

Equity in Accessing Community Care in the Four Counties Region (GBA Plus)

Background/Key Terms

Access to care is a major issue, especially in rural areas in Canada. Different individuals in Canada seeking care in the form of mental health, addiction, or other community support services typically do not receive equal care depending on certain barriers that are in their way.

This project was completed in partnership with the Canadian Mental Health Association, Haliburton, Kawartha, Pine Ridge – (CMHA, HKPR). The organization provides multiple different services related to mental health and addictions.

Key Terms:

The Four Counties region includes the City of Kawartha Lakes and the Counties of Peterborough, Haliburton and Northumberland.

Mental health and addiction community services refers to any services that are used to provide emotional support and care, and that develop future strategies for people dealing with mental health and or addiction-related difficulties. Services are offered in the form of things such as peer support groups, 1 on 1, walk-in, group, outreach, or virtual services.

Other community support services refers to things such as housing, employment, and or family support services.

GBA Plus (Gender Based Analysis Plus) is an analytical tool used to decipher how different demographic groups (with regards to things like age, gender, income, disability, and rurality) are affected by external factors such as policies and procedures.

Purpose/Significance

- Identify the most common access barriers when individuals are trying to access mental health, addiction, and or other community support services throughout the Four Counties region.
- Identify which demographics/groups are most affected by these barriers.
- Help understand what can be done to improve accessibility and inclusivity of these services.
- Address gaps in information regarding barriers in urban vs. rural communities.

Research Questions

Q1: What factors (barriers) impact equitable access to mental health, addiction, and or other community support services within the Four Counties Region?

Q2: How do particular demographics (age, gender, race, disability, education etc.) influence these factors (barriers)?

Methods

- A literature review was conducted to examine access barriers in the Four Counties region specifically (using literature such as community plans, reports, newspaper articles, and census data). Scientific studies and reports involving access barriers in other rural/northern communities in Canada were also used in order to provide background information.
- Next, surveys were developed and distributed to providers of mental health, addiction, and community support services.
- Finally, interview questions were developed specifically for service users of the previous contacted services in order to analyze the same sort of factors from their point of view specifically (interviews will be conducted at a later date).

Table 1. Summary of reported access barriers, affected demographics, and examples of barriers.

Access Barrier	What demographic/group/identity factor is most affected?	Why? (Example(s) from results)
Transportation	People with a low-income level, those living in more rural areas in the region, younger people, elderly people, people with any kind of disability	Many organizations offering these services are located in areas of high population density therefore very far to commute for residents in the region. Lack of transportation connecting individuals to these regions, many projects have started and then stopped in these areas (TOK Coachlines, Commuter Connect). Many low-income individuals cannot afford the bus/public transit, as well as the fact that gas prices are much higher in more rural areas in these regions which demotivates individuals.
Operation Hours	People with a full-time occupation, people with caregiving duties, young full-time workers, single parents	Many service providers (80% from survey) indicate they operate on a 9-5 schedule which interferes with people working full-time who are unable to take time off work.
Lack of knowledge of services and attitudes towards using	People with a low education level, people living in more rural areas in the region, immigrants/new immigrants, minority groups	Lack of education related to mental health and addiction in public school. Many vulnerable populations are only able to gain knowledge of certain services in the community through word of mouth.
How services are offered	Elderly people, younger women, people living in more rural areas in the region	People who are forced to use phone services find it harder to build rapport and communicate effectively. Many service providers (84%) claimed that their organization offered virtual services. Access to technology and internet connectivity severely impacts access to these services.
Long wait times	Mainly all – proportionate to the amount of service provider workers and understaffing, younger people, immigrants/new immigrants	Younger individuals and youth typically have to wait much longer to access services (Peterborough and Northumberland found to have some of the longest wait times for youth mental health services among communities in Ontario).
Language/lack of training from service providers	People with a lower education level, younger people, language of service user/accents	Multiple service providers indicated that acronyms and highly specialized language can be confusing for younger people.
Stigma and attitudes towards using services	People with a low-income level, immigrants/new immigrants,	Multiple service providers indicated a lack of culturally appropriate services that are available to newcomers in Canada.

Results

A total of 45 responses were collected from the survey involving service providers.

- Three demographic groups were identified as the most underserved: immigrants (43%), people with a below-average income (45%), and individuals with disabilities (39%).
- The top 3 practical barriers that were identified by participants included transportation barriers (62%), people not knowing where to look for your particular service or what is available (52%), and long wait times (33%).
- The top 3 social, psychological and/or emotional-barriers identified by participants included: work/family interferences (74%), feeling like they were not being listened to by service providers (64%), and attitudes and beliefs of the use of these services by the user (52%).

Service providers suggested the following strategies to improve access to care:

- Covering cost for travel, bus tickets and gas gift cards (however many services providers indicated this is impacted by budget), and assisting with navigation of bus routes to avoid user confusion
- Working with other organizations to ensure services are culturally appropriate, to provide culture-related training, and hiring more individuals who are bilingual.
- Develop more 'no wrong door' policies – help people to navigate services if the one accessed isn't the right fit.
- Offer more options of formats of services, including virtual services when appropriate.
- Adjust operating hours to open later in the day, extending operating hours 1 day per week to go past 5pm, and hiring after hours staff who are more willing to work past 5pm. Consider shifting to a Tuesday – Saturday 9-5pm schedule instead of Monday – Friday 9-5pm.
- Set up more hubs in the community where staff can travel and meet clients. Organizations could have access to a vehicle and a driver who is dedicated to client transportation.
- Use of more positive but casual language by service providers.
- Consult with caregivers and people with lived experience when developing particular services.
- Market services to the average person instead of those in need (pushing forward the ideology that there is no minimum bench-mark to access a service, helps to ensure people know what to access when they need it).

Conclusion and Next Steps

Overall, this research helped to identify the various barriers impacted different demographic groups seeking in accessing care. Following the presentation of this project to the leadership and management team at the CMHA, both the researcher and this team will develop a strategy in order to communicate the findings of the project (to other organizations/others in the community) in order to make sure the findings are shared in the most effective way. Additionally, a second year/part (September 2024 – April 2025) is planned for this project where this same sort of analysis (including GBA Plus) will be applied to the services at the CMHA specifically.

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 FRSC 4890Y 2023-2024

