

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

Research Rationale and Design:

Available research 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 independently conducted by the Health Research Unit at Memorial University in collaboration with the Rural Secretariat Regional Councils and Partnership Planners for the Corner Brook-Rocky Harbour and Stephenville-Port aux Basques Regions. This research was designed to capture the voices of individuals and groups less likely to participate in telephone surveys and official focus groups from the Needs Assessment.

Data collection methods used in this research were: surveys and kitchen table discussions. In the surveys – which were distributed in paper versions and online – individuals were asked a number of specific questions about health services. Surveys also included a component in which individuals were asked in open-ended style for additional commentary. Informal kitchen table discussions were 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 and with smaller numbers. They are designed to be less intimidating to participants than formal focus groups. In the kitchen table discussions, individuals were prompted to talk about their experiences with health services, barriers to accessing health services, and solutions to achieve better access.

Key Survey Findings:

In all, 1049 surveys were completed. Key findings from the surveys included:

- *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*
- *The two least accessible services were cardiac bypass surgery and radiation therapy*
- *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*

Key Findings from the Qualitative Commentary:

Several respondents (375) chose to include additional commentary in that section of the survey. Commentary focused in around 7 themes:

- *Physician Shortages:*
 - Example: *“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.”*
- *Difficulty Accessing Specialist Services including obstetric, diabetes, and mental health services:*
 - Example: *“...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...”*
- *Difficulty Accessing Emergency Services*
 - Example: *“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 health care facility.” *
- *Consistency of Care Issues*
 - Example: *“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.”*
- *Difficulty with Travel and the Cost of Travel*
 - Example: *“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.”*
- *Wait Times*
 - Example: *“I have to wait one year for an appointment to see a specialist for my arthritis.”*
- *The Potential Role of Nurse Practitioners*
 - Example: *“... 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”*

Key Findings from the Kitchen Table Discussions:

Kitchen table discussions were held in communities throughout the province, including: Flat Bay, Francois, Port aux Basques, Stephenville, Benoit's Cove, Deer Lake, Jackson's Arm, Norris Point, and Parson's Pond. Guideline questions focused on experiences with health services, barriers to access, and solutions to access issues:

- Several communities noted a lack of basic health services and professionals including pharmacists, dentists, nurse practitioners, general practitioners
- 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. Additionally Aboriginal individuals expressed a desire for wellness programs specific to their needs/concerns.

Solutions and Recommendations:

Proposed solutions and recommendations to rural health service access issues that can be found in current literature 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:

- Recruit more rural and remote physicians
 - Two factors that are known to influence medical students to practice in rural areas are rural background and rural educational components.
- Adopt a nurse practitioner model
 - Many participants suggested that the government ought to create incentives for nurse practitioners to practice in rural areas.
- Assist individuals with travel cost and develop specialist outreach services
 - Cost of travel was identified repeatedly in this research as a barrier to access, particularly by individuals living in very remote communities.
- Increase the use of telehealth services
 - Newfoundland was a pioneer in telehealth and access sites already exist throughout the province. Telehealth can reduce waits and save on travel costs.
- Initiate additional rural and remote health services research
 - Additional rural and remote health services research can assist in the development of contextualized access strategies.