

# Let's Talk About Primary Health Care

## Report on Community Consultation 2009

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**northern health**  
*the northern way of caring*



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### **Northern Health's Mission:**

Through the efforts of our dedicated staff and physicians, in partnership with communities and organizations, we provide exceptional health services for Northerners.

### **Excerpt from *Northern Health: Strategic Plan: 2009–2015***

#### **Northern Health's Vision: A Picture of 2015**

Northern Health is known for our strong primary healthcare system. People experience seamless and coordinated service. The "Primary Care Home" is the foundation for multidisciplinary health care and helps people navigate across services.

## Introduction

Health care is important and Northern Health continually makes efforts to choose how to best use its public resources to support the health of people in Northern BC.

The Board of Directors of Northern Health is committed to consulting with northern residents on issues important to planning for health care. In previous years, community meetings, focus groups and surveys have been held related to basic population health (2004), cancer care in the North (in conjunction with UNBC on behalf of the Premier, 2006), and mental health and addictions (2007). Community leaders were also asked for their ideas when the Northern Health board revisited its strategic plan in 2008.

In 2009 the topic was primary health care. It was chosen because it is widely accepted through Canadian and international experience that a strong primary health care system contributes to improved health, alleviates pressures on the acute care system, and is cost-effective. The current healthcare climate includes budget strains, an increasing proportion of elderly people, more people living with chronic diseases, and difficulties recruiting doctors and other professionals.

***“In generating discussion, *primary health care* was looked at ... as those activities and services that support good health, from birth to death.” – page 6***

Strengthening primary health care is the right thing to do at any time, and certainly at this time. There is great potential in primary health care to improve the health of Northerners and to contribute to the sustainability of the healthcare system. To reach that potential, all partners for a healthy population must work together. Those partners include Northern Health, physicians, other healthcare providers, and communities.

The 2009 consultation process fostered meaningful discussion on what good primary health care means in Northern BC, and asked participants for their views on what was working well and what needed to improve. During any public discussion on any aspect of health care, it is also understood and expected that people will raise other issues, as they did during these consultations.

It is hoped that the meetings and written information will increase people’s understanding of the importance of primary health care, and what is needed to improve it. Northern Health’s Board Directors, its CEO, and senior managers and physicians attended community meetings to provide information, respond to questions, and listen directly to comments.

This report summarizes what was heard broadly across the North and what the implications might be for future planning. It also includes appendices featuring highlights from each community meeting and an overview of comment form submissions.

The report will be used by the Board of Directors of Northern Health to guide their planning, and by Northern Health’s senior management to look at ongoing improvements and priorities, both across the entire North and community by community. It will also be available to the public at [www.northernhealth.ca](http://www.northernhealth.ca).



*Michael Leisinger, VP Health Services, presents a slideshow on primary health care at the community meeting in the village of Queen Charlotte on October 5, 2009.*

## How were northerners consulted?

The 2009 community consultation was widely promoted through media, local government, First Nations and community organizations, and posters within Northern Health facilities and in public places in communities.

People could contribute their ideas through a comment form (online or on paper), by attending one of 16 open meetings held in communities throughout the North, or by attending one of five "by-invitation" focus groups. Appendix 2 lists locations and participation numbers for all meetings.

- 734 people attended community meetings / focus groups (also see the map on the next page)
- 221 people submitted comment forms

**"This time, it feels like you're listening."**

*— Meeting participant, Chetwynd*

Figure 1: Where were consultations held?



In addition, information was solicited from physicians through the Regional Medical Advisory Committee and from Regional Hospital Board members in a workshop with the Northern Health Board of Directors.

A number of members of the public also provided additional written submissions, which were circulated and incorporated into this report as appropriate.

## How was the topic defined?

While the consultation was intended to generate discussion, not to focus on definitions, it was also found useful to have a common understanding of the phrases below, as they are important concepts in building a strong primary healthcare system in Northern BC.

In generating discussion, *primary health care* was looked at broadly, as those basic activities and services – in the community and in the healthcare system – that support good health, from birth to death. These are the supports that are part of the fabric of a community and the primary part of the healthcare system that usually begins in a family doctor’s office. Discussion and survey input was guided by the following categories of primary health care:

<p><b><i>Staying healthy:</i></b> Achieving and maintaining good health and wellness</p>	<p><b><i>Getting better:</i></b> Improving your health after illness or injury, or living better with a chronic condition</p>	<p><b><i>Living with disease:</i></b> Minimizing deterioration of health and successfully managing long-term condition(s)</p>	<p><b><i>Coping with end of life:</i></b> Relieving suffering and improving quality of life, and maintaining health and wellness of family/caregivers</p>
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In contrast to primary health care, *primary care* is provided by the healthcare professional a person sees first each time they contact the healthcare system -- usually a family doctor. In some communities, this may be a nurse practitioner; in others, it may be a member of a healthcare team (not necessarily a doctor). Good primary care includes the following:

- A “primary care home” for each person (see below);
- A team approach to care that involves a range of well-coordinated services, with the patient included and supported through learning about self-management of his or her health;
- Innovative practices such as group visits with a physician or other professionals (examples would be diabetes and maternal groups); and
- The use of technology, such as video and telephone consultations with specialists or others, and improved electronic medical records to reduce duplication and give healthcare workers information in a timely and accurate way.

A *primary care home* for each person/family is the place where routine care is provided over a lifetime – from prenatal care to palliative care; the place where urgent but minor health problems are addressed; and where care is coordinated when help is needed elsewhere. The primary care home is usually a family doctor's office, and ideally is a team that also includes other providers. As stated in its Vision (see page 4), a primary care home for every person in Northern BC is an important goal for Northern Health.

## What were the key findings?

The input from hundreds of northerners who attended meetings or sent in completed comment forms is presented in this report in a number of ways. This section outlines broad themes that arose from the discussions and comments, with some details around (a) what is working well and (b) what needs to improve. The items described are in order of number of mentions in meetings, with the most frequently mentioned presented first.

Issues not directly related to the topic were also raised, often with a local focus. Some of those that pertained to the entire North are noted in this section, and other locally based concerns are summarized in Appendix 2.

**“You don't need to sell improved primary care to us...you just need to get it done.”**

*– Meeting participant, Burns Lake*

Each meeting and comment form asked people for their thoughts on what was working well and what needed to improve, related to each element of primary health care: staying healthy, getting better, living with disease and coping with the end of life. While there was some diversity from place to place, there were clearly some broad common themes, which are outlined below.

It is also worth noting that some of the things identified as working well were similar to, or overlapped with, those that were described as needing to improve.

## What is working well?

### *1. The natural environment and opportunities it offers*

Across the North, the benefits of fresh air, clean water and access to the outdoors were frequently noted as important elements of staying healthy. Activities such as hiking, walking, biking, kayaking, fishing, hunting, snow sports and getting away to cottages and camping were all mentioned. The flip side of this is the concern for air and water quality expressed in some communities, such as Prince George and Fort St. John. But overall, most people in Northern BC feel fortunate indeed to live in such a rich, spectacular natural environment.

### *2. Physicians and basic health services*

When it comes to getting better and living with disease, there is great appreciation for the hard-working family physicians and specialists of the North. (However, this does not discount concerns about access, waiting times, recruitment and improved services.) Participants recognize the critical role the family physician plays in meeting day-to-day health needs, providing annual checkups, dealing with minor emergencies, and coordinating access and timing for care beyond their offices, such as diagnostic tests, visits to specialists, etc.

While it was recognized that walk-in clinics don't offer continuity of care, they are sometimes seen as beneficial simply because they are easily accessible and offer expanded hours.

People in most communities are proud of and quite protective of their local hospitals and health centres. While there are many concerns about levels of care, access, and sometimes quality, Northern Health staff are praised across the North for their hard work, excellent care and willingness to "stick it out" when things are not easy. There is a sense that having a hospital in town provides a level of care that is reassuring as well as useful, and that it is an essential foundation of a successful community.

Beyond doctors' offices and hospitals, there are community health services that are seen as being critical both for getting better and for living with disease. These include a range of home care services, including home support and services for those living with mental illness and/or addictions.

The effective use of technology in health services was recognized as a big piece of the "improvement puzzle." For example, physicians' ability to view x-ray results online and the increasing use of telehealth for diagnosis or consultation is seen as extremely valuable.

### *3. Community-based supports*

While the strength and resilience of communities clearly varies, community pride and spirit were widely noted in meetings and online. Community supports for primary health care are as basic (and important) as local exercise programs, recreational facilities, access to good food, and volunteer groups, which provide assistance in a myriad of ways. It sometimes seems as if the communities with the most challenges have the greatest array of helping hands reaching out. Disease support groups, hospice societies, and health promotion activities in schools, fairs, and public venues were all noted as important contributors to staying well and getting better.

Some Aboriginal health input was received, in meetings, online, and in a specific regional focus group in Prince Rupert. For First Nations communities, successes in primary health care tended to be found where there is good outreach support, such as visiting clinics, and where there is improvement in coordinating plans and services between First Nations, Northern Health and Indian and Northern Affairs Canada. Some First Nations communities are seen to be leaders in primary health care.

#### *4. Support for the chronically ill and those at the end of life*

The section below on what needs to improve will address many concerns about this topic, but there are also many strengths in the North. These include home care and home support across the region, and the network of assisted living and care facilities that support those needing residential care. People at the end of life are supported by hospice volunteers in many locations and by palliative care teams that include doctors, nurses, pharmacists, home care workers and others. Some communities have dedicated hospice beds.

While many gaps in services were described, there is also some pride in the services available for people living with mental illness or addiction, particularly where there is an “any door is the right door” approach to providing assistance.

Those living with chronic disease are benefiting from chronic disease initiatives being led by innovative doctors with the support of the Care North team. This is leading to group medical visits, electronic tracking of best practices for disease management, support for patients to improve their own health through self-management, and a slowly shifting culture where people are beginning to expect innovative and well-coordinated care as they face life with chronic conditions.

#### *5. Education and health promotion*

Expressions of support for prevention activities and health education were widespread. Public health nurses were praised for their work with new parents, babies, students and others. Many participants noted the importance of access to healthy food, adequate housing and a community that is inclusive and strong in spirit.

The education of healthcare workers is seen as a way to provide good service and retain needed staff. Health education programs (the Northern Medical Program, nursing programs, the medical laboratory technology program, etc.) at UNBC and local colleges are seen as a real benefit to the North.

## What needs to improve?

### *1. Access to physicians*

While family doctors are generally appreciated across the region, there are significant concerns around access. This is because there is a shortage of physicians in a number of locations, from the large centres such as Prince George, to smaller ones such as Fort St. James.

Currently, primary care is usually provided by physicians; therefore, without access to a family doctor in a reasonable time, people are left to seek help in walk-in clinics (where available) or emergency rooms. In remote and First Nations communities, people must travel for care or rely on visiting physicians. A number of times there was a request for more female physicians.

To complicate this issue, physicians are not distributed entirely on the basis of need or population. History, community appeal, supports to practice, efforts to recruit, and contracted or fee-for-service arrangements are all factors that help determine the number of physicians in a community. It is recognized that group medical visits, a team approach to practice, the use of nurse practitioners, better technology, and other innovations might make the existing pool of doctors more efficient. However, there remains the basic fact that there is a shortage of doctors.



*Michael McMillan, Chief Operating Officer, Northern Interior, talks with a focus group in Valemount on September 17, 2009*

## *2. Primary care innovation*

When it comes to getting better or living with disease, there are good examples, and some excitement, about the ways practice can be improved. Residents of the North simply want those improvements to be widely available. Examples include the following:

- **A team approach:** There are limited physician practices that serve patients as a team, with other practitioners available on-site or in an integrated, consultative manner to meet patient needs as required. This is more easily done in multi-disciplined clinics or practices with doctors on contract (salary) because they can be more flexible in their approach, yet still be compensated.
- **Chronic disease support:** The needs of the elderly are seen as a priority across the North, as are the needs of others who live with chronic disease(s). While registries and practice indicators to track the progress of patients with a chronic disease are in use, this needs to expand further. Innovations such as group medical visits, health promotion clinics (like Healthy Heart), and teaching self-management are also growing, but are not widely in place yet.
- **Physician practice:** Patient demands, on-call hours, keeping up with new information, restrictions to the fee-for-service model, and sometimes a shortage of physician colleagues are all factors that make practicing medicine challenging anywhere. This is particularly true in remote areas without a great deal of specialized backup. This undoubtedly contributes to the concerns expressed by some northern residents about some physicians. These included comments that some doctors were rushed; were not able to listen well; don't always follow up with diagnostic information in a timely way; don't appreciate patients' seeking a second opinion; and don't seem willing or able to coordinate care for patients with other providers.
- **Technology:** An up-to-date electronic medical record available along the path of care, perhaps available to the patient in digital form, is a strongly desired innovation that is certainly slow to appear (and not just in Northern BC). Similarly, if video and phone technology can eliminate travel for some medical care, why are these innovations not being used more widely? Some participants noted that they would be especially useful when meeting with specialists in the Lower Mainland or elsewhere, as they would reduce expensive, time-consuming, and difficult travel.

## *3. Access to specialized services*

Across Northern BC, access to services critical to getting better or living with disease is often challenging. These include medical specialists, psychiatrists, physical and occupational therapists, speech/language pathologists, specialized diagnostic tests, and more.

People do not expect every service to be available in a small community and understand the economics and the numbers of patients required to support specialized services. However, that does not alleviate their concerns; they feel that as taxpaying citizens of British Columbia, they are entitled to the best access possible to health services.

Within the concern for improved access, the following questions were frequently raised:

- Why can't services be brought to us through outreach programs? And if they are brought to us, can we work to schedule them to the community's benefit?
- Why can't Northern Health recruit the staff we are chronically short of, such as physiotherapists, audiologists, and ultrasound technologists?
- Do people understand the financial and physical burden put on people by requiring them to travel long distances, sometimes for simple consults or tests? Why can't telehealth, better scheduling and support for transportation costs be improved?

The Northern Health Connections transportation program is generally appreciated, although participants in some communities feel it is underutilized and inefficient. There were requests for more information about its use and for more attention to scheduling to meet needs in the best possible way. This issue was raised in previous consultations, and reinforced the fact that transportation for health care is a significant issue for many people, particularly the poor and the frail elderly.

#### *4. Support for the elderly*

The population in Northern BC is relatively stable, and the portion of that population that is elderly is increasing. There are concerns across the North about the services and supports needed for the elderly to remain in their communities living healthy, independent lives as long as possible. While it is generally recognized that there may be some medical services requiring travel, there are concerns that basic local supports are not adequate. Some community members are keen to have more assisted living units; some want full care facilities expanded so people don't have to leave to receive care; and there is general discontent around access to home support and the limitations on services that can be provided by the workers.

**“What happened to the idea of aging in place  
that we were all working on?”**

*— Meeting participant, Tumbler Ridge*

These concerns extend to those who are receiving palliative or hospice care. There is a shift in our culture toward families, communities and the health system supporting people at the end of life less medically, and more as a natural transition to death. There were presentations and pleas asking for improved palliative education and counseling; better coordinated support at home and in hospital/palliative care; better use of hospice volunteers; and more palliative care beds.

#### *5. Mental health and addictions support*

Services that are generally outside the hospital and doctors' offices are critical to staying healthy, getting better, living with disease and sometimes supporting end of life. Mental Health and Addictions services were frequently raised as areas that require improvement to better support health. If an individual struggling with mental illness and/or addictions can receive help early and in ways that work, including supports around housing, food, employment and socializing, the odds of

living a productive, healthy life increase. And in the long run, costs to the healthcare and social systems may decrease as a result.

Northern Health is generally perceived to be at the table and trying to improve its role regarding these services. However, there is frustration that not enough is happening. The continuum of addictions treatment is seen to have significant gaps, especially when it comes to easily accessible treatment spaces. Improvements in this system need to include all partners at the table, a commonly understood treatment/care model, and a clear plan for each community. While not a health service *per se*, the determinants of health must be looked at in each community to support this population.

### *6. Health promotion/education*

**“The best way to reduce the need for services is to put more emphasis on prevention and health promotion.”**

*— Comment form contributor*

People across the North recognize that preventing illness and injury is good health practice. The social determinants of health were raised during the consultation, with comments that adequate food, shelter, social inclusion, access to recreation, sound education, and a healthy environment affect staying healthy and getting better.

Education, for those of school age through to seniors, was seen to be an important element in health promotion. This could be related to healthy living, maintaining physical and mental health, and living with chronic conditions.

Public health is seen as important and there is a sense that it has declined in its capacity. Concerns were expressed about the reorganization of public health nurses currently under way.

### *7. Addressing pollution*

Clean air and plentiful clean water were often cited as positive elements of living in the North. However, in specific communities, this was not the case. Air quality was raised as a significant issue in Prince George and as something to be concerned about in a number of other communities, including Fort St. John and Quesnel. Similarly, clean water is not taken for granted and the issue of maintaining it was raised in some comment forms and meetings.

Simply put, where there is air and water pollution, people are concerned and recognize it as a factor that affects health.



*Eighty-two people attended the November 5 community meeting in Smithers.*

## What other issues were raised?

While the focus of the consultation was on primary health care, all participants had an opportunity to raise any other issues related to health or the healthcare system. This section of the report presents the issues that were raised most frequently (not all issues were raised in all locations).

### *1. Concerns about maintaining existing health services*

There is concern in some communities that health services will be cut. In fact, some people believed that this consultation was going to present or discuss reductions in service and came to meetings ready to defend their community's services. During the period of the consultation, some changes were taking place in service delivery, as a result of Northern Health's reorganizing to manage within its budget: some lab services were being centralized by area; public health nursing was being re-organized, with some job instability for staff; and there were and are positions across the North that are vacant through an inability to recruit. These sorts of changes stimulated concern that services were being cut. In many meetings, people expressed support for improved primary health care and recognized its value, but still feared the attrition of existing health services.

### *2. How Northern Health works with communities*

Consultation processes like this are generally appreciated and some communities expressed this. On the other hand, there are also those who wonder how much difference their comments really make, and those who would like to see better ongoing community engagement.

Concerns arising in meetings include:

- Wanting Northern Health to work with local health advisory committees more closely;

- Having Health Service Administrators (local) and Chief Operating Officers (Health Service Delivery Area leaders) meet more often with community members;
- Including community-based health organizations in planning for their areas of expertise (cancer, Alzheimer's disease, and schizophrenia were given as examples); and
- Working more closely with Aboriginal Health.

### *3. Fairness in allocation of funding/services to Northern BC*

In many cases, participants were concerned about burdens that appear to be specific to the North and/or rural and remote communities. These include access to specialty services, through travel or visiting practitioners; the cost of transportation and accommodation when travel is required for medical reasons; the need for more assisted living, local facility care and home support for the elderly; and a general sense that people in the North are penalized simply by their location.

While people clearly understand that remote and rural communities cannot have every service available locally, there is a sense that increased funding levels from the province to recognize the needs of Northern residents would improve the fairness of the system.

## What are the implications of what we learned?

This report provides an organized record of what Northern BC residents had to say about primary health care and the "primary care home." It will be used by Northern Health's Board of Directors and management to inform planning and decisions. While it does not contain direct recommendations, some key implications of what has been learned are noted here.

### 1. A "primary care home" for every Northerner

Access to a family physician or suitable alternative (a nurse practitioner in remote locations, for example) is critical. This "home" should provide ongoing care over a person's lifetime; coordinate needed services beyond the doctor's office; provide support for preventing illness in the first place; teach self-management skills; and in some manner operate as a team, with a reasonable response time for services and a well maintained record for each patient. This is a challenge in many places, although positive examples abound.

Northern Health needs to continue working with physicians, the Ministry of Health and local communities to accelerate this process.

#### *Implications/considerations:*

- *How can Northern Health leaders support the process of moving primary health care forward, regionally and locally?*
- *What is the best way to work with and support doctors in the changes they are being asked to make in the way they practice?*

## 2. Accelerating primary care innovation

Primary care innovation means a team approach to basic health care, where a patient gets support from the right professional and service without undue delay, duplication or confusion. Any team member should be the right person to provide access to needed help —“any door is the right door.” A primary care team could be led by a doctor, but could include medical office assistants, nurses, pharmacists, psychologists, counselors, nutritionists, physiotherapists, occupational therapists, etc. Characteristics of the primary care team would include the following:

- Collaboration and information-sharing, supported by electronic medical records.
- Group medical visits, from prenatal through managing chronic disease.
- Support for patients to manage their own health.

Nurse practitioners offer an expanded scope of practice that can serve the North very well, as primary providers in some settings, as leaders in chronic disease care, and as vital members of a physician-based team.

Technology plays a crucial role in innovation. Visits with physicians, specialists and other providers can sometimes be carried out by telehealth (telephone, video and remote diagnostic tools). This reduces travel, costs, and strains on health for those who are already unwell, and also saves time. An up-to-date electronic patient record, accessible in a secure manner to all who need it, would improve health outcomes and save time for patients as well as for the system.

Many of these and other innovations in primary care are currently taking place and spreading within the North.

### *Implications/considerations:*

- *What is Northern Health’s long-term approach to supporting physicians to make primary care improvements?*
- *How can we accelerate the use of/improvements in telehealth, electronic records and other technologies?*

## 3. Leadership and community engagement

Public engagement in health and in health services is valuable — indeed, essential — for many reasons, including the following:

- Identifying issues and concerns related to health or health care in a timely and useful manner.
- Helping plan and deliver better services by involving users and stakeholders in planning and implementation.
- Providing communities with useful information on achieving health and engaging with the healthcare system.
- Building partnerships and collaboration on health issues between communities, physicians, and organizations.
- Helping assess the impact of healthcare proposals and policies.
- Supporting citizens and communities in taking more responsibility for improving their health status.

- Helping Northern Health participate in health-oriented initiatives led by others.
- Building networks and relationships that strengthen and support resilient communities.
- Acting as a catalyst for better integration of Northern Health services, and fostering a focus on primary care and a system centred on individuals and health issues, rather than on structures and disciplines.
- Overall, leading to better decision-making on health care.

The above list of benefits was reinforced through this consultation, particularly in communities where dissatisfaction with Northern Health’s community engagement was expressed.

*Implications/considerations:*

- *How can Northern Health build on this consultation process to improve community engagement and build partnerships for health?*

#### 4. Preventing illness and promoting health

This consultation makes it clear that many Northern BC residents understand and support the healthcare system and its community and organizational partners in working harder to prevent illness and support healthy living. During the consultation, the basic determinants of health were mentioned: clean air and water, healthy food, shelter, employment, education, safety, and inclusion in the community. As well, advice was given on prenatal and baby care; working with youth; addressing stress and depression; reducing motor vehicle crashes; cutting tobacco use; and more.

*Implications/considerations:*

- *How can Northern Health further address “staying healthy” through prevention, promotion, advocacy and partnerships?*
- *How can Northern Health contribute to better coordination and support with Aboriginal Health?*

#### 5. Finding and keeping physicians and staff

Physicians are the anchor of the primary healthcare system. Access to doctors is an issue, as is the best way to support them in a changing practice culture. Access to specialized services is a critical concern in an area with so many rural and remote communities, where many services must either be traveled to, or come to town as outreach. In many locations, Northern Health struggles to staff its own services, whether these consist of acute care workers, home and community care, mental health and addictions services, or public health nurses.

This situation is not unique to Northern BC; in fact, it is common across Canada, particularly in regions that are mostly rural. The solutions are not simple; they include fitting people to the “Northern BC lifestyle;” providing financial incentives; training people “in the North for the North;” working with existing staff and community leaders to recruit; providing education incentives; and promoting a work culture that is supportive, healthy, and even fun.

*Implications/considerations:*

- *How can Northern Health improve recruitment and retention, especially in “difficult” locations?*

## Appendix 1 - Consultation participation

### Northeast Health Service Delivery Area (HSDA)

Location (alphabetical)	# Attending meetings	# Submitting comment forms
Chetwynd	11	4
Dawson Creek	17	13
Fort Nelson	-	3
Fort St. John	21	10
Tumbler Ridge	13	0
Total	62	30

### Northern Interior Health Service Delivery Area (HSDA)

Location (alphabetical)	# Attending meetings	# Submitting comment forms
Burns Lake	18	6
Fort St. James	7	1
Fraser Lake	-	1
Granisle	-	3
Grassy Plains	-	1
Mackenzie	26	9
McBride	15	3
Prince George	51	53
Quesnel	21	14
Valemount	6	5
Vanderhoof	-	4
	144	100

## Northwest Health Service Delivery Area (HSDA)

Location (alphabetical)	# Attending meetings	# Submitting comment forms
Glen Vowell	-	1
Hazelton (public meeting and focus group)	76	6
Kitimat	208	4
Masset/Old Masset	23	3
Prince Rupert	76	31
Prince Rupert (Regional Aboriginal Health meeting)	9	0
Port Clements	2	1
Queen Charlotte/Skidegate	18	4
Sandspit	-	2
Smithers	82	9
Stewart	-	2
Telkwa	-	1
Terrace	34	27
	528	91

## Appendix 2 – Summaries of each community meeting

Public meetings were held in twenty communities across the North. For the most representative sampling, the selected communities were of different sizes and healthcare service levels, and were located across the Northern Health region (see map, page 8). Some people traveled to attend meetings, and others used the online or paper comment forms to contribute.

The brief summaries in this appendix outline the main points raised at each meeting, related both to the discussion on primary health care and to other issues or concerns. Communities are listed alphabetically within each of Northern Health’s three Health Service Delivery Areas: Northeast, Northern Interior, and Northwest.

## Northeast Health Service Delivery Area (HSDA)

### *Chetwynd (focus group)*

Participants began by listing concerns on their minds, which included paying more attention to elder care, including a need for assisted living units; increasing support for addressing chronic disease; providing improved supports for people with mental illness and/or addictions; and a plea to focus more on health promotion and ways to build a healthy community.

### **Local strengths**

Many primary health care strengths were described in the area, including a strong and growing food security movement, which includes a community garden, farmers' markets, healthy eating in the school and a garden at the hospital. There is stable group of physicians in town and they are much appreciated. Chronic disease programs are in place, including diabetes group visits, and the health fair in Saulteau was used as an example of support for self-management. The NE Aboriginal Health Improvement Committee and the Chetwynd Health Services Committee are seen as valuable.

### **Needs to improve**

Sometimes there is a feeling that Chetwynd is perceived as an offshoot of Dawson Creek, rather than a separate community with its own needs. There is a concern about waiting times to see a doctor and that local physicians may be overworked (and that there may be a risk of a shortage in the future). There are some concerns about the way the local clinic functions, and even about the building itself.

Elder care was raised at length. Improvements discussed include residential care for Saulteau elders, care for seniors in West Moberly and the long waiting list for residential beds: as in most communities, people do not want the elders, the "pioneers," to have to leave to have care. Assisted living beds would be a boon.

Another issue raised was the need to improve mental health services, including some sort of housing in Chetwynd, community supports for people with serious mental illness and a perception that prescriptions for anxiety, depression, etc., are easy to get, but that support for improved lifestyles or problem-solving is not.

### *Dawson Creek*

The initial list of concerns raised by attendees included the needs of the elderly, including home support and facilities (in Pouce Coupe). Other issues they wanted to be sure were discussed were chronic disease programs, addictions services, hospice care, and moving to more collaborative care.

## Local strengths

There are many pluses for staying healthy in Dawson Creek. Air and water quality and access to outdoor activities topped the list, followed by excellent community facilities and programs to encourage fitness, such as the new outdoor exercise equipment, the pool, curling and skating rinks and an indoor walking trail. Participants describe a community with lots of social interaction.

There is good access to doctors, especially with a recently opened new clinic, and there seems to be good coordination by providers, as well as some innovation in primary care improvement, which is spreading. Diabetes group appointments, support from some doctors for chronic disease management and the improvement in electronic medical records were all noted.

People living with mental health and/or addictions problems have access to Northwinds, a Canadian leader in addictions centres. The “every door is the right door” approach for mental health and addictions clients is appreciated.

At the final stages of life, there are good palliative care resources in Dawson Creek, including an active volunteer hospice program. The two palliative beds planned for Rotary Manor will be useful.

## Needs to improve

Monitoring air quality and working to improve it will assist residents with staying healthy. Questions were asked about the asbestos assessment being done on the Pouce Coupe care home.

While kudos were given to local physicians, there is still a concern that more doctors are needed and that wait times are sometimes too long. The lack of aftercare addictions treatment is a gap that makes it difficult for people to get better. Addictions rehab in general needs attention.

Supporting the elderly was the main issue raised related to living with disease. This includes requests for home support to be expanded as a way to better use healthcare funds, and to work to ensure there are care facilities close to home for those who need them (this was also raised on behalf of Pouce Coupe). Participants asked a lot of questions about the new facility and its services.

Some community members would like to see a separate hospice facility, rather than the existing room in the hospital and the rooms to be opened in the new Rotary Manor.

## *Fort St. John*

### Local strengths

Participants in the Fort St. John public meeting presented a picture of a strong community, with many assets around primary health care. This is a community rich in opportunities to stay healthy, and in organizations and groups supporting community health, including a network of walking trails, access to nature, the Enerplex, subsidized youth sports, and a wide array of group activities, from dance lessons to swimming.

There are many community partners working to support staying healthy and getting better, including Northern Health, SONS (Save our Northern Seniors), the hospital foundation, the Cancer Society, the

City of Fort St. John, the Aboriginal Health Improvement Committee, and more. The integration of mental health and addictions services is seen to be a positive thing.

The availability of doctors, good access to their services and their level of innovation and coordination are all impressive. The connection to the UNBC Medical Program is appreciated. Innovation is seen in examples such as the increased use of telehealth and electronic health records.

There is good support for people living with disease, such as programs for diabetes, cardiac rehab, exercise, and so on. Some physicians and staff are using group medical appointments, and there is support for developing more management of chronic disease. The frail elderly have access to assisted living units, home nursing support and home support. At the end of life, there is a hospice society, dedicated palliative beds and supportive staff and volunteers.

### **Needs to improve**

There is pride in the primary healthcare system in Fort St. John, but also many areas needing improvement. Staying healthy is difficult for those without money and the gap is widening between haves and have-nots. The community could use some work on food security to ensure everyone has access to good nutrition; this could include community gardens and education. Air quality is an issue for some, especially in regard to oil flares.

Getting better after injury or illness would be easier with one electronic health record following a patient through the doctor's office, acute, home care, mental health, residential care and other health settings.

This community has a young population, with some associated problems, including pre- and post-natal depression, fetal alcohol spectrum disorder (FASD), and the need for a pediatrician. An issue that affects people of all ages is the shortage of dentists, apparently the lowest per capita in B.C.

Living with addictions and/or mental illness requires better support, with harm reduction strategies, and facilities for detox and rehab more easily accessible. When it comes to process, Northern Health and the medical community can streamline booking systems, diagnostics, and lab systems. The specific issue of needing a second bloodletting chair for hematomacrosis patients was raised.

Those living with chronic disease(s) or near the end of life could use improved home support and expanded hospice services.

## *Tumbler Ridge*

### **Local strengths**

Tumbler Ridge participants are proud of their great recreational facilities and their access to fresh air and the outdoors. Also helpful in staying healthy is the increased focus on prevention of disease, particularly cardiovascular disease. Volunteer groups also contribute a lot to the community's general health.

The stable physician population is appreciated in staying healthy, as is the quick access to specialists (some visiting and others seen in Grande Prairie). Doctors are flexible, available, innovative (home visits were noted) and seem to work very well with nurses and others in the system.

There is a Seniors' Advisory Task Force working to ensure needed services are there in the future for this aging community. Innovation in primary health care is expanding, with group medical appointments, the chronic disease toolkit and frail elderly programs. There are hospice and palliative volunteers in place to assist at the end of life when needed.

### **Needs to improve**

There is a sense that to serve the older population well, there need to be solutions and services developed that are tailored to, and developed in, Tumbler Ridge. This means addressing support services, housing for the elderly, transportation, the infrastructure of the town, and health services.

Recruitment and retention, particularly of nurses, is a problem, and participants feel there is a shortage at the health center, in public health, and a problem with dividing roles into fractions rather than full time.

For those living with chronic disease(s), it is felt that home support should be broadened to include work it used to encompass, such as help with cleaning. Participants suggested that home care workers could also be given a broader role in direct care, if trained and supervised.

## Northern Interior Health Service Delivery Area (HSDA)

### *Burns Lake*

Fear of losing or not having adequate services was on the minds of some participants and stated early in the meeting. There is a sense from some that Burns Lake is not given the attention it needs by Northern Health, that perhaps it needs its own administrator. Obstetrical services, the closure of the operating room, addictions services, and rehab services were all concerns noted at the start of the meeting. The basic quality of primary care, aging well at home and physician coverage in Southside were also raised as concerns.

#### **Local strengths**

Good seniors' housing and the support of well-coordinated volunteers help the elderly in Burns Lake to stay healthy. Dedicated doctors, nurses and other staff support residents in getting better and living with chronic disease(s). The hospital is an effective centre, supported by an active hospital auxiliary. A chronic disease nurse and group medical appointments for diabetes are examples of innovative primary care. The hospice program also was praised.

#### **Needs to improve**

Improving primary health care is a concern for this community, and several issues were raised or discussed. Recruiting and keeping doctors and nurses was an issue, with discussion around education incentives and enhancing the scope of the hospital. Meeting attendees wondered if lessons could be learned from what is working in the nearby community of Vanderhoof.

Staying healthy begins at birth, and some residents would like to see supports in Prince George (where most pregnant women from Burns Lake give birth) improved. The cost of motels and travel were also cited as an impediment to good health.

Many concerns and hopes for improvement were raised related to getting better from illness and injury, including the hope that the new hospital could perform ultrasounds and surgeries and improve its services around providing or coordinating tests. The importance of consideration for First Nations patients was raised.

Home support seems difficult to get for some living in Burns Lake with chronic diseases, and there is concern about cuts to hours for chronic care nurses. Foot care would be a useful addition to services.

## *Fort St. James*

An issue that got lots of attention in the Fort St. James meeting was physician retention in the North. Basic access to services in a small community was an underlying theme. Participants also gave advice on how to attract more people to meetings like these.



### **Local strengths**

Social, education and health-related groups like Fireweed, Red Hat, churches, the college, and Nechako Valley Community Services help keep the community healthy, as does its clean air and access to the outdoor lifestyle (including beautiful Stuart Lake, shown above). There is a sense that community spirit and an attitude of self-sufficiency both contribute to a healthy life in Fort St. James.

When it comes to getting better from illness or disease, local doctors are appreciated, and the doctor who has been there a long time knows the community well. Local pharmacists are very helpful and the community of practice, including nursing, drug and alcohol counselors and others, seems to function well. The Northern Health Connections bus service is seen as useful.

This is a strong, supportive community that supports those in need at the end of life, and the nurses in the palliative care unit are seen to be compassionate.

### **Needs to improve**

Finding indoor walking space would help older people stay active. Another suggestion from the group was overcoming obstacles to find a way to use the school for indoor recreation.

The need for good ongoing care requires addressing the retention of doctors. The community would like to work with Northern Health to figure out how to recruit and keep physicians. Another way to support getting better and living with disease would be a local Red Cross equipment loan service. There were also concerns about poor communication and coordination for those requiring tests in Prince George.

## *Mackenzie*

Feelings of community resilience and good spirit were evident in the crowded meeting room, with a number of concerns raised from the start. These included retention of doctors; increasing cancer care locally; facilities and services to help seniors to remain in Mackenzie; and looking at vouchers or some way for low-income families to get fresh fruit and vegetables. There was a warm reaction to the video “Nothing About Me Without Me,” as one segment was filmed locally.

### **Local strengths**

In spite of economic and employment challenges, Mackenzie has a lot to offer in terms of staying healthy. The beautiful landscape and clean air and water support active living, as do the golf course, ski and walking trails, and access to activities at the recreation centre. The food bank, school lunch program, Meals on Wheels program, and St. Vincent de Paul’s pantry contribute to food security. Services that support staying healthy include locally delivered mammography and the women’s wellness program (led by the public health nurse).

Visiting pediatricians and psychiatrists, coordinated mental health and addictions counseling and the one-stop primary care service also help people get better.

For people living with disease, there are community supports for tasks such as getting firewood and shoveling snow, and there are support groups for various diseases, including a good diabetes program. As people reach the end of life, there are respite services, home care, and palliative care in the hospital; grief counseling is also available.

### **Needs to improve**

It’s challenging to stay healthy without fresh food – this is an economic issue and there are costs related to public health licensing that prohibit easily developing commercial agriculture.

Travel to Prince George to see an optometrist or orthodontist is a barrier, as are the office hours once there.

Physician retention is a serious concern, with access and continuity of care both being issues. Discussion took place around using the alternative payment program to employ doctors, about why they leave, and what could be done to turn the tide.

For some living with chronic disease, medications are not affordable, physiotherapists are needed, and travel to Prince George for dialysis is challenging. There are shortages of assisted living units and a sense that all services for the frail elderly and those near the end of life need to be reviewed and may need to be increased.

Put simply, this is a resilient community that is facing tough times. However, primary health care, from infancy to old age, is an essential part of its future.

## *McBride*

At the outset of the meeting, participants made it clear that they hoped to talk about improvements in the following: accessing specialists; incorporating electronic patient health records throughout the system; and detox and treatment services, including shelter.

### **Local strengths**

McBride is a level, well-planned community, which makes walking and hiking accessible to all. There is a strong sense of community that includes volunteer organizations and activities that help residents stay healthy, such as mammography clinics scheduled by the Women's Auxiliary. The annual health fair has had 95% participation and there are a well women's clinic and men's health group sessions.

McBride residents have good access to community physicians who work well together, which makes getting better from illness or injury and living with disease easier. There is good access to the local health facility and to visiting specialists, including orthopedic, psychiatric and rheumatology. The non-refusal policy at Prince George Regional Hospital is important, as is the system of viewing x-ray results online.

**“It's harder to get a haircut here than it is to get a doctor's appointment.”**

*— Meeting participant, McBride*

There are good preventive and disease management services in McBride, including a proactive team approach to mental health; a coronary health improvement program; a diabetes self-management program; and chronic disease management tools being used by physician and nurse teams. Palliative care at the hospital and through home visits is provided with compassion and understanding.

### **Needs to improve**

To help people get better or live well with chronic disease(s), the following issues need to be addressed: visiting specialists need to come more frequently; occupational therapists and physiotherapists are in short supply; waitlists for surgery in Prince George are a concern; and the cost and difficulty of travel are a burden for residents, whether for trips to Valemount or Vancouver. Participants wondered why the province can't support rural people more directly.

There was a significant discussion about electronic medical records and the inability to share good information across silos. Physicians and specialists need better access to CAT scans, pharmacy records (Pharmanet), diagnostic results and hospitalization details. People commented that there are places in the world a long way ahead of BC in this.

When it comes to supporting people at the end of life, home care workers are too few and work under too much pressure. Perhaps the hospital could provide assisted living services as a day program. There is a huge gap seen in seniors' housing, including assisted living. Waitlists for the visiting geriatric team are six months to a year, which participants felt was far too long.

### *Prince George*

The meeting began by giving the floor to a man with serious health concerns. His story demonstrated concerns about inadequate home care, hospital care, and the feeling that Northern Health has not dealt well with his needs or his complaints.

A list of issues was then generated by participants, beginning with a request for better community notice for these consultations. Other issues included air quality; cutbacks in lactation services; the need to improve primary care by decentralizing services; access to doctors and quality of care; the importance of safe housing; an information line for seniors' care (this exists through the Council of Seniors); and improved coordination of the healthcare system with complementary systems such as naturopathy, chiropractics and acupuncture.

#### **Local strengths**

There are many positives in primary health care in Prince George, from birth through to the end of life. There was praise for prenatal care group appointments, midwives and doulas, the good work of the Community Acute Stabilization Team for postnatal depression support, and the work of the lactation team.

While there is clearly a shortage of doctors in Prince George, some participants expressed gratitude for their physicians and for specialist care they have received. The ophthalmology clinic at PGRH was specifically noted. The UNBC Medical Program is also seen as a great benefit.

The Northern Cancer Control Strategy and its focus on prevention are seen as a way to help individuals stay healthy, and improved coordination in supporting people with addictions and mental illness was also noted. One attendee praised the care his mother receives at Laurier Manor, including visits from her doctor. The Northern Health Connections bus service is appreciated by those who need it.

#### **Needs to improve**

Most of the evening was spent discussing things that need to improve in primary health care. A basic requirement for good health is clean air, and the air quality in Prince George is not acceptable to many. Citizens' groups are often seen to lead the way on this. Support for new moms is always important and there are concerns that it is waning, with more psychological support for moms and better access to speech therapy for children both noted as needs.

Affordable, suitable housing is needed, and clearly is a determinant for staying healthy and getting better. Various movements to address housing are underway, including those by the city, the Central Interior Native Health Society, Northern Health and others. It was recommended that Northern

Health shift more resources to preventive care, including working more with schools on programs that alleviate obesity and other preventable health conditions.

The shortage of family physicians in Prince George is an obstacle to health, as is the fact that some doctors seem very rushed or limit their interactions with patients. More physicians, better coordination of services, better use of telehealth and computer records and being strong advocates for one's self and one's family were all proposed as improvements. As well, the mental health and addictions service community would like more interaction and better planning with Northern Health.

### *Quesnel*

Participants listed items they hoped would be discussed: coping with cancer (including the Northern Cancer Control Strategy); learning about chronic disease management, access to doctors; palliative care/hospice; and concerns about whether Northern Health is listening to the community.

#### **Local strengths**

Quesnel offers a lot of opportunity for healthy activity, with the river walk, recreation centre, indoor soccer complex, and parks. Resources like the library, homeless shelter, Salvation Army kitchen, Senior's Centre, churches and other community groups support health as well. Local food production, produce boxes and the farmers' market are indicators of food security.

When it comes to getting better or living with disease, the Northern Health Connections bus service is appreciated. Physicians in towns are working in teams, are involved in the easily accessible chronic disease management clinic, and are beginning to use videoconferencing. The hospital provides good care, with a CAT scan and chemo unit locally. The UNBC medical and nursing programs were noted as strengths, as was community grassroots involvement in healthcare.

Excellent home care, support groups, palliative care, the Lifeline program and a committed community all contribute to strong end-of-life care.

#### **Needs to improve**

**"We need to take away barriers that put people in boxes – making it difficult for someone with mental illness to get home and community care, for example."**

*– Meeting participant, Quesnel*

Improving air quality would fundamentally support health. There is also concern about the difficulty in accessing physicians, particularly for new residents. Participants wondered how we could promote and encourage the use of nurse practitioners, and how videoconferencing for specialist appointments could be expanded.

Mild and moderate depression is an issue, requiring more resources, especially for those without a program provided through the workplace.

Significant discussion took place around seniors' care and palliative care. Participants commented that waitlists for facility care are too long, and that home support doesn't provide enough help and should be revisited. Participants suggested that we should be looking at 24/7 home support if we're serious about keeping the elderly healthy at home.

There are concerns that palliative care is not seen as part of the primary care home; that Rotary Hospice house is underfunded; that advance care plans could free up funding and that palliative care needs to be funded as a core service for everyone, including the option of hospice care.

### *Valemount (focus group)*

The members of the focus group clarified some items they hoped would be discussed, including preventive health; the Northern Health Connections bus service; addictions services; referrals to specialists; and support for a public forum on health.

#### **Local strengths**

Valemount is a health-knowledgeable, active community, with a forward-looking mayor and council, active children (and seniors), access to fresh fruit and vegetables, and supportive community clubs and groups, especially for seniors. This is all helpful in staying healthy.

Participants noted that there are great physicians and nurses who work well as a team in a one-stop shop setting, integrating services. There is a team meeting every morning, electronic medical records to assist with chronic disease management, and group meetings for some patients. This high-quality medical support goes a long way towards helping people get better or live with chronic disease(s).

The ten new independent living units that are coming, the Lodge, and care from the health team are all beneficial to the elderly people in town who need this support.

#### **Needs to improve**

A particular concern for the community is teen pregnancy: about 10% of 17- to 20-year-old girls in Valemount become mothers, with some struggling soon after.

Other suggestions were that the clinic would be more effective in the community if it had its own website and e-mail address, and a monthly column in the paper.

## Northwest Health Service Delivery Area (HSDA)

### *Hazelton (community meeting)*

Many participants at this well-attended meeting came to talk about primary health care, but also had a specific issue on their minds: Northern Health's centralization of microbiology services (including the fear that Northern Health is cutting services without full consultation). The meeting raised issues of basic trust. Other issues named at the beginning of the evening included transportation, elder care, cultural competency, emergency response services and mental health services.

#### **Local strengths**

There are many supports for staying healthy in the Hazelton area. The community's hospital is designed to be a model of rural health care, including its sensitivity to the area's Aboriginal population and a one-stop approach to coordinating services. There is a walking trail, outdoor activities and a wide array of exercise groups; as well, preventive activities such as the Starting Smart program, the task force on suicide prevention, a mobile mammography clinic and awareness events such as the Terry Fox Run and AIDS walks also help people to stay healthy.

A full range of care is based at Wrinch Hospital, from basic diagnostics on to end-of-life support. Getting better when sick or injured is made easier by visiting specialists, outreach clinics to smaller communities, an Aboriginal liaison worker, and a stable healthcare work force.

Those living with disease get support from the Gitksan home and community care program; the diabetes program (education, dietician and retinopathy screening, for example); a new clinical coordinator; and support to live independently at home. Active hospice volunteers and dedicated palliative space in the hospital help to cope with the end of life for some.

#### **Needs to improve**

As noted, there was broad community concern about Northern Health's plans to centralize microbiology services. Along with many practical questions and fears, there was a basic lack of confidence that Northern Health is doing the right thing, and distrust in the organization's ability to listen to community concerns. Another significant issue raised was concern about mental health services. This community has extreme concerns and problems, and many worries about Northern Health's new mental health system and the shortage of workers. The issue of trust was raised again, as some believe they provided warnings and concerns about the new system before Northern Health implemented it.

When it comes to staying healthy, cultural competency for healthcare workers was questioned, and it was recommended that a meeting like this for First Nations communities would be useful. Improved recreation opportunities and transportation were noted as essential to healthy living.

Travel out of the community for medical care is an issue that affects the ability to get better from illness or injury. Meeting attendees wondered if it was possible to arrange a same-day van service to Terrace, cheaper accommodation in Prince George, more telehealth to replace travel for medical reasons, and better communication about discharge between health sites.

To enable those with chronic disease(s) to remain in the community, more assisted living is essential. The limited hours and services provided by home support are also a concern, with a request that it again provide housekeeping and cooking, and not only personal care. Participants asked if renal dialysis could be provided locally, and wondered if adult daycare would be useful. They also noted that public education about aging and dying with grace and dignity would lead to more end-of-life support for many.



*The single-lane Hagwilget Canyon Bridge over the Bulkley River in the Hazeltons.*

### *Old Hazelton (focus group)*

A meeting with physicians and other health leaders was held to expand on the issues raised by the community meeting and to look more deeply into improving primary health care. The issue of trust and working together, with the microbiology and mental health services issues as examples, was significant at this meeting as well.

**“It’s not talent and skill alone that makes the healthcare system work so well here...it’s personal contact.”**

*– Focus group participant, Old Hazelton*

### **Local strengths**

Hazelton has a strong primary healthcare system, with the primary care home being centred in Wrinch Hospital. Some of the factors that lead to a strong system include having most services under one roof; physicians on salary who are flexible and work as a team; regular meetings between healthcare providers; and defining the services as a group practice, with charts held in common. Health care is linked to the needs of the community, recognizing factors such as significant incidences of long QT syndrome (a heart rhythm disorder), lupus, and rheumatoid arthritis among the Gitksan people. Participants see the hospital as a full-range primary care centre.

### **How can primary health care improve further?**

Outreach clinics also work very well, although they need to be held more frequently. These clinics could increase their work with chronic disease management. Mental health is a concern, especially with the underlying problems of very high unemployment, FASD, and low literacy.

Staying healthy in the eleven communities that make up the Hazeltons would be enhanced with recreation centres where activities and meetings could take place. With better local transportation and more mental health support, this could be the beginning of a network of health. Having someone to coordinate this sort of community development is critical.

Getting better would be enhanced by better information sharing between Indian and Northern Affairs Canada and Northern Health. There is significant waste, repetition of tests and “multi-doctoring” for pain medications, etc. Another benefit of improved links between groups would be the chance to celebrate good work.

Living with disease(s) would be aided by increasing home care nursing and providing more outreach, rather than waiting for patients to use the hospital when they could remain at home.

The issue of maintaining local microbiology services was raised again, and used as an example of the desire for Northern Health to recognize the common sense and experience in the community and be very careful about changing services, even with the best intentions.

### *Kitimat*

Participants came to the meeting with energy, concerns, and questions. Primary health care was not directly discussed, although many of the issues raised clearly related to services that are important for getting better from illness or injury, or living well with chronic disease(s). Some residents posted notes on primary health care on the wall chart. This discussion of the Kitimat meeting opens with the overall theme or concern of the crowd, then combines the discussion and the written notes to report on strengths and improvements needed.

The fundamental concern expressed was a fear of losing health services in Kitimat, with an underlying distrust of the way Northern Health does business related to this community. Strong comments were made criticizing health system management (e.g., questioning the location of the local administrator); relocation of services; the loss of a local board; fearing ongoing staff cuts; expressing displeasure around communications and planning; and generally feeling funds were inadequate to meet needs. Specific service concerns included the centralizing of microbiology services and the need to travel for services such as tonsillectomies.

### **Local strengths**

This is an attractive community, with many community resources and programs, including a new pool with access for those with disabilities. The community is walking-friendly and for its size, has good services. Primary health care is supported by local doctors, visiting specialists, home care nurses, and a new hospital facility. Medical Office Assistants (MOAs) are a good source of healthcare information. Palliative care and the “remember when” program help people cope with the end of life.

### **Needs to improve**

There are concerns about short-staffing in health care, including perceptions that hospital staff are overworked; that nurses need access to education (and related travel); and that there is a shortage of doctors. Questions were raised about recruitment and the use of overtime and consultants. The hospital needs more acute care beds and an updated computer system.

The burden of travel for medical services was raised several times, with an example of one family spending \$15,000 to be in Vancouver with a chronically ill child. Some question the province’s support for medical travel and some want improvements to the Northern Health Connections bus service.

End-of-life care and living with chronic disease(s) would be improved by a larger multi-level care facility; an increase in home care staffing; better training for acute care staff to deal with mental illness; more home support for seniors; and better use of the hospice.

A lot of fear was expressed related to the importance of health care in Kitimat and the feeling that losses are mounting. There was a request for meetings to clarify budgets, plans and the future of health care in Kitimat.

### *Masset/Old Masset*

Items raised as “top of mind” at the start of the meeting included the state of the new hospital; the cost of off-island travel for health services; healthcare staffing; and a range of issues related to seniors and others with chronic conditions, such as home care, home support, and palliative care. Questions were also raised about core services and who Northern Health is accountable to.

#### **Local strengths**

Staying healthy in Masset is supported by the wonderful natural environment, access to food gathering, the strong Haida cultural identity and a supportive community. Exercise programs in school and access to the outdoors help residents stay active. Staff in health care and education work on proactively preventing illness, and the prenatal group care partnership supports parents-to-be.

Local physicians (some of whom stay and become part of the community) help residents recover from illness or injury. Visiting specialists and caring healthcare staff at the hospital and in the community also help. Group medical appointments and dedicated home care staff support those living with chronic conditions.

#### **Needs to improve**

Before looking at specific elements of primary health care, two significant issues were discussed. The first was the recruitment and retention of doctors and other health personnel. Dissatisfaction was expressed about Northern Health’s recruitment practices, with questions about delays; recruiters who don’t respond in a timely manner to people who apply; and insensitivity and inflexibility in filling positions. Ideas for improvement included training local people to fill positions; tapping into the pool of retirees who might be willing to relocate; using people in needed positions to help recruit (as physicians do now); using in-house traveling nurses; and extending northern loan forgiveness to medical laboratory technologists and possibly to other roles.

### *Port Clements (focus group)*

Appreciation was expressed to Northern Health for scheduling a visit to Port Clements.

#### **Local strengths**

This is a good community in which to be active outdoors, with safe, easy biking and walking trails and an active running group. It is a small, supportive community, where people all know each other. When someone becomes ill or injured, there are local supports, including “Doctor Day” with a

visiting physician; a visiting public health/home care nurse; an on-call local ambulance; a visiting diabetes specialist; and access to either Queen Charlotte or Masset for medical care. Doctors are prepared with patient charts when they visit Port Clements, and are prepared to spend time as needed.

### **Needs to improve**

A particular concern for this community is the way patients are currently scheduled for physician visits. They are divided into three groups (A, B, and C) and can see only the doctor they are grouped with, which is very limiting when one doctor visits one day a week. One family has three different doctors for the four of them. Improvement to this system would offer more access, especially for urgent items. Having the nurse here at the same time as the doctor would help, as would having prescription access through the clinic (again), rather than through the grocery store.

Travel for medical reasons is a big problem for many here. It is difficult and time-consuming to leave the island, often involving five days of round-trip travel for one appointment. Further, funding sources are not equitable for all patients.

More telehealth would be a big benefit, as would increased travel support. Participants asked if Northern Health could make Haida Gwaii a model for telehealth and innovative visiting specialist programs. As well, Port Clements needs assisted living; increased home care support; Meals on Wheels; and other supports. With its inexpensive land and housing, Port Clements is a senior-friendly town which, if given the right supports, could be an appealing place for seniors.

## *Prince Rupert*

This lively meeting was relocated to accommodate a large crowd, who came with many issues on their minds. A sizable contingent was there specifically to raise concerns about the changes/reductions to the local Healthy Heart Program. Other issues listed at the outset included concerns about access to doctors, support for addictions and mental health services, funding for services, ways to get community input, and questions about a range of specific services such as audiology, public health nursing, dialysis, lab, pharmacy, and mammography.

### **Local strengths**

Elements of primary health care that help residents stay healthy include assessing children for early development milestones (carried out by public health nursing), and a strong obstetrics program. Good access to family physicians was also noted. CT scans are accessed in good time to help people get better, and there is some pride in services provided in the hospital. Hospital sanitation and the good work of the cleaning staff were praised. Specialists assist those with chronic illnesses.

### **Needs to improve**

General concerns were discussed before the meeting moved on to the primary health care continuum. As noted, changes to the Healthy Heart program were questioned and criticized, which

also raised issues about Northern Health’s process of communicating with the community about health planning. Many fears and concerns were articulated about the healthcare budget (locally and provincial). Some people feared the loss of services through many tiny cuts, and the importance of a strong healthcare system to the community’s continued viability was pointed out. There were requests for more frequent communication and community meetings with Northern Health, and for a regular report card on the use of the hospital and other services.

**“I waited five hours in emergency to get a prescription refilled – that’s not very efficient.”**

*– Meeting participant, Prince Rupert*

Strong preventive programs help people stay healthy and avoid illness. Meeting participants suggested that Northern Health should increase its public health work, rather than reducing it, and that the focus needs to be on contacting people early to prevent problems arising from smoking, drinking, and overeating. Participants asked if Northern Health could be more of a partner in recreation activities, such as the All Native Basketball Tournament. The need for a child development centre was also expressed.



*Fishing boats in Prince Rupert harbour*

Mammography was raised as a “staying healthy” issue, with concerns about traveling to Kitimat or Smithers for this service. Suggestions included the following: Could technicians travel to Prince Rupert instead? Could the Northern Health Connections bus schedule be reviewed to work better for travel for mammography?

Appreciation for family doctors and for access to emergency room doctors was expressed, as was great frustration in sometimes not having access to doctors, and feeling that emergency room care is certainly not a good primary care model. Concerns were also expressed about the continuity of care and whether more integrated health networks could be planned in Prince Rupert. People want primary care homes and the innovation that results in better care.

People living with chronic disease(s) would be better served by the following: a dialysis machine; more services for people struggling with drug and alcohol addictions; and increased staffing and care at Acropolis Manor. The latter issue was discussed in detail, with serious concerns about the quality of care raised. (The staff was praised; it is staffing levels that are seen as a problem.)

### *Prince Rupert (NW Aboriginal Health Improvement Committee focus group)*

This focus group included representatives from Aboriginal and First Nations health services and governance, including the communities of Prince Rupert, Skidegate, Old Masset and Kitkatla, as well as Northern Health and Health Canada. The initial discussion raised a range of issues, including the need to ensure access to doctors; recognition that chronic disease prevention and management is critical; the importance of ensuring basic access to food during these tough economic times; and a request that this committee itself become more effective.

### **Strengths in primary health care**

Many activities and services support staying healthy. The All Native Basketball Tournament is an example of something fun and engaging with many positive health impacts. In Old Masset there is a focus on health promotion, with a community garden, meals, physical activity programs, the Pregnancy Outreach Program and a sense of community spirit. While access to physicians is an issue in some places, doctors are appreciated and there are examples of advanced access, group medical appointments, and coordinated care. People living with disease benefit from home care nurses and home support.

### **Needs to improve**

There are many things that could improve primary health care for Aboriginal people, beginning with a recognition that they are residents of BC and should receive the same access to services and supports as anyone else. There are jurisdictional, attitude and access challenges in attaining this. When it comes to staying healthy, better access to information and better coordination (including through this committee) would help. Lots of grassroots groups are focusing on prevention, and more attention from Northern Health would be useful. Some Aboriginal people feel apprehension when dealing with Northern Health; additional informal connections would improve this. Dental hygiene and services also need to be improved.

A lack of access to physicians means overuse of acute care when people need to get better. More traveling health teams might be helpful and a one-stop clinic in Prince Rupert with group appointments might help use resources better and address the doctor shortage.

Participants noted that when accessing food is a challenge, it is difficult to live with chronic disease. In small communities, a place to go for a range of supports for chronic disease would be helpful for education, self-management support, group visits, and community support.

### *Queen Charlotte/Skidegate*

It was noted that more people would attend from Skidegate if the meeting was held there. As the meeting began, there were many things on participants' minds. They were keen to address concerns about youth health; the need for more public health nursing; filling vacant Northern Health positions; mental health services; more proactive prevention services (women's and adolescent health, for example); and a concern about reductions in services when there is a need for more.



*Hospital Days in the village of Queen Charlotte*

#### **Local strengths**

This is an engaged community with many supports for staying healthy. The pristine natural environment and access to wild foods and the resilience of the caring community are significant, as are opportunities for activities that range from kayaking and hunting to yoga and the fitness centre. There are lots of community groups and the healthcare staff work well together and are keen to support people in their efforts to stay healthy.

The committed healthcare staff, improved use of technology (online x-rays, e-mail, etc.), integrated care, and continuity in physicians all help people to get better from illness or injury. There is great appreciation for the hospital manager and his progressive team. This is a community where many have a holistic view of health.

Innovative practices with chronic disease management (including group visits and the chronic care nurse's coordination) are recognized, as is the strength of local cancer care services. When people reach the end of life there is compassionate palliative care, both at home and through the palliative service in the hospital.

#### **Needs to improve**

Recruitment and retention of health staff is a concern. Participants asked about hiring for public health nursing, mental health workers, occupational therapy, and home care. Advice was given on how to combine (or not) some nursing roles. Basically, there is a strong team, but they are understaffed and risk burnout. This is an independent, resourceful community that Northern Health

should listen to in terms of how to organize and improve staffing. In general, participants would like more input into healthcare decisions, especially those that are made “off-island”.

More indoor activity would be useful: a swimming pool, for example. There are major concerns about local youth, and a request for Northern Health to be at the table to look at an improved youth centre, a youth worker, and a teen involvement program.

As for getting better and living with disease, the primary care home is built, but needs more support from Northern Health, including assured turnaround on lab tests, after-care for addictions, a review of reimbursement for travel from Sandspit, and urgent support and expansion of the mental health team. Fully staffing Home and Community Care would boost services for those at home with chronic conditions and those needing palliative care services.

### *Smithers*

With concerns expressed about deficient communications, poor decision-making, the future of the hospital, job security for healthcare staff, and a fear that cuts are coming, it was clear at the start of the meeting that some residents were concerned about Northern Health’s work. Northern Health’s centralization of the microbiology lab is a catalyst for some of these concerns. Local rehab and dialysis and using a population health approach were other issues raised as “top of mind.”

#### **Local strengths**

This is a health-promoting community, with lots of programs for children and adults (including music and arts), a program to reduce wood fire particulates, deep wells without chlorine, and a strong community services association. There are primary health care programs, plenty of doctors, visiting specialists, and a midwife option. There is also a good hospital that is supported by an ambulance service, the computerization of lab and x-ray services, and a strong auxiliary. The cancer care clinic, diabetes services, day surgery, mental health services and dedicated healthcare staff make it easier to live with chronic disease(s).

#### **Needs to improve**

A particular concern for this community is the centralization of microbiology services and the basic underlying distrust of Northern Health that this has raised for some. Some Smithers residents suspect that moving some lab services is the start of major cutbacks, perhaps threatening the viability of the hospital itself. While some questions about the shift in lab services were answered, some participants simply wanted to hear that it won’t happen. It was apparent that Northern Health has work to do to gain trust and credibility from some community members.

Another specific concern raised was the Northern Health Connections bus service. While some praised it and do use it, others feel it is underused (from Smithers, at least). There was a plea for a better program to support travel-related costs for patients (especially children) who must attend medical appointments in Prince George or Vancouver.

Concerns were expressed about the dietitian's hours being reduced and the need for expanded prenatal care. Getting better from illness would be enhanced by better recruitment and retention of staff; examining the case for a CT scanner; and improved training for emergency response staff.

There is not enough post-care for heart attack patients, and there are also concerns about diminished infection control in the hospital. Coping with the end of life would be improved with more respite beds.

## *Terrace*

A number of issues were flagged for discussion at the opening of the meeting, including concerns about budgets and staffing; violence in residential care; access to specialists; spiritual care and non-medical detox; and learning more about primary health care to plan for the future. Several participants at the meeting were from Kitimat.

### **Local strengths**

With clean air, walking trails, outdoor fitness machines, and a new pool, this is a welcoming community to be active in. Good nutrition is supported by the farmers' market, a healthy snacks program in the schools, and the Good Food Box program. There are strong community groups, including those with a First Nations focus, such as the Kermode Friendship Society and All Nations Centre. Moms and babies are supported by newborn baby visits and well baby clinics.

The hospital and its services are greatly appreciated, as are pharmacists and home care and other community nurses, and the visiting specialists. Access to doctors is reasonable and several individual doctors were praised by name. The electronic medical records being developed will make them more effective. Complementary practitioners, such as naturopaths and physiotherapists, also help people to get better. The women's shelter and emergency shelter work well.

Living with disease is easier because of community-based supports such as Terrace and District Community Services, the needle exchange, the mental health team, and the BC Schizophrenia Society. Innovations such as group medical visits and integrated chronic disease care are growing. Home care nurses and other home-based services for the frail assist those living with chronic conditions. Coping with the end of life is enhanced by the Hospice Society, the palliative care team, and the respite/palliative beds at Terraceview Lodge.

### **Needs to improve**

One issue raised was the state of Terraceview Lodge. Stories of patient violence led to discussions about security and security cameras; low levels of staffing; geriatric psychiatric assessments; and a sense that Northern Health is not responding well to concerns of families. This led to concerns being raised about Northern Health's leadership, communications, and decisions around services.

Improvements were suggested related to accessing specialists (pediatric audiology, for example); ensuring the use of nurse practitioners (a soon-to-be graduate asked for a job); maintaining or increasing public health nursing; and better access to physicians. Retention of workers was discussed

at length, with suggestions to upgrade medical equipment and offer education assistance to attract physicians.

Chronic illness does not affect only the elderly, as a participant with multiple sclerosis (MS) pointed out while requesting more rehab programs. Mental health and addictions services need attention, including non-medical detox beds, joint training of physicians and mental health workers, and locally offered electroconvulsive therapy (ECT).

The meeting ended with a participant noting the importance of spiritual and emotional health, at the end of life and at other times. Integrating local clergy and others into health services helps.

## Appendix 3 - Summary of Comment Form Submissions

More than 220 people submitted their thoughts through the online or paper comment form. This is an overview of the comments received.

For each question, this table lists the top five items (by number of responses mentioning that issue) and then a short list of other issues raised.

Responses are grouped by subject, not by community. Participants were asked for their locations, but in many cases chose not to provide them.

Staying Healthy	
Working well	Needs to improve
<ol style="list-style-type: none"> <li>1. Outdoor recreational activities and infrastructure (walking paths, kayaking, parks, bike paths etc)</li> <li>2. Healthy natural environment (clean air and water)</li> <li>3. Basic health services (access to doctors, nurses, Northern Health bus, care etc.)</li> <li>4. Exercise programs (meditation, yoga, walking groups, healthy heart activities, swimming)</li> <li>5. Access to healthy foods (access to local wholesome organic foods)</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Rehabilitation service</li> <li>▪ Volunteering</li> <li>▪ Educational programs</li> <li>▪ Hospital</li> <li>▪ Friendly/Close-knit communities</li> </ul>	<ol style="list-style-type: none"> <li>1. Air quality/pollution (specifically Prince George)</li> <li>2. Doctors (lack of doctors creating long waiting lists, difficulty attaining a family physician, retaining doctors, more female doctors needed)</li> <li>3. Shortage of hospital staff</li> <li>4. High unemployment rates</li> <li>5. Social conditions (affordable housing, access to good food)</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Travel challenges</li> <li>▪ Drug and alcohol issues</li> <li>▪ Waiting lists for preventive and therapy services</li> </ul>
Getting Better	
Working well	Needs to improve
<ol style="list-style-type: none"> <li>1. Family physicians/doctors (easy access, short waits, fortunate enough to have one, responsive and caring)</li> <li>2. High satisfaction of service (includes emergency rooms, doctors, walk-in clinics, and hospitals. When care is received it is excellent, and from professionals who truly care about treating people well.)</li> <li>3. Walk-in medical clinics (serves the varied needs of people.</li> <li>4. Emergency room (positive and excellent treatment while dealing with serious conditions)</li> <li>5. Internet (valuable source of information, BC</li> </ol>	<ol style="list-style-type: none"> <li>1. Doctors and access to specialists (there is a shortage of doctors, and the ones available are overbooked and overworked, which leads to burnout and lack of proper care)</li> <li>2. The emergency room (long waiting times; it is abused by non-emergency patients due to the lack of doctors)</li> <li>3. Lack of other services (this includes mental health and addiction services, promotion for prevention programs, and physiotherapists, etc.)</li> <li>4. Genuine care (stressful nature of care due to lack of staff rubs off onto patients. Patients feel like objects merely being placed into their time slots</li> </ol>

<p>Medical website)</p> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Pharmacy/Pharmacists (knowledgeable and personable)</li> <li>▪ BC NurseLine</li> <li>▪ Nurses</li> <li>▪ Self care/help</li> <li>▪ Northwest Addictions</li> </ul>	<p>with doctors who prescribe without much insight or care for the patient)</p> <p>5. Out-of-town services and cost of travel</p> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Wait time for test results (at times, patients have to inquire for test results instead of being contacted. Waiting for results at a stressful time in one's life causes added stress).</li> <li>▪ Inadequate staffing</li> <li>▪ Holistic approach to health care/promotion for prevention programs (promoting alternative means of getting better instead of medication; also the promotion of how to obtain proper health to prevent poor health)</li> </ul>
<b>Living with Disease</b>	
<b>Working well</b>	<b>Needs to improve</b>
<ol style="list-style-type: none"> <li>1. Support groups (mental health, diabetes groups etc.)</li> <li>2. Home support</li> <li>3. Managing chronic disease (education and support)</li> <li>4. Nutrition and diabetes educators</li> <li>5. Northern Health Connections bus service</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Family</li> <li>▪ Community (close-knit communities providing support)</li> <li>▪ Public Health (educating children to prevent chronic disease, for example)</li> <li>▪ Meals on Wheels</li> </ul>	<ol style="list-style-type: none"> <li>1. Lack of medical personnel (lack of nurses, doctors and other hospital staff)</li> <li>2. Care for seniors (homecare/home support are understaffed and under-served; elderly just not being supported properly)</li> <li>3. Lack of access to specialists (long waiting times, not enough visiting specialists - physiotherapists, geriatric psychiatrists, audiologists, cardiac etc)</li> <li>4. Education (need for informational sessions around preventing chronic disease, could take the form of monthly health forums)</li> <li>5. Service/funding cuts (cutting hours of operations, program cuts, etc.)</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Support for mental health/addictions (supportive housing, clinical resources and addictions services)</li> <li>▪ Communications (lack of communication around options, and around health care between doctors and patients, also a lack of administrative communications)</li> <li>▪ Care beds/Hospital beds</li> </ul>
<b>Coping with end of life</b>	
<b>Working well</b>	<b>Needs to improve</b>
<ol style="list-style-type: none"> <li>1. Hospice ("hospice is the best place ever")</li> <li>2. Nurses (home-care nurses allow individuals to remain at home, caring and helpful)</li> <li>3. Palliative care team (compassionate, caring,</li> </ol>	<ol style="list-style-type: none"> <li>1. Educational sessions (informational meetings/counselling for people)</li> <li>2. Home care (lack of services available, lack of support/nurses)</li> </ol>

<p>understanding of patients' and families' needs)</p> <ol style="list-style-type: none"> <li>4. Home/Community Care (allows individuals to remain at home, or even remain in the community)</li> <li>5. Doctors (home visits work well; they also provide support and are informative and caring)</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Volunteer groups ("Dedicated and ready to assist", many palliative care teams are volunteer-run)</li> <li>▪ Families and friends (provide support)</li> <li>▪ Beds (long-term-care beds and palliative care beds)</li> <li>▪ Access to care</li> </ul>	<ol style="list-style-type: none"> <li>3. Funding/funding cuts (affects hours of operations, programs, hospice should be provincially funded)</li> <li>4. Beds (lack of beds for palliative care, long waits for long term care beds)</li> <li>5. Hospice (lack of hospice itself, or lack of quality care)</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Lack of facilities (senior care facilities, medical facilities, extended care facilities)</li> <li>▪ Communications</li> <li>▪ Easier access</li> <li>▪ Personal space (lack of personal rooms/space in hospitals for families and patients, acute care space should not be used for palliative care)</li> <li>▪ Equipment (more diagnostic equipment)</li> </ul>
<b>Other Questions</b>	
<b>Working well or proud of</b>	<b>Other issues to address</b>
<ol style="list-style-type: none"> <li>1. Doctors, nurses (and other hard-working, caring professionals and staff)</li> <li>2. Hospitals (new hospitals and renovations being done, welcoming atmosphere, efficient staff, etc.)</li> <li>3. UNBC Medical Program (and ability to recruit new doctors and nurses, nurse practitioner, social work, Aboriginal and medical specialties)</li> <li>4. Exercise opportunities/recreation</li> <li>5. Community spirit and community support</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Aboriginal health services and linkages</li> <li>▪ Cancer clinic, walk-in clinic</li> <li>▪ Educational workshops (HIV educator, parenting workshops, various open fairs, Healthy Living programs, diabetes educator)</li> <li>▪ Programs such as mental illness, addictions, pre-natal, etc.</li> </ul>	<ol style="list-style-type: none"> <li>1. Retention of medical personnel/Lack of staff (lack of hospital staffing and doctors)</li> <li>2. Equipment (aging equipment, lack of equipment e.g., dialysis machine, lab, x-ray. Also includes lack of LTC beds)</li> <li>3. Shortage of healthcare staff (mental health counselling; nurses; nurse practitioners, full-time and part-time)</li> <li>4. Waiting lists (waiting for doctors, surgery, access to care beds, etc.)</li> <li>5. Transportation (not affordable; difficult due to icy roads, distance, illnesses, etc.)</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Addictions (drug and alcohol abuse, lack of preventive education about drugs and alcohol at a young age)</li> <li>▪ Seeing specialists (shortage of specialists in certain departments, long waiting lists)</li> <li>▪ Prevention (lack of education about preventing illness, chronic disease)</li> <li>▪ Women's health clinic</li> <li>▪ Optometrists,</li> <li>▪ Funding cuts to important programs</li> <li>▪ Access to dental care</li> <li>▪ Poverty and homelessness</li> <li>▪ Suicide</li> </ul>

What would make your community a healthier place?	Suggestions for recruiting and keeping physicians
<ol style="list-style-type: none"> <li>1. More recreation (offer a wide variety of all season recreational programs for all ages; should be affordable (if not free) such as swimming pools and outdoor organized activity groups)</li> <li>2. Better water and air quality (create a highway bypass to remove trucks from cities, make pulp mills reduce emissions and be responsible for cleaning up water/air effluent)</li> <li>3. More staff (includes specialists, doctors, nurses, and administrative staff, etc.)</li> <li>4. Offer educational/information sessions (programs such as promoting healthy living, dealing with lifelong injuries, anxiety and depression, suicide prevention, etc.)</li> <li>5. Transportation/travel (subsidized transportation for low-income people; reduce or remove need to travel long distances for healthcare; Northern Health Connections bus should leave/return same day to reduce hotel costs)</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Mental health and addictions services (more support for these programs and a more progressive system)</li> <li>▪ Safe/affordable housing</li> <li>▪ Youth (more recreational programs and activities for youth, homeless centre/ housing for youth who cannot live with their parents)</li> <li>▪ Smoking (smoking cessation programs and enforced smoking bylaws)</li> <li>▪ Police (more officers, better patrols, enforced bylaws)</li> </ul>	<ol style="list-style-type: none"> <li>1. Promote the northern lifestyle (promote the natural beauty of the North, the clean air, the fresh water, the plethora of outdoor activities, and the unique and diverse needs of the people)</li> <li>2. Ensure the newest technologies/access to operating rooms (doctors without the proper equipment get frustrated at the lack of being able to assist people. Give them OR time.)</li> <li>3. Subsidize student loans/home rental (after working in the North for X years, a percentage of their student loan can be reduced)</li> <li>4. Allow doctors from foreign countries to practice in the North (accept legitimate papers, diplomacy, and fluency in English, etc. Do not dismiss their credentials)</li> <li>5. Stop funding cuts (do not cut services such as laboratories, x-rays, ORs etc.)</li> </ol> <p>Other</p> <ul style="list-style-type: none"> <li>▪ Ensure access to further training/specialization</li> <li>▪ Provide incentives for UNBC students to remain in the North</li> <li>▪ Ensure a strong medical staff</li> <li>▪ Offer more salaried positions</li> <li>▪ Listen/talk with doctors</li> </ul>

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Michael McMillan, Marina Ellinson, Betty Morris, Kim Bain,  
Anne Scott, and members of the Board of Directors.*