



January 12, 2009

Mr. Tony Dagnone  
Commissioner  
Patient First Review  
P.O. Box 1126, Station Main  
Regina, SK S4P 3B4  
Telephone: 1-866-281-6355  
Fax: (306) 787-5718

Thank you for your request to assist the Patient First Commission to obtain input from northern Saskatchewan people to the important work of this Commission. The Northern Health Strategy and our member health services stand ready to assist the Commission in any way we can to facilitate northern input into your work.

The Northern Health Strategy groups together, all the organizations that provide health services to northern people however funded and wherever the services are provided. We work together to solve common challenges of service delivery and policy. We frequently carry out consultations with northern leadership and communities on health care issues. Through our health services member organizations, we have close contact with northern people in all their communities.

It will be challenging to ensure a consultation process that is geographically and culturally reflective of all northerners, one where northerners will feel they have all had a chance to be heard. Here are some of the considerations we should take into account in order to ensure we get representative and effective northern input:

**1. To ensure representative input, travel costs of participants must be covered.**

The north is a big land, even bigger in winter. Northern Saskatchewan occupies more than half the land area of Saskatchewan. People live in communities across this vast land. Road travel is long and expensive; air travel is even more costly. January in the north is “neck bone season,” meaning many people have little money after Christmas and with high heating bills. Funding for travel costs will be essential for successful consultation.

**2. Translation is important.**

For many northerners, their first and home language is an Aboriginal language. For elders, it may be the only language in which they are comfortable. Languages and dialects vary by region. There are three Aboriginal languages spoken, and several dialects of these. The option of local translation will be important in many communities.

As well, the technical language and jargon of medical terminology and health services organizations will require translation even to English speakers. Having health staff available to assist in bridging the terminology gap might best facilitate this.

**3. Consultation representative of the various regions and community types of the north is important.**

The north is geographically diverse as it relates to people's perspectives to service. Those living in the Athabasca region or in small communities will have some different concerns than those in the several larger centres. Depending on where you live in the north, access to inpatient and specialist services is in different centres, from Meadow Lake to Flin Flon to Saskatoon.

The Athabasca region of the far north is the one part of Saskatchewan that has no effective road connection to the south and relies almost completely on air travel. Ensuring consultation input from this region would be essential to getting a full grasp of the reality of the north.

**4. Jurisdictional complexity and protocols should be respected.**

While the Northern Health Strategy can offer support and facilitate consultations with northern, First Nations, and Métis people it does require some consideration of and respect for jurisdictional complexity and protocols.

There are at least eight different health authorities and fifty health services employers providing services in the north. These have various funding arrangements (both federal and provincial) and operate under different jurisdictional mandates.

We can provide guidance in ensuring that the consultation process respects jurisdictions, cultures, and history.

**5. Face-to-face and oral consultation is important in the north.**

While most communities have high-speed internet access, access to computer terminals and computer literacy to use them is limited. While younger people are becoming computer-literate, older people still rely on direct, face-to-face or oral communication, rather than computer or written communication. This should be taken into account to ensure opportunities for broad input. We can provide advice on how to ensure such opportunities, from community visits to participating in radio call-in shows.

**6. Two-way communication before the consultation process starts will ensure success.**

Communications explaining the commission to northerners prior to requesting their support to participate will help ensure a successful consultation process. So will orientation of the Commissioner and Commission staff to the complexity of the north – geographic, cultural, and jurisdictional. The Northern Health Strategy and its member health services are prepared to work with the Commission on both parts of this two-way communication to lay the groundwork for successful consultation.

Our government is to be congratulated for this effort to make our health systems more responsive to patients through this initiative. However, history teaches us that what is hatched in the south will not necessarily fly in the north. A bit of preparatory dialogue will help ensure a successful consultation process. We look forward to working with you on this.

Sincerely,

A handwritten signature in black ink, appearing to read "Nap Gardiner", with a horizontal line underneath the name.

Nap Gardiner  
Coordinator, Northern Health Strategy

(Attachment)

This document provides additional information and recommendations for the Patient First Commission review.

### **Communication Vehicles**

Radio and television have good reach into Northern communities. Local cable providers can share brief messages with audiences through community channels, as well, many Northern communities have local radio stations.

One of the most popular communications media in the North is the Missinipi Broadcasting Corporation (MBC), which reaches not only the whole of Northern Saskatchewan but other areas of Saskatchewan as well. This digital audio network broadcasts in Cree, Dene, and English. A call-in program through MBC is worth strong consideration by the Commission. MBC have been contacted about this possibility and are open to discussion about it.

Video conferencing is available through several organizations in Northern Saskatchewan, including the Keewatin Career Development Corporation, the Northern Inter-Tribal Health Authority, and Telehealth. This is a practical and economical way to achieve “face to face” communication across great distances and could make participation in the review possible for those who might otherwise be excluded.

Teleconference is a good way to reach specific groups of northerners, such as First Nations and Métis leadership. This would be a good option for regular briefing of stakeholders.

### **Support**

The North is considerably more diverse and complex than might be assumed from its relatively small population. Navigating the pathways of Northern Saskatchewan is easier with the guidance of those who know the area well. Within each jurisdiction, representatives of that jurisdiction will be able to help you through introductions, orientation, and transportation. As well, translators and local support will be identified.

### **Focus**

Through the Northern Health Strategy and other initiatives, Northerners have identified chronic disease and perinatal concerns (including birthing issues) as health care elements that are of great importance to them. The Commission may wish to consider making birth or chronic disease the focus of one triad.

### **Dialogue**

Regular communication with stakeholders is vital to the success of any initiative. This is no less true in the North, where connections between people are highly valued. As noted above, teleconference would be a good way to keep in touch with Northern leaders.