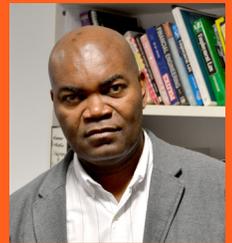




HOW TO IMPROVE ACCESS TO HEALTH CARE IN NB?

GEOGRAPHIC PERSPECTIVES



**PUBLIC DIALOGUE
OCTOBER 20, 2022**

Public dialogue organized for the
20th anniversary of the Fondation
communautaire de la Péninsule Acadienne



In partnership with:



Fondation Communautaire de la Péninsule Acadienne

2-1095 rue du Parc, Paquetville NB E8R 1J1

Tell.: 506 764-3364

Email: info@fondationcompa.com

Website: fondationcompa.com

Dialogue New Brunswick

La Place - 200 Champlain Street - Suite 210 - Dieppe NB, Canada E1A 1P1

Toll-free number: +1 866-224-4040

Email: info@dialoguenb.org

Website: dialoguenb.org

Editor: Florence Gouton (Dialogue NB)

Layout: Florence Gouton

Post-event investigation and research: Teri McMakin (Dialogue NB)

Review: Nadine Duguay-Lemay, Jean-Charles Chiasson



All rights reserved. The contents of this publication may be reproduced in whole or in part by charitable and non-profit organizations for non-commercial purposes, provided that Dialogue NB is credited as the original publisher, including the year of publication, the title of the publication and the source (link to the electronic publication or website). Otherwise, the contents of this publication may not be reproduced without the prior written permission of Dialogue NB.

TABLE OF CONTENTS

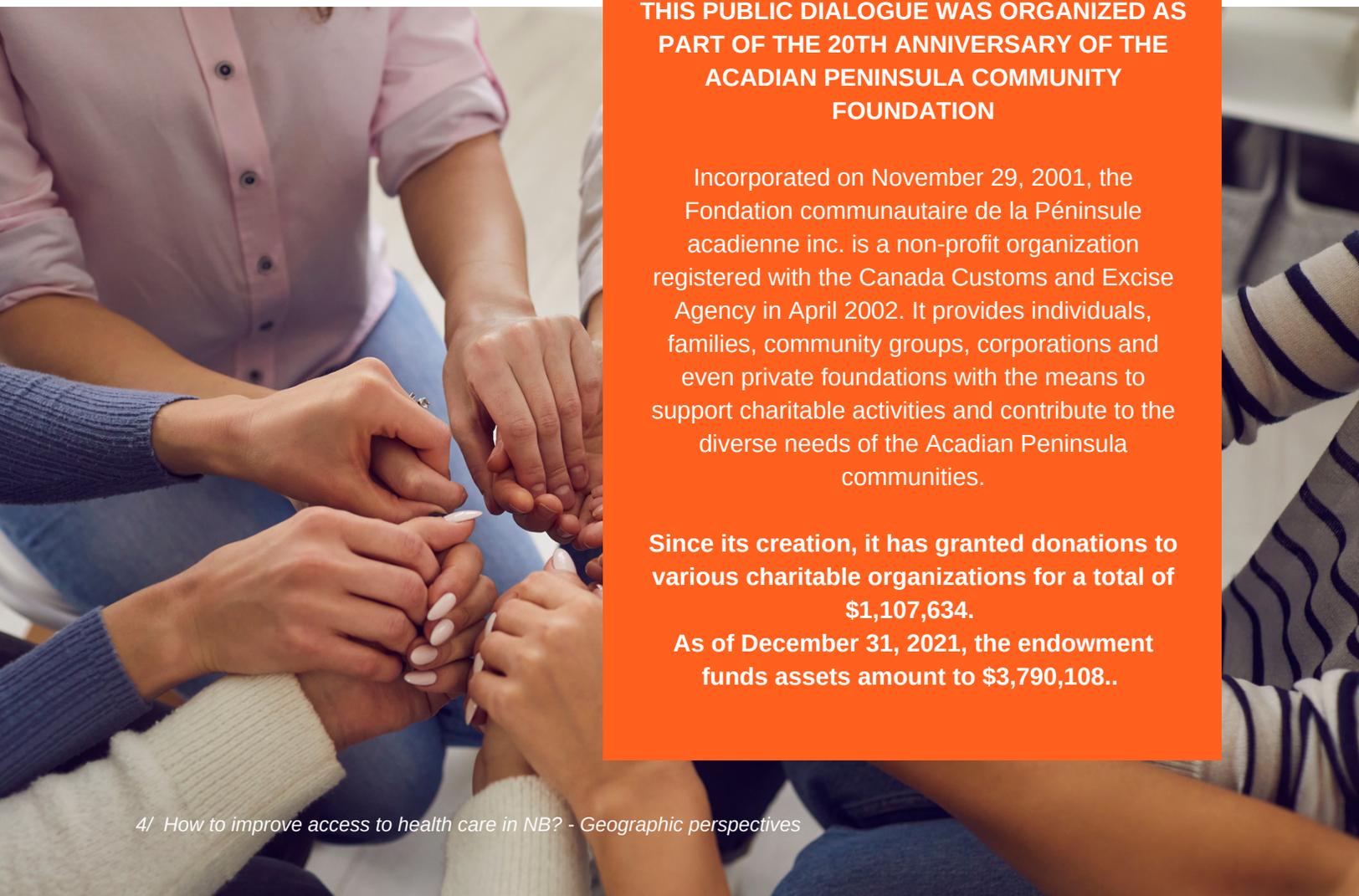
CONTEXT	4
THE PANEL OF EXPERTS	5
HIGHLIGHTS	6
PUBLIC DIALOGUE	7
<i>How to improve access to health care everywhere in NB? Geographic perspectives</i>	
<hr/>	
APPENDICES	18
STUDY FOR THE IMPLEMENTATION OF A REGIONAL CARE AID PROGRAM	19
RESOURCES	25
STATISTICS - AUDIENCE PROFILE	26
SATISFACTION SURVEY	27
PROMOTION OF PUBLIC DIALOGUE	28
PRESS REVIEW	29

CONTEXT

66 million kilometers! That's how far New Brunswickers travel each year to access complex health care services, including 15 million kilometres for Acadian Peninsula residents alone. The reason for this is that access to health care services is very different and far from equitable, depending on where you live in New Brunswick. Many New Brunswickers living far from major hospitals have no choice but to travel long distances when they need to undergo major surgery, adding complicated, time-consuming and costly logistics to their suffering and that of their loved ones.

How can we improve access to health care for everyone, everywhere in New Brunswick? This is the question posed by this public dialogue, organized by Dialogue NB on October 20, 2022, on the occasion of the 20th anniversary of its partner, the Fondation communautaire de la Péninsule acadienne.

Under the enlightening lens of experts in the field, the objective of this dialogue was to draw a portrait of the realities experienced by New Brunswickers, in order to better understand how equitable access to health care could be offered to New Brunswickers, regardless of where they live.



THIS PUBLIC DIALOGUE WAS ORGANIZED AS PART OF THE 20TH ANNIVERSARY OF THE ACADIAN PENINSULA COMMUNITY FOUNDATION

Incorporated on November 29, 2001, the Fondation communautaire de la Péninsule acadienne inc. is a non-profit organization registered with the Canada Customs and Excise Agency in April 2002. It provides individuals, families, community groups, corporations and even private foundations with the means to support charitable activities and contribute to the diverse needs of the Acadian Peninsula communities.

Since its creation, it has granted donations to various charitable organizations for a total of **\$1,107,634.**

As of December 31, 2021, the endowment funds assets amount to **\$3,790,108..**

THE PANEL OF EXPERTS

Co-hosts

- **Nadine Duguay-Lemay**, CEO of Dialogue NB and Cohesia.
- **Daniel Chiasson**, President of la Fondation communautaire de la Péninsule Acadienne*.

Panelists

- **Jean-Charles Chiasson**, Executive Director of the Fondation Communautaire de la Péninsule Acadienne**;
- **Stéphane Robichaud**, Chief Executive Officer of the New Brunswick Health Council;
- **Margaret Melanson**, Interim President and CEO and Vice President Clinical Services;
- **Dre France Desrosiers**, President and CEO of Vitalité Health Network.;
- **Léo-Paul Pinet**, Former Executive Director of the Centre de Bénévolat de la Péninsule Acadienne;
- **Sharon McGladdery**, Board Member for the Charlotte County Alternative Transportation Association, a.k.a. "Charlotte Dial A Ride." *;
- **Dieu Hack-Polay**, PhD, EdD, Professor of Management at Crandall University;
- **Lynn Power**, teacher and mother, invited as a witness to the challenges she faces.

**Due to health reasons, Daniel Chiasson was unable to speak at this public dialogue. Therefore, you will not see quotes from him in this report.*

*** Jean-Charles Chiasson was unable to join the panelists at this public dialogue. Therefore, you will not see any quotes from him in this report. However, with his consent, Léo-Paul Pinet spoke several times on behalf of the FCPA.*

HIGHLIGHTS

- New Brunswickers travel **60 million kilometres a year to access specialized health care**, which causes stress for them and their loved ones, fatigue, and costs.
- The need to travel long distances is **not only felt in rural areas**.
- To highlight the importance of health-related travel for New Brunswickers, and to alert governments and health networks to the urgent need to act, notably through the **"implementation of a travel assistance program aimed at ensuring that New Brunswickers have access to specialized medical services as well as basic services"**, the Fondation Communautaire de la Péninsule Acadienne and the Centre de bénévolat de la Péninsule Acadienne conducted **a study detailing the distances travelled by residents, according to their place of residence and their destination**. The results of this study can be found in this report, reproduced in full (p.18-23).
- **There are additional challenges for immigrants**: difficulties in accessing information, lack of networks, as well as language and cultural barriers.
- **Low-cost transportation services are being organized in the communities, but they have their limits** (aging volunteer teams, difficulties in recruiting drivers, increase in fuel costs, specific needs of patients, etc.)
- **Health networks have set themselves the goal of improving the patient experience, while facing a shortage of staff**.
- On the network side, solutions have been put in place to
 - 1.reduce the number of trips: telemedicine, for example, is now billable by family physicians, which has increased its use (nearly 50% of family visits are now billed as telemedicine); in the regions, family physicians work as a team with oncologists to supervise treatment and ensure patient follow-up.
 - 2.reduce travel costs for patients (reimbursements, accommodation provided near the care center, etc.)
- **The health networks have undertaken a reflection to rethink and reorganize the health system, working with the communities.**

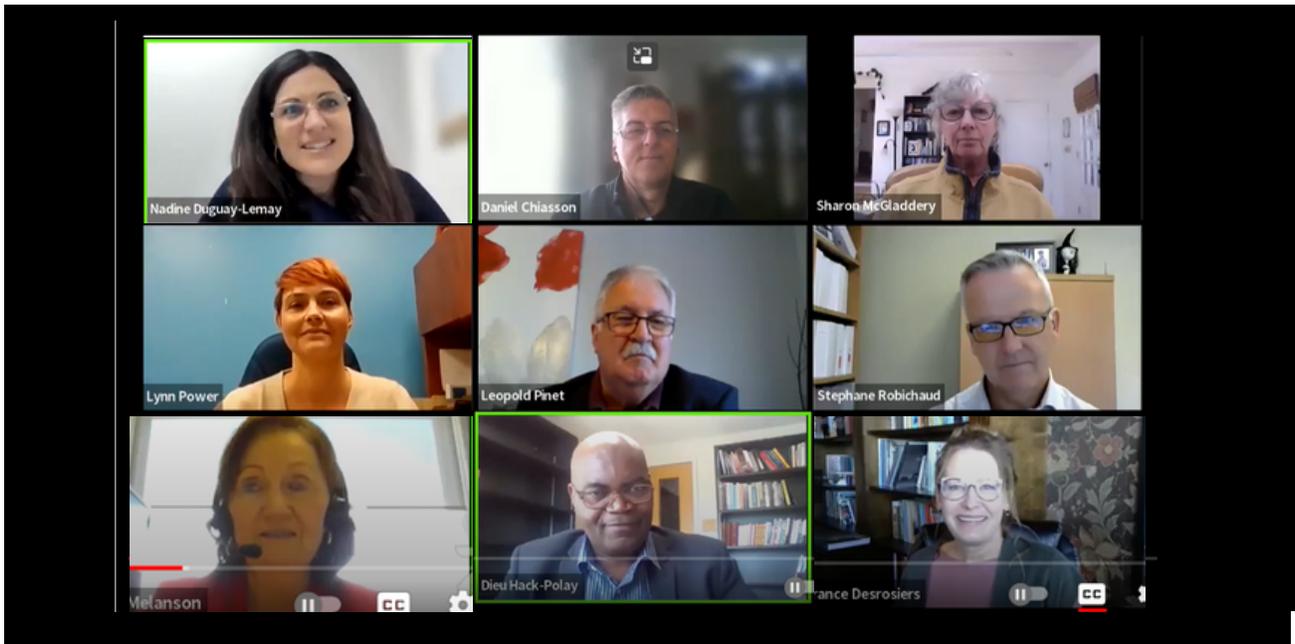


DIALOQUE

PUBLIC DIALOGUE

How to improve access to health care in NB?

Geographic perspectives



[Watch the dialogue](#)

With its hospital infrastructure poorly distributed across the province and increasingly underserved by public transit, New Brunswickers are still not getting equitable access to health care. Far from centers that can provide the care they need, many New Brunswickers are forced to make long car trips for complex tests or treatments, with all that this implies: high transportation and accommodation costs, cumbersome logistics, stress and accumulated fatigue in an already complex context of illness and suffering. The various support systems in place remain far from adequate in the face of the magnitude of the needs. In 2017, the Fondation Communautaire de la Péninsule Acadienne and the Centre de Bénévolat de la Péninsule Acadienne sounded the alarm and published a study to alert governments and health networks to a problem that affects the entire province, with the objective of "implementing a travel assistance program to ensure that New Brunswickers have access to specialized medical services as well as basic services". At the same time, a reflection is underway to rethink and reorganize the health care system, in line with the needs of patients and the realities of communities in a context of shortage of professionals...

How improve access to health care in NB?

Five years ago, the Power family's life was turned upside down when their youngest daughter, Emma, then 6 years old, went into cardiac arrest at her school gym. The cause was Cathecolaminergic Polymorphic Ventricular Tachycardia (CPVT). "We were referred to the IWK hospital in Halifax," recalls her mother, Lynn, who has had to drive Emma to the hospital two or three times a year for testing. The hospital is also where Emma goes for procedures as simple as a dental appointment, but in her case, cardiologists are involved. "When we go there, it's for at least two days. It's stressful for all of us: for me, who is anxious about driving in the city, but especially for Emma, which is dangerous for her. Her heart can stop if she's under a lot of stress or if she's surprised," says Lynn.

Her older sister, Ylenia, 14, has also had health problems for over a year, with symptoms ranging from loss of feeling in her legs to fainting. According to the diagnosis, obtained only two weeks prior to this public dialogue, she is suffering from psychogenic, non-epileptic seizures that may be due to the trauma of seeing her sister go into cardiac arrest. On this point, Lynn Power denounces the slowness of the system. According to her, it is possible that if this diagnosis had been made more quickly, her daughter could have been taken care of earlier and would perhaps suffer less today.

Repetitive travel for both children, the cost of ambulance rides... all of this presents significant financial challenges for the family. "I consider myself privileged: I have a good job, group insurance that covers part of the cost of the ambulance rides, but life goes on with mortgages that have to be paid..."



JEAN-CHARLES CHIASSON
Executive Director of the Fondation
Communautaire de la Péninsule
Acadienne

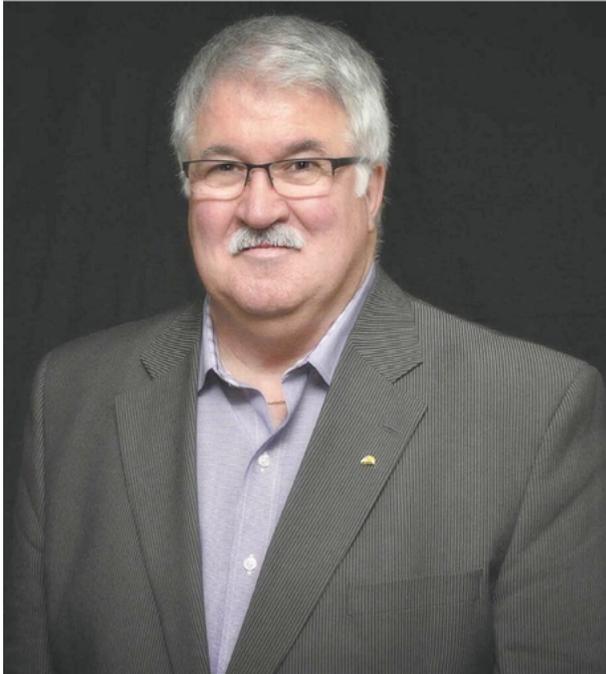


LYNN POWER
teacher and mother, invited as a
witness to the challenges she faces.

PUBLIC DIALOGUE

DID YOU KNOW?

It is thanks to the support of the lobster fishermen of the Acadian Peninsula that the Fondation Communautaire de la Péninsule Acadienne was able to plan its first fundraiser in 2007, in order to implement and support the mutual aid fund.



LÉO-PAUL PINET

**Former Executive Director of the
Centre de Bénévolat de la Péninsule
Acadienne**

The family is supported by the Fond d'aide pour les enfants malades de la région set up by the Fondation Communautaire de la Péninsule Acadienne. *"It doesn't cover all the costs, but it helps a lot,"* Lynn notes.

66 million kilometers...

Léo-Paul Pinet, former Executive Director of the Centre de bénévolat de la Péninsule Acadienne (CBPA) Inc. knows many stories like those of the Power family. *"It was these needs that inspired the creation of the Fondation Communautaire de la Péninsule Acadienne,"* he recalls, speaking on behalf of Jean-Charles Chiasson, Executive Director of the FCPA. *"The need for monetary support to help people in the region who had to travel outside the Northeast to obtain specialized care services came up regularly at our work table. Since the foundation's inception [in 2001], more than 1,800 people have been able to receive support totaling \$275,000."*

According to a study conducted in 2015-2016 by the FCPA and the CBPA, residents of the Acadian Peninsula travel nearly 15 million kilometers in a year to receive specialized care, with an average of 504 kilometers traveled per trip. However, as Léo-Paul Pinet points out, *"this problem is not unique to the Acadian Peninsula. It affects all of New Brunswick"*. The same study shows that N.B. residents travelled a total of more than 66 million kilometers that year to receive specialized health care. *"That's more than the distance between Earth and Mars,"* notes Léo-Paul Pinet.

How improve access to health care in NB?

And it's not just a rural issue: the Fredericton region comes in second, with more than 12 million kilometers travelled, or an average of 350 km per trip. *"Our goal with this study was to raise awareness among governments. At the time, only 6 provinces, the Northwest Territories, First Nations and Inuit had assistance programs."* New Brunswick was not and still is not on the list...

"Less and less resources"

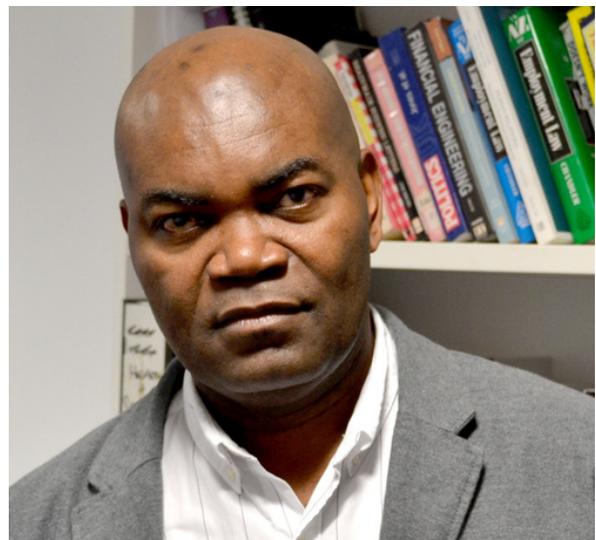
On the issue of transportation, solutions have been developed and implemented by citizens committed to their community, such as the Charlotte County Alternative Transportation Association, "Charlotte Dial-A-Ride". This association provides low-cost transportation for residents to get to the doctor, shop, and access education and employment.

"Today, we have more than 1,000 trips each year for different medical appointments. People who want to use our services pay \$5 a month. We also hold fundraisers," says Sharon McGladdery, a member of Charlotte Dial-A-Ride. However, this generous system has its limits: *"The cost of fuel is increasing. Also, our volunteer drivers are getting older and older..."*. Léo-Paul Pinet adds: *"We must not assume that volunteers will always be there. We have fewer and fewer resources."*

There is therefore an urgent need to find and develop systemic and larger-scale solutions. For many New Brunswickers, the issue is not just getting to the hospital: *"Many have difficulties due to old age, loss of motor skills, difficulty reading or writing, mental health problems... These people need someone to*



SHARON MCGLADDERY
Board Member for the Charlotte County Alternative Transportation Association, a.k.a. "Charlotte Dial A Ride."



DIEU HACK-POLAY
PhD, EdD, Professor of Management at Crandall University

PUBLIC DIALOGUE



DEFINITIONS

PRIMARY HEALTH CARE:

Primary health care includes all front-line resources, a wide variety of health care professionals: social workers, psychologists, pharmacists, case managers, public health nurses, mental health nurses, primary health care nurses in multidisciplinary teams, occupational therapists, physiotherapists, respiratory therapists, nurse practitioners and family physicians

(Definition given by Dr. France Desrosiers).

SECONDARY HEALTH CARE: When your primary care provider refers you to a specialist, you are in secondary care. Secondary care simply means that you will be cared for by someone who has more specific expertise in what ails you.

(Source: Health.vip)

TERTIARY HEALTH CARE

Once a patient is hospitalized and requires a higher level of specialized care within the hospital, they may be referred to tertiary care. Tertiary care requires highly specialized equipment and expertise.

(Source: Health.vip)



accompany them inside the hospital, to understand and make the professional discourse of the medical staff understandable," explains Léo-Paul Pinet.

For immigrant communities, these difficulties in accessing health care can be amplified by a lack of knowledge of the system, a lack of network, or a lack of transportation. *"Immigrants who arrive don't know where to go if they get sick, especially when they don't have a family doctor,"* explains Dr. Dieu Hack Polay. He says immigrants can also experience difficult mental health situations, which intensifies their disorientation. *"They can't access community visits. You end up with a two-tiered health care system. Immigrants can quickly be thrown into a health ghetto. You can't just say to immigrants, 'Go ahead, services are open, you can use them. You need an intermediary contact'... who 'should be trained in cross-cultural communication!'"* reminds a viewer via the chat tool.

"The integration of solutions will be our challenge for the next few years."

Faced with these many challenges, the health networks have been mobilizing for several years to curb the difficulties of access to care encountered by the New Brunswick population by devising innovative solutions, but also and above all by reorganizing the system. *"We are not in a position to ignore solutions. But I think it is the integration of solutions that will be our challenge for the next few years (...),"* explains Dr. France Desrosiers, CEO of Vitalité Health Network.

How improve access to health care in NB?

One of the solutions being developed to ensure more equitable access to care across the province is the provision of financial assistance. Margaret Melanson, Acting President and CEO and Vice President of Clinical Services at Horizon Health Network explains: *"For several years, we have been helping our patients who need assistance to travel for their health care through the Social Work Department. This can be through the provision of bus tickets, reimbursement of cab fares... At St. John's, for example, we make an apartment available to families."*

"Thinking 'outside the box'"

Another solution, more recently deployed: telemedicine. Before the pandemic, this was used only to improve access to certain specialists (oncologists, pulmonologists and rheumatologists...); it is now offered by primary care providers (such as family physicians), as they can now bill Medicare for telemedicine. A move that New Brunswickers have quickly embraced: *"Almost 50% of family visits are now billed as telemedicine,"* notes Dr. France Desrosiers. *"Today, everything that can be done remotely is done remotely, and it's here to stay, whether it's pre-surgical services, post-surgical services, certain gynecological or obstetrical consultations... Now, I think we can go further in terms of access to primary care, thinking outside the box, and making sure we integrate all of that together."*

The two networks are now focusing on two priorities: developing ever more effective coordination between them to ensure a better patient experience, and working with communities to co-construct the future with them.



DR. FRANCE DESROSIERS

**President and CEO of
Vitalité Health Network.**

DID YOU KNOW?



In New Brunswick, there are fewer and fewer health care professionals for a growing population. The Vitalité Health network is therefore in talks with technological innovation companies to work ever more efficiently, with fewer human resources, while limiting patient travel. "We are working on pilot projects, particularly with our respiratory specialists, to remotely monitor the vital signs or oxygen of patients who remain at home and have advanced lung disease. There are also remote approaches to pacemakers," explains Dr. France Desrosiers.

PUBLIC DIALOGUE

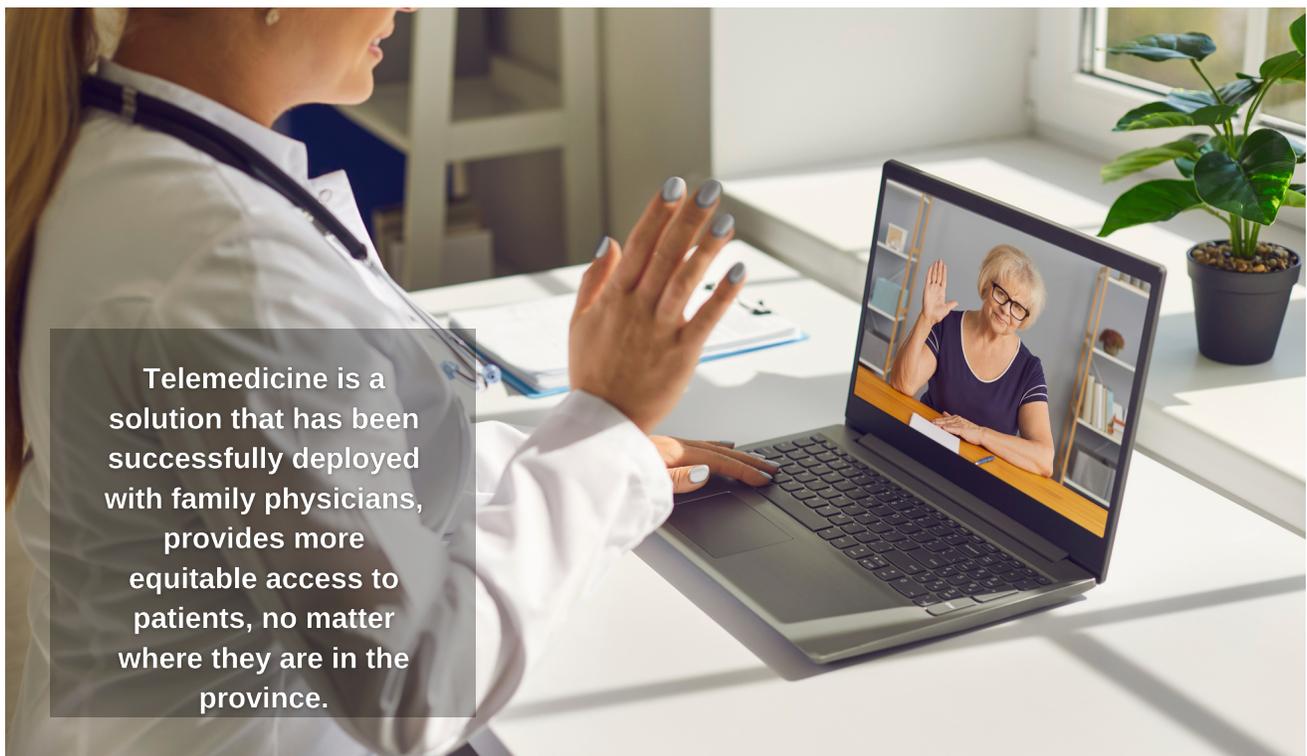


STÉPHANE ROBICHAUD
Chief Executive Officer of the New
Brunswick Health Council

Margaret Melanson continued: *"We've had some great conversations particularly with small communities; we're working with them to make sure the services they need are available."* One avenue that will be explored is a single point of entry that could help people who feel lost in the complexity of the current system.

"Communities: equal partners in the evolution of health services".

This approach of co-construction with the communities implemented by the health networks makes sense in light of the current data in the province.



Telemedicine is a solution that has been successfully deployed with family physicians, provides more equitable access to patients, no matter where they are in the province.

How improve access to health care in NB?

Stéphane Robichaud, Chief Executive Officer of the New Brunswick Health Council, explains: *"When we talk about solutions, we have to understand the realities to ensure that we don't have a negative impact on places where things are not so bad. For example, in terms of primary health care, 89.9% of New Brunswickers have a family doctor, which puts New Brunswick in second place after Ontario on this issue. The problem lies in terms of access time, and varies depending on the community: today, 50.8% of the NB population can have an appointment with a family doctor within 5 days; in Perth-Andover - Tobique, this proportion rises to 68%, and drops to 36% in Shediac - Beaubassin - Cap-Pelé (1). The resources available must be organized according to the needs of the communities. Even if we are facing challenges in terms of recruitment, we should do much better with the resources we have. The "solo" practice of many, many family physicians in NB is not a sustainable model [for New Brunswick], for example. We really need to look at the way our services are organized, in a coordinated way.*

DID YOU KNOW?



The Vitalité health network offers access to translators in more than 15 different languages, either in person or remotely. Consideration is being given to going further with interactive technology systems.

Horizon Health Network has implemented an I-Pad system to provide patients with an immediate translation service.

Health networks are also working to hire staff from different cultures to better support patients, especially those from marginalized and racialized communities. "We have aboriginal coordinators and others who help us make sure there is good communication with communities," says Margaret Melanson.



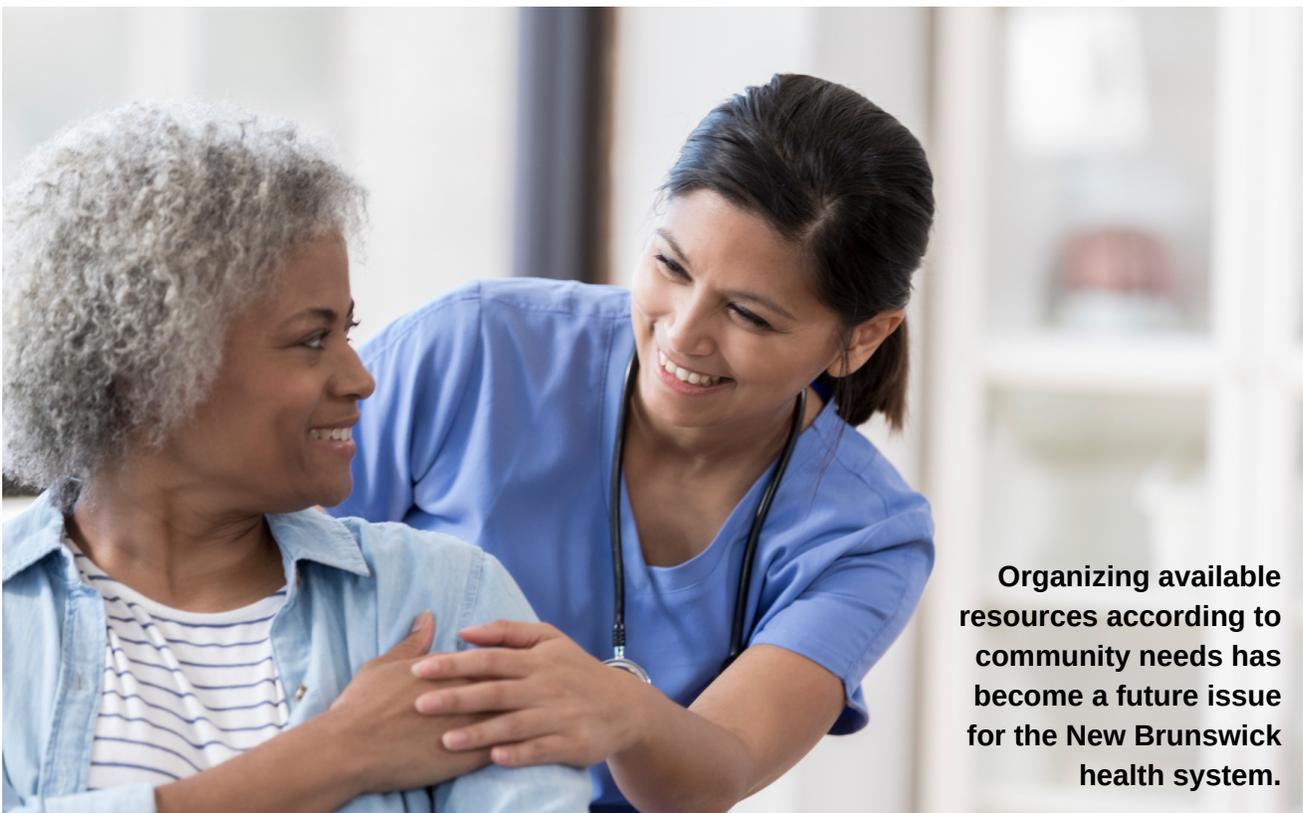
PUBLIC DIALOGUE



MARGARET MELANSON
Interim President and CEO and Vice
President Clinical Services

One solution to the current shortage of health care professionals would be to recognize the credentials of health care professionals who immigrate to New Brunswick, suggests Dr. Dieu Hack Polay: *"We should be able to accelerate the recognition of their credentials so that these people can integrate the health care system"*. According to Dr. Dieu Hack Polay, this solution could also help remove the language and cultural barriers that impede access to health care for immigrants.

Margaret Melanson shares Dr. Dieu Hack Polay's concerns: *"Currently, the accreditation process is long and expensive. We are lobbying for it to be expedited. It's not our responsibility, but it's certainly something we can influence."*



Organizing available resources according to community needs has become a future issue for the New Brunswick health system.



Dr. Hack Polay argues that prior learning assessment and recognition could help address the shortage of health care workers in New Brunswick.

We also have a willingness to accept these people even if they don't immediately meet the requirements of the position. For example, a medical specialist or a nurse can come in and work with us at different levels while they get the training they need. That's something we're working on."

"We must review the way our services are organized!"

In parallel, a reflection is underway to go even further and, in this context of shortage of professionals, rethink the health system, in connection with the needs of patients and the realities of the communities. Dr. France Desrosiers explains: "We must stop, for example, hoping to have one family doctor per patient. We need to think in terms of care teams: regions served by a department with multiple health professionals who are in the health system and in the community and who work in an integrated way. In terms of tertiary health care, we cannot plan our future by thinking that we are going to have clusters of physicians everywhere, in every area of NB.

So we need to think about working as a collaborative team with satellite clinics that are as close as possible to our communities. For example, to avoid having patients travel too often to Moncton to see an oncologist, we are now offering treatment in other regional hospitals and in some community hospitals, where family physicians work as a team with oncologists to supervise treatment and provide follow-ups for patients."

In these reflections for the future, New Brunswick is more than ever at the heart of the field of possibilities. A field from which many avenues emerge... some of which could be inspired from elsewhere, concludes Stéphane Robichaud: "Often, immigrants come to us in excellent health. Where they come from, they have good eating habits and the health system in their country often works in a very different way than ours and often... better! So we have to learn from their experiences."

(1) 2020 data. In 2011, the proportion of residents able to get an appointment with their family physician within 5 days was 55%.
(2) New Brunswick has the most family physicians in solo practice.



APPENDICES

SOLUTIONS - SYNTHESIS

Partners and panelists identified important solutions to improve access to health care, no matter where you live in New Brunswick.

To reduce patient travel:

- **Telemedicine** is now offered by primary care providers (such as family physicians), as they can now bill Medicare for it.
- **The 8-1-1 number** (NB Tele-Care) allows patients to talk to health professionals and determine whether or not it is best to see a health care provider.
- In the regions, **family doctors work as a team with Moncton-based specialists** (oncologists, for example) to oversee treatment and follow-up of patients in regional hospitals and some community hospitals.
- More generally, a **reflection led by the networks is underway to rethink and reorganize the health system, in line with the needs of the communities.**

To financially assist patients/caregivers in meeting the costs of travel:

- **Low-cost transportation solutions** (such as the service offered by Charlotte Dial-A-Ride and Déplacement Péninsule have been developed).
- **Reimbursement of transportation costs, accommodation provided** (Solution explained by Margaret Melanson)
- The Fondation communautaire de la Péninsule Acadienne is proposing to develop a **special assistance program for patients and their families/caregivers** (Details next page)

To remove language and cultural barriers, and at the same time strengthen the teams (currently short of health care personnel):

- **Immigrant health professionals can gradually integrate the teams at different levels while they receive the training** they need to meet the requirements of the position.
- It was also suggested that the prior **learning assessment process be accelerated**, particularly for health professionals who have immigrated to NB.
- The idea of **intermediary contacts trained in cross-cultural relations** who could act as liaisons between patients and health care professionals was raised.

TO GO FURTHER: A REGIONAL CARE ASSISTANCE PROGRAM

**"We could roll out our aid program
anywhere in NB!"**

The Fondation communautaire de la Péninsule Acadienne suggests the deployment of a "Travel Assistance Program to Access Out-of-Region Care Services". This assistance program already exists in the Acadian Peninsula. Given its success, the FCPA is calling for financial support from the government to be able to offer it throughout the province.

Jean-Charles Chiasson, Executive Director of the FCPA, explains.

Under what conditions could the financial aid be awarded?



Jean-Charles Chiasson: The assistance program, as we envision it, would provide financial support to patients and/or their caregivers when they have to travel far from home. Residents of the Acadian Peninsula could use this program when they have to travel outside the Northeast region (Moncton, Saint John, or even Montreal, Quebec City or Halifax) to receive treatment or to have tests for example.

What would the assistance offered by this program cover?

J.-C. C.: The financial support that we would offer through this program would cover part of the costs generated by the need to travel for medical reasons: we would reimburse part of the mileage expenses, we would grant a per diem for meals, we would participate in hotel expenses...

Does this type of program exist elsewhere in Canada?

J.-C. C.: Programs similar to what we want to do in NB are available in British Columbia, Newfoundland and Labrador, Manitoba, Northwest Territories, Ontario, Alberta, Quebec, and First Nations and Inuit. New Brunswickers need help too!

What do you need to make the idea of such a program a reality?

J.-C. C.: We could roll out this program across the province, in English and French, with two or three people employed full time by the FCPA. We already have the methods and technology to do this effectively and efficiently, making the most of our resources. All we need is the funding, which we estimate to be between \$10 and \$15 million. We are calling on the government to make this program a reality. As for the rest, we are ready!

RESOURCES

STUDY FOR THE IMPLEMENTATION OF A REGIONAL CARE AID PROGRAM

Conducted in 2015-1016 by FCPA and CBPA
(full content)

Context

The Acadian Peninsula Mutual Aid Fund, under the responsibility of the Fondation communautaire de la Péninsule acadienne (FCPA), mandated a working group to explore the possibility of implementing a *travel assistance program to allow access to out-of-region care services*.

Expectations

To INFORM and make the Horizon and Vitalité health networks AWARE of the FCPA Working Group's approach to date.

Task Force

- Jean-Charles Chiasson, FCPA Inc.
- Léo-Paul Pinet, CBPA Inc.
- Yvon Cormier, volunteer

Vision

The vision we are submitting is the implementation of a travel assistance program aimed at ensuring that New Brunswickers have access to specialized medical services as well as basic services.

In Canada, access to health care is "universal" to its citizens under the Health Care Act. Although equitable access does not mean that everyone receives the same number of services, but rather "a fair and equitable distribution of resources. While recognizing that not everyone claims health services in their backyard, not all New Brunswickers have equitable access to health services.

Consideration for the implementation of a travel assistance program to allow access to out-of-area health care services must take into account the citizen's ability to travel based on the particularities of living in an urban or rural setting.

Consider the five principles on which the Canada Health Act is based.

Consider that several provinces of Canada, the Territories, First Nations and Inuit have an assistance program (information included)

The implementation of a Travel Assistance Program to access out-of-area care services will require the development of eligibility criteria

RESOURCES

Tables - statistics

Region	# of travel	Distance between municipalities (x2)	# de km
#2- Moving from Saint John to (note 1)			
Fredericton	6 518	226	1 473 068
Québec	76	1 252	95 152
Edmundston	328	754	247 312
Campbellton	1 107	896	991 872
Bathurst	634	694	439 996
Miramichi	250	546	136 500
Moncton	6 058	304	1 841 632
Outside NB and QC	3 101	832	2 580 032
Total	18 072		7 805 564

#6 - ver: #6- Moving from the Acadie Bathurst region to (Note 2)			
Miramichi	3 968	200	793 600
Moncton	15 832	474	7 504 368
Saint John	1 974	738	1 456 812
Fredericton	1 154	552	637 008
Edmundston	721	604	435 484
Québec	647	1 242	803 574
Campbellton	2 556	318	812 808
Hor:Outside NB and QC	2 314	980	2 267 720
Total	29 166		14 711 374

#7 - #7- Moving from Miramichi to			
Bathurst	5 455	156	850 980
Moncton	8 931	276	2 464 956
Saint John	2 456	542	1 331 152
Fredericton	1 968	346	680 928
Edmundston	45	552	24 840
Québec	64	1190	76 160
Campbellton	321	360	115 560
Hor:Outside NB and QC	170	790	134 300
Total	19 410		5 678 876



Study for the implementation of a regional care aid program



#2- Moving from Moncton to			
Miramichi	5 350	282	1 508 700
Bathurst	4 982	444	2 212 008
Saint John	7 648	306	2 340 288
Fredericton	3 931	392	1 540 952
Edmundston	863	882	761 166
Québec	312	1 520	474 240
Campbellton	662	648	428 976
	1 000	528	528 000
Total	24 748		9 794 330

#3- Moving from Fredericton to			
Miramichi	2 687	348	935 076
Moncton	5 174	388	2 007 512
Saint John	18 442	220	4 057 240
Bathurst	3 507	510	1 788 570
Edmundston	4 402	544	2 394 688
Québec	220	1 182	260 040
Campbellton	942	714	672 588
	556	880	489 280
Total	35 930		12 604 994

#4- Moving from Edmundston to			
Miramichi	74	552	40 848
Moncton	3 498	880	3 078 240
Saint John	599	748	448 052
Fredericton	3 745	546	2 044 770
Bathurst	541	496	268 336
Québec	3 337	644	2 149 028
Campbellton	1 570	400	628 000
Hors NB et Hors QC	57	1 408	80 256
Total	13 421		8 737 530

RESOURCES

#5- Moving from Campbellton to			
Miramichi	264	360	95 040
Moncton	4 893	632	3 092 376
Saint John	1 426	896	1 277 696
Fredericton	456	712	324 672
Edmundston	1 682	398	669 436
Québec	468	1 038	485 784
Bathurst	5 502	216	1 188 432
Hors NB et Hors QC	Outside NB and QC	140	319 200
Total	14 971		7 452 636

Grand Total	155 718		66 785 304
--------------------	----------------	--	-------------------

Note 1: Halifax is used as a destination point for trips outside NB and QC

Note 2: Being centrally located, Paquetville is used as a departure point for Zone #6 Acadie-Bathurst

Existing aid programs

British Columbia

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/tap-bc/travel-assistance-program-tap-bc>

The Travel Assistance Program (TAP) helps alleviate some of the transportation costs for eligible B.C. residents who must travel within the province for non-emergency medical specialist services not available in their own community.

Newfoundland and Labrador

<http://www.health.gov.nl.ca/health/mcp/travelassistance.html#claimed>

The Medical Transportation Assistance Program (MTAP) provides financial assistance to beneficiaries of the Medical Care Plan (MCP) who incur substantial out-of-pocket travel costs to access specialized insured medical services which are not available in their immediate area of residence and / or within the Province.



Study for the implementation of a regional care aid program



Manitoba

<https://www.gov.mb.ca/health/ems/nptp.html>

The Northern Patient Transportation Program (NPTP) subsidizes medical transportation costs for eligible Manitoba residents in the north to obtain medical or hospital care not available in their home community. Subsidies may include costs for an essential escort (ex: if required for a minor or a person with disabilities).

Northwest Territories

<https://www.nthssa.ca/sites/www.nthssa.ca/files/medical-travel-guide-final.pdf>

Medical travel happens when a person must travel to another community to receive medical services.

The community you travel to may be another NWT community or it may be outside the NWT. The appointment may be to see a specialist, to get a certain treatment or procedure, or for some other medical care not available in the community you are living in.

Ontario

<http://www.aboutface.ca/healthcare-contacts/ontario-medical-travel-assistance/>

The MoHLTC funds and administers the Northern Health Travel Grant (NHTG) Program to help defray some of the costs incurred by Northern Ontario residents who must travel long distances within Ontario or Manitoba to receive medically insured services, which are not available in their community.

Alberta

<http://www.humanservices.alberta.ca/AWonline/IS/4875.html>

The extraordinary transportation benefit may be provided if a member of the household unit has a severe health problem and needs regular access to health services paid for by Alberta Health (doctors, radiologists, lab technicians, physiotherapists, etc.). The person must use the nearest appropriate health service provider and travel by the most economical means of transportation available.

RESOURCES

Québec

<https://www.cisss-gaspesie.gouv.qc.ca/soins-et-services/aide-financi%C3%A8re-pour-le-d%C3%A9placement-des-usagers.html>

The purpose of this program is to provide eligible users with financial assistance to obtain health care and services that are not available in the region.

The financial assistance reimburses the user for a portion of the cost of the stay and travel from the residence in Quebec to the nearest health and social services institution able to provide the required care or services, and back to the home.

First Nations and Inuit

<https://www.canada.ca/en/health-canada/services/first-nations-inuit-health/non-insured-health-benefits/benefits-information/medical-transportation-benefits-information-first-nations-inuit-health.html>

If you are an eligible NIHB client, the following conditions apply:

- The medical service you require is not available locally;
- You have first used up all other transportation benefits available from other federal, provincial/territorial or private programs;
- Travel is to the nearest appropriate health facility only;
- The most economical and efficient means of transportation is used, taking into consideration the urgency of the situation and the client's medical condition;
- Transportation to health services is coordinated to ensure maximum cost-effectiveness; and
- Benefits must be pre-approved by the Health Canada regional office or can be approved after the fact if there is medical justification and it meets NIHB Program criteria.



RESSOURCES

Les ressources suivantes ont été mentionnées dans le dialogue ou dans le chat de l'événement, recommandées par les présentateurs et les personnes participantes.

Fondation Communautaire de la Péninsule Acadienne

www.fondationcompa.com

Centre de bénévolat de la Péninsule Acadienne

Cbpa.ca

Vitality Health Network

<https://www.vitalitenb.ca/en>

<https://www.vitalitenb.ca/en/points-service/mental-health/first-nations>

<https://www.vitalitenb.ca/en/patient-guide>

Horizon Health Network

Horizonnb.ca

<https://horizonnb.ca/patients-visitors/access-to-communication/>

New Brunswick Health Council

<https://nbhc.ca>

Charlotte Dial-A-Ride

<https://charlottedial-a-ride.com/>

Resource from the Government of NB

[Out of Province Hostel Facilities & Meal Allowance \(gnb.ca\)](#)

SeamlessMD

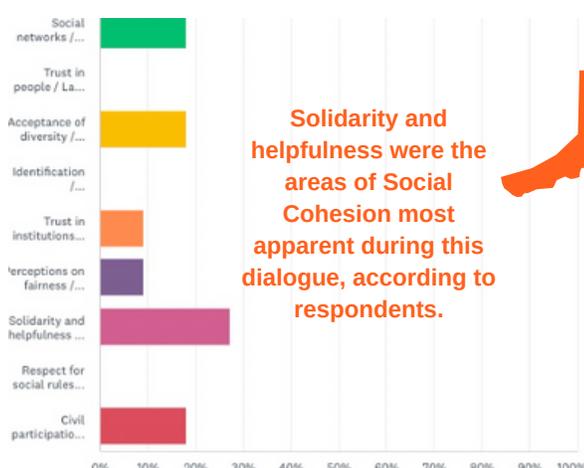
[SeamlessMD: Engage, Monitor and Optimize Patients For Better Outcomes](#)

AUDIENCE PROFILE

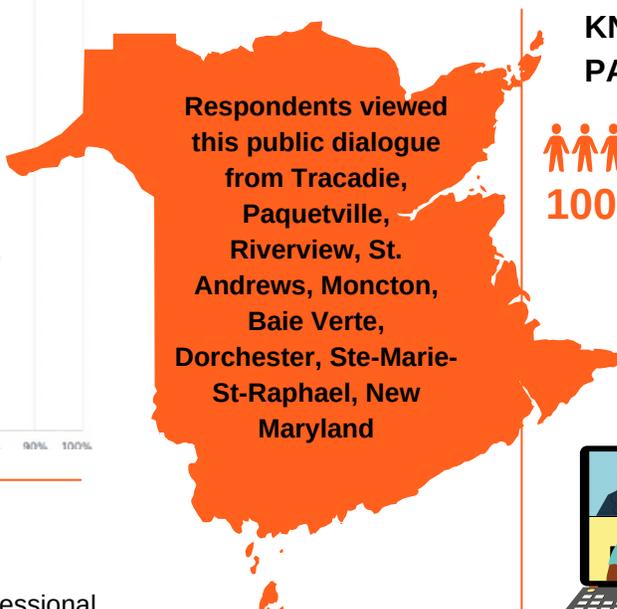
Your voice matters...

After the public dialogue, a satisfaction survey was sent to participants.
Eleven people responded to the survey.

This public dialogue was very well received. Respondents felt that this dialogue prioritized four aspects of social cohesion, with solidarity and helpfulness at the top.



Solidarity and helpfulness were the areas of Social Cohesion most apparent during this dialogue, according to respondents.



KNOWLEDGE OF THE PANELISTS



All respondents indicated that they recognized at least one of the panelists.

NIVEAU D'ÉDUCATION



- Diploma of Professional Studies (2)
- Bachelor's degree (2)
- Masters (3)
- Doctorate (4)



64% of respondents were native French speakers, 36% were native English speakers.

HOW DID YOU HEAR ABOUT THIS PUBLIC DIALOGUE?

- Facebook: 36%
- Promotional emails: 18%
- Word of mouth: 18%
- Linkedin: 9%
- Other (Via the foundation or panelists): 19%



182 people registered

49 people on Zoom

209 people reached via Facebook live

45% of respondents were 65 years and older.

27% were between 55 and 64 years old
9% were between 45 and 54 years old
9% were between 35 and 44 years old
9% were between 25 and 34 years old

56% of respondents identify as female, 27% as male, 9% as non-binary and 9% as two-spirited.

SATISFACTION SURVEY

PROFESSIONALISM OF THE HOST



RELEVANCE OF THE PANELISTS



QUALITY OF INTERPRETATION



HOW COULD WE IMPROVE OUR PUBLIC DIALOGUES?

- There should not be one Black person speaking for all newcomers to New Brunswick - it is not fair to put the burden on one person like that.
- Panelists could be informed in more depth.
- Monthly or quarterly dialogues, with "loose" topics/agenda.
- There should be a mental health professional and a public health professional on the panel, as well as a social development specialist.

ENGAGEMENT



The majority of respondents (7) rated this dialogue as very engaging, giving a score of 4, with two giving the maximum score.

SATISFACTION RATE

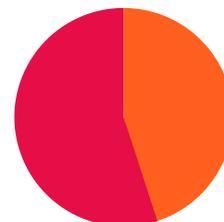


The majority of respondents very much appreciated this public dialogue: five people gave it a score of 4, and four gave it the highest score.

WHAT WERE THE MAIN LESSONS RESPONDENTS LEARNED FROM THIS DIALOGUE?

- The distances to travel for specialized care
- The willingness of various health care professionals and authorities to listen and take action.
- We have become more aware of support networks that help address the challenges of travel in different ways, for example the Acadian Association of Community Foundations.
- Transparency and readiness need to emerge more
- I think I heard that we all want the same thing - a coordinated provincial strategy to enable access to primary, secondary and tertiary health care & this requires a coordinated provincial transit system, as well as a multidisciplinary team approach.
- New initiatives are being developed and designed and there is recognition of the importance of collaboration and community in our health care system.
- There is a lot of energy being put into improving access to health care in NB, but there is still a lot to be done.
- That partnerships and community involvement is necessary in order to achieve improved access to health care.
- Data submitted by Stéphane Robichaud

HAS THIS DIALOGUE GIVEN YOU A BETTER UNDERSTANDING OF THE ISSUE OF ACCESS TO CARE?



The majority (6) responded with "a little" and the remaining people (5) with "a lot".

PROMOTION OF THIS PUBLIC DIALOGUE

1 PRESS RELEASE



- La version française a été envoyée séparément -

Moncton - Friday, October 14, 2022

Dialogue NB and the Fondation communautaire de la Péninsule Acadienne are organizing a first public dialogue on October 20.

PUBLIC DIALOGUE - Equity in health care in NB

Geographic Perspectives: How can we improve access to health care everywhere in New Brunswick?



Register now

66 million kilometers! That's how far New Brunswickers travel each year to access complex health care services, including 15 million kilometres for Acadian Peninsula residents alone. The reason for this is that access to health care services is very different and far from equitable, depending on where you live in New Brunswick. Many New Brunswickers living far from major hospitals have no choice but to travel long distances when they need to undergo major surgery, adding complicated, time-consuming and costly logistics to their suffering and that of their family or friends..

How can we improve access to health care everywhere in New Brunswick?

Sent on October 14, 2022

(one English and one French version)

Recipients:

- General public: 1483 contacts
- Media: 95 contacts

DIALOGUE NB'S NEWSLETTER

Sent September 6, 2022

(one English and one French version)

Recipients:

- General public: 1483 contacts
- Media: 95 contacts

AN OFFICIAL POSTER

A COMPREHENSIVE SOCIAL MEDIA CAMPAIGN

This campaign introduced the event, valued each panelist, thanked the hosts, and sparked engagement with a short quiz.

Posted on Facebook, Instagram, LinkedIn and Twitter



47 TWEETS POSTED LIVE

- 6 retweets
- 12 "love"



PRESS REVIEW

RADIO CANADA - ICI NOUVEAU-BRUNSWICK

Soins de santé: des millions de kilomètres parcourus chaque année au N.-B.

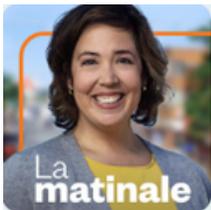
Parution: october 20, 2022

Autrice: Océane Doucet



[Read the whole article](#)
(In french)

RADIO CANADA - LA MATINALE



**Public Dialogue on Access to Health Care
(Interview with Léo-Paul Pinet)**

Broadcast: October 20, 2022 - 8:13 am

Journalist: Martine Blanchard

[Listen to the interview](#) (in french)



DIALOGUONS NOUVEAU-BRUNSWICK
LET'S TALK NEW BRUNSWICK

par/by **DIALOGUE**



**Fondation
communautaire**
DE LA PÉNINSULE ACADIENNE