# NORTH CENTRAL LOCAL GOVERNMENT ASSOCIATION

# HEALTH CARE SURVEY REPORT

**September 2021**

**1511 3rd Avenue, Prince George, BC V2L 3G3**

## Introduction

In March 2021, the NCLGA Health Care Committee released a member survey to gather additional insight on health care services in the NCLGA operating area to help guide committee work and advocacy efforts. A total of 37 survey responses were received from 23 member communities. The survey indicated several key findings.

Doctor recruitment efforts are working with better access to these professionals in many communities. However, long term retention and shortages of various medical professionals, including doctors, still remain in other locations. Furthermore, access to care is impacted by waitlists, inadequate paramedic coverage, access to broadband service for virtual care, and the need to travel distances to receive several health services, among other factors. While some health care services are being well delivered, there is a need for improvement in a wide range of health service areas, including but not limited to mental health and addictions services, home care and long term care, emergency services, lab and imaging services, maternity services, and palliative care and cancer treatment.

Online services and virtual appointments are well received; however, access to broadband and cellular services is a significant issue for many people. Even with this access, language, cultural and capacity issues remain for many sectors of society.

Travel services and support is a concern for some communities as economic and logistical pressures mount during travel for diagnosis, treatment and recovery. While existing transportation services and travel support programs are valuable, concerns exist regarding the frequency of service, service areas and cost. Patients also fear being released from a health facility without resources to return home. Many communities (as expressed by 61% of respondents) are within a 3 hour drive of a health centre that provides a broader selection of health services. However, the preference is to be within a 2 hour drive (according to 79% of participants).

The effectiveness of the community consultation process between regional health authorities and local governments is identified as fair (35%) or good (32%) by the majority of respondents. The communications process is considered slightly better with a more even distribution across the fair (30%), good (25%) and very good (22%) rating categories.

NCLGA plays a key role in health care advocacy. It can provide a strong, unified voice for members to the provincial and federal governments through resolutions and other means. The association can advocate for equitable access to health care services and shared regional health priorities of member communities. Alternatively, it can advocate for services that reflect the unique circumstances of individual communities. NCLGA can also promote enhanced service delivery, health care investment, and results from regional health authorities. Collaboration with First Nations communities within the NCLGA area on health care issues is also important.

**Disclaimer**: Approximately 60% of NCLGA member communities responded to the health care survey. Therefore, this report may not include the experiences of all members.

## Survey Responses by Local Government Position

| Position | Respondents | Percentage |
|---|---|---|
| CAOs/City Managers | 6 | 16% |
| Councillors | 15 | 41% |
| Mayors | 7 | 19% |
| Area Directors | 9 | 24% |
| **Total** | **37** | **100%** |

## Areas Working Well

| Theme | Areas Working Well |
|---|---|
| *Recruitment & Retention* | ▪ Doctor recruitment strategies are working with better access to doctors in many areas<br>▪ High quality of care from local doctors and nurses<br>▪ High number of specialists and adequate number of pharmacists in some areas<br>▪ Local Registered Nurse program to help train new nurses |
| *Access to Care* | ▪ Online health portal and online bookings for appointments<br>▪ Phone/face time appointments available<br>▪ Low wait times for appointments with GPs |
| *Communications* | ▪ Reasonably good communication between service agencies<br>▪ Direct interaction with provincial government with respect to COVID-19 and the Province's action plan. Good provincial response by Minister Dix and his team to coastal community health challenges. |
| *Scope of Services* | ▪ Scope of health care is reasonably comprehensive, which is partially due to contributions from the BC Hospital and Health Foundation and cooperation between its Executive and senior administrators at the regional health authority<br>▪ Several examples of quality services were identified including: day and outreach programs, access to local hospitals/health clinics plus regional hospitals (e.g. UNHBC), CP program and palliative care, Regional Cancer Care Centre, Kordyban Lodge in Prince George (respite care for cancer patients), Urgent and Primary Care Centre in Prince George, and Foundry (health services centre for youth).<br>▪ Local Volunteer Fire Department First Responders provide support in rural areas if residents need to wait for ambulatory service |

*"The online health portal and modernization of electronic appointments is very exciting and was way overdue, online bookings for lab work is working well for both public and staff."*

Local Hospitals and Labs

Prince George Urgent and Primary Care Centre

Northern Collaborative Baccalaureate Nursing Program

BC Cancer Care Centre for the North

Hospice Houses

Kordyban Lodge

Palliative Care Facilities

Central Interior Native Health Society services for complex care patients

## Areas for Improvement

| Theme | Areas for Improvement |
| --- | --- |
| *Recruitment & Retention* | ▪ Long-term retention of medical professionals<br>▪ Recruitment of nurses, specialists, paramedics and other healthcare workers to address shortages<br>▪ More training spaces for medical training in all health fields |
| *Access to Care* | ▪ Culturally safe services, especially for Indigenous peoples<br>▪ Discharge planning, particularly for coordinating services with sectors involved in managing complex care patients<br>▪ Travel support to larger health centres and specialized services<br>▪ Reducing the number of services that require out of town travel<br>▪ Adequate paramedic coverage. Paramedics are pulled from one community to cover other communities resulting in lack of coverage on a frequent basis.<br>▪ Waitlist reduction and improving turnaround time for surgeries and tests<br>▪ Access to broadband for video appointments. This access is not equal throughout the region. |
| *Communications/Relations* | ▪ Increased information on actual levels of care provided by community and strategies to address barriers<br>▪ Service and relations with First Nations (understanding and empathy to First Nations lifestyles)<br>▪ Make a complaint system more transparent and open |
| *Scope of Services* | ▪ More mental health services (psychiatry and counselling)<br>▪ Multi-year support for the Situation Table for mental health<br>▪ Detox centre for NW BC as the closest centre is hours away<br>▪ More home care, long-term care and full wrap around services for seniors so they can remain in home community<br>▪ Emergency health care, after-hours health care, lab and diagnostics hours, imaging, assisted living, palliative care, local pre-natal and maternity care, and cancer treatment<br>▪ Improved diagnostics by some GPs and specialists |

| | |
|---|---|
| | ▪ Centralized services in specific locations is not necessarily effective or appropriate. Models of service delivery have been politicized and not necessarily based on best practices and appropriate scientific data. Communities have limited input in Executive decisions.<br>▪ Housing for vulnerable populations (e.g. seniors and low income people), which can be key for getting/staying well |

*"Higher staffing levels and more staff is probably the biggest factor in the shortcomings of our local health care service."*

*"We need better access to imaging, cancer care and maternity services."*

*"The paramedics in Fraser Lake are constantly being pulled from the community to cover Burns Lake, Vanderhoof, Fort St James, Houston and Prince George. The community of Fraser Lake is left without any ambulance coverage several times a week."*

## Gaps in Health Services

| Theme | Gaps |
|---|---|
| *Recruitment & Retention* | ▪ Specialist services and doctors and nurses. Diversions may occur due to shortages and existing medical personnel are overworked.<br>▪ Lab technologists<br>▪ Mental health and addiction service practitioners |
| *Access to Care* | ▪ Lack of surgical time, surgical support staff and some surgical services (e.g. orthopaedic and maternity)<br>▪ Ambulance availability and timing (delayed or no service)<br>▪ Waitlists for services (e.g. assisted living and long term care) |
| *Scope of Services* | ▪ Local assisted living and long-term care residences<br>▪ In home care services for seniors, people with disabilities and others, particularly in rural areas. More local services for seniors so relocation is not required for higher care.<br>▪ Maternity, pre-natal and perinatal services<br>▪ Lab services<br>▪ Medical imaging services<br>▪ Emergency services<br>▪ Community based primary care in areas of vulnerability<br>▪ Mental health services and addiction treatment and follow up support<br>    o Sufficient treatment and recovery beds, community based and specialized services |

- Additional wrap around services and better relations with courts to ensure marginalized populations are connected with a family member or a support program when released from treatment programs

- Enhanced preventative care
- Cancer treatment and palliative care
- Dental care – prolonged waitlists; extra-billing and offering of services not required at some clinics
- Travel support for out of town health services
- Traveling clinics

*"Maternity services has been a major issue for the community for the past decade…This has been a major deterrent for young families to relocate to our community."*

*"We don't have ultrasound, endoscopy, perinatal, maternity and more which are relatively commonly needed."*

*"Rural home care services, rural seniors' residences, lack of specialist services such as allergists and dermatologists. There are qualified surgeons…who cannot get on at the hospital because of lack of surgery time and support staff."*

*"There is also a need for long term care in our community as the population is over 60% seniors and do not want to move away from the community and family."*

*"We have a patient attachment list being done due to severe shortages of physicians. We have no nurse practitioners and have been advertising for over a year at least…. Services we do have are limited in hours and staff and ability to cope with the demands."*

## Local Governments Providing Financial Support for Health Programs

Although the delivery of health services is a provincial responsibility, 54% of survey respondents mentioned that their local government is providing financial support towards health programs and services in their community. The type of initiatives supported and form of financial support are outlined below.

| Types | Examples |
| --- | --- |
| *Programs Supported* | ▪ Education, training and recruitment<br>▪ Inter-agency communication<br>▪ Health services buildings/workspaces and accommodation (purchased, constructed or renovated by local government) for health care practitioners and non-profit agencies<br>▪ Medical equipment and transportation (e.g. buses and ambulances)<br>▪ Needle and bio-hazard removal<br>▪ Senior, child/youth and mental health programs/centres<br>▪ Housing projects for vulnerable populations and support services for "hard to house" community members<br>▪ Community Liaison/Community Living services<br>▪ Situation Table |
| *Types of Financial Support* | ▪ Scholarships for medical practitioner training<br>▪ Financial assistance to attract nurses (e.g. $10,000)<br>▪ In-kind support in the form of staff time, workspace, and land/property at zero cost for social service agencies, medical services and housing providers<br>▪ Annual operating costs of municipally owned health/social service related buildings (e.g. $72,000)<br>▪ Reduced rent for municipally owned health service buildings for tenants<br>▪ Service Agreements for bio-hazard and needle removal services (e.g. $60,000/year)<br>▪ Operating costs for youth centre and senior program (e.g. $15,000-$30,000/year)<br>▪ Grants to non-profit agencies for health and social service initiatives (e.g. $250,000/year)<br>▪ Tax exemptions for social service agencies/centres<br>▪ Fee for service for social service agencies/centres |

*"We facilitate inter-agency communication, particularly during the implementation period for the COVID emergency health order that continues to impact local services. This involves staff time, sometimes compromising their ability to remain focused on Town's strategic priorities."*

*"We have leased land for zero dollars and in some cases zero tax dollars to support housing projects for vulnerable populations."*

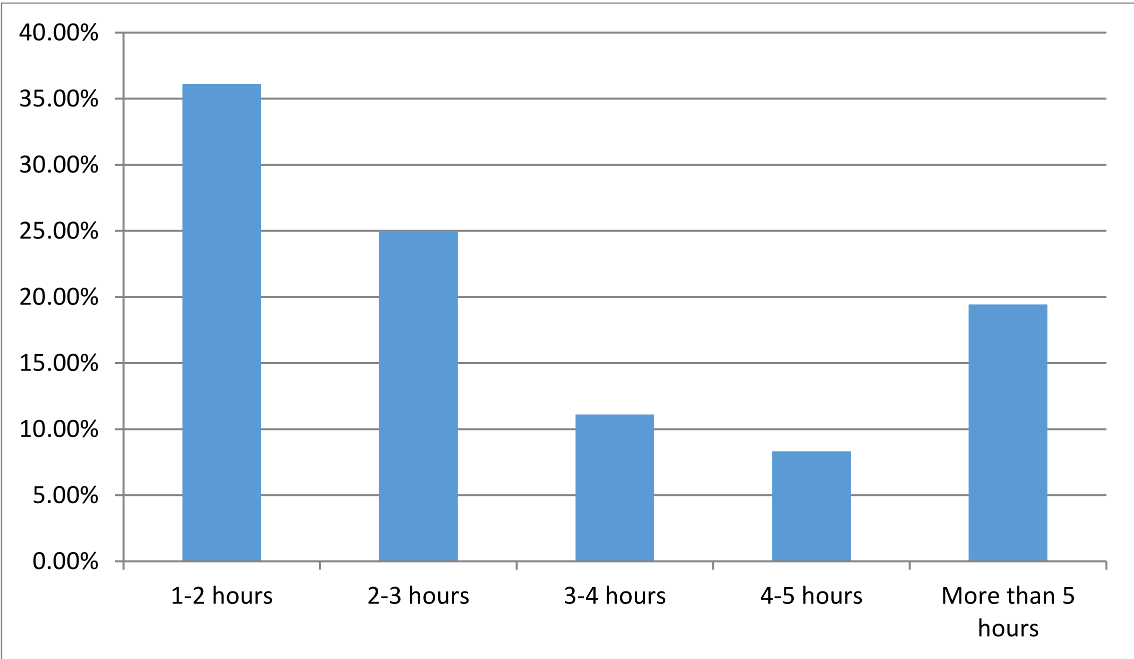
## Satisfaction with Non-emergency Medical Transportation Services and Travel Assistance Funding Programs

The majority of respondents recognized the value of the existing services (e.g. Northern Health Connections Bus, BC Bus and community based transportation) and funding programs to support medical travel. However, significant gaps or barriers in the following areas were identified:

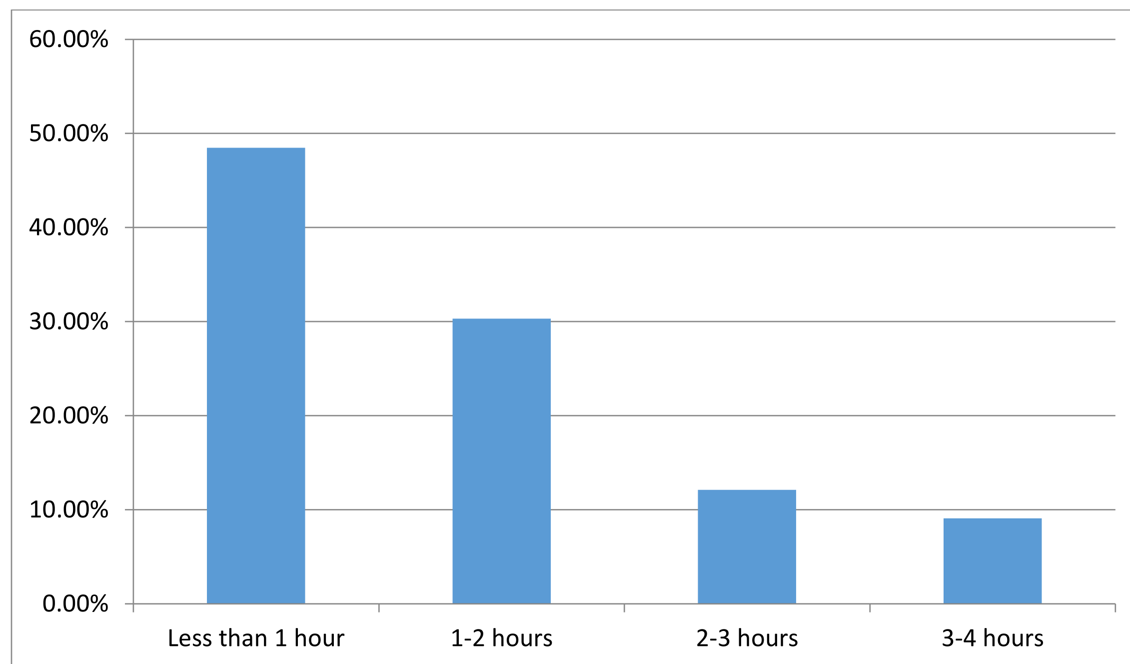
- Service area, frequency, scheduling and capacity of community transportation support
- Inadequate service coverage for same day trips
- Reliance on family or community for travel assistance where service gaps exist
- Travel costs for maternity, surgery and some other services, which are not available in the home community, are not covered by the Province of BC
- Cost for seniors and low income people
- Access to and cost of accommodation (short and long-term)
- Fear of being released from hospital away from home without resources/services to return
- Heavy reliance on BC Ambulance Service, which ties up resources
- Larger communities may partially subsidize the transportation needs of nearby smaller, rural communities with respect to community based transportation
- Ease of access to book services, especially for seniors who may not be used to booking online

*"The bus can be cost prohibitive, and the schedule can pose added challenges for a lot of people for various reasons."*

## Actual Travel Time by Vehicle to a Health Centre that Provides a Broader Selection of Services



## Acceptable Travel Time by Vehicle to a Health Centre that Provides a Broader Selection of Services




## Barriers to Access Virtual Health Services

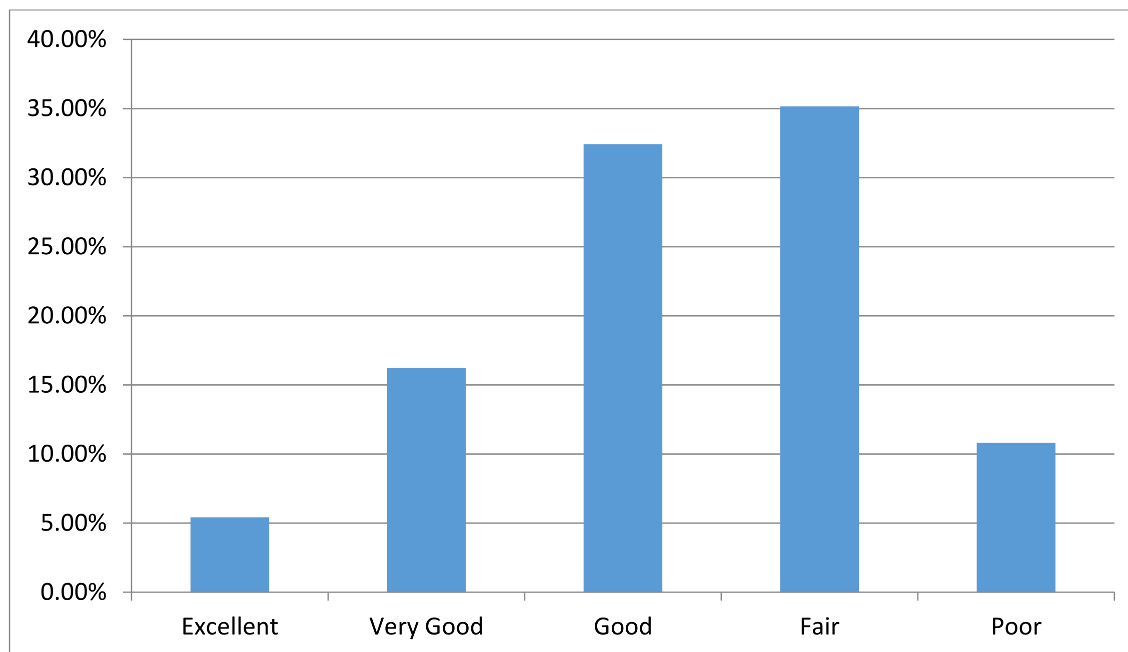
Survey participants noted several barriers related to accessing health services virtually. These impediments include:

- Limited access to and reliability of internet service – connectivity issues and acceptable internet speed also make video conferencing more difficult
- Lack of cellular phone and data service in some areas
- No access to computer or cellular phone for many seniors
- Cultural, cognitive and language barriers
- Health care practitioner and patient reluctance to use technology – seniors may not be as tech savvy or familiar/comfortable with the internet
- Low income households may not be able to afford a reliable computer and internet

*"Poverty but that could be mitigated if patients could utilize a 'communications center' within the clinic."*

*"Technology availability, reliable connections (weather and distance cause numerous service disruptions) and many users are in the older age group and are not tech savvy."*

## Effectiveness of the Community Consultation Process between Regional Health Authorities and Local Governments




| Level of Effectiveness | Consultation Process Comments |
|---|---|
| *Effective* | ▪ Regular engagement or available for discussions as needed<br>▪ Regular meetings with the health authority and/or local regional hospital district<br>▪ Frequent meetings with Health Services Administrator at local hospital<br>▪ During COVID, local Combined Services bi-weekly calls have taken place so all service agencies are updated on recent developments<br>▪ Work together on various boards<br>▪ Always provide notice as issues unfold. Health Service Administrator is responsive and accessible by phone.<br>▪ Periodic meetings – e.g. appointments between Council and health authority at NCLGA and UBCM Conventions; two meetings per year each with local and regional executives |
| *Neutral* | ▪ Make presentations and answer questions but limited ability to provide feedback that would alter plans<br>▪ Community based consultations are well organized but are infrequent and lack reporting mechanisms to track progress on initiatives<br>▪ Engaged with local government and local stakeholders regarding opioid health emergency but sessions were on the “inform” end of the engagement spectrum<br>▪ Should be notified of consultations in a more timely manner |

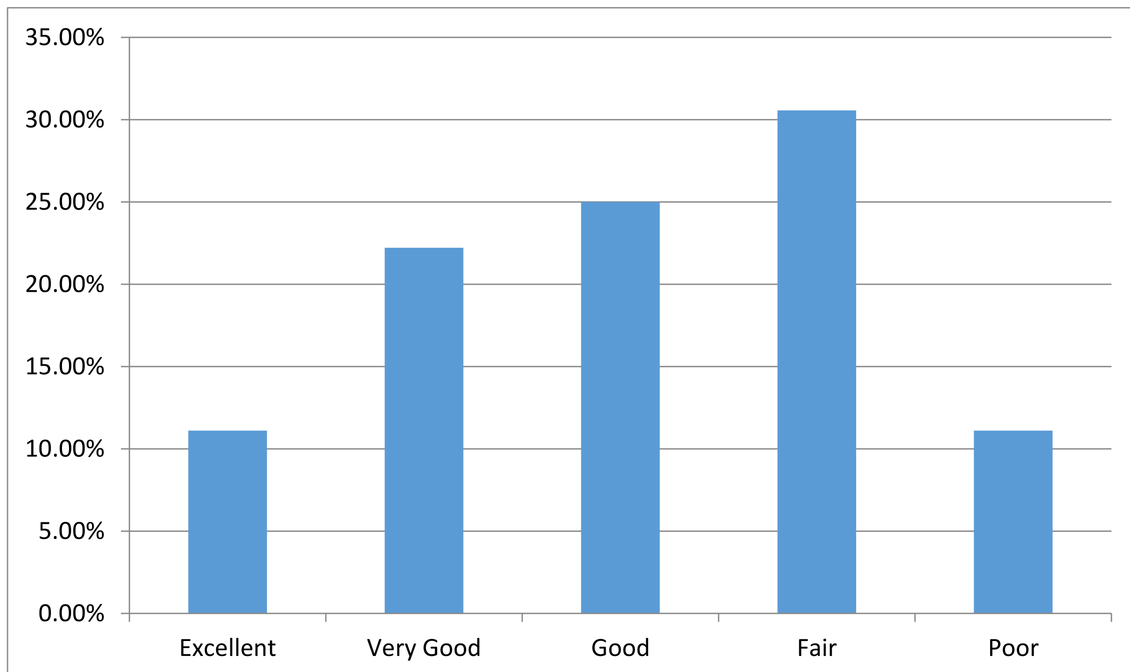
| *Non Effective* | ▪ Changes made without consultation/limited consultation<br>▪ Meetings should be scheduled quarterly with Regional Manager<br>▪ Withdrew from delivering a clinic without notice<br>▪ No apparent interest to address long standing health care gaps or current needs in a community<br>▪ Attempt to push local government to take on areas of provincial responsibility<br>▪ May not recognize imminent population growth in a community and plan for health services to reflect the growth |
|---|---|

*"Very knowledgeable, respectful and patient. They stretch every dollar they can and have the data for their evidence-based decisions for our community."*

*"While the consultation processes have been well planned and facilitated, they tend to be "one off" in nature, and generally lack "reporting back" mechanisms that enable residents to track the health authority's progress on initiatives linked to recommendations."*

*"They have often made changes without any consultation at all."*

## Effectiveness of the Communication Process between Regional Health Authorities and Local Governments



| Level of Effectiveness | Communication Process Comments |
|---|---|
| *Effective* | ▪ Regular updates during COVID have been exceptional<br>▪ Significant improvements in communications process recently due to the health authority's involvement in specific city health initiatives. Opportunities for collaborative work on health issues could be identified as a result.<br>▪ Informative and competent<br>▪ Regularly scheduled meetings and correspondence<br>▪ Monthly newsletter mailed to residents from local health centre<br>▪ Regular email updates to local government and social media posts |
| *Neutral* | ▪ Listen to concerns in a meeting but no follow up with Council regarding action plans<br>▪ Raise issues in meetings with Regional Hospital District Board but little influence |
| *Non Effective* | ▪ Limited/infrequent communication<br>▪ No proactive outreach/local government needs to pursue meetings with health authority but they do accommodate<br>▪ Communicate but limited action on concerns and sometimes act in opposite manner than communicated |

*"We have two on Town Council who sit in on Northern Health meetings on a routine basis. We also have a temporary meeting forum to address COVID associated emergency health orders and related community issues."*

*"When we need to meet with them, they are very accommodating. Just more communication is needed."*

*"They do seem to communicate but very little action taken to concerns, and sometimes they bluntly go in an opposite direction than communicated."*

## Creation of Governance Structure to Enhance Public Accountability

Survey respondents had mixed opinions on whether to establish a governance structure (e.g. Community Advisory Committee or Community Health Boards) to enhance public accountability in the delivery of health services. Comments ranged from yes to unsure to no, and responses often included caveats. Some examples of feedback are provided below.

*"Yes, I believe the more we collaborate and share information the better we can serve all."*

*“Yes, we lost this with the regionalization of health care and New Public Management craze.”*

*“Only if they are a working committee and not just a committee by name.”*

*“I don't feel these are effective unless the advisory committee is made up of qualified non biased participants.”*

*“Definitely not in favour of more layers of governance structure and the associated administrative support that goes with it.”*

*“I think the current system of having a Hospital Board advocate is working well and wouldn't change it.”*

## Role of NCLGA in Health Care Advocacy

Members suggested several ways that NCLGA could advocate for improved health care.

- Forward endorsed NCLGA resolutions to the appropriate provincial and federal Minister and ensure they hear our concerns
- Collaborate with local governments and provide a strong, unified voice for members to senior governments
- Share information on how other communities manage their challenges
- Advocate for equitable access to health care services for all our communities
- Identify overarching opportunities and challenges and advocate for shared regional health priorities
- Promote enhanced service delivery, health care investment, and delivery of better results from the regional health authority
- Advocate for better access to health care for everyone by collaborating with First Nations on health care issues. If health care funding is grouped together to meet the needs of both First Nations and non-First Nations communities, communities would have better access to medical professionals.
- Provide pressure for solutions to fix the northern divide
- Advocate for health services that reflect the unique circumstances of individual communities
- No advocacy as it could lead to the downloading of responsibilities to local governments. Downloading cannot occur unless there is stable suitable funding provided.

*"Many communities in the region are experiencing the community impacts of the concurrent health emergencies (Opioid Crisis and COVID-19). As such, each local government is utilizing available avenues to advocate for the services, supports, and funding that they need to address these impacts. A coordinated effort, led by NCLGA, could help bring strength and voice to key priorities."*

*"NCLGA is in the best position to identify overarching opportunities and challenges that are not necessarily unique to individual communities and/or circumstances. The organization also plays an effective role in lobbying for regional issues."*

## Health Care Issues or Concerns Not Previously Identified

Some additional issues and concerns were noted by survey participants.

- Air quality and food security
- Requirement for Health Service Administrators to live in the community of service
- Consistent delay in receiving a new hospital
- New hospital expected in about 6 years but there will likely be challenges with filling staff positions
- Need for health care aides and localized training for them to assist people in staying in their own homes
- Lack of clarity with respect to the role of the First Nations Health Authority (FNHA) and its interface with local governments. For communities that serve as regional health service hubs for many First Nation communities, FNHA could be a critical partner for advocacy and service delivery.
- Residents are losing faith in the quality of our health care

## Conclusion

The key findings from the member survey will help to guide the committee's work and advocacy. Next steps will involve determining which issue areas to prioritize and focus on in 2021/2022, followed by the medium and long term.

## Appendix: Health Care Survey

The questions presented in NCLGA's Health Care Survey in spring 2021 are provided below for reference.

1. Which municipality or regional district do you represent?

2. What position do you hold within your local government?

3. When you consider the health services in/near your community, what do you think is working well?

4. When you think of the health services in/near your community, what do you believe needs improvement?

5. Are there any significant service gaps with respect to specific health services in/near your community? Please provide examples, if applicable. Consider the types of health services (e.g. surgical services, medical imaging, lab services, ambulatory service, home health services, long term care/assisted living residences, facilities/programs to treat mental health and addiction issues) and the nature of the disparities in service (e.g. no service, limited hours of operation, insufficient number of medical practitioners).

6. The delivery of health services is primarily a provincial responsibility. Are you providing financial support towards health programs and services (e.g. needle clean-up programs, grants to non-profit social service organizations) delivered in your community?

a. Yes
b. No

7. If you responded yes in question 6, please list the program(s) you are contributing to and the amount of funding allocated annually to the program(s), on average? Please consider the last 3 years.

8. Many residents need to travel to/from other communities for medical services that are not available close to home. Do you believe there are satisfactory non-emergency medical transportation services and travel assistance funding programs available? Please explain.

9. How many hours, by vehicle, is your home community away from a health centre that provides a broader selection of health care services?

a. 1-2 hours
b. 2-3 hours
c. 3-4 hours
d. 4-5 hours
e. More than 5 hours

10. What is a realistic duration of time to travel to access fundamental medical services (non-emergency services) at a health centre described in question 9? (one-way, per occurrence)

a. Less than 1 hour
b. 1-2 hours
c. 2-3 hours
d. 3-4 hours
e. Other – add comment field

11. Are there any barriers for residents to access virtual health services (e.g. telehealth or internet-based medical appointment) in your community? Please explain.

12. How effective is the community consultation process between your regional health authority and municipality/regional district?

a. Excellent
b. Very Good
c. Good
d. Fair
e. Poor

13. Please share your experience with the community consultation process with your regional health authority, if applicable.

14. How effective is the communication process between your regional health authority and municipality/regional district?

a. Excellent
b. Very Good
c. Good
d. Fair
e. Poor

15. Please share your experience in communicating with your regional health authority.

16. Would you support the creation of a governance structure (e.g. Community Advisory Committee, Community Health Boards) to enhance public accountability in the delivery of health services? Please explain.

17. What role should NCLGA play in health care advocacy?

18. Are there any health care issues or concerns in/near your community that have not been raised in the preceding questions? Please explain.