Northern Ontario health care priorities:
Access to culturally appropriate care for physical and mental health
Contents

About Northern Policy Institute ........................................... 4
About the Authors ............................................................... 5
Purpose ............................................................................ 6
Background ..................................................................... 7
Analysis ........................................................................ 8
Recommendations ............................................................. 10
References ..................................................................... 11
Who We Are .................................................................. 14
About Northern Policy Institute

Northern Policy Institute is Northern Ontario’s independent think tank. We perform research, collect and disseminate evidence, and identify policy opportunities to support the growth of sustainable Northern Communities. Our operations are located in Thunder Bay and Sudbury. We seek to enhance Northern Ontario’s capacity to take the lead position on socio-economic policy that impacts Northern Ontario, Ontario, and Canada as a whole.

Vision

A growing, sustainable, and self-sufficient Northern Ontario. One with the ability to not only identify opportunities but to pursue them, either on its own or through intelligent partnerships. A Northern Ontario that contributes both to its own success and to the success of others.

Mission

Northern Policy Institute is an independent policy institute. We exist for the purposes of:

• The development and promotion of proactive, evidence based and purpose driven policy options that deepen understanding about the unique challenges of Northern Ontario and ensure the sustainable development and long-term economic prosperity of Northern Ontario;
• The research and analysis of:
  » Existing and emerging policies relevant to Northern Ontario;
  » Economic, technological and social trends which affect Northern Ontario;
• The formulation and advocacy of policies that benefit all Northern Ontario communities that include Aboriginal, Francophone, remote/rural communities, and urban centres; and,
• Other complementary purposes not inconsistent with these objectives.

Values

Objectivity: Northern Policy Institute is a non-partisan, not-for-profit incorporated body providing fair, balanced and objective assessments of policy issues in a pan-Northern Ontario context;

Relevance: Northern Policy Institute will support practical and applied research on current or emerging issues and implications relevant to Northern Ontario now and in the future in keeping with the themes and objectives of the Growth Plan for Northern Ontario, 2011;

Collaboration: Northern Policy Institute recognizes the value of multi-stakeholder, multi-disciplinary, and multicultural contributions to the collective advancement of Northern Ontario and works in a collaborative and inclusive approach to provide a full range of policy options for decision makers;

Coordination: Northern Policy Institute will complement the existing research efforts of Northern Ontario’s post-secondary institutions and non government organizations and explore opportunities for coordinated efforts that contribute to the mandate of Northern Policy Institute; and

Accessibility: The work of Northern Policy Institute will be publicly accessible to stimulate public engagement and dialogue, promoting viewpoints on the interests of Northern Ontario and its people.
About the Authors

The co-authors of this briefing note are doctoral candidates at the School of Rural and Northern Health at Laurentian University. Northern Policy Institute is pleased to provide an opportunity for our next generation of thinkers to express their views to a public audience.

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Purpose

The purpose of this briefing note is to identify top priorities for Northern Ontario’s health policy agenda over the next three to five years. This briefing note ranks the top priorities while also providing background information, analysis and recommendations focused on the top two policy priorities.
Background

Improving the health of Canadians is a priority at both the federal and provincial levels of government (Drummond, Firious, Pigott, & Stephenson, 2012; MOHLTC, 2012; HealthForceOntario [HFO], 2010). However, there is rarely agreement about the best ways in which this can be accomplished. Ontario’s current health care strategies include a patient-centred approach to improving individual’s health behaviors, improving access to family health care, and providing Ontarians with the “right care, at the right time, in the right place” (MOHLTC, 2010). These issues are still relevant in the north, however; the strategies to provide the right care for people at the right time and place will be different in northern and rural areas of the province than in the densely populated southern regions.

Access to Health Care: One of the most challenging and persistent problems facing Canada’s health care systems is the unequal geographic distribution of health care services (Minore, Boone, Katt, Kinch, & Birch, 2004; O’Neill, 1995; HFO, 2010). While most people in Canada live within five kilometres of a physician, some residents in rural areas are more than 100 kilometres from the closest physician (Pong & Pitblado, 2005) and specialists could be much further away. In Ontario, only 6 percent of physicians practice in the north; of which, 71 percent practice in cities (Wenghofer, Timony, & Pong, 2011). This creates geographic barriers to accessing care for residents of northern and rural areas in Ontario.

Culturally appropriate health services: Health and social policies pertaining to Aboriginal people in Canada have systematically undermined the capacity of Indigenous communities to develop their own health care systems (Gibson et al., 2011; Hampton et al., 2010; O’Neill, 1995). Further barriers are created by a lack of clear jurisdiction surrounding health care policy for Aboriginal peoples throughout Canada (Lavoie, 2013). Concerns about health services, as expressed by Aboriginal peoples, describe a need for a culturally appropriate approach to healing in Aboriginal communities that is developed by Aboriginal peoples and promotes traditional conceptions of health, culture, and spirituality (Bucharski, Reutter, & Ogilvie, 2006; Chiarelli & Edwards, 2006; Hotson, Macdonald, & Martin, 2004).

Mental health challenges: Residents in the northern parts of Canada, including Northern Ontario, face increased mental health challenges related to geographic isolation, historical and intergenerational trauma, and economic issues (Hartford, Schrecker, Wiktorowicz, Hoch, & Sharp, 2003; Kirmayer, Brass, & Tait, 2000; Mulvale, Abelson, & Goering, 2007). Access to mental health services for northern residents is especially problematic due to geographic distance, lack of culturally appropriate care, and the cost of accessing services (Cheng, deRuiter, Howlett, Hanson, & Dewa, 2013; L. O’Neill, George, & Sebok, 2013; L. K. O’Neill, 2010). This has resulted in an increased reliance on informal mental health supports (Callaghan, Tavares, & Taylor, 2007; Hartford et al., 2003). Mental health challenges in the north intersect with culturally appropriate care, as the legacy of colonization, oppression and cultural discontinuity have been linked to increased rates of mental illness in many Aboriginal communities (Cheng et al., 2013; Gibson et al., 2011; L. O’Neill et al., 2013; L. K. O’Neill, 2010).
Analysis

**Access to Health Care:** Access to services is the most important issue facing residents of Northern Ontario, especially in rural communities. If people do not know about the services, are not able to afford them, or cannot get to the geographic location, then they will not receive care. Telecommunication technology is sometimes used as a means of overcoming barriers caused by geography (Brown, 2013; Fortney, Burgess, Bosworth, Booth, & Kaboli, 2011; Ontario Telemedicine Network [OTN], 2015a). The Ontario Telemedicine Network (OTN) is the network through which telemedicine services are delivered throughout Northern Ontario (Brown, 2013). Telemedicine sites are located in health centres such as hospitals, clinics, nursing stations and long term care facilities (OTN, 2015a, 2015b), and can connect patients with physicians and specialist across geographical distances. Kewaytinook Okimakanak Telemedicine (KOTM) provides culturally competent services and training to Aboriginal peoples in 26 northern First Nations communities, but does face challenges regarding patient and community utilization, jurisdictional issues, and resources (KOTM, 2014). Virtual care cannot replace in-person visits with health care professionals all of the time. Telemedicine should be viewed as one option to provide the right care, at the right time, in the right place, but not as the only way for northern residents to access care from health professionals. Further research is needed to establish best practices for telemedicine use across a variety of areas of care (Brown, 2013; Gibson et al., 2011; Hjelm, 2005).

**Culturally appropriate health services:** There is a need for culturally sensitive services and supports along with a community-based approach to service delivery in northern and rural communities (Minore et al., 2004; Minore, Katt, & Hill, 2009). This can be achieved by using already available resources in a more effective way (Bucharski et al., 2006; Chiarelli & Edwards, 2006; Kelly et al., 2009; O’Neil, 1995). Recent studies have shown that Aboriginal Peoples experience racism from within the health care system (Bucharski et al., 2006; Goldman, 2014). The fear of being judged and the need for sensitivity to the historical and current context of Aboriginal life experiences are pervasive issues that affect the health seeking behaviours of Aboriginal peoples (Bucharski et al., 2006; Hampton et al., 2010; Minore et al., 2009). Training in cultural competency should be required for all health care professionals (Bucharski et al., 2006; North West Local Health Integration Network [NW LHIN], 2013; O’Neil, 1995).

Aboriginal peoples face increased health risks compared to non-Aboriginal Canadians (Crown et al., 1993; Hotson et al., 2004; Kelly et al., 2009; O’Neil, 1995). Barriers to accessing services, especially for people in fly-in communities, and lack of culturally appropriate care contribute to increased risks and decreased health seeking behaviors amongst Aboriginal peoples (Bucharski et al., 2006; Higginbottom et al., 2011; Minore et al., 2009; Newman, Woodford, & Logie, 2012; NW LHIN, 2013). The small size of northern communities can also lead to a lack of boundaries between service providers, family caregivers, and clients, which would not exist in larger urban settings (Bucharski et al., 2006; Chiarelli & Edwards, 2006; Gibson et al., 2011; Hampton et al., 2010; Kelly et al., 2009; O’Neil, 1995).

In order to address some of these issues, the Northwest Territories initiated key strategies to promote health and prevent diseases, (Bucharski et al., 2006; Newman et al., 2012; L. O’Neil et al., 2013) including decentralizing services using regional health boards and the conversion of educational materials into Aboriginal languages (Callaghan et al., 2007; Gray, Saggers, Drandich, Wallam, & Plowright, 1995; Hotson et al., 2004; Minore et al., 2004; O’Neil, 1995).

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**Mental health challenges:** Treatment options for mental health issues are sometimes limited in rural areas, often requiring residents to travel in order to receive care (Canadian Mental Health Association [CMHA], 2009; Sherman et al., 2010). This is especially true if they cannot afford private mental health services, as many services are not covered by Ontario Health Insurance Plan (OHIP) (CMHA, 2009). This is particularly challenging for patients with complex cases, which
require coordinated efforts between various health care professionals (CMHA, 2009; Sherman et al., 2010). Tensions between organizations in rural areas can create further challenges to collaboration, especially when they must compete for very limited amounts of funding (Durbin, Durbin, Hensel, & Deber, 2013; Rebeiro Gruhl, Kauppi, Montgomery, & James, 2012; van Draanen et al., 2013; Winters, Magalhaes, & Kinsella, 2015). In order to improve mental health services, collaboration needs to become sustainable across a variety of health care teams (Durbin et al., 2013; L. O’Neill et al., 2013; Rush, McPherson-Doe, Behroz, & Cudmore, 2013). Responses to mental health concerns must occur within a system of services, rather than independent sectors and organizations (Cheng, Dewa, Langill, Fata, & Loong, 2014; Lee & Kealy, 2014; Rush et al., 2013; Stuart et al., 2014). However, merging distinct services, especially at times of conflicting interest, will require deliberate and concerted efforts by all of the stakeholders involved in mental health care in northern communities (Cheng et al., 2013; Cunsolo Willox et al., 2012; Durbin et al., 2013; Sherman et al., 2010; Stuart et al., 2014).

We recommend implementing a collaborative group approach within mental health care in Northern Ontario (Cunsolo Willox et al., 2012; Durbin et al., 2013; Gibson et al., 2011). Improving our understanding of best practices in anti-stigma mental health programming in Northern Ontario is another crucial issue (Cheng et al., 2014; Lee & Kealy, 2014; Rush et al., 2013). This can be done by building partnerships with existing community programs and by promoting research and systematic evaluations of these programs (Cheng et al., 2014; Durbin et al., 2013; L. K. O’Neill, 2010; Vukic, Rudderham, & Misener, 2009).

Research and policy revisions are needed to identify the factors that promote wellness (CMHA, 2009; Durbin et al., 2013), to make strategic changes to mental health services and health promotion strategies based on the needs of northern and rural communities (Mulvale et al., 2007; L. O’Neill et al., 2013; L. K. O’Neill, 2010; Vukic et al., 2009) and to explore how an interprofessional approach can enhance patient care, contribute to care providers’ professional development, and build community capacity (Chiarelli & Edwards, 2006; Minore et al., 2009; Mulvale et al., 2007; Vukic et al., 2009). This approach can explore differences between rural and urban mental health services in order to provide quality mental health care to rural and remote populations (Lee & Kealy, 2014; Rush et al., 2013; Stuart et al., 2014; van Draanen et al., 2013; Winters et al., 2015).
Recommendation

The top health priority for people in Northern Ontario is access to health care services. Access to culturally sensitive care for physical and mental health is required. In order to provide access to specialist services at the right time and place, alternatives to traditional doctor patient visits are required, such as the use of virtual health care services. As such, access can be seen as an umbrella issue that will cover inter-professional teams working together to provide culturally competent services (right care), when it is needed (right time) and without having to travel, when possible (right place). More research and policy development is needed to ensure that the care provided is appropriate for each patient’s particular set of circumstances.
References


Pong, R. W., &


Who We Are

Internally, Northern Policy Institute seeks to be as “flat” as possible with much of the work contracted out to experts in the fields under consideration. This approach avoids the risks associated with large bureaucratic organizations. It also allows Northern Policy Institute to flexibly respond across a wide range of issues while also building up in house and regional expertise by matching bright young minds on temporary placements and project specific work with talented experts who can supply guidance and coaching.

Some of the key players in this model, and their roles, are as follows:

**Board:** The Board of Directors sets strategic direction for Northern Policy Institute. Directors serve on operational committees dealing with finance, fundraising and governance, and collectively the Board holds the CEO accountable for achieving our Strategic Plan goals. The Board’s principal responsibility is to protect and promote the interests, reputation, and stature of Northern Policy Institute.

**CEO:** Recommends strategic direction, develops plans and processes, and secures and allocates resources to achieve it.

**Advisory Council:** A group of committed individuals interested in supporting, but not directing, the work of Northern Policy Institute. Leaders in their fields, they provide advice on potential researchers or points of contact in the wider community.

**Research Advisory Board:** A group of academic researchers who provide guidance and input on potential research directions, potential authors, and draft studies and commentaries. They are Northern Policy Institute’s formal link to the academic community.

**Peer Reviewers:** Ensure specific papers are factual, relevant and publishable.

**Authors and Research Fellows:** Provide independent expertise on specific policy areas as and when needed.

**Standing engagement tools (general public, government stakeholders, community stakeholders):** Ensure Northern Policy Institute remains responsive to the community and reflects THEIR priorities and concerns in project selection.