia, and Epstein have noted that providing mental health services in a rural town can create ethical issues related to role overlap and confidentiality, Australian research has also suggested that mental health help-seeking behavior – or lack thereof – is related to perceived stigma rather than symptomology (Wrigley et al. 2005). Research suggests that intensified stigma experienced in the rural setting may act as a deterrent to seeking mental health assistance: a cross sectional analysis of the National Survey of Mental Health and Well-Being in Australia (Caldwell, Jorn, and Dear 2004) examined young men's use of mental health services and found no significant difference between rural and metropolitan areas in prevalence of mental illness, but a significant difference in use of mental health services, with young men from rural or remote areas significantly less likely than those from metropolitan areas to seek professional help for a mental health disorder.

In addition to increased rates of certain types of morbidity and mortality – such as poorer birth outcomes or increased suicide rates – lack of access to medical care can have other health effects, including misdiagnosis or mistakes where human resources are scarce (BC Ministry of Health, 2007) and increased hospital admissions for conditions not addressed in primary care settings (Shah, Gunraj, Hux 2003).

Learning more about barriers to care as well as solutions to these barriers can contribute to better health for rural Canadians and is clearly an important priority for governments, researchers, and community groups. The present research addresses this priority by exploring issues and barriers to health services access experienced by respondents living in rural and remote areas of Western Newfoundland.

2.0 Research Objectives

This research was initiated by the Rural Secretariat Regional Councils for the Corner Brook – Rocky Harbour and Stephenville- Port aux Basques Regions, as a means to increase understanding of issues that relate to accessing healthcare and to inform the development of policy advice. It was also envisaged as a supplement to a 'Needs Assessment' of the Western region recently completed by the Western Regional Health Authority. The present project had five related objectives:

1. Explore in-depth the issue of health service access and barriers among individuals and communities in the Western region.
2. Document the views of those individuals less likely to participate in the telephone survey and formal focus groups completed by the Western Regional Health Authority.
3. Identify potential solutions to any issues identified.
4. Inform policy advice to government on enhancing access to health services for rural communities in the Corner Brook-Rocky Harbour and Stephenville-Port aux Basques regions.
5. Disseminate findings and educate people about issues related to accessing health services.

3.0 Methods

Data was collected through distribution of a survey in both paper and on-line versions. The paper survey was distributed in a targeted way to many rural and remote communities where individuals may have been less likely to complete a telephone survey. The online survey was distributed widely via regional contacts and networks and was also promoted in the local media. The surveys included both a quantitative component in which individuals were asked specific close ended questions as well as a qualitative component in which individuals were asked in open-ended style for additional commentary. Additional data was collected through10 informal kitchen table discussions held across the study regions. Kitchen table discussions are a form of focus group that is conducted in an informal setting, usually in the home of one of the participants. They are designed to be less intimidating to participants than formal focus groups.

3.1 Surveys

A survey (See Appendix A) was developed by the Principal Investigators at Memorial University with input from the Rural Secretariat Regional Councils, Regional Planners, and additional advice from Western Health and the Department of Health and Community Services The survey was distributed by the 15 Rural Secretariat Council members, the two regional planners and via networks in their region. Surveys were distributed in one of four ways:

1) Conducted face to face by the Council members themselves
2) Distributed to individuals who the Council members and Regional Planners felt could complete the survey on their own
3) Surveys were placed in community locations such as town offices, clinics, community halls
4) Some surveys were completed online. An online survey link was mounted by the Health Research Unit via Survey Monkey; the link was distributed widely by the Rural Secretariat Regional Planners and Regional Council members to community contacts and municipalities.

Council members, community members, and others who were identified by the Regional Planners to distribute the survey were given a short training session by the Principal Investigators at Memorial University via video conference regarding how to administer the survey.

In addition to general demographic information, the survey included questions about availability of primary healthcare, most important healthcare providers, which services participants felt they did and did not have adequate access to, and barriers to accessing healthcare. The survey also included an open ended question asking participants if they wanted to share any other comments or experiences related to health services in their region.

3.1.2 Survey Analysis

Completed paper surveys were sent to the Health Research Unit at the Faculty of Medicine at Memorial University for data entry and analysis in SPSS (the statistical software: Statistical Package for the Social Sciences). The online Survey Monkey surveys were downloaded into the same SPSS database. Simple descriptive analysis was performed on data in three stages. The first stage of descriptive analysis examined the Western region as a whole. In the second stage of descriptive analysis, the surveys were divided into those completed by respondents from the Corner-Brook Rocky Harbour Region and those surveys completed by respondents from the Stephenville-Port aux Basques Region. The objective in the second stage of analysis was to discern quantitative differences in access issues among the two regions. In the third stage of analysis, the two Regions were further subdivided into four sub-regions (community sub-groupings) as determined by the Rural Secretariat Regional Planners and also aimed to correspond with the Western Health Primary Healthcare Regions. The third stage of sub-regional analysis was aimed at discerning quantitative differences in access issues among sub-regions within each broader region. Sub-regions identified in the Corner Brook-Rocky Harbor area included: Corner Brook and Area; Bonne Bay Area; Bay of Islands; and Deer Lake-White Bay.

Sub-regions identified in the Stephenville-Port aux Basques area included: Burgeo-Francois; Codroy-La Poile; St. Fintan's-Port au Port East; and Port au Port Pennisula. Appendix C lists all communities identified and included within each region and sub-region.

The final open ended question was analyzed qualitatively via a combination of two approaches: Rural Secretariat Council members suggested issues or areas of interest for analysis; and issues raised most frequently by respondents were also analyzed.

3.2 Kitchen Table Discussions

The final page of the survey asked participants if they would be willing to be part of a kitchen table discussion in their area. If participants gave their name and personal contact information this sheet was collected and stored separately from the survey. Contact information was collected by the Health Research Unit and redistributed to the Rural Secretariat representatives who contacted individuals to ask them to host the kitchen table discussions. Participants in the kitchen table discussions included the host and other individuals invited by the host (who did not necessarily complete surveys). There were two central concerns in organizing the kitchen table discussions: 1) achieving geographic, gender, and age diversity and 2) ensuring that all participants were comfortable with each other. Communities represented in the kitchen table discussions included: Flat Bay, Francois, Port aux Basques, Stephenville, Benoit's Cove, Deer Lake, Jackson's Arm, Norris Point, and Parson's Pond. Discussion guideline questions were developed by the Rural Secretariat, the Health Research Unit, and the Principal Investigators at Memorial University and were based on early findings of the survey analysis (Appendix B). Kitchen table discussions were held in homes of participants or in the community.

3.2.1 Kitchen Table Discussion Analysis

Data was recorded, transcribed and analyzed. Analysis focused specifically on four areas:

1. General experiences with health services
2. Experiences with specific health services and professionals
3. Access issues
4. Solutions to resolve issues related to access

All data was kept confidential and stored in password protected computer files. In the case of the surveys, each participant was assigned an ID number. No identifying information was recorded on the surveys or the focus group notes and analysis.

Ethical approval for this study was obtained from the Health Research Ethics Board (HREB), an arm of the Health Research Ethics Authority of Newfoundland and Labrador.

4.0 Results and Analysis

4.1 Overall Quantitative Data Analysis (Both Regions)

4.1.1 Demographics

Note: 1048 surveys were included and completed, 1 was removed as the respondent reported living outside of the survey area.

Variable	n (%)*
Region	
Corner Brook – Rocky Harbour	441 (42.1)
Stephenville – Port aux Basques	607 (57.9)
Age Category	
15-24 years	41 (4.8)
25-34 years	120 (14.0)
35-44 years	178 (20.7)
45-54 years	200 (23.3)
55-64 years	227 (26.5)
65-74 years	77 (9.0)
75-84 years	13 (1.5)
85+ years	2 (0.2)
Gender	
Male	247 (29.5)
Female	590 (70.5)
Marital Status	
Single	121 (14.2)
Separated/Divorced	55 (6.5)
Married/Living Together	640 (75.1)
Widowed	36 (4.2)
Highest Level of Education	
Some school	84 (10.0)
High School certificate	146 (17.3)
Post-secondary education	613 (72.7)
Household Income	
<$10,000	22 (3.6)
$10,000-$24,999	69 (11.3)
$25,000-$49,999	158 (25.8)
$50,000-$99,999	244 (39.9)
>$100,000	119 (19.4)

*Variables may add up to less than 1048 due to missing data

4.1.2 Family Doctor

88.3% of respondents said they had a family doctor; of these, 63.8% had a family doctor located in their community. Respondents' time to reach their family doctor ranged from 1 to 480 minutes, with an average time of approximately 30 minutes.

Variable	n (%)*
Have a regular family doctor?	
Yes	912 (88.3)
No	121 (11.7)
Family doctor located in your community?	
Yes	558 (63.8)
No	317 (36.2)
Time to your family doctor	
30 minutes or less	696 (79.9)
31-60 minutes	106 (12.2)
61-90 minutes	31 (3.6)
More than 90 minutes	38 (4.4)
Range (minutes)	1 - 480
Mean (minutes)	27.3

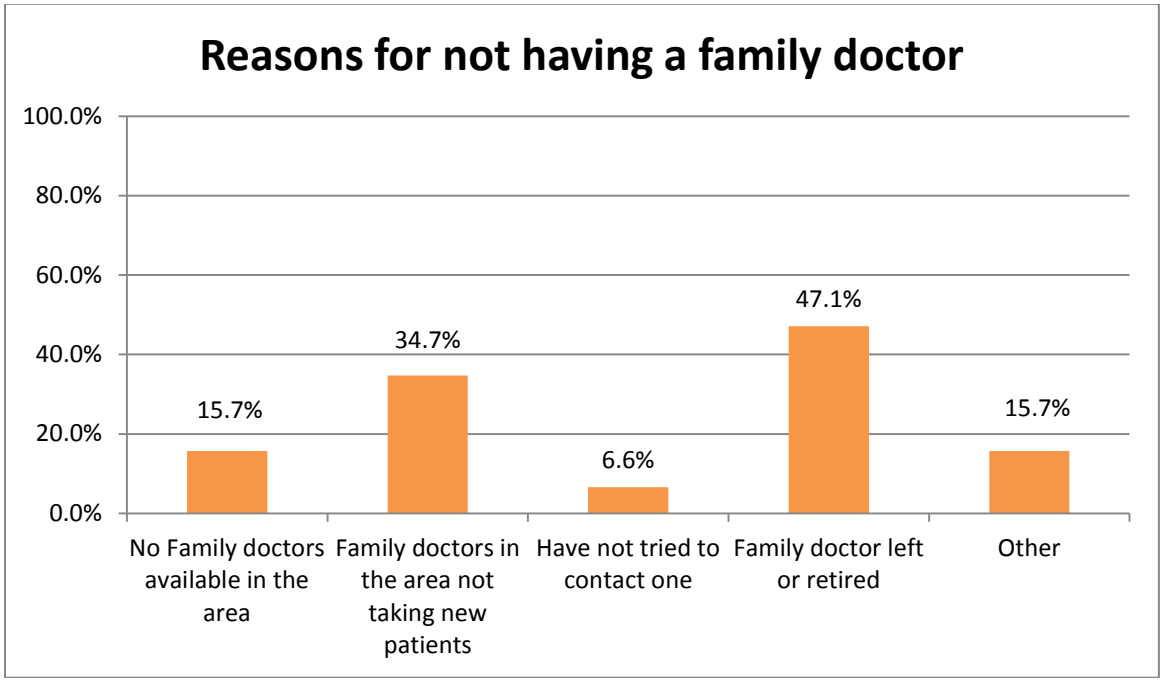
*Variables may add up to less than 1048 due to missing data

Key Findings:

- *12% of respondents did not have a family doctor*
- *36% of respondents did not have a family doctor located in their community*
- *20% of respondents traveled more than 30 minutes to see their doctor*

4.1.3 No Family Doctor

Among the 12% of respondents who said they had no regular family doctor; the main reasons reported were that the physician had left the area or retired (47.1%) or that the physicians in the area were not taking any new patients (34.7%).



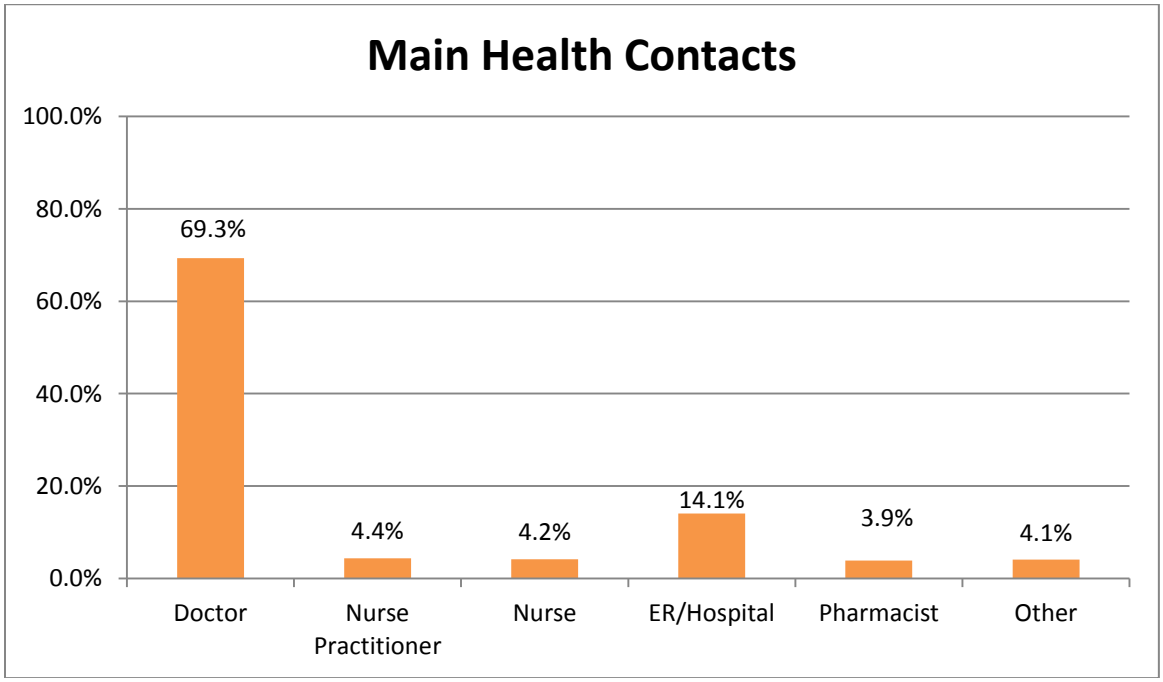
*Numbers may not add to 100% since responders could choose more than one response.

Key Findings:

The main reason given for not having a family doctor is that they left the community or retired

4.1.4 Main Health Contacts

Respondents were asked to identify their main contact for health concerns or questions; many respondents provided more than one answer. 'Doctor' was the most frequently checked (69.3%); this was followed by the ER or hospital (14.1%). In the text box that accompanied the category "other" respondents indicated that they called the Health Line or Nurse Help Line (31.7%), contacted friends/family members with health knowledge (22.0%), used internet searches (17.0%), or contacted alternate healthcare professionals.



*Some respondents provided more than one response for this questions, all responses were included in analysis.

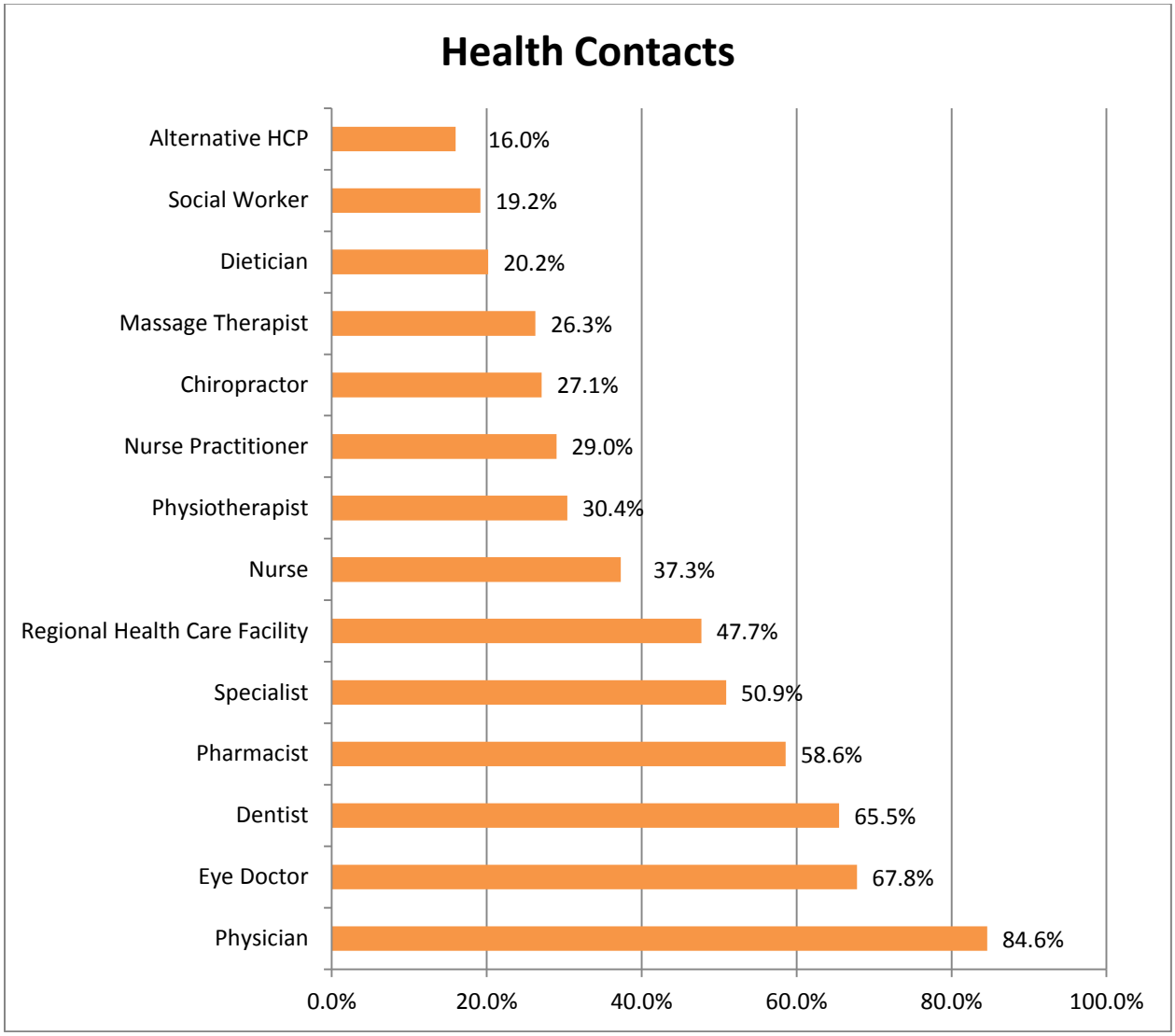
The majority of respondents (80.2%) took 30 minutes or less to reach their main health contact. The average time was 27 minutes. Respondents reported that the time it took to reach their main health contact ranged from less than one minute, for Health Line or contacting family or friends in the health field, to 480 minutes for individuals living in particularly remote communities.

Key Findings:

- *Doctors are the main point of contact for health concerns or questions.*
- *20% of respondents reported that reaching their main health contact took more than 30 minutes.*

4.1.5 Health Contacts

Respondents were also asked to identify the health providers they had contact with. Physicians (84.6%) were the most cited health contact; this was followed by eye doctor (67.8%) and dentist (65.5%). Together, Nurse (37.3%) and Nurse Practitioner (29.0%) totaled 66.3%.

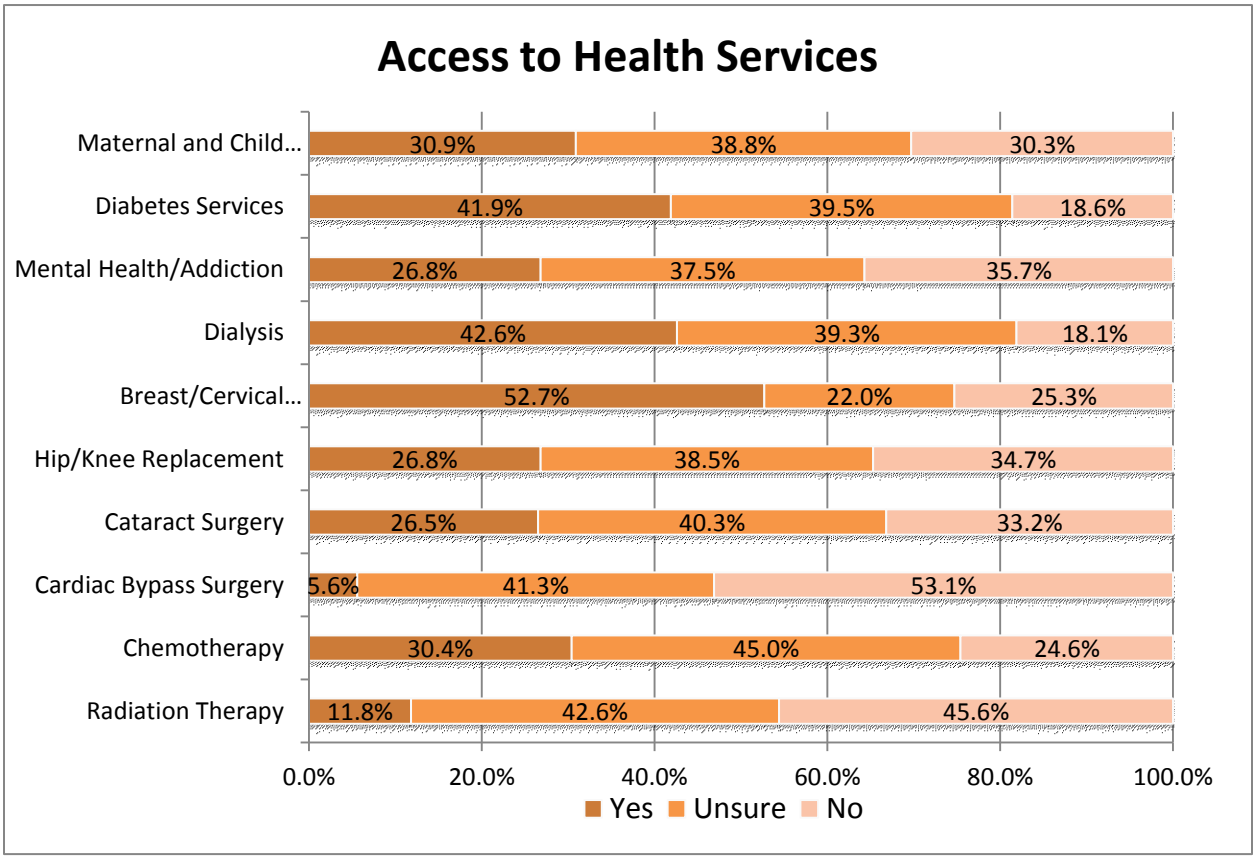


Key Findings:

- *The top three listed health contacts are: Physician, Eye Doctor, and Dentist.*

4.1.6 Access to services

Respondents were asked if they had adequate access to a number of health services; the services respondents most frequently indicated that they had adequate access to were breast/cervical screening (52.7%) followed by dialysis (42.6%) and diabetes services (41.9%). The services with the lowest reported access were cardiac bypass surgery (5.6%) and radiation therapy (11.8%). In general, respondents seemed unsure about their ability to access many of the services listed (note that responses in the "unsure" category ranged from 22.0%-45.0%, depending on the service).



Key Findings:

The two most accessible services:

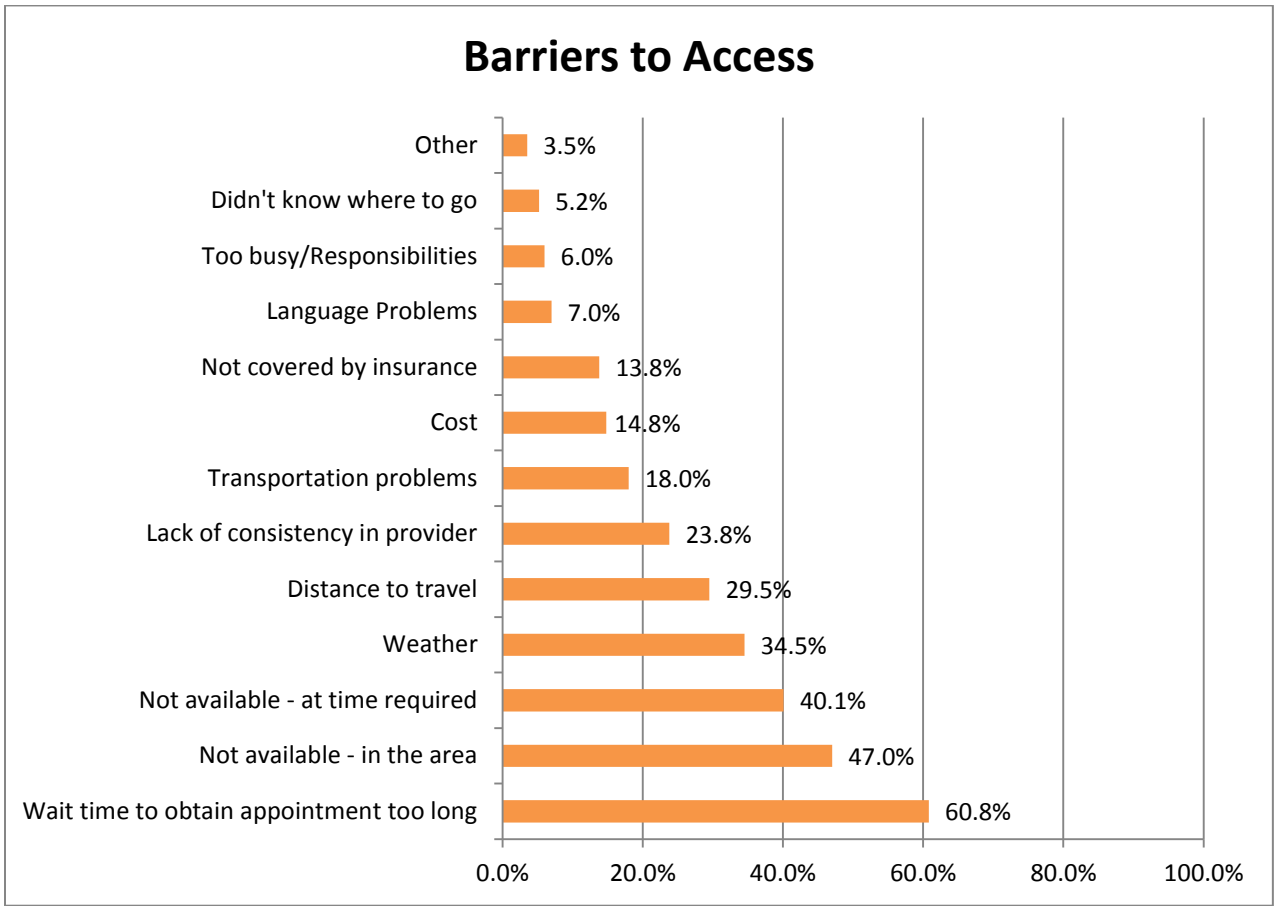
- *Breast/Cervical Screening*
- *Dialysis*

The two least accessible services:

- *Cardiac Bypass Surgery*
- *Radiation Therapy*

4.1.7 Barriers to Healthcare Providers and Services

Respondents were asked about the barriers they encountered when accessing and receiving healthcare services. Wait times to obtaining an appointment was the number one barrier cited (60.8%); this was followed by availability in the area (47.1%) and availability when required (40.1%). Other barriers included difficulty contacting and getting an appointment at a physician's clinic, and difficulties related to weather and travel.



*Note: participants could select more than one response.

Key Findings:

The top three listed barriers to service are:

- *Length of wait time for an appointment*
- *The service is not available in the area*
- *The service is not available at the time required*

4.2 Data Analysis by Region: Corner Brook-Rocky Harbour and Stephenville-Port aux Basques

4.2.1 Family Doctor by Region

Both the Corner Brook-Rocky Harbour and Stephenville-Port aux Basques regions had a similar number of respondents who reported having a family doctor (86% and 90% respectively) and having a doctor in their community (64%). Reported time to travel to a family doctor was also similar for both regions with slightly more respondents from the Stephenville-Port aux Basques (5.4%) region needing to travel more than 90 minutes compared to respondents from the Corner Brook-Rocky Harbour (2.8%) region. Potential reasons for this include the coastal communities on the South West Coast whose residents are required to travel by boat to access medical services.

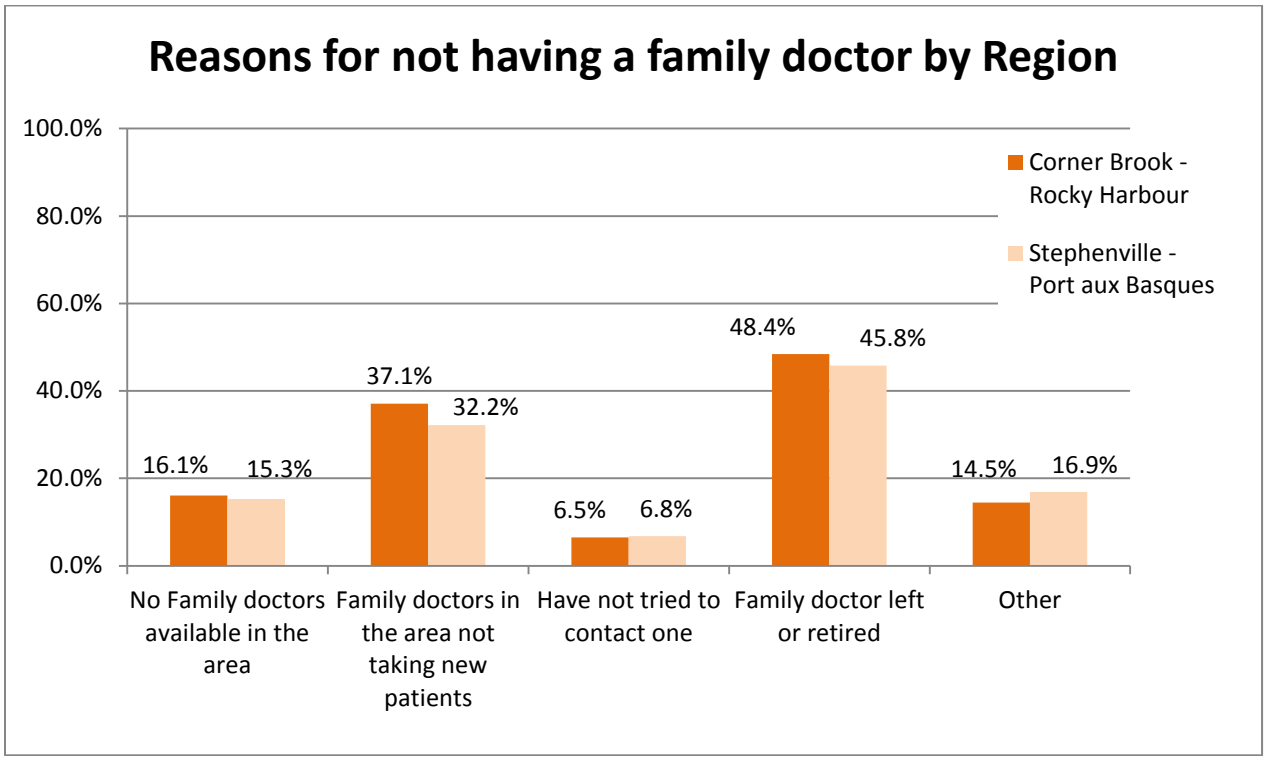
Variable	n (%)* Corner Brook – Rocky Harbour	n (%)* Stephenville – Port aux Basques
Have a regular family doctor?		
Yes	374 (85.8)	538 (90.1)
No	62 (14.2)	59 (9.9)
Family doctor located in your community?		
Yes	228 (63.7)	330 (63.8)
No	130 (36.3)	187 (36.2)
Time to your family doctor		
30 minutes or less	284 (79.8)	412 (80.0)
31-60 minutes	46 (12.9)	60 (11.7)
61-90 minutes	16 (4.5)	15 (2.9)
More than 90 minutes	10 (2.8)	28 (5.4)

Key Findings:

- *A slightly higher number of respondents in the Stephenville-Port aux Basques region reported traveling more than 90 minutes to see a family doctor*

4.2.2 No Family Doctor by Region

Respondents from both regions reported similar reasons for not having a family doctor. A slightly higher percentage of respondents in the Corner Brook-Rocky Harbour region cited doctors not taking new patients and doctors leaving the area or retiring as the main reasons for not having a family doctor.

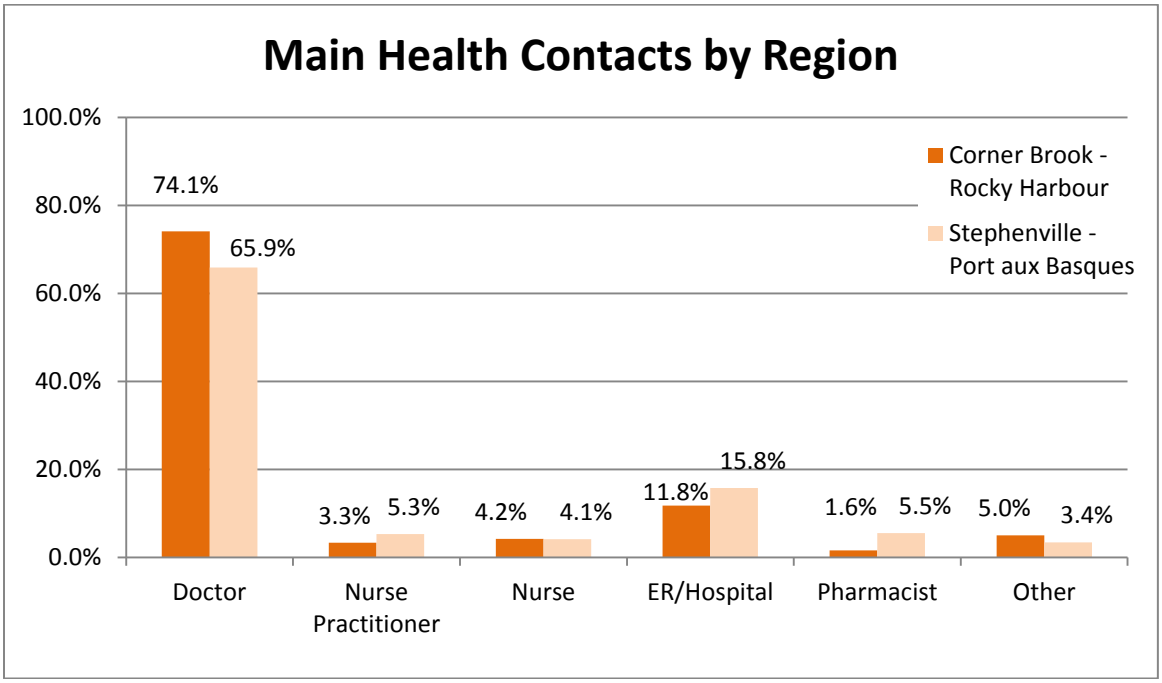


Key Findings:

- A slightly higher percentage of respondents in the Corner Brook-Rocky Harbour region cited doctors not taking new patients and doctors leaving the area or retiring as the main reasons for not having a family doctor.

4.2.3 Main Health Contacts by Region

Respondents were asked to identify their main contact for health concerns or questions, some respondents provided more than one answer. Doctor was the response the majority of respondents gave in both regions (74.1% in Corner Brook-Rocky Harbour and 65.9% in Stephenville-Port aux Basques).



*Some respondents provided more than one response for this questions, all responses were included.

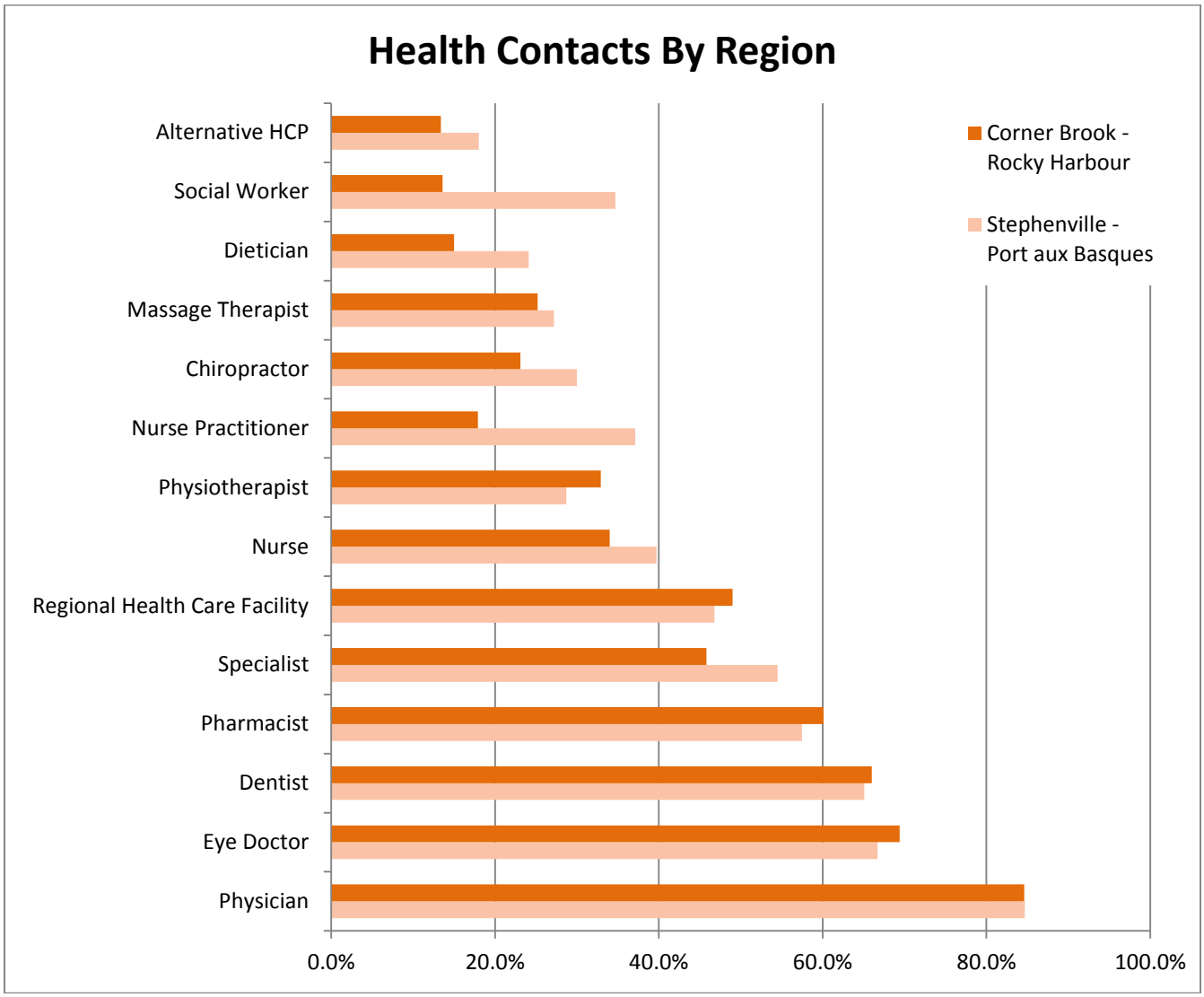
78.8% of participants from the Corner Brook-Rocky Harbour and 81.2% for the Stephenville-Port aux Basques region reported traveling 30 minutes or less to see their main health contact. In the Corner Brook-Rocky Harbour region, slightly more respondents reported traveling 61-90 minutes than in the Stephenville-Port aux Basques region (4.5% and 2.4% respectively). In the Stephenville-Port aux Basques region, slightly more respondents than in the Corner Brook-Rocky Harbour region reported traveling 90 minutes or more to see their main health contact (5.3% vs 2.7%).

Key Findings:

- *A Doctor was the main point of contact for health concerns or questions for both regions.*
- *In comparison with the Corner Brook – Rocky Harbour Region, twice as many respondents in the Stephenville-Port aux Basques region reported traveling more than 90 minutes to reach their main health contact*

4.2.4 Health Contacts by Region

Respondents were also asked to identify the health providers they had contact with (including those listed in the main health contact question). While use of healthcare providers is similar in each region, the Stephenville-Port aux Basques area reports a higher use of nurse practitioners (37.1% vs 17.9%) and social workers (34.7% vs 13.6%). Both regions list physician as the healthcare provider most respondents have contact with.

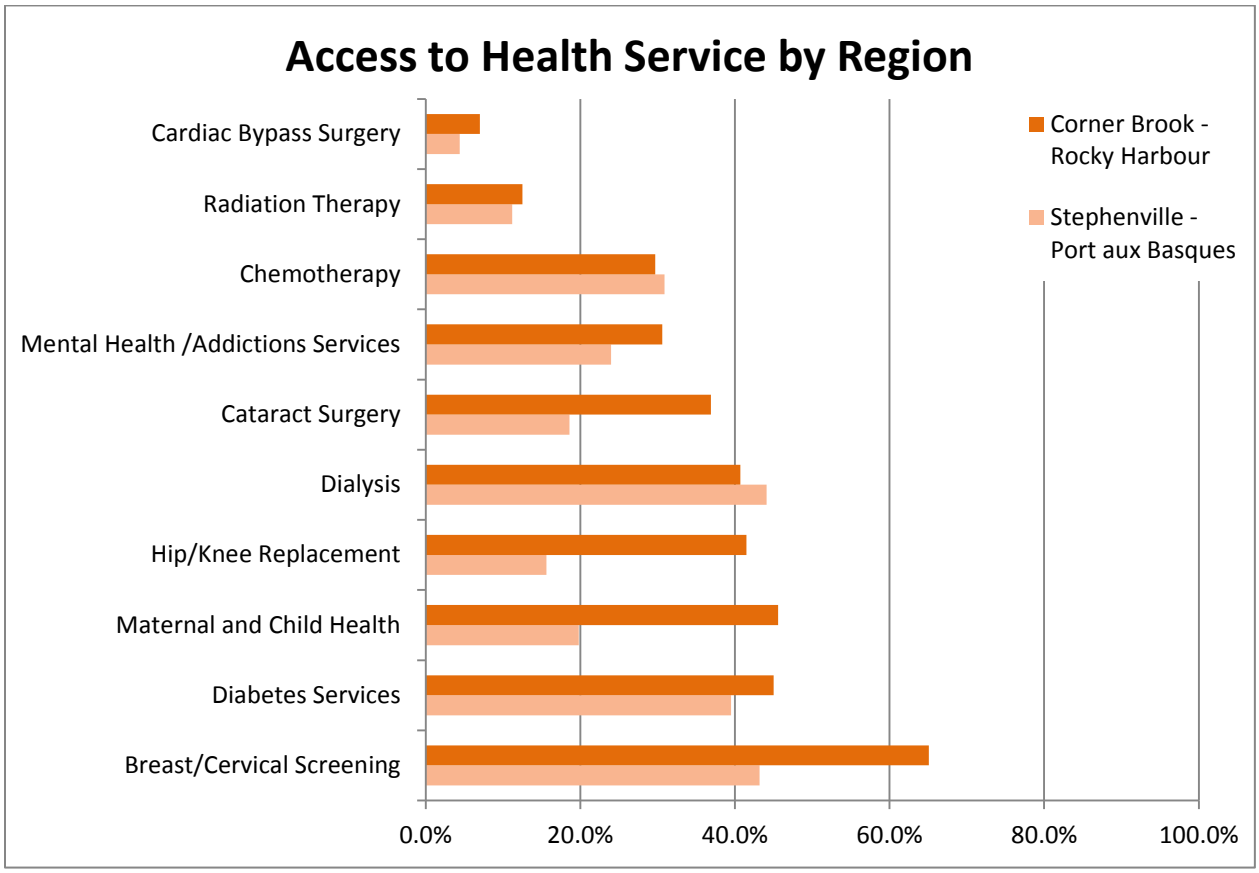


Key Findings:

- *Respondents from the Stephenville-Port aux Basques region reported more usage of Nurse Practitioners and Social Workers than respondents from the Corner Brook-Rocky Harbour region.*

4.2.5 Access to Services by Region

Respondents were asked if they felt they had adequate access to a number of different health services. Reported access for the Corner Brook – Rocky Harbour region was much greater for the following services: breast/cervical screening, hip/knee replacement, cataract surgery, mental health/addictions and maternal and child health. The services that respondents in the Stephenville – Port aux Basques region reported better access to were dialysis and chemotherapy services.

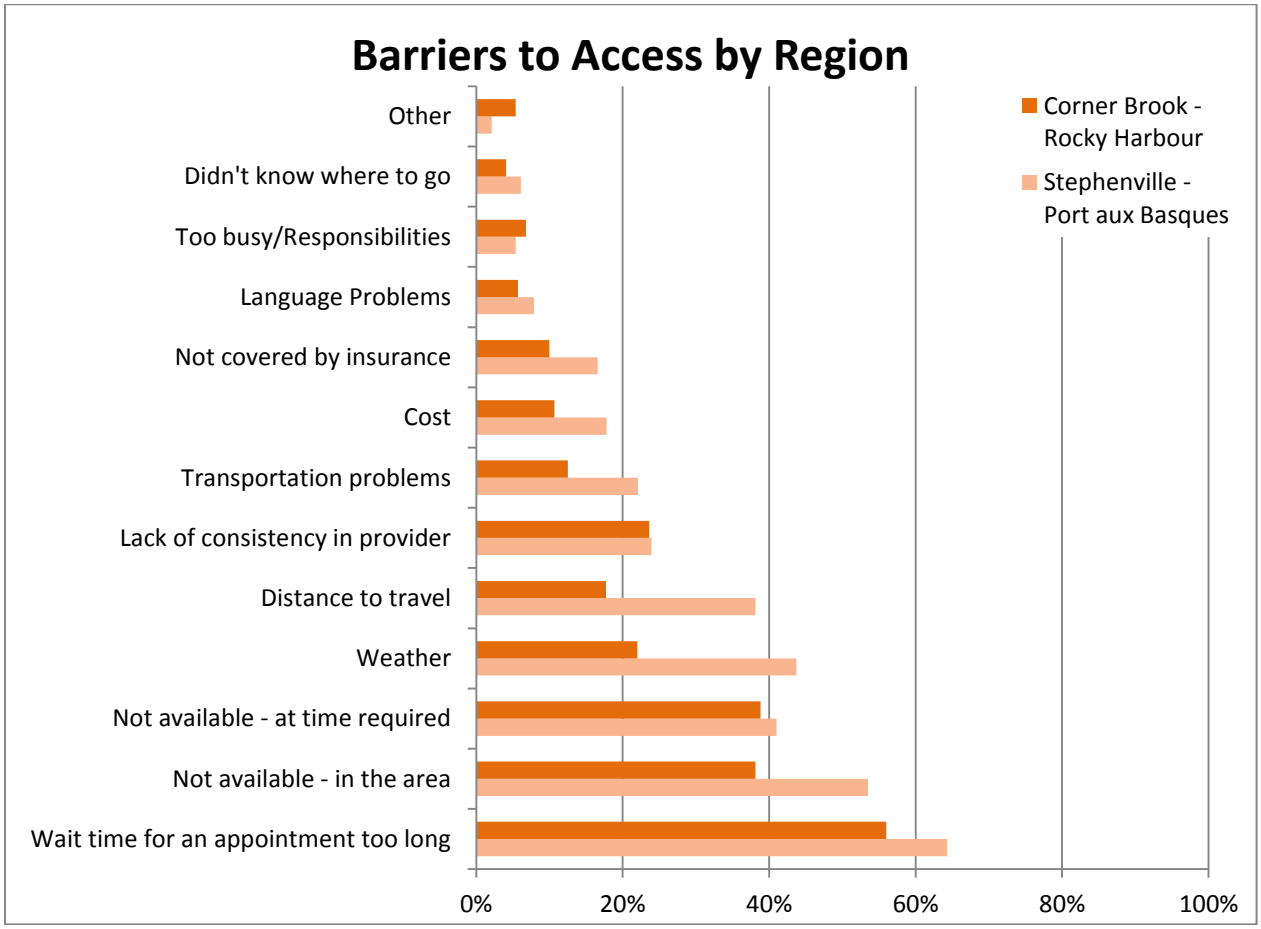


Key Findings:

- *Respondents from both regions reported poor access to cardiac bypass surgery and radiation therapy*
- *Respondents from the Stephenville-Port aux Basques region reported poor access in comparison with the Corner Brook- Rocky Harbour Region to maternal and child health services, breast/ cervical screening, hip/knee replacement and cataract surgery*

4.2.6 Barriers to Healthcare Providers and Services by Region

With regard to barriers to access of healthcare services, wait time for an appointment was the most common barrier for both regions, as shown in the graph below. The Stephenville-Port aux Basques region reported having higher percentages of barriers to access for most of the categories. The highest reported barriers for both regions were length of wait for an appointment, the service not being available in the area, and the service not available at the time required.

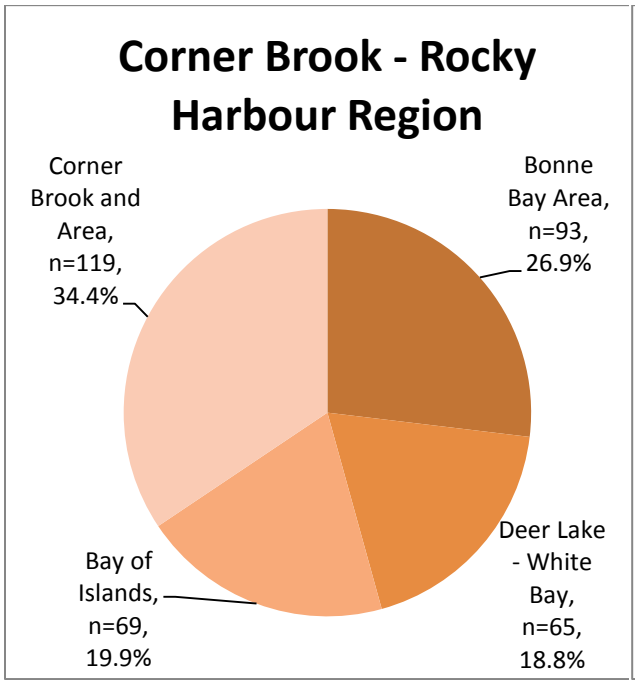


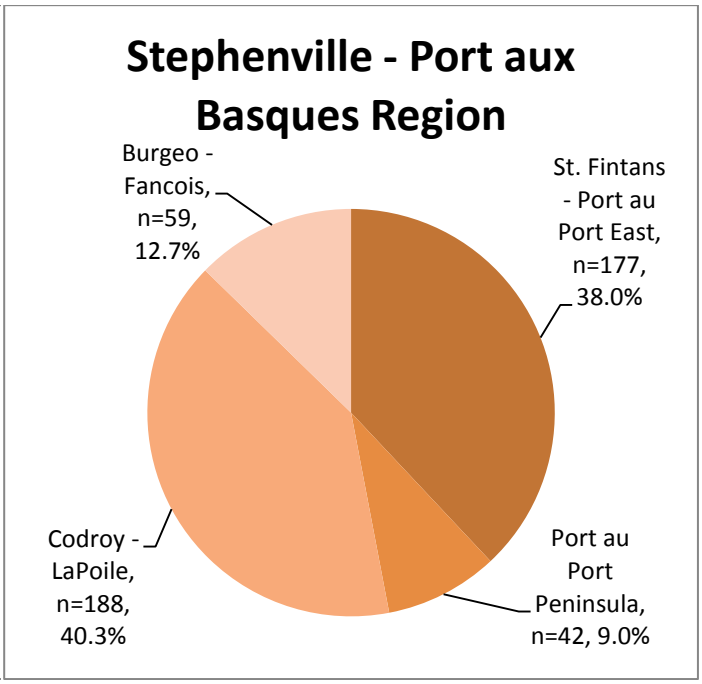
Key Findings:

- *The Stephenville-Port aux Basques area had more significant barriers related to distance to travel, weather and services not being available in the area.*
- *Length of wait time for an appointment is the top barrier for both regions. It is cited more for the Stephenville – Port aux Basques region than for the Corner Brook – Rocky Harbour region*

4.3 Sub-Regional Data Analysis

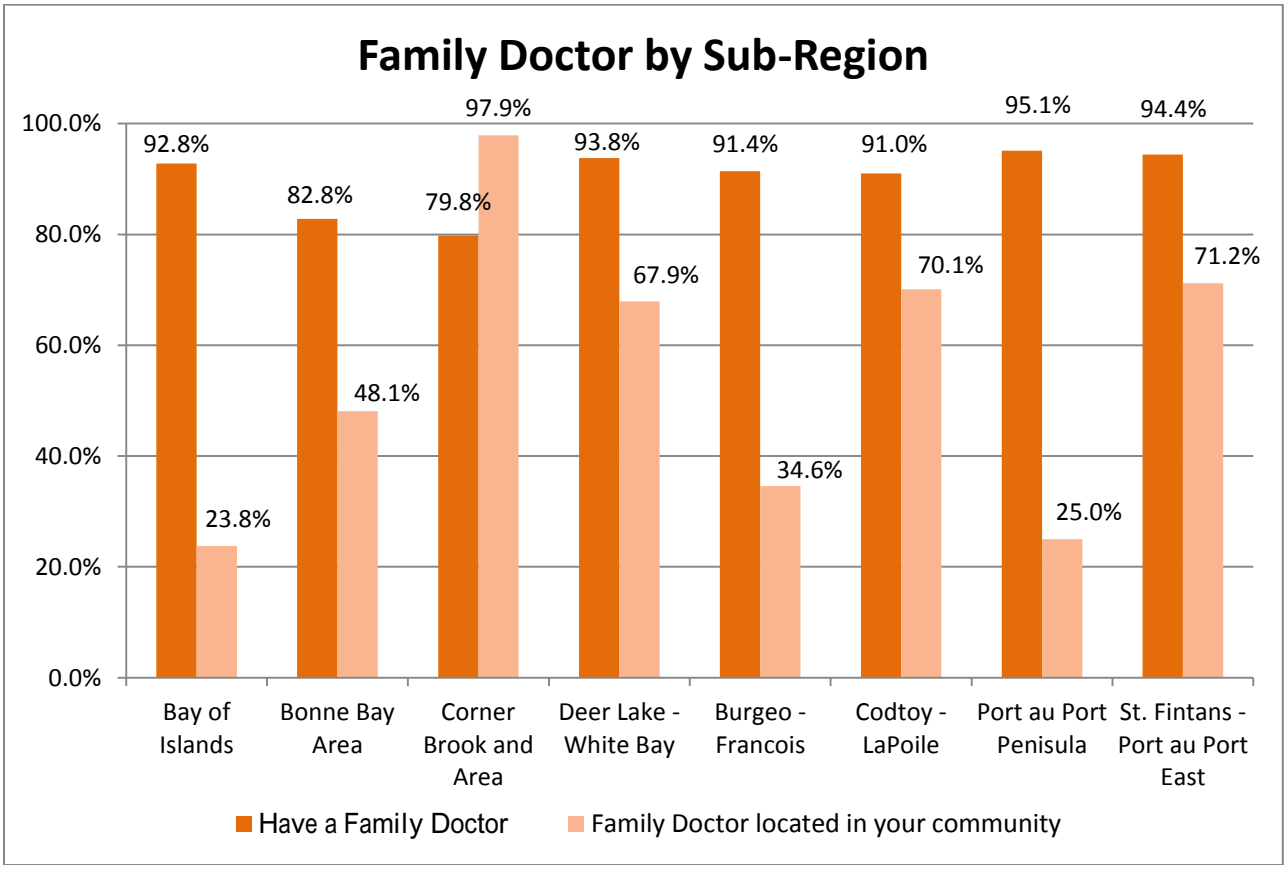
The collected data was divided by sub-region based on the community the respondent reported living in. Within each region, communities were grouped into four sub-regions. Respondents who did not provide an answer regarding their current community of residence were excluded from sub-regional analysis. The numbers of respondents who reported residence in each sub-region are: Corner Brook-Rocky Harbour Region n=346 (78.5% of original data set) and Stephenville-Port aux Basques Region n=466 (76.8% of original data set).





4.3.1 Family Doctor by Sub-Region

In each sub-region the majority of participants (79.8-94.4%) reported that they had a family doctor. Of these respondents, the percentage of those with a family doctor in their community ranged from 23.8-97.9%. In the Stephenville – Port aux Basques Region, the majority of participants traveled 30 minutes or less (65.0-86.7%) to reach their family doctor, with Burgeo-Francois sub-region as the exception traveling more than 90 minutes (45.3%) to see their family doctor. In the Corner Brook- Rocky Harbour Region, the majority of all sub-regions travel 30 minutes or less to see their family physician (60.3-97.9%). The Corner Brook and Area sub-region has the least number of respondents with a family doctor (79.8%), but has the highest percentage of these respondents having a family doctor in their community (97.9%).



Key Findings:

- *Respondents from the Bay of Islands, Port au Port Peninsula, and Burgeo-Francois sub-regions were least likely to have a family doctor located in their community*
- *Respondents from the Corner Brook and Area sub-region were most likely to have a family doctor located in their community*
- *Respondents from the Corner Brook and Area and Bonne Bay and Area were the least likely to have a family doctor*

4.3.2 No Family Doctor by Sub-Region

Reasons for not having a Family Doctor	%
St. Fintan's – Port au Port East	
No Family doctors available in the area	0.0
Family doctors in the area not taking new patients	8.3
Have not tried to contact a family doctor	8.3
Had a family doctor but they left or retired	33.4
Other	50.0
Codroy - LaPoile	
No Family doctors available in the area	12.0
Family doctors in the area not taking new patients	36.0
Have not tried to contact a family doctor	4.0
Had a family doctor but they left or retired	48.0
Other	0.0
Burgeo - Francois	
No Family doctors available in the area	100.0
Family doctors in the area not taking new patients	0.0
Have not tried to contact a family doctor	0.0
Had a family doctor but they left or retired	0.0
Other	0.0
Bonne Bay area	
No Family doctors available in the area	15.8
Family doctors in the area not taking new patients	18.5
Have not tried to contact a family doctor	5.2
Had a family doctor but they left or retired	47.4
Other	15.8
Bay of Islands	
No Family doctors available in the area	0.0
Family doctors in the area not taking new patients	50.0
Have not tried to contact a family doctor	0.0
Had a family doctor but they left or retired	50.0
Other	0.0
Corner Brook and area	
No Family doctors available in the area	11.4
Family doctors in the area not taking new patients	37.2
Have not tried to contact a family doctor	5.7
Had a family doctor but they left or retired	31.4
Other	14.3

*The Port au Port Peninsula and the Deer Lake – White Bay sub-regions could not be analyzed for this questions due to low numbers of responses.

**Respondents could choose more than one response.

Reasons listed by respondents for why they do not have a family doctor varied across sub-regions. The most frequently listed reasons included "no family doctors available in the area," family doctor not taking new patients or leaving the area/retiring, and other options which include using a family doctor from another area and using a nurse practitioner, among others).

Key Findings:

- *Most frequently listed reasons for not having a family doctor included:*
  - *No family doctor available in the area*
  - *Family doctors not taking new patients*
  - *Family doctor left the area or retired*

4.3.3 Main Health Contacts by Sub-Region

Respondents were asked to identify their main contact for health concerns or questions; many respondents provided more than one answer. For all sub-regions the majority of respondents reported that a doctor was their main health contact (50.8-82.4%). The Burgeo – Francois sub-region had the lowest response for doctor (perhaps due to the absence of any family doctors in the area), but had a much higher response for community health nurse (21.4%) than the other sub regions. The St. Fintan's – Port au Port East sub-region had the highest rate of other responses (5.4%); of these "other" responses 60.0% were Health Line or Nurse Help Line. Also the Port au Port Peninsula demonstrated the highest use of Hospital/ER services as their main health contact

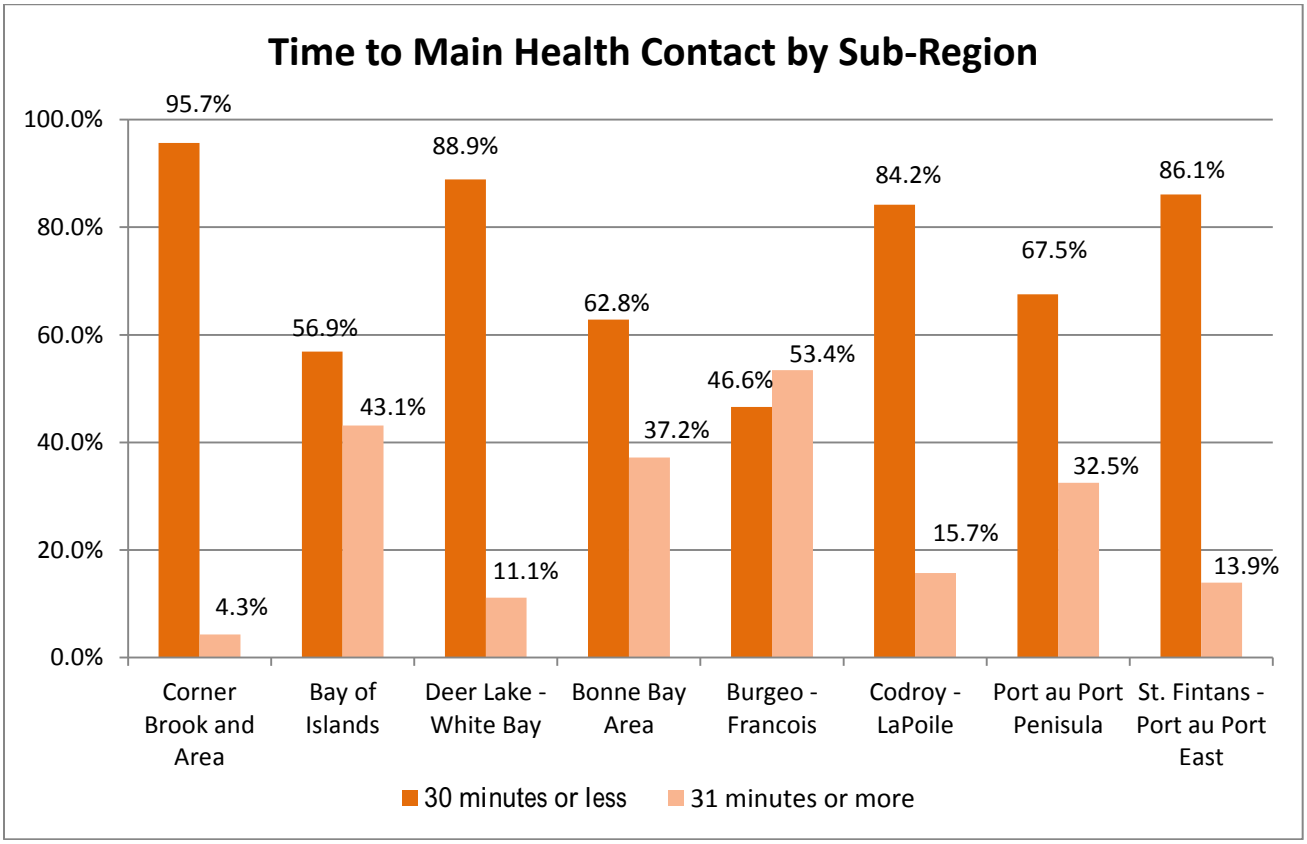
	Doctor	Nurse Practitioner	Community Health Nurse	Hospital / ER	Pharmacist	Other
St. Fintan's – Port au Port East	75.5%	2.2%	3.3%	10.3%	3.3%	5.4%
Port au Port Peninsula	59.1%	6.8%	2.3%	25.0%	2.3%	4.5%
Codroy – LaPoile	67.7%	7.4%	1.6%	13.8%	7.9%	1.6%
Burgeo – Francois	50.8%	10.8%	21.4%	10.8%	3.1%	3.1%
Bonne Bay Area	69.2%	3.3%	9.9%	13.2%	0.0%	4.4%
Deer Lake – White Bay	78.5%	10.8%	1.5%	4.6%	3.1%	1.5%
Bay of Islands	82.4%	0.0%	5.8%	7.4%	2.9%	1.5%
Corner Brook and Area	73.4%	1.6%	0.8%	16.1%	2.4%	5.7%

Key Findings:

- *Doctor was the most frequently reported main health contact for all sub-regions, however, among respondents who did not report doctor as their main health contact:*
  - *Respondents from the Burgeo-Francois sub-region reported the greatest use of Community Health Nurse as a main health contact*
  - *Respondents from the Port au Port Peninsula sub-region reported the greatest use of Hospital/ER as a main health contact*

4.3.4 Time to Main Health Contact by Sub-Region

With the exception of the Burgeo - Francois sub-region, the majority of sub-regional respondents reported traveling 30 minutes or less to reach their main health contact. The majority of the Burgeo-Francois sub-region respondents reported that they travelled 31 or more minutes to reach their main health contact; of these 67.0% travel more than 90 minutes to reach their main health contact.



Key Findings:

- *Burgeo - Francois was the only sub-region in which the majority of respondents reported traveling 31 minutes or more to see their main health contact*

4.3.5 Health Contacts by Sub-Region

Respondents were also asked to identify the health providers they had contact with (including those listed in the main health contact question). Responses across the sub-regions were all very similar for those that access specific types of health contacts, with physician being the contact most accessed. In comparison with other sub-regions, the Bay of Islands and Burgeo-Francois Regions showed low numbers of people accessing health services such as regional healthcare facilities, nurses and nurse practitioners, physiotherapists, chiropractors and massage therapists. Bay of Islands also showed significantly lower numbers (in comparison with other sub-regions) of respondents who were accessing services such as specialists and social workers. The Codroy-La Poile and Port au Port peninsula both showed higher contact with nurse practitioners than any other sub-regions.

	St. Fintan's – Port au Port East	Port au Port Peninsula	Codroy – LaPoile	Burgeo – Francois	Bonne Bay Area	Deer Lake – White Bay	Bay of Islands	Corner Brook and Area
Physician	93.8%	90.5%	91.0%	91.5%	91.4%	87.7%	95.7%	86.6%
Eye Doctor	79.1%	85.7%	72.9%	84.7%	83.9%	84.6%	82.6%	70.6%
Dentist	85.3%	81.0%	68.1%	79.7%	78.5%	78.5%	75.4%	71.4%
Pharmacist	67.2%	71.4%	63.8%	62.7%	68.8%	70.8%	60.9%	69.7%
Specialist	59.3%	66.7%	67.6%	64.4%	61.3%	61.5%	24.6%	52.1%
Regional Healthcare Facility	52.5%	54.8%	51.6%	44.1%	53.8%	52.3%	49.3%	59.7%
Nurse	40.7%	50.0%	47.3%	34.4%	48.4%	30.8%	37.7%	35.3%
Physiotherapist	33.3%	31.0%	36.2%	22.0%	48.4%	30.8%	15.9%	41.2%
Nurse Practitioner	29.4%	40.5%	63.8%	27.1%	22.3%	27.7%	8.7%	18.5%
Chiropractor	37.9%	40.5%	35.1%	18.6%	22.6%	24.6%	20.3%	32.8%
Massage Therapist	31.1%	31.0%	35.6%	15.3%	21.5%	30.8%	18.8%	37.8%
Dietician	20.9%	19.0%	38.3%	18.6%	12.9%	26.2%	10.1%	17.6%
Social Worker	23.2%	21.4%	33.5%	20.3%	11.8%	15.4%	5.8%	21.8%
Alternative HCP	19.2%	16.7%	25.0%	13.6%	14.0%	16.9%	10.1%	16.8%

Key Findings:

- *Physician was the most accessed health contact for all sub-regions*

4.3.6 Access to Services by Sub-Region

Respondents were asked if they felt they had adequate access to a number of different health services. Sub-regional analysis shows considerable variation in respondent's answers regarding adequate access to several health services. Notably wide variation occurs in answers to:

- Cataract surgery - only 16.6% of respondents in the Codroy-La Poile sub-region reported adequate access compared with 54.1% of respondents in the Deer Lake-White Bay sub-region who reported adequate access.
- Hip/knee replacement - 14.3% of respondents from Codroy-La Poile reported adequate access versus 65% of respondents from Deer Lake-White Bay.
- Dialysis - 17.5% reported adequate access in the Bonne Bay area verus 65.9% in the Codroy-LaPoile sub-region.

	St. Fintan's – Port au Port East	Port au Port Peninsula	Codroy – LaPoile	Burgeo – Francois	Bonne Bay Area	Deer Lake – White Bay	Bay of Islands	Corner Brook and Area
Radiation Therapy	12.0%	12.2%	10.4%	8.9%	8.6%	8.2%	6.5%	22.2%
Chemotherapy	31.9%	25.6%	35.7%	23.5%	19.5%	34.4%	16.8%	31.0%
Cardiac Bypass Surgery	5.4%	7.9%	1.7%	9.1%	4.9%	3.3%	6.5%	12.2%
Cataract Surgery	21.0%	18.9%	16.6%	25.9%	30.0%	54.1%	51.6%	29.9%
Hip / Knee Replacement	15.2%	10.3%	14.3%	31.5%	34.1%	50.8%	65.0%	36.8%
Breast/Cervical Screening	48.2%	52.6%	38.3%	47.3%	60.2%	78.7%	74.2%	61.2%
Dialysis	32.9%	23.7%	65.9%	21.2%	17.5%	51.7%	60.0%	41.4%
Mental Health / Addictions	23.7%	28.2%	21.3%	36.4%	14.5%	25.0%	41.9%	41.0%
Diabetes Services	35.3%	28.9%	48.6%	31.5%	36.9%	52.5%	55.6%	41.4%

Key Findings:

- *Sub-regional analysis showed considerable variation in access to services, particularly with regard to cataract surgery and hip/knee replacement*

4.3.7 Barriers to Healthcare Providers and Services by Sub-Region

In general, all sub-regions indicated length of wait time as their main barrier for access to healthcare providers and services – this was a particular issue for the St Fintan's- Port au Port East (82.5%) and Port au Port Peninsula (90.5%) sub-regions. Respondents from the Burgeo-Francois sub-region indicated weather (88.1%), service not available in the area (81.4%) transportation problems (57.6%) and cost (47.5%) as barriers more than respondents from the other sub-regions. Respondents from three sub-regions Port au Port Peninsula (66.7%), Codroy-LaPoile (58.0%), and Burgeo-Francois (61.0%) listed distance to travel as a barrier more frequently than respondents from any of the other regions.

	St. Fintan's – Port au Port East	Port au Port Peninsula	Codroy – LaPoile	Burgeo – Francois	Bonne Bay Area	Deer Lake – White Bay	Bay of Islands	Corner Brook and Area
Wait time too long for an appointment	82.5%	90.5%	73.9%	72.9%	63.4%	55.4%	68.4%	65.5%
Not available - in the area	45.8%	66.7%	78.2%	81.4%	55.9%	36.9%	37.7%	40.3%
Not available – at the time required	49.7%	64.3%	51.1%	37.3%	47.3%	44.6%	44.9%	46.2%
Weather	27.1%	59.5%	66.5%	88.1%	44.1%	16.9%	30.4%	12.6%
Distance to travel	25.4%	66.7%	58.0%	61.0%	23.7%	24.6%	18.8%	16.0%
Lack of consistency in provider	29.4%	28.6%	26.6%	32.2%	34.4%	27.7%	18.8%	27.7%
Transportation Problems	13.0%	35.7%	28.7%	57.6%	12.9%	13.8%	15.9%	16.8%
Cost	11.3%	14.3%	26.1%	47.5%	11.8%	10.58%	13.0%	10.1%
Not covered by insurance	15.3%	19.0%	23.3%	25.4%	8.6%	13.8%	10.1%	10.1%
Language Problems	11.9%	14.3%	9.0%	3.4%	6.5%	1.5%	5.8%	9.2%
Too busy / Responsibilities	4.0%	4.8%	8.5%	8.5%	6.5%	9.2%	8.7%	8.4%
Didn't know where to go	5.1%	4.8%	8.5%	6.8%	2.2%	4.6%	2.9%	9.2%

Other	2.8%	2.4%	2.7%	3.4%	4.3%	10.8%	5.8%	6.7%

Key Findings:

- Length of wait time was the main barrier to access across all sub-regions.
- Respondents from the Burgeo-Francois sub-region indicated weather, transportation problems and cost as barriers more than respondents from the other sub-regions.
- Respondents from three sub-regions - Port au Port Peninsula, Codroy-LaPoile, and Burgeo-Francois - listed distance to travel as a barrier more frequently than respondents from any of the other regions.

4.4 Post Survey Commentary

A final question on both the paper and online survey asked participants if there were any other comments they wanted to make about health services access in their community. Several participants commented on challenges to healthcare access that they had personally encountered. Other participants commented on access issues their friends or families had encountered. On the other hand, some participants suggested solutions to access challenges. In all, 375 participants included additional commentary.

When these comments were thematically coded, seven themes were identified: 1) Physician Shortages; 2) Difficulty Accessing Specialist Services; 3) Difficulty Accessing Emergency Services; 4) Consistency of Care Issues; 5) Difficulty with Travel and the Cost of Travel 6) Wait Times and 7) The Potential of Nurse Practitioners.

Key Findings:

The themes emerging from the survey comments were:

- *Physician Shortages*
- *Difficulty Accessing Specialist Services*
- *Difficulty Accessing Emergency Services*
- *Consistency of Care Issues*
- *Difficulty with Travel and the Cost of Travel*
- *Wait Times*
- *Potential of Nurse Practitioners*

4.4.1 Physician Shortages

Several participants commented on what they perceived to be a shortage of physicians in their region or community; participants frequently noted that either they were unable to find a family physician taking new patients or that the wait time to see their family physician was too long. Frequently, respondents reported that because they could not access a family physician at all or because they could not access a family physician on shorter notice, they were forced to use emergency services for non-emergency situations:

> *"*We live in a desperate time where people are not able to receive routine preventative care or regular care for any condition due to no available GP's in the Corner Brook area. People are forced to go to busy ER Departments for minor conditions due to *having no doctor."*

> *"*The healthcare system in Corner Brook is in a crisis state with very few GPs. Long wait times and burnout of hospital staff is attributed to the lack of services available to the public, thereby having to utilize emergency services for non-emergency situations. There are too few GPs. The ones we have are not taking more patients. When we do attract a new doctor we work them to death until they leave. Doctors too require a life style they can thrive in and thus be willing to stay. Access to specialists is a problem and we must be more willing to make use of those elsewhere. Our emphasis has to be on attracting AND RETAINING family doctors.*"*

> *"*It is impossible to get in to see our family doctor on short notice. If I wake up in the morning with tonsillitis, I have to go to the emergency room for treatment. This is a waste of resources in the emergency room, which should be reserved for people with urgent care issues which cannot be diagnosed/treated in a family doctor's office.*"*

Key Findings:

- *Respondents frequently reported frustration related to their inability to find a family doctor or access a family physician on short notice*
- *The shortage of physicians and long wait times to see a physician caused respondents to use emergency services for non-emergency situations*

4.4.2 Difficulty Accessing Specialist Services

Several respondents indicated that they thought more specialist services ought to be available in their community; services that participants felt they should have more local access to included heart specialist services and diabetes services.

> *"*I think we have an excellent healthcare system here on the West Coast. Could use another Heart Specialist and would like to see procedures such as stents performed here.*"*

> *"*With diabetes on the rise, there should be a diabetes expert to come and do a yearly check for us and there should be services like foot care more easily available especially since VON dropped foot care as part of their services.*"*

It is of note that many participants outside Corner Brook commented on the lack of obstetric services in their area:

> *"*I am glad that my child-bearing years are over with. I cannot imagine the stress on expectant mothers who are living so far from a birthing unit. I am able to cover the cost of trips to Corner Brook, but there are many who find it a financial hardship to travel there or St. John's for treatments. Frequently people are requested to be in Corner Brook so early in the morning they have to take a hotel there overnight in order to be on time. Could not people who have a distance to travel be given appointments later in the day?*"*

> *"*Travelling to Corner Brook for pre-natal care is outrageous and the costs associated allow people to skip appointments that are deemed necessary. It would be nice to have an OBGYN.*"*

Many participants also commented on difficulty accessing mental health services. Many people felt that the services in their area were inadequate and that their area needed more mental health services. Long wait times and inadequate services could have negative consequences for individuals' health:

> *"…Mental Health support is VERY hard to find.* There are only a few specialists within the Corner Brook and Newfoundland areas. All colleges, universities and schools should have nurses/doctors on staff. People should be taught how to contact help such as *Community help lines, EMS, etc…"*

> *"…We need more counselors for mental health services. We only have two, and one is* only if you have addictions, the wait can be up to 6 months to get counseling and some peo*ple have to travel into Stephenville for special mental health problems…"*

Key Findings:

- *Respondents noted the lack of many specialist services in their communities, this included: obstetric, mental health, and diabetes services.*

4.4.3 Difficulty Accessing Emergency Services

A number of respondents reported that they had difficulty accessing emergency services. This difficulty could be related to long wait times once in the emergency room or as in the case of a number of respondents from Deer Lake and other more remote communities, difficulty accessing emergency services could be related to a lack of facilities within the community:

> *"*Emergency care outside regular clinic hours in Deer Lake is a real problem. With several doctors on staff at the clinic, an evening walk in Clinic and an emergency response system should be in place at this healthcare facility.*"*

> *"*On the weekend there are no doctors available in Deer Lake. In case of any emergency or injury you have to travel to Corner Brook and i*f it's not a serious emergency you have* to wait hours and hours.*"*

> *"*Many emergency services, cannot be done at the local hospital thus have to be transported by ambulance approximately 3 hours away.*" (respondent from Rose Blanche* –approximately 45 minutes from Port aux Basques and 3 hours from Corner Brook)

Key Findings:

- *Respondents felt that they had trouble accessing Emergency Services when they were needed. The reasons cited for this were long wait times and lack of facilities in their communities.*

4.4.4 Consistency of Care

A number of respondents expressed frustration that doctors seemed to "come and go" from their community. A desire for more consistency of care – in particular a desire for a long-term, regular doctor – was a common theme among commenters:

> *"*Doctors come to the area for 6-8 months, [you] see the doctor once, before getting back the results of any blood work, X rays, etc. the doctor has already left the area.*"*

> *"*In my community there is a lack of consistency in healthcare providers and with the current healthcare provider there i*s at least a 2 week wait period"*

> *"*[We] need a permanent physician at the local clinic. It is very hard and time consuming to have to see a different physician every time.*"*

> *"*My family was without a family doctor for about 6 months last year before a new doctor took up the practice that had been vacated by our (much-loved) family doctor, originally from Western Newfoundland, who re-located to Conception Bay South. My concern now is that our current doctor may not stay in the area. If the area was unable to hold onto a doctor who seemed to have every intention of staying here for the long-term, it IS concerning that a doctor with NO roots here might be more inclined to move on. Let's *hope not."*

Key Findings:

- *Respondents were concerned about the lack of consistency in their healthcare providers, particularly their family doctor.*

4.4.5 Difficulty with Travel and the Cost of Travel

Several respondents commented that having to travel to access specialist services could be difficult for a number of reasons including inclement weather and needing time off work. The number one barrier created by the need to travel was financial: many respondents indicated that the cost of travel was an important barrier to accessing distant specialist services.

> *"*Travelling to St. John's for appointments is so far! 10 hour drive which you then need a minimum of three days off work to get to an appointment.*"*

> *"*Weather plays a very big piece in access to service from this area especially in the Fall up to late Spring as a rule. For example if you already have an appointment with a Specialist in Corner Brook after having waited for the appointment for some time and then have to cancel due to inclement weather then you have to be put right at the end of the list again and given if *it's* an acute or more urgent issue in nature then this has many setbacks. The Famous Wreckhouse winds play a HUGE role in access to care of various Health Professionals/Testing in the Fall and Winter months. So weather and access to care in a reasonable time frame is often an issue when you live in more rural areas*"*

> *"*We are lucky to be near a decent medical facility and we are quite happy with the care we receive (for medical, dental and physio care). However, one family member has ongoing health issues that must be monitored and occasionally treated. We could have gone to St John's, but we had no place to stay there. Very expensive if you have to travel and have a recovery period before one can travel home.*"*

> *"*Many people in the community of Lark Harbour do have to travel back and forth to Corner Brook for dialysis. Some do not have any type of insurance to help cover the cost of gas to get to and from. There should be some *type of refund for these people."*

> *"*I really wish there was an anesthesiologist closer than Corner Brook, and children could be born in Port aux Basques again. It is a bit much to expect for families, especially for families with nowhere to stay and other children at home, to have to stay at a hotel, out of their own pockets.*"*

Key Findings:

- *Travel was cited by respondents as a major obstacle for accessing specialist services. This included trouble with the weather, getting time off from work, and especially the costs associated with the travel.*

4.4.6 Wait Times

Frustration with wait times was a frequent theme in the post-survey commentary. Respondents expressed frustration with wait times in three contexts which included: 1) wait times for emergency services; 2) wait times for doctors' appointments; and 3) wait times to see specialists.

Wait times for emergency services

> *"*Current wait times to see my family doctor is 6 - 8 weeks. Only option is to go to outpatients and due to overflow caused by lack of family doctor hours and service, the hospital is busier. Very long wait periods. Schedules and work related commitments sometimes mean not getting medical attention. Very long waits also become expensive as meals have to be purchased for really long waits. No reasonable public transit means people are paying for taxis and private vehicles and th*at is an added financial burden."*

> *"*Emergency waits can be as long as 6-7 hrs. Sometimes you have a problem and need an x-ray, which is recommended by a radiologist, and the doctor says we will keep an eye on it. However, it is never mentioned again and how can you possibly keep an eye on a bone problem if you don't get the x-ray done????*"*

> *"*There are too many people going to emergency at the Regional Healthcare Facility because they cannot see their family doctors. While visiting emergency they have to wait from 3 *to 6 hours to be seen."*

Wait times for doctor appointments

> *"*When you have young children (like me) having a family is important; however, rapid access is even more important since most problems with children arise quickly. Due to the large patient loads at the d*octor's* office it is virtually impossible to be 'fitted-in' when an *urgent matter arises."*

> *"*Problems in obtaining a family doctor. My previous family doctor didn't have long waits for appointments but my husband's doctor needs two weeks advance notice and I have friends who wait even longer just to see them*"*

> *"*I generally ask if I need to see someone. I find it hard to get a doctor's appointment without waiting 3-4 weeks*"*

Wait times for specialist appointments

> *"*I have to wait 1 year for an appointment to see a specialist for my arthritis.*"*

> *"*wait time for ultrasound is way too long. My doctor sent me in for ultrasound on my breast/ovary. It was recommended urgent 0-14 days but it took nearly 3 months for breast ultrasound and exactly 60 days for ultrasound on my ovary.*"*

> *"*The wait to see specialists is too long. There is no dermatologist in Corner Brook or surrounding area.*"*

Key Findings:

- *Respondents frequently cited frustration over long wait times for:*
    - *emergency services*
    - *physician appointments*
    - *specialist appointments*

4.4.7 The Potential of Nurse Practitioners

In the space provided for additional commentary, a number of survey respondents commented on the role of nurse practitioners. Respondents indicated one of two things:

Several respondents indicated that a nurse practitioner was available in their area, that they had seen the nurse practitioner, and that they had a positive experience. Some respondents indicated that they visited nurse practitioners when they were unhappy or uncomfortable with their family doctor. Some women indicated a preference for nurse practitioners for gynecological concerns.

> *"…As a health practit*ioner in the area I am acutely aware of healthcare needs of the population, especially the physical health needs. The lack of access to a family physician is a big barrier, but when nurse practitioner services have been available here, patient satisfaction with the service has been VERY high. It makes much more sense to invest in nurse practitioners in rural areas rather than foreign-*trained doctors who come and go…"*

Other respondents indicated that a nurse practitioner was not available in the area and was needed. A few respondents expanded on the use of nurse practitioners as a potential solution to non-emergency use of emergency rooms.

> *"…What I do not understand is why a nurse practitioner cannot be made available to* everyone who does not have a family physician. It is ridiculous and scandalous that people without a family physician are obliged to sit in the emergency room for hours *waiting to see a doctor to have a simple prescription filled… Bottom line: if Western* Health cannot provide adequate numbers of family physicians they should hire more nurse practitioners and stop overloading the emergency room with simple medical problems.*"*

Overall, respondents who commented on the role of nurse practitioners indicated that they felt that the government ought to provide better pay and/or create incentives for nurse practitioners to draw nurse practitioners into practice in rural/remote areas.

Key Findings:

- *Many individuals reported positive experiences with nurse practitioners.*
- *Hiring nurse practitioners was identified as a possible solution to some health service access issues.*

4.5 Kitchen Table Discussions

4.5.1 Experiences Accessing Health Services

Experiences accessing health services varied by community. Some experiences mentioned included:

- Long wait times for tests (Port aux Basques)
- Long wait times in emergency (Parson's Pond)
- Limited access to physicians and nurse practitioners (common to several communities).
- Concern about doctor turnover (Norris Point and Jackson's Arm).

Participants in Flat Bay additionally noted that their experiences accessing healthcare could include racism and a lack of cultural understanding.

4.5.2 Health Services and Professionals

Experiences with specific health services and professionals varied by community. Notable results include:

- Participants in Flat Bay noted that basic healthcare was not accessible or available and that there was no Aboriginal wellness.
- Participants in Francois noted that there were no services.
- Port aux Basques participants were happy to have local dialysis, but noted that travel for other services could be costly.
- Participants in Parson's Pond noted that physiotherapists were not available, that there were long wait times to see a neurologist, and that it was difficult to get an eye doctor appointment.
- Participants commented that they had good experiences with the Health Line service (Norris Point and Deer Lake).

4.5.3 Access Issues

Services that participants felt their community should have or have better access to include:

- Blood pressure checks, patient navigators, and a friendship center (Flat Bay)
- Dentist and nurse (Francois)
- Specialists (Deer Lake and Port aux Basques)
- General practitioners (Port aux Basques)
- Community health and wellness programs, mental health and addictions services, and rheumatology services (Norris Point)
- Diabetic services, x-ray services, and radiation (Jackson's Arm)
- Mental health and addictions services (Benoit's Cove, Norris Point, Parson's Pond, Deer Lake)
- Pharmacy and prescription services (Benoit's Cove, Parson's Pond, Jackson's Arm)

Participants from several communities noted that wait times as well as travel and associated travel costs could make accessing health services difficult. Participants from Flat Bay additionally noted communication barriers and participants from Parson's Pond noted that lack of compassion from medical professionals could make access difficult.

4.5.4 Access Solutions

Participants were offered the opportunity to suggest solutions to improve access to health services. The following are general solutions identified:

- Bringing in the needed professionals to administer basic health services
- Improve access to midwifery practitioners
- Financial support for costs associated with travel
- More tele-conferencing and wider access
- More community wellness programs and specific wellness programs for Aboriginal communities.
- Patient navigators
- Increased hours and on-call availability of physicians
- More home care and care for seniors

Key Kitchen Table Discussion Findings:

- Several communities noted a lack of basic health services and professionals including
  - pharmacists
  - dentists
  - nurse practitioners
  - general practitioners
- Several communities noted a lack of specialized services and professionals
- The greatest difficulty faced in having to travel for service or treatment is the financial burden of accommodation and travel and the increased stress of travelling during the winter
- Solutions identified by participants included financial support for travel, increased recruitment of health professionals, and wider access to tele-conferencing
- Aboriginal communities expressed a desire for wellness programs specific to their needs/concerns

Summary of Key Findings

Many of the findings of the present research are consistent with current literature. Data from the Society of Rural Physicians of Canada (2013) for example indicates that while 20% of Canadians live in rural areas, only 10% of physicians work in rural areas and only 3% of specialists practice in rural areas. In the present study, a noteworthy portion of participants overall - 11.7% - reported that they did not have a family doctor and 36% of respondents to the survey indicated that they had to travel outside their community to access their family doctor. In commentary and kitchen table discussions, many participants expressed frustration with what they perceived to be a lack of basic primary care and specialist services in their communities.

In the survey results, long wait times (60.8%) and not available in the area (47.1%) were the two most frequently checked barriers to access. Long wait times also emerged as an important barrier to access in post-survey and kitchen table commentary. Wait times and service availability have been identified elsewhere as important barriers to accessing health services. A 2012 Canadian Institute for Health Information report noted that wait times for primary, emergency, and specialist care remain significant issues for many Canadians. Sanmartin and Ross's 2006 analysis of the Health Services Access survey found that 54% of respondents who experienced difficulty accessing primary care cited physician or service availability as the primary barrier and 43% of respondents cited wait times.

Interestingly, in Sanmartin and Ross's research, which was not focused on rural and remote Canadians, "personal" reasons, such as difficulty with transportation or cost, were identified as barriers to health services by fewer than 5% of respondents. In our research, on the other hand, which was focused exclusively on rural and remote Canadians, transportation problems and cost were cited as barriers to access by 18% and 15% of respondents respectively. In the particularly remote sub-region of Burgeo-Francois, transportation problems and cost were cited as barriers by 58% and 48% of respondents respectively. Our results suggest that transportation and cost barriers to access are particularly important issues in rural and remote regions of Canada.

Another interesting finding of this research was the regional variability in access to different health services. For example, while participants from both regions frequently noted that they did not have adequate access to cardiac bypass surgery and radiation therapy, regional analysis showed that respondents from the Stephenville-Port aux Basques Region reported particularly poor access in comparison with the Corner Brook-Rocky Harbour Region to maternal and child health services. This suggests that access to maternity care, which has been shown have significant health effects for rural women (Nesbitt et al. 1990; Gryzbowski et al. 2007), may vary from region to region. Other services, such dialysis, hip/knee replacements, and cataract surgery, also showed wide variability across regions; such results suggest that some service access issues may be region or community specific and require community specific solutions.

Finally, in kitchen table discussions, Aboriginal individuals from the community of Flat Bay indicated that their experiences with healthcare services could include racism and a lack of cultural understanding. Aboriginal participants also indicated a desire for wellness programs specific to their needs and concerns. In other research from Canada and abroad, Aboriginal individuals have listed fear of racism, discomfort in healthcare settings (Warden, Clement, and

Quantz 2005), cultural inappropriateness of services (Gruen, Weeramanthri, and Bailie 2002), and collective memories of colonialism (Sahid, Finn, and Thompson 2009) as barriers to healthcare services. Taken together with previous research, results from the present study confirm the need for governments and community stakeholders to develop strategies to address the unique health services issues that Aboriginal individuals and communities may face.

Summary of Key Findings:

- Noteworthy portions of survey participants either lacked a family doctor (11.7%) or had a family doctor outside their community (36%)
- Long wait times (60.8%) and not available in the area (47.1%) were the two most frequently checked barriers to access
- Participants from both regions frequently noted that they did not have adequate access to cardiac bypass surgery and radiation therapy
- Regional analysis showed that respondents from the Stephenville-Port aux Basques Region reported particularly poor access in comparison with the Corner Brook-Rocky Harbour Region to maternal and child health services
- Sub-regional analysis showed that respondents from the Bay of Islands, Port au Port Peninsula, and Burgeo-Francois sub-regions were least likely to have a family doctor located in their community
- In qualitative commentary and kitchen table discussions, travel and the cost associated with travel was an important barrier to accessing care
- In qualitative commentary, many individuals noted that their access to specialist services including obstetric services and mental health services was poor or non-existent
- Aboriginal communities expressed a desire for wellness programs specific to their needs/concerns

5.0 Solutions and Recommendations

Research from Canada, Australia, and the United States reports on a number of initiatives and/or recommendations that have been made with regard to improving access to healthcare for rural and remote individuals and communities. Proposed solutions and recommendations include: recruiting more rural physicians, employing a nurse practitioner model, specialist outreach, telehealth, and the completion of additional rural and remote health research. It is notable that recruiting more physicians, employing a nurse practitioner model, and increased use of telehealth were all suggested by respondents in the present research as potential solutions to health service access issues. Additionally, respondents in the present research identified assistance with the cost of travel as a solution to access issues. Ultimately, at least 5 potential solutions or recommendations emerge from this research:

1. Recruit more rural and remote physicians
2. Adopt a nurse practitioner model
3. Assist individuals with travel cost and develop specialist outreach services
4. Increase the use of telehealth services
5. Initiate additional rural and remote health services research

In the sub-sections below, these recommendations are reviewed in more detail.

5.1 Recruit more rural and remote physicians

While there is a recognized shortage of doctors in rural areas in Canada and abroad (WHO 2010; SRPC 2013), research has shown that both rural background and rural curricular components can influence medical students to take up eventual rural practice (Orzanco et al. 2011; Jones et al. 2012). As part of a social accountability mandate, many medical schools in Canada – including Memorial University's medical school –have taken steps to attract more rural students and provide extended rural educational opportunities (Bates 2005). Currently, available data suggests that Memorial ranks among the top universities in Canada with regard to recruitment of rural students and the production of rural physicians (SRPC 2013). Yet while Newfoundland's medical school produces a high percentage of rural physicians, results from the present research suggest that additional steps may need to be taken by communities to pursue enhanced recruitment and retention of medical graduates. Potential strategies to enhance recruitment and retention of medical graduates may constitute an area for continued discussion and research among government, university, and community stakeholders.

5.2 Adopt a nurse practitioner model

In a study designed to examine barriers and also solutions to enhanced health service access in Meander Valley, Northern Tasmania, Le et al. (2012) produced key recommendations that included exploring ways to attract services to the area and recruit and retain more general practitioners (GPs). Additionally, however, the authors also listed the deployment of a nurse

practitioner model as a potential solution to health services shortages. That this suggestion emerged in the context of interviews with individuals in a rural area in Australia and also in the present research suggests that rural individuals in Canada and abroad view nurse practitioners as an important option to improve health services. Enhancing recruitment of nurse practitioners to rural areas is an option that community stakeholders and governments ought to systematically explore.

5.3 Assist individuals with travel cost and develop specialist outreach services

In national and international research, difficulties with travel emerge as a key barrier to accessing health services for individuals living in in rural and remote areas. Assistance with the cost of travel and accommodations is an obvious and socially just solution that was suggested by respondents in the present research. Specialist outreach services may also offer a solution to overcome the difficulty of accessing far-off specialist services. In an evaluation of a specialist outreach service established in Northern Australia, Gruen, Weeramanthri, and Bailie (2002) noted that the benefits of specialist outreach included: more patients seen, less disruption to families and work, reduced cost of transport, improved doctor patient communication, and improved cultural appreciation. Requirements for sustainable outreach included: ensuring the program is adequately resourced and staffed; grounding the program in a multidisciplinary framework centered in primary care and not dependent only on specialists; integration with local primary care services, prior planning of visits, and regular evaluation.

5.4 Increase the use of telehealth services

In a federal government review of rural health access issues, Laurent (2002) cited increased use of telehealth services as a possible strategy to increasing rural access to health services. Telehealth can be used to share information among health providers and deliver health services and information over large distances. For the patient, telehealth can provide quicker access to specialist services (Laurent 2002). Critically, telehealth can also reduce travel time and cost – an especially significant benefit given the large number of respondents in the present research who cited travel costs as a barrier to health services. In a recent report focused on wait times in Canada, the Canadian Institute for Health Information (CIHI) listed telehealth as an important strategy for reducing waits in primary care, noting that: "[v]ideoconferencing that eliminates the need for travel has been shown to reduce wait times for specialist consultations anywhere from 20–90% … Telehealth activity across Canada has resulted in an estimated annual system cost avoidance of $55 million and personal travel cost savings of $70 million."

In the present research, increased telehealth services emerged in some kitchen table discussions as a potential solution to access issues. Increased implementation and use of telehealth services may be both a cost-saving and service enhancing solution particularly for communities where travel and/or wait times are the primary barriers to care.

5.5 Initiate additional rural and remote health services research

While the above recommendations may constitute potential intermediate and long-term solutions to rural health services access issues, continued research is clearly needed (Laurent 2002; Leipert 2005). Results from the present study suggest that an effective rural health research agenda will explore the unique needs of particular groups (for example, women or Aboriginal individuals) as well as the unique challenges of particular communities. Indeed, in this respect, it is noteworthy that regional and sub-regional analysis identified differences between communities with regard to access issues. Respondents from the Stephenville-Port aux Basques area, for example, reported poorer access to maternal and child health services than respondents from the Corner Brook-Rocky Harbour area. Sub-regional analysis also revealed considerable variation in adequate access to various services as well as variation in access barriers: for example, respondents from Port au Port Peninsula, Codroy-LaPoile, and Burgeo-Francois listed distance to travel as a barrier more frequently than respondents from any of the other sub-regions.

In their evaluation of a specialist outreach service, Gruen, Weeramanthri, and Bailie (2002) suggested that specialist outreach ought to be responsive to the unique needs of specific communities. Wakerman and Humphries (2011) have also argued that effective health services reforms should be "contextualized" to suit the needs of communities and that such reforms should draw on community strengths. Additional research focused on the strengths, needs, and unique challenges of particular communities and groups in Western Newfoundland may contribute essential insight into the most effective strategies and solutions to address health services access issues in this region.

6.0 Conclusion

Many individuals and communities in Canada are denied equal access to health services for reasons that can be rooted in gender, geography, economics, and lack of cultural competency, among others. This research, which has focused on the Western Region of Newfoundland, has revealed a number of health services access issues most notably, for individuals living in rural and remote communities in this area. These issues include not only wait times and difficulty finding or getting an appointment with a family doctor, but also difficulty finding or affording transportation to larger centers to access primary or certain specialist services. Access issues could be particularly acute for women who had to travel long distances to access maternity care. Access issues could also be exacerbated for Aboriginal individuals who dealt with additional barriers related to racism and lack of cultural understanding. While potential solutions and recommendations are listed above, the results of this study, along with current literature, also clearly point to the importance of continued research to develop specific solutions to address the health service equity issues specific to particular groups and communities. Ultimately, equal access to health services is a social justice issue and continued support of research and strategies to address access issues in rural and remote communities should be an integral component of a healthcare system that strives for equality and universality.

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Appendix A: Survey

1. Do you have a regular family doctor?
   - □ Yes → Go to Question 2
   - □ No → Go to Question 5

2. Is your family doctor's office located in your community?
   - □ Yes
   - □ No

3. On average, how long would it take you to travel from your home to your family doctor's office/clinic? _____Hours; _____Minutes.

4. Is your family doctor … (please check ✓ the appropriate box):
   - □ Permanent
   - □ Temporary
   - □ Other: (Please specify)

   _____
   _____
   _____
   Go to Question 6

5. Why do you not have a regular family doctor?
□No family doctors available in the area
□Family doctors in the area are not taking new patients
□Have not tried to contact one
□ Had a family doctor but he/she left or retired
□ Other (Please specify) _____
_____

6. Who is your main contact for health concerns or questions (please check ✓ one appropriate box)?
□ Doctor
□ Nurse practitioner
□ Community health nurse/Public Health Nurse
□ Voluntary organization
□ Hospital, emergency room
□ Pharmacist
□ Other (Please specify) _____
_____

7. On average, how long would it take you to travel from your home to the nearest health contact that you identified in the last question?
Hours; Minutes

8. Who are the other healthcare providers that you see about your health, and where do you go to see them?

Health provider	Please check ✓all that apply	Where are they located? (community)
Doctor (GP or Family Physician)		
Physician Specialists (Specify below if known e.g. Dermatologist, Oncologist, etc)		
Regional healthcare facility		
Nurse practitioner		
Community health nurse/Public Health Nurse		
Physiotherapist		
Dietician		
Social worker		
Dentist		
Pharmacist		
Eye doctor		
Chiropractor		
Massage therapist		
Alternative healthcare practitioner		
Any Others? List below		

Healthcare Services in General.

9. Please choose the three most important services/providers that you need to maintain your health.

Health provider	Put the numbers 1, 2 or 3 after your three choices.
Doctor (GP or Family Physician)	
Physician Specialists (Specify below if known e.g. Dermatologist, Oncologist, etc)	
Regional healthcare facility	
Nurse practitioner	
Community health nurse/Public Health Nurse	
Physiotherapist	
Dietician	
Social worker	
Dentist	
Pharmacist	
Eye doctor	
Chiropractor	
Massage therapist	
Alternative healthcare practitioner	
Any Others? List below	

10. Do you feel that you have adequate access to the following health services?

Service	Yes	No	**Don't Know**
Radiation therapy			
Chemotherapy			
Cardiac bypass surgery			
Cataract surgery			
Hip/Knee replacement			
Breast/Cervical screening			
Dialysis			
Mental Health/Addictions services			
Diabetes services			
Maternal and Child Health			

10. What are the barriers you encounter in accessing and receiving healthcare services? (Please check ✓ all that apply)

- ☐ Not available - in the area
- ☐ Not available - at time required (e.g. doctor on holidays, inconvenient hours)
- ☐ Wait time to obtain appointment too long
- ☐ Lack of consistency in health providers
- ☐ Cost
- ☐ Not covered by insurance
- ☐ Too far to travel
- ☐ Transportation problems
- ☐ Weather
- ☐ Language problems
- ☐ Too busy/personal or family responsibilities
- ☐ Didn't know where to go
- ☐ Other – Please specify _____ _____

12. What type of healthcare services do you access regularly? (Please check ✓ all that apply)

- ☐ Treatment of a physical health problem
- ☐ Treatment of an emotional or mental health problem
- ☐ A regular check-up (including regular pre-natal care)
- ☐ Care of an injury
- ☐ Maternal and Child Health
- ☐ Diagnostic services (e.g. Laboratory, X-Ray etc)
- ☐ Other – Please specify _____ _____

13. Are there any other comments you would like to make about health services or facilities for your community? Is there a specific experience that you or your family had with the healthcare *system that you'd like to tell us about? (Please use the back of* this form if you need more space)

The following questions are so we can do some comparisons between regions and people. You may refuse to answer any question you are not comfortable answering.

14. What community do you live in? _____

15. What is your gender (please check ✓): □Female □Male

16. How old are you?

□ 15-24 □ 25-34 □ 35-44 □ 45-54

□ 55-64 □ 65-74 □75-84 □ 85+

17. What is your marital status?

- ❑ Single
- ❑ Separated/Divorced
- ❑ Married/Living together
- ❑ Widowed

18. What is your highest level of education?

- ❑ Some school but no high school certificate
- ❑ High school certificate
- ❑ Post-secondary education

19. What is your household income?

- ❑ <10,0000
- ❑ 10,000 to 24,999
- ❑ 25,000 to 49,999
- ❑ 50,000 to 99,999
- ❑ >100,000
- ❑ Don't Know
- ❑ Refused

And Finally….!

We are planning some discussion groups in the near future focused on the above topics. Would you be interested in participating in one of these groups?

- ○ Yes — If Yes, please fill in information below
- ○ No — If No, - Thank you for your help with this survey!

IF YES: Could you please give us your name and contact information so that we can contact you about times and dates for this discussion group? (We will keep your name and contact information separate from your survey answers)

Name _____

What would be the best way to contact you?
Phone Number: _____
Email: _____
Mailing Address: _____
_____
_____

Thank you for your help with this survey!

Appendix B: Kitchen Table Guide

Introductory Script/Background

My name is: _____. I will be helping to facilitate this discussion as well as recording it and taking some notes (Ask each participant to introduce her/himself by name).
I/we represent the _____ Rural Secretariat/ Regional Council. The Council is comprised of appointed volunteers from across the region and their role is to provide advice to the Provincial government on any issues which have an impact on rural sustainability. Access to health is one of the areas where we would like to provide some advice and we're carrying out these discussions so that we can hear and understand the views of people in our region.
The first part of the project involved distributing a survey about access to health services to residents of both the Corner Brook-Rocky Harbour and Stephenville-Port aux Basques regions. Today we will be talking about and building on many of the topics that were covered in the survey. Specifically, we are interested in your experiences with accessing healthcare and we are also interested in discussing potential solutions to any problems.
Thank you for agreeing to help us with this project. We very much appreciate you taking the time to share your experiences and opinions. The information you give us in these kitchen table discussions will be collected in a report that will be used by Rural Secretariat Regional Council members for this region to provide advice to the Provincial Government regarding access to health services.
I will start the conversation out with a question, but after that, I'd like you to talk and I'll just jump back in if we get off track. Again, we are interested in hearing your opinions and experiences.
Are there any questions before we begin?

Focus Group Questions

1. What has been your general experience with accessing health services in your community?
Speaker notes: Now I am going to move on to some more focused questions. The first ones I would like to ask are about important health services.

Section A: Important Health Services
1. What are some of the health services or health professionals that you feel are most important to maintaining your health? What are some of the health services or health professionals that you feel are most important to your community? (Prompt to use, if necessary: Some of the important services that people mentioned in the surveys were:)

- Doctors (GPs)
- Dentists
- Regional Healthcare Facilities
- Nurse Practitioners
- Eye Doctors
- Physician Specialists such as gynecologists, urologists, dermatologists
- Massage therapists and Physiotherapists

2. Do you feel that you have good access to these services?

3. Are there services that you think your community should have better access to (Prompt to use, if necessary: Some of the services that many survey respondents felt they did not have adequate access to were:)

- cardiac bypass surgery
- radiation therapy
- mental health and addictions services
- hip/knee replacement
- cataract surgery
- maternal/ child health services
- breast/ cervical screening
- chemotherapy
- diabetes services
- dialysis

Speaker notes: Now I would like to ask you a question related to accessing health services.

Section B: Accessing Health Services

1. What are some of the factors that affect your access to health services? In other words, what things can make it easy or hard to access health services? (Prompt to use, if necessary: Some of the things people mentioned in the survey that can make it hard to access health services were:)

- a shortage of physicians in the area
- inability to obtain a family doctor
- long wait time to see your family doctor
- long wait times in the emergency room
- long travel to see a family doctor or specialist
- expense of travel
- bad weather

(Prompt to use, if necessary: Some of the things that research says can make it easier to access health services are:)

- easy access to transport
- family support
- *close distance to clinic/hospital/doctor's office*
- work flexibility
- friendly/ helpful staff/doctors/etc.

Speaker notes: In this last section for the day, I wanted to ask you some questions relating to solutions for achieving better access to healthcare.

Section C: Solutions to Achieve Better Access

1. As you think of some things we talked about earlier that can make it easier or harder to access health services, can you think of ways to improve access to health services? Or do you feel you already have good access? (Prompt to use if necessary: Some people felt they had excellent access to a family doctor. In other cases, to address the shortage of family doctors some people suggested:)

- hire more nurse practitioners
- invest in more walk in clinics
- train more physicians
- implement better physician recruitment programs

(Prompt to use, if necessary: Some people mentioned that they had excellent facilities in their community. On the other hand, to ease the burdens and problems associated with travel, some people suggested:)

- travel costs should be covered by MCP
- health institutions should be accommodating when scheduling appointments for people who travel long distances – for example, scheduling appointments later in the day so that individuals do not have to stay overnight in hotels to make early morning appointments

2. Are there any other specific steps that could be taken by health institutions to improve access to health services for people in your community?

3. Are there any other specific steps that could be taken by the government to improve access to health services?

4. Are there any other community organizations that could contribute to improving health services access?

5. Is there a particular story you would like to share that illustrates some of the challenges or benefits of accessing health services in rural communities?

Speaker notes: That was our final question for the day. Thank you for the great discussion. These conversations will greatly help us in understanding issues and solutions around healthcare in the region. If you have any questions about this project please contact: Kim Olson, Rural Secretariat, Stephenville – Port aux Basques or Marion McCahon, Rural Secretariat, Corner Brook – Rocky Harbour.

Appendix C: List of Communities

Communities are listed below in their original region (Corner Brook-Rock Harbour or Stephenville-Port aux Basques) and are further shown in their sub-region groupings.

Corner Brook - Rocky Harbour

1. Bay of Islands

- Bay of Islands
- Benoit's Cove
- Cox's Cove
- Gillams
- Halfway Pt.
- Hughes Brook
- Irishtown/ Summerside
- John's Beach
- Lark Harbour
- Little Rapids
- McIvers
- Meadows
- Steady Brook
- York Harbour

2. Bonne Bay Area

- Cow Head
- Daniel's Harbour
- Glenbournie - Birchy Head - Shoal Brook
- Norris Point
- Parsons Pond
- Rocky Harbour
- Three Mile Rock
- Trout River
- Woody Point

3. Corner Brook and Area

- Corner Brook
- Massey Drive

4. Deer Lake-White Bay

- Cormack
- Deer Lake
- Hampden
- Jackson's Arm
- Little Harbour
- Pasadena
- Pynn's Brook
- Reidville

Stephenville - Port aux Basques

1. Burgeo-Francois

- Burgeo
- Francois
- Grey River
- Ramea

2. Codroy-La Poile

- Burnt Islands
- Cape Ray
- Channel - Port aux Basques
- Codroy
- Doyles
- Fox Roost - Margaree
- Isle aux Morts
- Rose Blanche
- Saint Andrew's

3. Port au Port Peninsula

- Black Duck Brook
- Boswarlos
- Lourdes
- Mainland
- Piccadilly
- Port au Port
- Port au Port West - Aguathuna - Felix Cove
- Sheaves Cove
- Ship Cove
- West Bay

4. St. Fintans-Port au Port East

- Barachois Brook
- Cape Saint George
- Cartyville
- flat bay
- Fox Island River
- Heatherton
- Kippens
- McKay's
- Point au Mal
- Port au Port East
- Saint David's
- Saint George's
- Saint Teresa
- Stephenville
- Stephenville Crossing