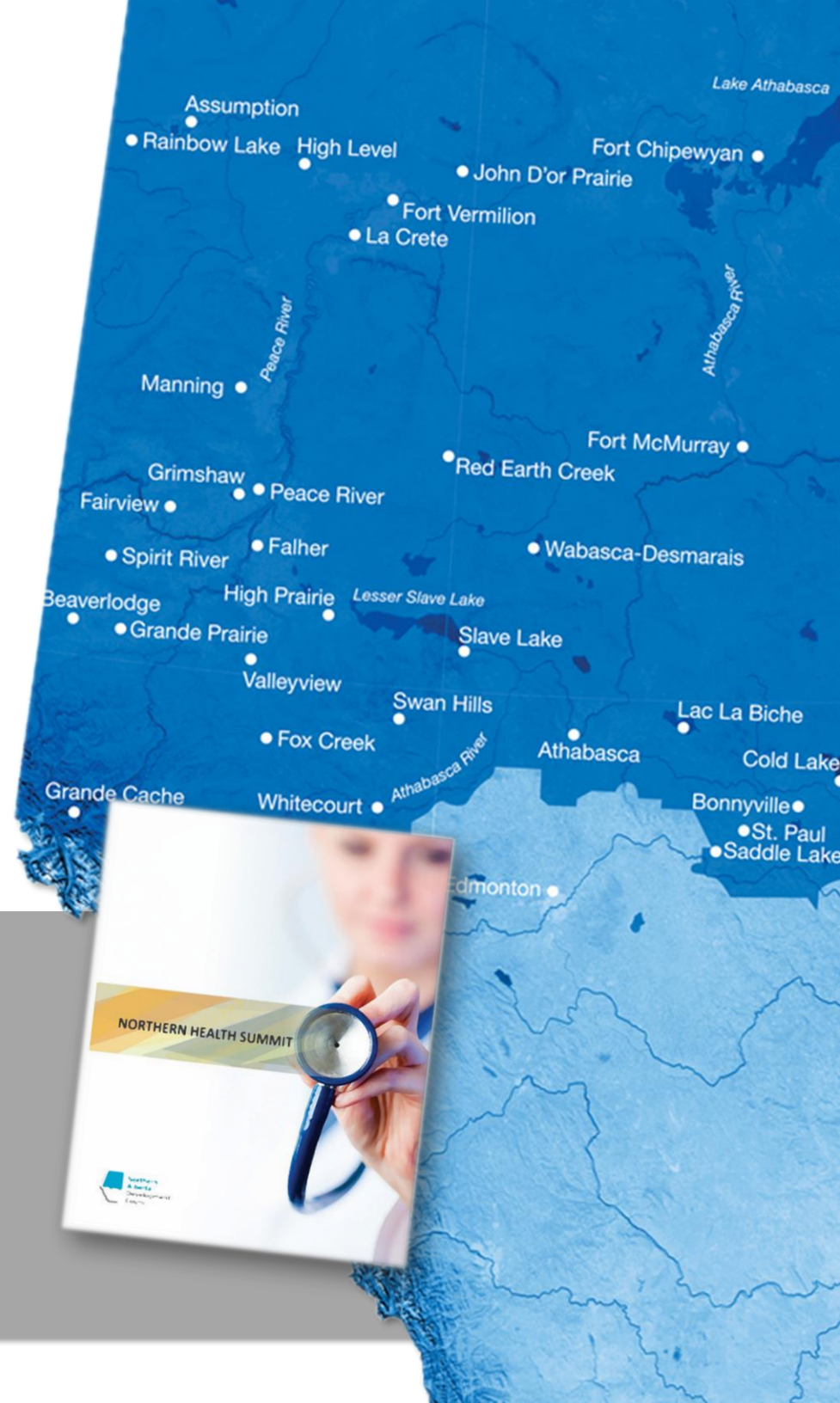


Health Care in Northern Alberta: Update to Northern Communities

Prepared with support from Northern Health Summit participants

2017



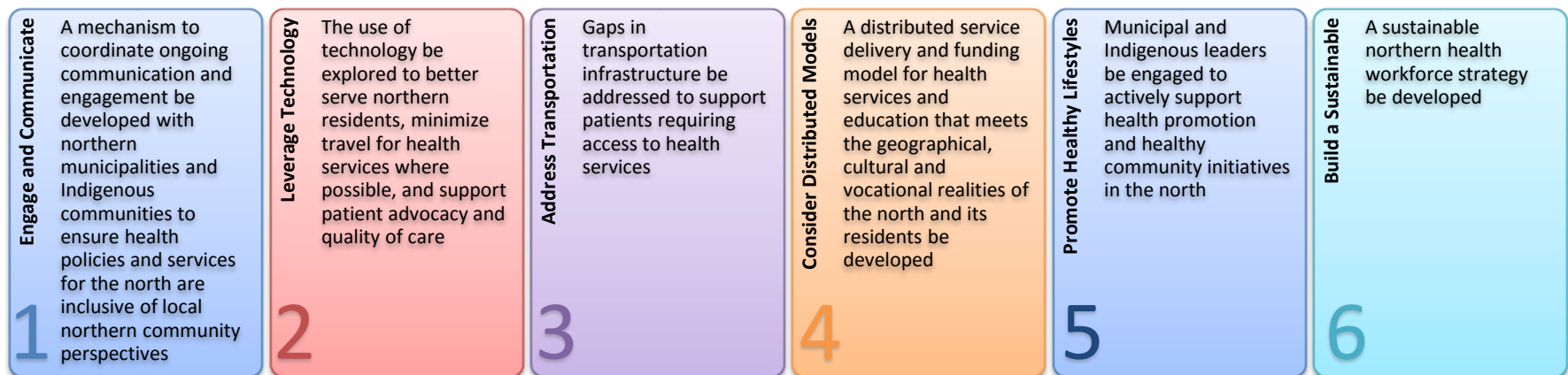
Health Care: NADC Region

Updates since the Northern Health Summit

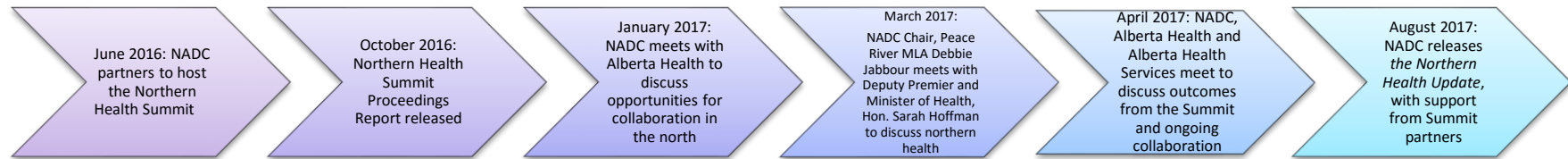
Over the course of the last year, the north has faced many changes and challenges. The economy is showing moderate recovery across sectors following the collapse of global oil prices, which left no community unaffected. The wildfires in Fort McMurray revealed that the north is strong and resilient in the face of tragedy – bringing together communities and various partners to rebuild. In May, High Prairie's new hospital opened its doors for the first time to provide continuing care, emergency care, surgical services, population and public health services, Indigenous health, addiction and mental health services to a growing region. In the northwest, Grande Prairie's new regional hospital and cancer centre is progressing and expected to open in 2019 to better meet the complex health needs of northern residents. Both new hospitals will provide much needed service to northern Alberta communities and will support a strong group of Primary Care Networks (PCNs) in the region.

In 2016 the Northern Alberta Development Council (NADC), in partnership with Alberta Health and Alberta Health Services (AHS), hosted the Northern Health Summit (NHS). The Summit was a key engagement opportunity to connect senior health officials and experts with community leaders and facilitate opportunities for partnerships and discussions to enable further communication and action on key health challenges and priorities in the north.

Based on feedback from community leaders, and information captured through facilitated breakout sessions, challenges, recommendations and innovative ideas for health care provision were identified. Council actively shared the information gathered with northern communities and our partners, Alberta Health and Alberta Health Services and advanced six recommendations, where system improvements would benefit northern communities, in a [Proceedings Report](#) released in the fall of 2016. These broad recommendations advocated for health service policy makers and providers to consider implementing the following:



Recent Activities: Advancing Northern Health Care



The following is a **summary of the information NADC has received to date from Alberta Health, AHS, Summit presenters and participants** that is relevant to communities in the north. Appendix 1.0, identifies further details on programs and key contacts.

- Engage and Communicate:** The AHS Community Engagement Strategy has been implemented and includes an enhanced role for Health Advisory Councils (HACs) and the development of Community Participation Teams. The HACs gather information from communities and provide direction and priorities on health matters. In select North Zone communities, Community Participation Teams involve local community members to provide patient / community perspectives on service planning and quality improvement processes for health care service delivery. New initiatives such as the Collaborative Health framework and Valuing Mental Health Integration Committee seek to engage and improve Indigenous health across the province.
- Leverage Technology:** Several initiatives such as the Eating Disorder Support Network of Alberta (EDSNA) and Telemental health are connecting northern residents to health care providers to minimize travel and enhance access to health care services. Telehealth, using videoconferencing technology, is enabling AHS to provide chronic disease management programs such as the *Better Choices, Better Health* program, which support skills development and educational sessions on *Weight Wise, Managing Emotional Eating, Diabetes Management, and Cardiac Health*. Telehealth is being used to support medical appointments with nurse practitioners in the Nurse *Practitioner Primary Care and Speciality Care* in Grande Prairie's Bariatric Speciality Clinic and the Slave Lake Family Care Clinic. The Mobile Health Unit is also being utilized to provide the Comprehensive Cancer Prevention and Screening Plan, and a mobile health unit offers cancer prevention and screening to remote and rural communities. Other technologies are being explored to reduce travel and enhance health care services in northern communities.
- Distributed Models of Care:** Primary Care Networks (PCNs), Team Based Care, and Community-Based Care are some of the approaches being implemented to better meet the geographical, cultural, and vocational realities of the north. Support for PCNs to address population health planning, chronic disease management, mental health, prenatal care, and general primary care concerns is ongoing. A Team Based Care model is evident in the Slave Lake Family Care Clinic that is directly addressing the needs of the community. Patients can bypass seeing a physician to access services such as chronic disease management and addictions and mental health supports. Community-based Care will shift care from facilities to better improve financial sustainability, patient outcomes, and provide more choices for Albertans. Other distributed models are also being explored to improve health care in the north.
- Promote Healthy Lifestyles:** The AHS Wisdom Council, Health Promotion Facilitators, Food Security Project, Fort McMurray Recovery Work, and Chronic Condition and Disease Prevention and Management (CCDPM) are actively supporting the promotion of healthy communities in the north.

Health Promotion Facilitators and the AHS Wisdom Council engage with Indigenous peoples across the North Zone to better serve Indigenous communities. The Food Security Project is a three-year project that seeks to increase food security in Janvier by providing tools and resources for community gardens. The Fort McMurray Recovery work has a Rural Wood Buffalo traveling team that partners with Indigenous communities to provide psychosocial and wellness support. The CCDPM is a framework that moves stakeholders from a disease specific focus to a patient centered health care delivery model to address the social determinants of health in chronic conditions and diseases.

- **Transportation Infrastructure:** The Ministry of Transportation announced in April, funding for seniors travelling to medical appointments. Effective July 1, 2017 additional funding through the Special Needs Assistance medical trip benefit will increase funding for seniors who travel more than 400 km for their appointments with minimum travel reduced from 100 to 80 KM to qualify.
- **Northern Health Workforce:** Post-secondary providers across the province continue to facilitate the education and training of health care professionals. With respect to medical education, the University of Alberta (U of A) continues to operate the Preclinical Networked Medical Education (PNME) Initiative. This year communities where placements are available include Peace River, Grande Prairie and Cold Lake. In June (2017) the Rural Integrated Community Clerkship Program (RICC) will celebrate 10 years and has recently added High Level to the list of northern communities eligible to host medical residents through this program. The Pathways to Medicine Scholarship offered through the Cumming School of Medicine at the University of Calgary (U of C) targets Alberta students from under-represented backgrounds and the universities continue to consider appropriate socio-cultural context when determining admissions to medical school. Through an expanded staff and new suite of programs, the Rural Physician Action Plan (RPAP) is taking action to ensure their new mandate to support communities in attraction and retention of all health professions, provide rural continuing education supports and collaborate to address broad health workforce issues in rural, remote and indigenous communities is fulfilled.

The NADC will continue to advocate, collaborate and gather information on areas identified by northern communities where improvements in health care service in northern Alberta are needed, particularly with respect to communication and engagement, access to services, transportation and health promotion.

Next Steps and Future Collaboration

The Hon. Sarah Hoffman, Deputy Premier and Minister of Health has discussed with NADC Chair, Debbie Jabbour opportunities to strengthen communication between the ministry and northern communities through continued partnership with the NADC.

"I thank the NADC for its commitment to the north and our province. Alberta Health will continue to learn from many communities and organizations, including NADC, about the unique needs and challenges of the region and how to continue to support Albertans in the north. I look forward to continuing these collaborative efforts to address the health care needs of our northern municipalities and indigenous communities."

~ For the full article, read the [May 2017 NADC NEWS](#).

Moving forward, NADC, Alberta Health and AHS are committed to coordinating quarterly meetings to exchange information and identify opportunities to communicate and build collaborative networks to benefit our northern communities. Where appropriate, partners and organizations across the north will be engaged. Updates will be shared through the NADC newsletter and posted online at www.nadc.ca.

1 Engage and Communicate

A mechanism to coordinate ongoing communication and engagement be developed with northern municipalities and Indigenous communities to ensure health policies and services for the north are inclusive of local northern community perspectives

Program, initiative and or Innovation	Brief Description	Key Contacts
IHFNNA True to the North: Collaborative Health Framework Uniting to Improve Health Services Access for First Nations in Northern Alberta	As a way to identify health integration opportunities for First Nations in northern Alberta, a collaborative planning project was developed and implemented by Kee Tas Kee Now and the IHFNNA working group consisting of northern First Nation communities from Treaty No. 6 and Treaty No. 8 territories, governments, health systems and service providers. Designed to build upon past progress and successes in health integration activities using an informed collaborative planning approach, the project developed a Collaborative Health Framework and Framework Toolkit to inform partnership processes and address health service priorities for First Nation communities in northern Alberta.	Chantale Strang, Kee Tas Kee Now Tribal Council (KTC) (cbseventplng@gmail.com)
Valuing Mental Health (VMH) Indigenous Integration Committee	Part of the Valuing Mental Health governance structure, this committee will explore avenues to improve Addictions and Mental Health (AMH) services for Indigenous people. Working with First Nation and Métis partners, the committee is developing a detailed work plan to address specific actions from <i>Valuing Mental Health: Next Steps</i> some of which are specific to rural and remote Métis Settlements and First Nation communities.	Coreen Everington (coreen.everington@gov.ab.ca) Scott Harris, Executive Director, Intergovernmental Relations (scott.f.harris@gov.ab.ca)
AHS Community Engagement Strategy - Health Advisory Councils - Community Participation Teams http://www.albertahealthservices.ca/about/communityrelations.aspx	Health Advisory Councils (HACs): HACs assist the AHS in gathering information from communities regarding health needs, provide advice about health issues, priorities, and other matters. As well, HACs promote and or participate in activities that enhance the health of local residents. *All or part of the Peace, Tamarak, True North, Wood Buffalo, Lesser Slave Lake, Lakeland HAC are in the NADC boundary. Community Participation Teams: In select North Zone communities, Community Participation Teams are created from local community members. These groups work in partnership with AHS to examine local health needs and provide the patient's /community's perspective to service delivery planning and quality improvement processes for local health service delivery. Peace River and High Prairie teams are established.	Greg Cummings/Dr. Kevin Worry (Gregory.cummings@ahs.ca) (Kevin.worry@ahs.ca)

2 Leverage Technology

The use of technology be explored to better serve northern residents, minimize travel for health services where possible, and support patient advocacy and quality of care

Program, initiative and or Innovation	Brief Description	Key Contacts
Eating Disorder Support Network of Alberta (EDSNA)	Community health provider uses teleconferencing system to facilitate eating disorder support groups to connect with each other in different locations.	Coreen Everington (coreen.everington@gov.ab.ca)
Telemental health	AHS delivers mental health services through videoconferencing. High level telemental health and telepsychiatry clinics are held 3 times per week. Services are well supported and established to serve surrounding remote communities. When individuals with a mental health concern are discharged and require ongoing follow up in the community, telehealth reduces northern clients need to travel.	Sharlene Stayberg (sharlene.staybery@gov.ab.ca) Susan Given (susan.given@ahs.ca)
Telehealth Services http://www.albertahealthservices.ca/assets/zone/ahs-zone-print-north-2016-09.pdf (Story on page 3)	Chronic Disease Management uses telehealth in a number of programs and services such as "Better Choices, Better Health" program. This is a 6 week program focused on supporting clients' skills development needed to make lifestyles changes and manage their conditions. Education sessions include: Weight Wise, Managing Emotional Eating, Diabetes Management and Cardiac Health. Please see attached document titled "CDM Communities and Programs April 2017." Nurse Practitioner Primary Care and Specialty Care use telehealth for client appointments with the Nurse Practitioner at the Grande Prairie Bariatric Specialty Clinic and the Slave Lake Family Care Clinic. Telehealth has been successfully utilized to provide much needed services to Indigenous communities north of Slave Lake. AHS North Zone is continuing to explore opportunities to expand the use of telehealth to support health service delivery across the North.	Wendy Mclean (wendy.mclean@ahs.ca)

Program, initiative and or Innovation	Brief Description	Key Contacts
Text Messaging for Appointment Reminders	This service is offered in the North Zone. Please see attached guide and frequently asked questions . North Zone has not completed evaluation of effectiveness. There have been anecdotal reports of text messaging improving client contact as well as evidence showing benefits of text messaging.	Susan Given (susan.given@ahs.ca)
Mobile Health Unit	The Comprehensive Cancer Prevention and Screening Plan identified access to services in hard to reach/remote communities as a strategic priority. A Mobile Health unit was created and implemented to increase access to services by mobilising all services offered within the Population Public Health North Zone. The unit focuses on cancer prevention and screening including the capacity to provide cervical screening services. The Public Population Indigenous Health portfolio focuses on reducing the rising rates of cancer in Alberta by addressing the modifiable risk factors and provide cancer screening. The Population Attributable Risk study completed in partnership with the Alberta Cancer Prevention Legacy Fund (ACPLF) concluded that 45 per cent of cancer cases in Alberta are linked to a handful of modifiable factors. There is no specific data on Cancer for Indigenous communities for the North Zone. Information is available for individual local geographic areas.	Susan Given (susan.given@ahs.ca)
Other technology based services AHS is exploring	Lactation Support: AHS is exploring the use of telehealth for lactation support for mothers in northern Alberta. Clinical Telehealth: AHS North Zone is working to offer additional services via telehealth including Telepsychiatry services for Children and Youth and Telehealth in Metis communities.	Susan Given (susan.given@ahs.ca)

3 Address Transportation

Gaps in transportation infrastructure be addressed to support patients requiring access to health services

Program, initiative and or Innovation	Brief Description	Key Contacts
Support for Seniors https://www.alberta.ca/release.cfm?xID=46720AE2BCAA9-992B-3D6B-33855D87AC734AA4	<p>The following changes to the Special Needs Assistance medical trip benefit will be effective July 1, 2017:</p> <ul style="list-style-type: none"> • Overnight accommodation support increases from \$75 to \$100. • Minimum travel distance is reduced from 100 to 80 kilometres round-trip in order to qualify for the benefit. • A one-time benefit of \$85 is provided to help with medical transport costs for a resident moving from a long-term care facility to another care facility. • Increased funding is available for seniors who travel more than 400 kilometres to their appointments. 	Alberta Transportation

4 Consider Distributed Models

A distributed service delivery and funding model for health services and education that meets the geographical, cultural and vocational realities of the north and its residents be developed

Program, initiative and or Innovation	Brief Description	Key Contacts
Health service models use a population planning approach	AHS is responsible for planning for health service delivery models that meet the needs of communities. The health services model ensures services meet population health needs to deliver "right care, care provider, right time, right setting."	Wendy Mclean (wendy.mclean@ahs.ca)
Primary Care Networks	AHS North Zone staff provide support to all its PCNs in population health planning to address the needs of the communities that are served. This includes addressing chronic disease management, mental health, prenatal care, and general primary care concerns. PCNs in the NADC Region include: Aspen PCN (Athabasca, Boyle, Swan Hills, Kinuso, High Prairie, Westlock), Big Horn PCN (Grande Cache, Hinton), Bonnyville PCN, Cold Lake PCN, Grande Prairie PCN, Lakeland PCN (St. Paul, Lac La Biche, Elk Point, Smoky Lake, Two Hills, Glendon, Saddle Lake), McLeod River PCN (Edson, Whitecourt, Mayerthorpe, Fox Creek), Northwest PCN (High Level, Fort Vermillion, La Crete and surround communities), Peace Region PCN (Peace River, Grimshaw, McLennan, Fairveiw, Manning and Falher), Sexsmith/Spirit River PCN, West Peace PCN (Beaverlodge, Hythe), Wood Buffalo PCN (Fort McMurray).	Wendy Mclean (wendy.mclean@ahs.ca)
Team Based Care	The Slave Lake Family Care Clinic collaborative care model was developed with direct consideration of the health needs of the community. The model has enabled individuals and families to access comprehensive care that is integrated with other health services and community supports and programs. Residents are not required to see a physician to access services, such as chronic disease management or addictions and mental health counseling. North Zone Operational plans include similar initiatives to enhance Primary Health Care in other communities.	Wendy Mclean (wendy.mclean@ahs.ca)

Program, initiative and or Innovation	Brief Description	Key Contacts
Community-based care	Alberta's vision for the health system is shifting from facility-based to community-based care. This shift will address health care financial sustainability, improve patient outcomes, and provide Albertans with more choice and control over their health and wellness. Much work is already in progress toward community-based health care, and some early successes achieved. However, to realize this vision more work is needed in strategic areas that includes addiction and mental health, primary health care, continuing care health workforce, and health information and management.	Kathleen Ness Assistant Deputy Minister Health Service Delivery Division (kathy.ness@gov.ab.ca)
Valuing Mental Health	Within the Valuing Mental Health Governance Structure, the Secretariat is exploring evidence based funding models and the use of an intersectional budgeting approach to address health inequity.	Coreen Everington (coreen.everington@gov.ab.ca)

5 Promote Healthy Lifestyles

Municipal and Indigenous leaders be engaged to actively support health promotion and healthy community initiatives in the north

Program, initiative and or Innovation	Brief Description	Key Contacts
AHS Wisdom Council http://www.albertahealthservices.ca/about/Page7302.aspx	AHS has appointed the Wisdom Council to provide guidance and recommendations on service delivery, program design, and the evaluation of service delivery for Indigenous peoples in Alberta. AHS actively participates with Indigenous partners to ensure identified needs are met.	Greg Cummings/Dr. Kevin Worry (Gregory.cummings@ahs.ca / Kevin.worry@ahs.ca)
Health Promotion Facilitators	Health Promotion Facilitators meet with Indigenous communities across the North Zone to review and use health data to develop programs, policies, healthy environments, and plan services.	Susan Given (susan.given@ahs.ca)
Food Security Project	Northern Lights Health Foundation funded a 3 year project to improve food security in Janvier by providing tools and resources for community gardens in schools and on municipal land for First Nations people and municipal residents.	Susan Given (susan.given@ahs.ca)
Fort McMurray Recovery Work	In support of the wildfire recovery efforts in the Municipality of Wood Buffalo, AHS has partnered with Indigenous communities to develop a traveling Indigenous Health team. This team travels to the surrounding communities to provide psychosocial, public health, and wellness support. This team actively collaborates with local and provincial leaders to address community needs.	Susan Given (susan.given@ahs.ca)
Chronic Condition and Disease Prevention and Management (CCDPM)	The CCDPM is a cross ministry framework and reporting mechanism. The CCDPM's purpose is to move diverse stakeholders from a disease specific focus to a person centric service delivery model. This approach better aligns with programs and policies to address the social determinants of health, which underlies chronic conditions and diseases. The CCDPM's vision and goals were collaboratively developed by Alberta Health and Alberta Health Services.	Kathleen Ness Assistant Deputy Minister Health Service Delivery Division (kathy.ness@gov.ab.ca)

6 Build a Sustainable Workforce

A sustainable northern health workforce strategy be developed

Program, initiative and or Innovation	Brief Description	Key Contacts
AHS Workforce Plan	AHS has a workforce plan that they are currently in the process of refreshing.	Tamara Eldridge (tamara.eldridge@ahs.ca)
Rural Physician Action Plan	<p>In 2016 the Rural Physician Action Plan (RPAP) began a process of renewal, redevelopment, and refocus for its mandate and operations. RPAP has a new mandate focussing on six key priority areas:</p> <ol style="list-style-type: none"> 1. Support for Rural Allied Health Professions development and retention 2. Support rural communities to have their health care issues heard 3. Help rural communities build capacity to sustain their rural health care 4. Development of rural health focussed research service 5. Development of rural indigenous program 6. Maintain the suite of rural physician support services that RPAP currently provides 	Paul Childs, Director, Rural Health Professions Development (paul.childs@RPAP.ab.ca)
Cumming School of Medicine, University of Calgary	<p>Recent developments in the University of Calgary, Cumming School of Medicine (CSM), Distributed Learning and Rural Initiative programs:</p> <ol style="list-style-type: none"> 1. Admissions: The CSM admits 5-10 new students per year from an underrepresented population through their admissions structure. Admissions of underrepresented populations are handled separately with appropriate consideration given to the individual's socio-cultural context. 2. Scholarships: The Pathways to Medicine Scholarship was created in 2016. This scholarship is funded by the CSM and targets Grade 12 Alberta students from rural and Indigenous backgrounds. The scholarship is worth \$30K per student and if milestones are met, guarantees admission to medical school. It is available across the province. https://cumming.ucalgary.ca/pathways 3. University of Calgary Longitudinal Integrated Clerkship (UCLIC): Similar to the University of Alberta, CSM offers an RICC. Twelve communities host 23 students for 	Dr. Doug Myhre, Associate Dean, Distributed Learning and Rural Initiatives, Professor, Department of Family Medicine (dmyhre@ucalgary.ca)

Program, initiative and or Innovation	Brief Description	Key Contacts
	<p>their final year in medical school with expansion to 25 planned next year. UCLIC data has been published and shows that students go back to rural communities.</p> <p>4. Collaboration: Regular updates on CSM programs are provided to AAMDC and AUMA. A rural focused Physician Assistant Program was presented to the government for funding. Similar to U of A, medical learners are presented with opportunities to experience rural and Indigenous health through the clerkship program, rural residency options, and clinical rotations.</p>	
Faculty of Medicine and Dentistry, University of Alberta	<p>Recent developments in the University of Alberta, Faculty of Medicine and Dentistry's rural programs:</p> <ol style="list-style-type: none"> 1. Preclinical Networked Medical Education (PNME) Initiative: <ul style="list-style-type: none"> - Increase the numbers to 20 students in 4 communities. 2017-18 communities are: Peace River, Grande Prairie, Cold Lake and Sylvan Lake. 2. Rural Integrated Community Clerkship (ICC): <ul style="list-style-type: none"> - High Level has joined the program and will have students starting in August 2017 - There is a small increase in the number of ICC students to 21 this year. The University is aiming to increase the numbers to 24-26 next year. - The program will have completed 10 years at the end of June 2017. 3. Outreach: The faculty is working on increasing their outreach programs to First Nations and rural schools in the 2017-18 academic year. 4. Collaboration in the North: A successful meeting and growing collaboration convened by the Grande Prairie Chamber of Commerce, which included representatives from the City of Grande Prairie, SPPARC, G5 municipalities, Grande Prairie Regional College and AHS was hosted in June 2017. 	<p>Dr. Jill Konkin, Associate Dean and Division Director, Division of Community Engagement (dkonkin@ualberta.ca)</p>

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