

**Rural Secretariat Western: Issues, barriers, and solutions to
accessing healthcare services in the Corner Brook/Rocky Harbour
and Stephenville/ Port aux Basques areas
Research Report**

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Executive Summary

Background

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 conducted by the Rural Secretariat in collaboration with Principal Investigators at Memorial University. This research was designed to capture the voices of individuals and groups less likely to participate in telephone surveys and official focus groups.

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

Methods

Data was collected through 1) targeted distribution of a survey to rural and remote communities where individuals may have been less likely to complete a telephone survey and 2) informal kitchen table discussions (a form of focus group). A total of 1049 surveys were collected and 10 kitchen table discussions were held.

Key Findings

Survey

- 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;
- services that individuals most often found least accessible included: cardiac bypass surgery, radiation therapy and mental health and addiction services
- 12% of individuals surveyed did not have a family doctor; 36% had to travel outside their community to see a family doctor

Qualitative commentary and focus groups

- individuals reported long waits, travel, and cost of travel as barriers to accessing physician specialists
- several individuals reported poor access to mental health services
- solutions identified by participants included
 - increased use of nurse practitioners
 - assistance with the cost of travel to healthcare services
 - increased recruitment of healthcare workers

1.0 Introduction

Available research indicates that people living in rural and remote areas of Canada face unique challenges accessing health services. Generally the literature supports the view that access to health care in rural areas 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, Pong, 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 suggests that specific groups in rural and remote Canada may face further barriers related to 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 in addition to barriers associated with travel, many Aboriginal individuals also indicated that they were unaware of available health services and that they were unaware of where to seek services; study participants also listed fear of racism, discomfort in healthcare settings, and concerns over confidentiality as barriers to accessing care. 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 in some cases that seeking healthcare conflicted with perceived cultural expectations of rural women including strength and self-reliance.

In a study of use of health care service 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. Finally, Boydell and colleagues (2006) conducted in-depth interviews with 30 parents in rural Ontario and found barriers to accessing mental health care 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.

Lack of access to medical care can have significant 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 is clearly a necessary priority for governments, researchers, and community groups.

2.0 Research Objectives

This research was commissioned by the Rural Secretariat as a supplement to a 'Needs Assessment' of the Western region recently completed by the Western Regional Health Authority. The present project was designed to:

- 1) explore the issue of health service access and barriers in more depth and
- 2) document the views of those individuals who may not have been fully captured by the telephone survey and formal focus groups completed by the Western Regional Health Authority.

Data was collected through targeted distribution of a survey to rural and remote communities where individuals may have been less likely to complete a telephone survey informal kitchen table discussions. Kitchen table discussions are a form of focus group that is conducted in a informal setting, usually in the home of one of the participants.

This research had three key objectives:

- to 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
- to disseminate the research more broadly to educate people about accessing health services
- to identify potential solutions to any issues identified

3.0 Methods

3.1 Surveys

A survey was developed by the Principal Investigators at Memorial University with input from the Rural Secretariat regional planners (Appendix A). The survey was distributed by the 15 Rural Secretariat councilors, the two regional planners and their networks in their region. Surveys were distributed in one of four ways:

- 1) some surveys were conducted face to face by the councilors themselves,
- 2) some surveys were distributed to individuals who the councilors feel can complete the survey on their own,
- 3) some were placed in community locations such as town offices, clinics, community halls
- 4) an online survey link was mounted by the Health Research Unit via Survey Monkey; the link was distributed widely by the Rural Secretariat office to community contacts and municipalities.

Councilors, community members, and others who were identified by the region's network to distribute the survey were given a short training session by the Principal Investigators at Memorial via teleconference regarding how to administer the survey.

In addition to general demographic information, the survey included questions about availability of primary health care, most important healthcare providers, which services participants felt they did and did not have adequate access to, and barriers to accessing health care. 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. Completed 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. The final open ended question was analyzed qualitatively and guided by specific areas of inquiry raised by the Rural Secretariat representatives and council members.

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 participate in the Kitchen Table Discussions. 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.

Data was recorded, transcribed and analyzed; four areas of analysis are detailed in this report: 1) general experiences with health services; 2) experiences with specific health services and professionals; 3) access issues, and 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).

4.0 Results

4.1 Survey Results

In all 1049 surveys were collected. Not all survey participants answered all questions. Both complete and incomplete surveys were included in analysis.

Table 1. Demographics

Variable	n (%)*
Region	
Corner Brook – Rocky Harbour	461 (43.9)
Stephenville – Port aux Basques	588 (56.1)
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	228 (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	591 (70.5)
Marital Status	
Single	121 (14.2)
Separated/Divorced	55 (6.4)
Married/Living Together	641 (75.1)
Widowed	36 (4.2)
Highest Level of Education	
Some school	84 (10.0)
High School certificate	146 (17.3)
Post-secondary education	614 (72.7)
Household Income	
<\$10,000	22 (3.6)
\$10,000-\$24,999	69 (11.2)
\$25,000-\$49,999	158 (25.8)
\$50,000-\$99,999	244 (39.8)
>\$100,000	120 (19.6)

*Variables may add up to less than 1049 due to missing data

Table 2. Family Doctor

88.3% of respondents said they had a family doctor, and of these 63.7% had a family doctor located in their community. The time to reach a family doctor ranged from 1 to 480 minutes, with an average time of approximately 30 minutes.

Variable	n (%)*
Have a regular family doctor?	
Yes	913 (88.3)
No	121 (11.7)
Family doctor located in your community?	
Yes	558 (63.7)
No	318 (36.3)
Time to your family doctor	
30 minutes or less	697 (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

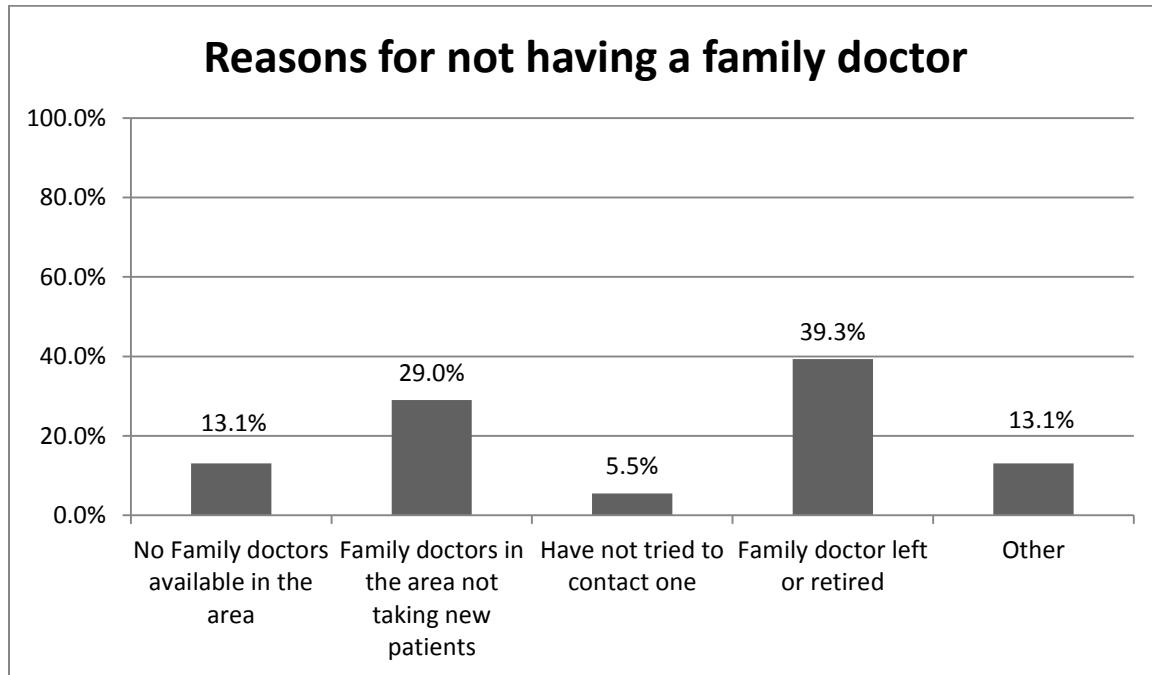
*Variables may add up to less than 1049 due to missing data

Key Findings:

- *36% of respondents who had a family doctor did not have family doctor in their community*
- *12% of respondents had to travel over 30 minutes to see their family doctor*

Table 3. No Family Doctor

Approximately 12% of respondents said they had no regular family doctor; the main reasons for this were 1) that the physician had left the area or retired (39.3%) or 2) that the physicians in the area were not taking any new patients (29.0%). Other reasons included using a nurse practitioner, lack of consistency in physicians, and seeing a physician from another area.

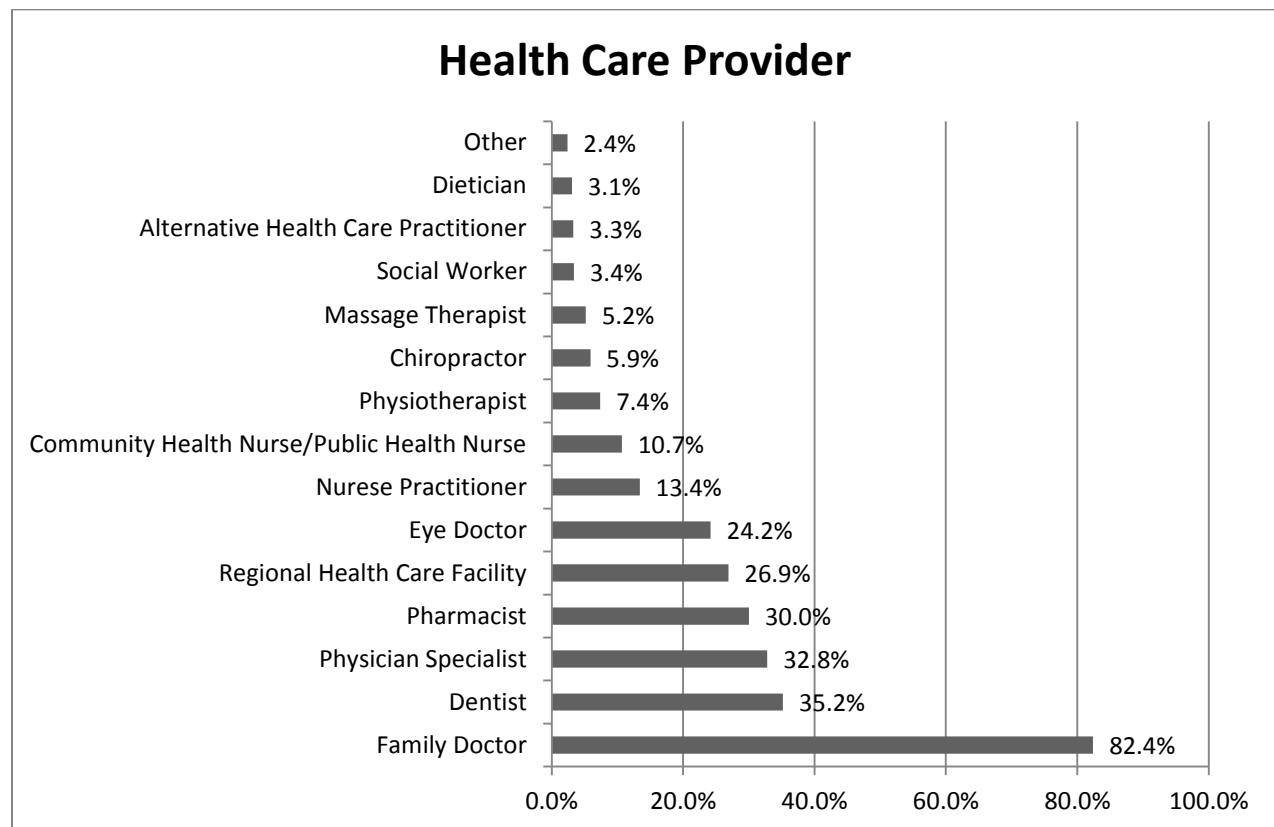


Key Findings:

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

Table 4. Important Health Care Providers (rank question)

Respondents were asked to select health care providers that they felt were important to maintain their overall health. Doctor (GP or Family Physician) was the main provider of importance (92.4%). ‘Physician specialists’ listed included gynecologists, surgeons, urologists, psychiatrists, neurologists, oncologists and others. Some of the ‘other’ health care providers included, but were not limited to, mental health and addictions counselors, mammogram and x-ray technicians, and lactation specialists.



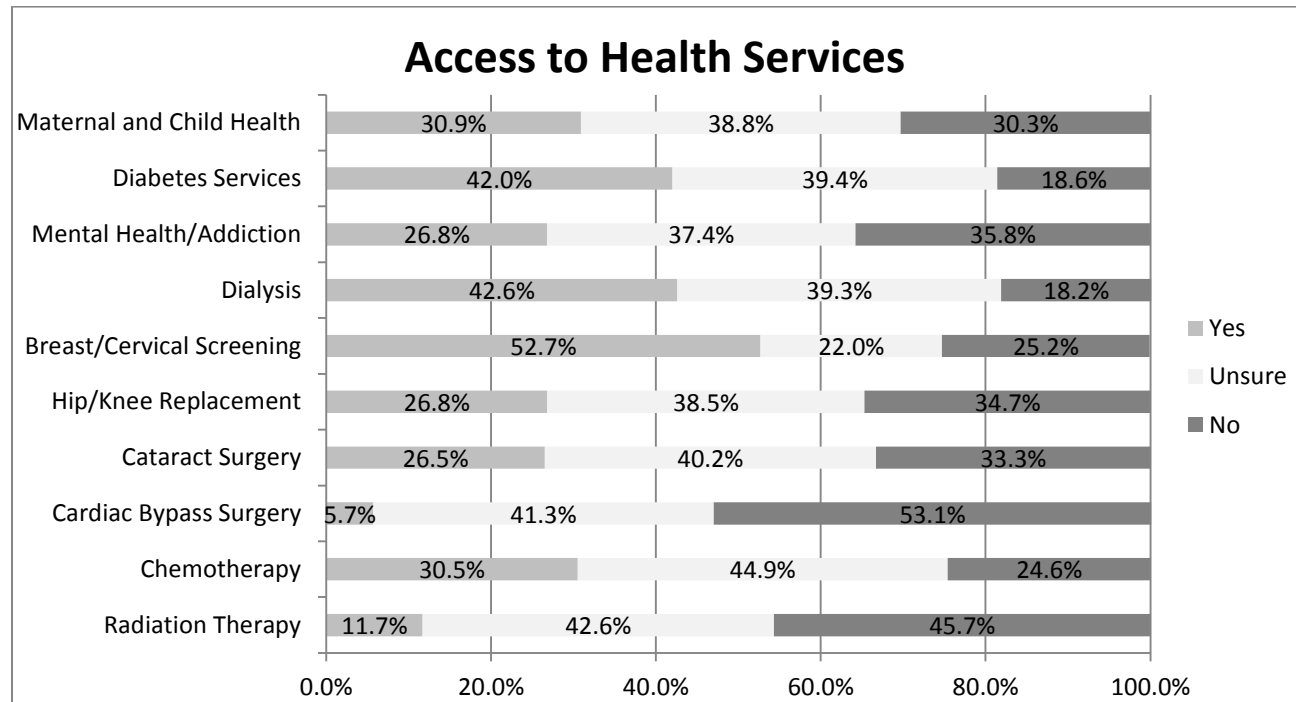
Key Findings:

After family doctor, the top three important health care providers checked by respondents were:

- *Dentist*
- *Physician Specialist*
- *Pharmacist*

Table 5. Access to services

Respondents were asked if they had adequate access to a number of health services. Overall they responded that the service they had the most access to was breast/cervical screening (52.7%) followed by dialysis (42.6%) and diabetes services (42.0%). The services with the lowest reported access were cardiac bypass surgery (5.7%) and radiation therapy (11.7%). Respondents seemed unsure about their ability to access several of the services listed (22.0-44.9%).



Key Findings:

The two most accessible services:

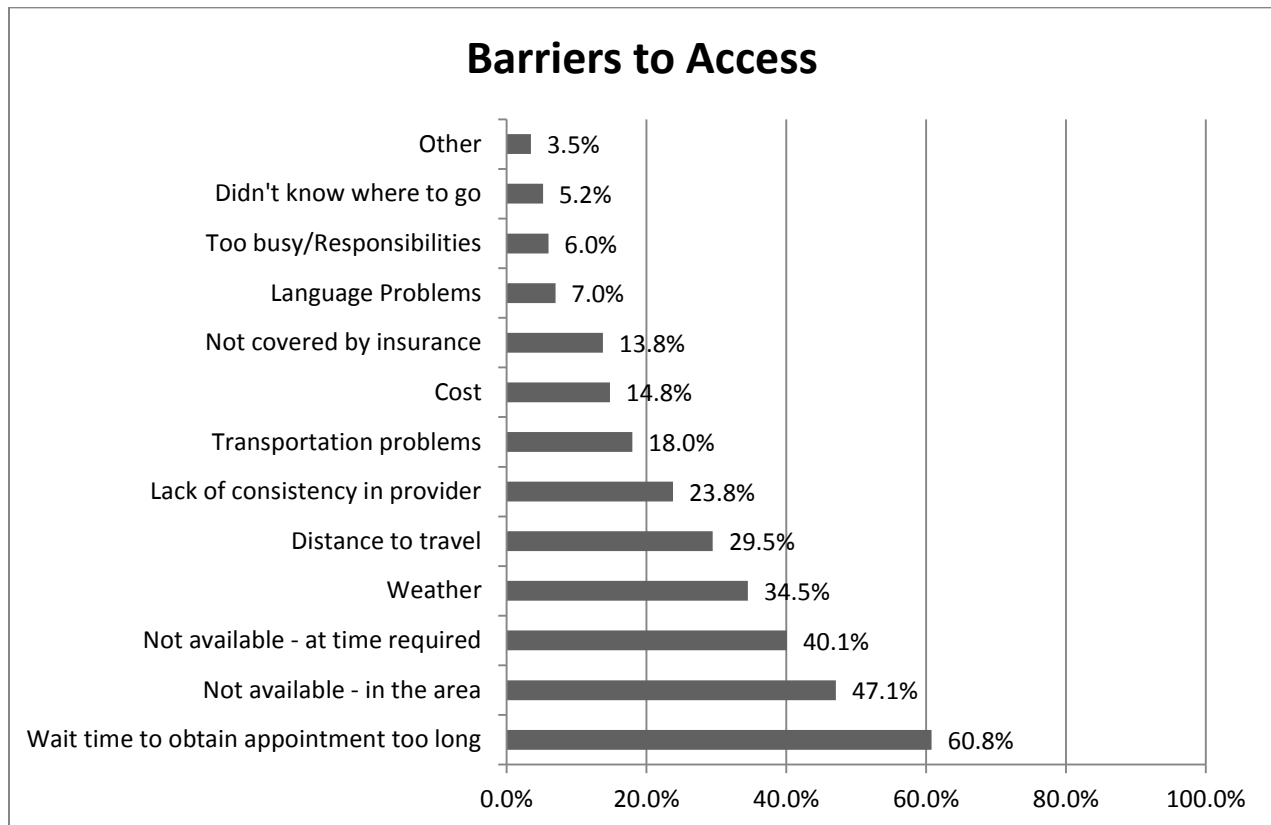
- *Breast/Cervical Screening*
- *Dialysis*

The two least accessible services:

- *Cardiac Bypass Surgery*
- *Radiation Therapy*

Table 6. Barriers to HCP and Services

Respondents were asked about the barriers they encountered when accessing and receiving health care services. Wait time 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 listed included, but were not limited to, difficulty contacting and getting an appointment at a physician’s clinic and rescheduling of specialist appointments and difficulties doing this due to a weather cancellation.



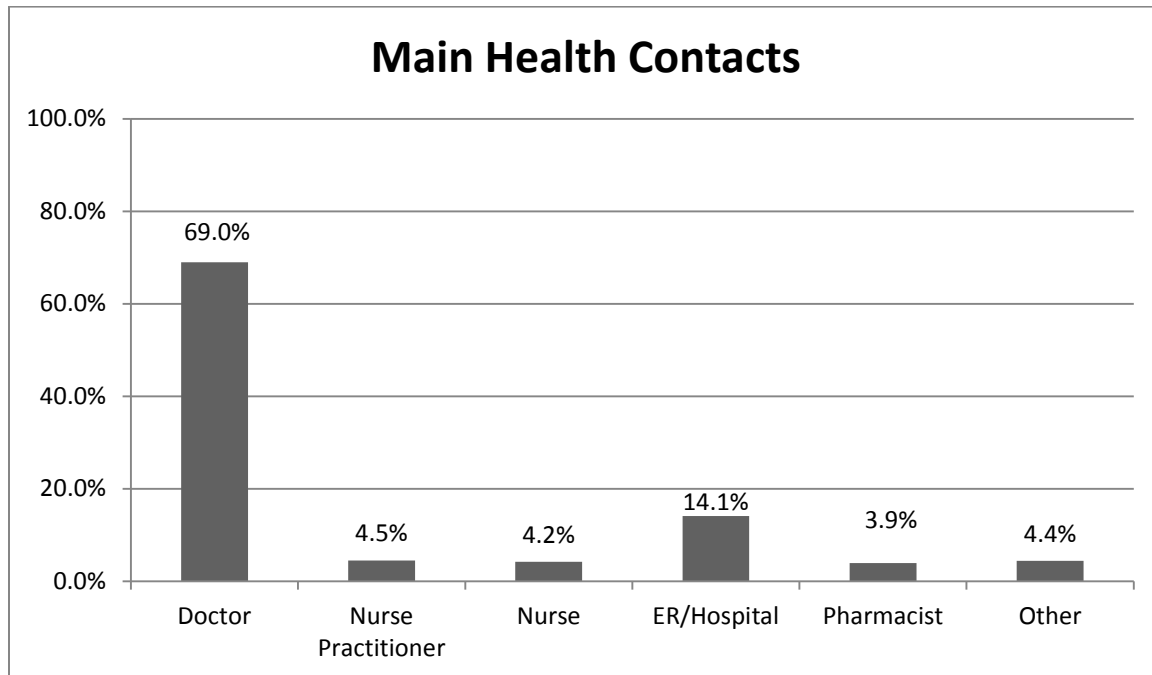
Key Findings:

The top three barriers to accessing health services 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*

Table 7. Main Health Contacts

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 (69.0%); this was followed by the ER or hospital (14.1%). ‘Other’ consisted of a family member with health knowledge, alternative health care professionals, internet searches, health line, and others.



Key Findings:

Doctor was most often checked as the main point of contact for health concerns or questions.

Table 8. Family Doctor by Region

Both Corner Brook-Rocky Harbour and Stephenville-Port aux Basques regions have a similar number with a family doctor (~86% and ~90% respectively) and a doctor in their community (63% and 64%). Time to travel to a family doctor was very similar for both regions with a slightly greater proportion of people from the Stephenville-Port aux Basques (5.4%) region needing to travel more than 90 minutes compared to Corner Brook-Rocky Harbour (2.9%) region.

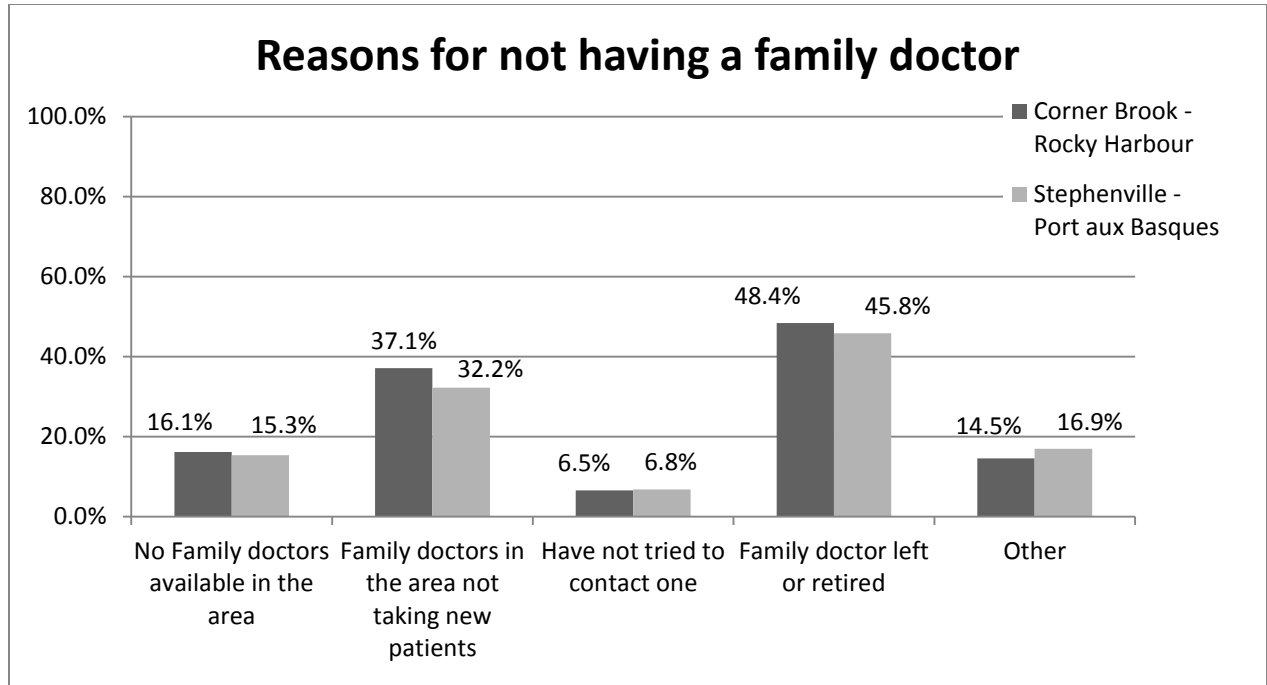
Variable	n (%)*	n (%)*
	Corner Brook – Rocky Harbour	Stephenville – Port aux Basques
Have a regular family doctor?		
Yes	393 (86.4)	520 (89.8)
No	62 (13.6)	59 (10.2)
Family doctor located in your community?		
Yes	238 (63.1)	320 (64.1)
No	139 (36.9)	179 (35.9)
Time to your family doctor		
30 minutes or less	303 (80.6)	394 (79.4)
31-60 minutes	47 (12.5)	59 (12.0)
61-90 minutes	15 (4.0)	16 (3.2)
More than 90 minutes	11 (2.9)	27 (5.4)

Key Findings:

The Stephenville/Port aux Basques region has a slightly higher number of persons traveling more than 90 minutes to see a family doctor than Corner Brook/Rocky Harbour region

Table 9. No Family Doctor by Region

Both regions have similar reasons for not having a family doctor, as reported by respondents. A slightly higher number in Corner Brook-Rocky Harbour cited doctors not taking new patients and doctors leaving the area or retiring as the main reasons.

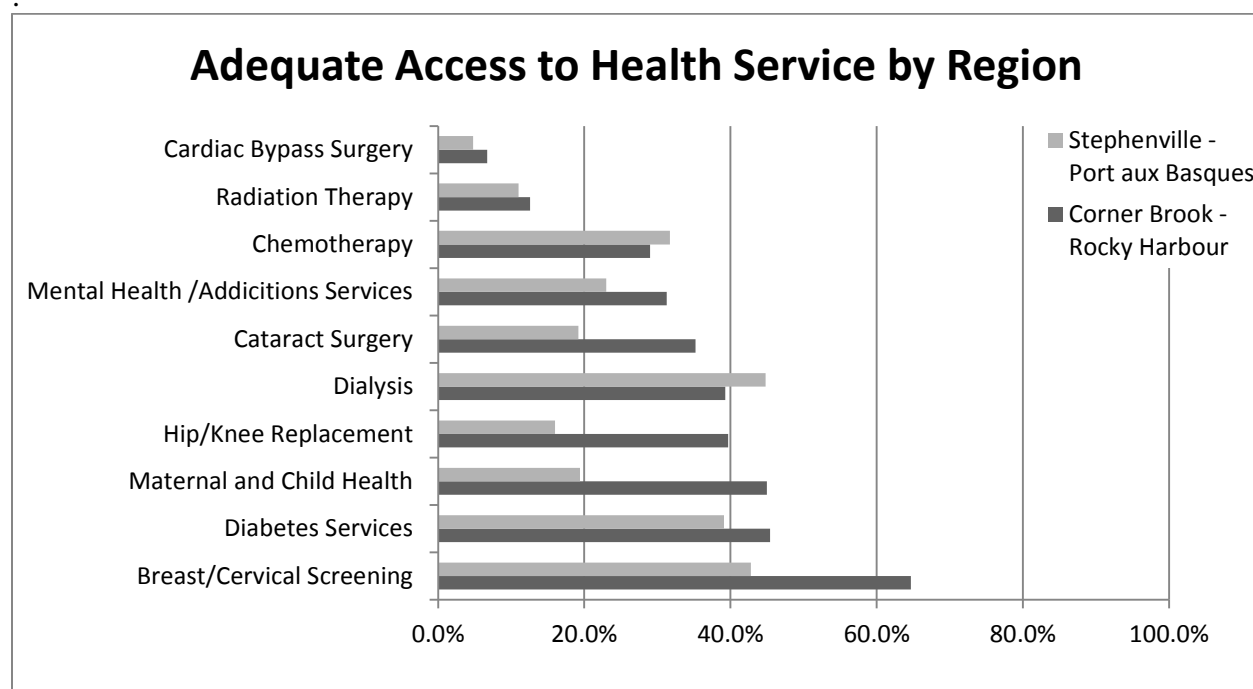


Key Findings:

Both regions listed family doctor leaving or retiring as their main reason for not having a family doctor.

Table 10. 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, and maternal and child health



Key Findings:

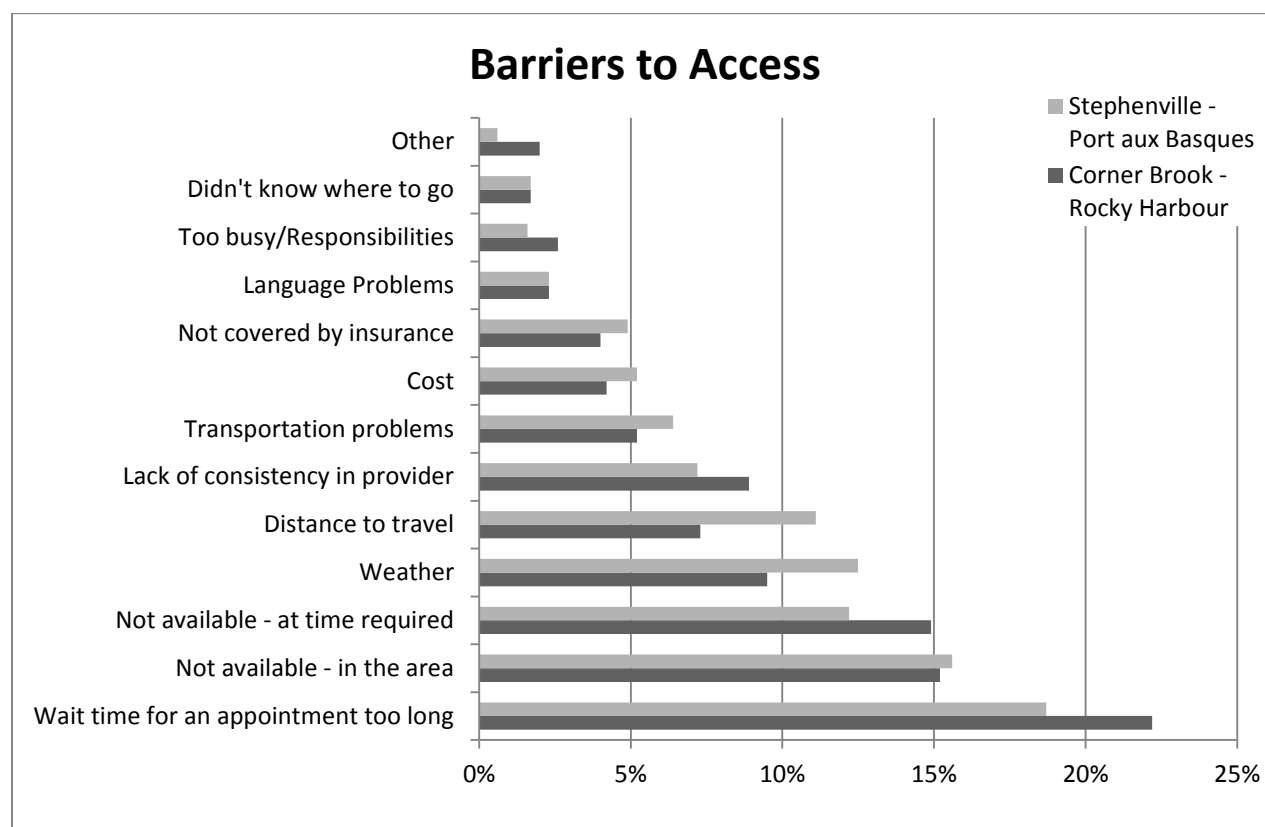
- *The two most accessible service listed in each region was:*

<i>Corner Brook/ Rocky Harbour</i>	<i>Stephenville/ Port aux Basques</i>
• <i>Breast/Cervical Screening</i>	• <i>Diabetes Services</i>
- *The least accessible service listed in each region was:*

<i>Corner Brook/Rocky Harbour</i>	<i>Stephenville/Port aux Basques</i>
• <i>Cardiac Bypass Surgery</i>	• <i>Cardiac Bypass Surgery</i>

Table 11. Barriers to HCP and Services by Region

With regard to barriers to access of health care services, wait time for an appointment was the most common response for both regions, shown in the graph below (note that the graph only extends to 25% not to 100%). Individuals in the Corner Brook-Rocky Harbour region were slightly more likely to report length of wait time (22.2% - 18.7%) and availability at time required (14.9% - 12.2%) as barriers to access. Individuals from the Stephenville-Port aux Basques region were slightly more likely to report weather (12.5% - 9.5%) and distance (11.1% - 7.3%) as barriers to access.



Key Findings:

Length of wait time for an appointment is the top barrier for both regions. It is cited more for the Corner Brook /Rocky Harbour region than for the Stephenville/Port aux Basques region

4.2 Qualitative Results

4.2.1 Post-survey commentary

The final question on the survey asked if there were any other comments they wanted to make about health services access in their community. This preliminary report summarizes comments provided in three areas of interest identified by Rural Secretariat representatives and council members: mental health access, access to specialist services, and perceptions of the role of nurse practitioners.

Mental Health Access:

In the space provided for additional commentary, many participants commented on mental health services. In particular, people commented that wait times to access mental health services were too long. 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 people have to travel into Stephenville for special mental health problems...

Key Findings:

Many individuals reported long wait times and poor access to mental health services. This could lead to negative mental health outcomes.

Specialist services:

Several people reported frustration around accessing specialist services. People reported that they had to wait long periods and travel long distances to see specialists. In some cases, this could result in a worsening of the condition. One participant summed up several comments succinctly: “Waitlists are too long and access to many specialists requires extensive travel time and cost”:

... The province needs rheumatologist and other health professionals to aid persons with chronic diseases ... People are becoming disabled not because of the disease itself but because they cannot get the care and attention they require ... When diseases such as these go untreated , it finally takes you down and then it costs the taxpayer to take care of me. It is unacceptable to have to wait years to see a specialist...

...Not enough specialists available at our local hospital in Stephenville. In Corner Brook under Western Health there are many Salaried specialists and I don't feel it's right that some of these are not stationed in Stephenville...

...The wait times for even urgent procedures will cause the patient enormous stress due to having to travel on very short notice, find accommodations, food etc

...Needed specialized treatment last year and had to go to St. John's. Transportation and accommodations costs were not covered by public or private health insurance...

Key Findings:

Many individuals reported long wait times and poor access to specialists services. Cost of travel was a significant barrier to accessing specialist services.

Perceptions of the role 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:

1) 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. Experiences with nurse practitioners were always reported as positive. 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 practitioner in the area I am acutely aware of health care 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...

2) Other respondents indicated that a nurse practitioner was not available in the area and was needed. A few respondents suggested expanded 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 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 services access issues.

4.2.3 Focus Groups

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), and limited access to physicians and nurse practitioners (common to several).

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

Health Services and Professionals

Experiences with specific health services and professionals varied by community. Participants in Flat Bay noted that basic health care 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.

Access Issues

Services that participants felt their community should have or have better access to included: blood pressure checks, patient navigators, and a friendship center (Flat Bay); dentist and nurse (Francois); specialists (Deer Lake and Port aux Basques) and general practitioners (Port aux Basques); community health and wellness programs, mental health and addictions services, and rheumatology services (Norris Point); and diabetic services, x-ray services, and radiation (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.

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

- 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 frequently noted that they did not have adequate access to cardiac bypass surgery and radiation therapy
- in qualitative commentary and kitchen table discussions, the cost associated with travel was an important barrier to accessing care.
- in qualitative commentary, many individuals noted that their access to mental health services was poor or non-existent
- solutions to access identified by study participants included:
 - recruiting more health professionals to underserved areas
 - assistance with the cost of travel
 - increased use/hiring of nurse practitioners
 - more and wider access to tele-health

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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 health care 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 health care facility		
Nurse practitioner		
Community health nurse/Public Health Nurse		
Physiotherapist		
Dietician		
Social worker		
Dentist		
Pharmacist		
Eye doctor		
Chiropractor		
Massage therapist		
Alternative health care practitioner		
<i>Any Others? List below</i>		

Health Care 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 health care facility	
Nurse practitioner	
Community health nurse/Public Health Nurse	
Physiotherapist	
Dietician	
Social worker	
Dentist	
Pharmacist	
Eye doctor	
Chiropractor	
Massage therapist	
Alternative health care	

practitioner	
<i>Any Others? List below</i>	

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			

11. What are the barriers you encounter in accessing and receiving health care services? **Please check ✓ all that apply)**

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

12. What type of health care 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 health care 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?

☐ <10,000

☐ 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 health care 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 Health Care 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 health care.

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 health care 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.