

Factors explaining telehealth uptake in First Nations communities

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Background

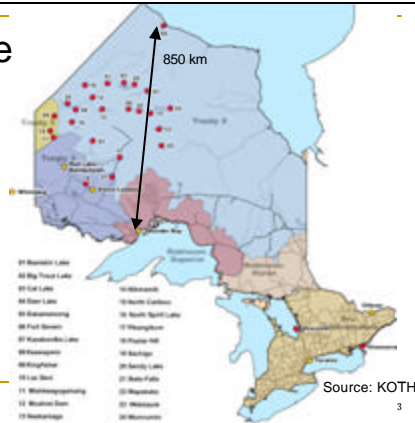
- Telehealth or telemedicine has been in NW Ontario since 1960s.
- KOTH/NORTH Network expansion project ran Sep. 2003-March 2006.
 - Built on previous projects
 - Continues to operate
- Telehealth = using telecommunications and information technologies to provide health and health education services over distance and time.

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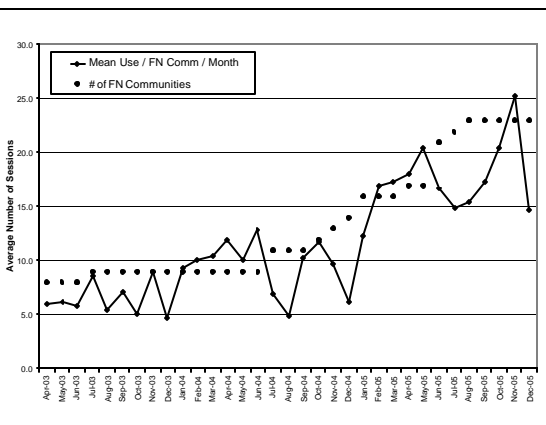
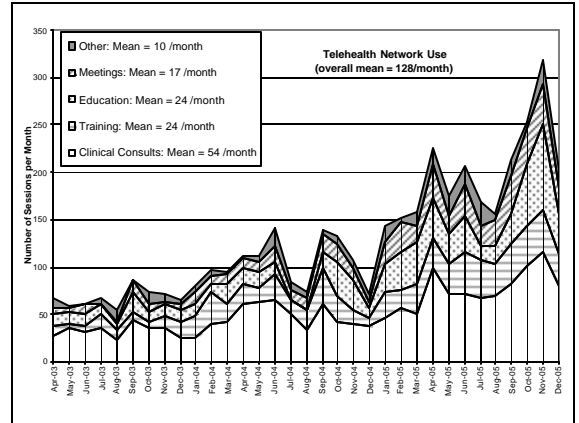
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Where and Why



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3



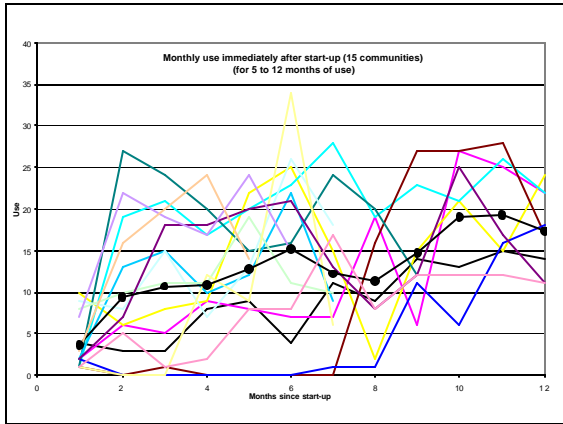
KOTH/NORTH Expansion Project

- 9 communities had service prior to expansion
 - we have start-up data for 1 community
- 15 communities started the service
 - we have start-up data for 14 of these communities
- Overall: we have start-up data for 15 communities

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What factors could predict uptake?

Uptake = use in 1st 5 months after start-up

- Project development factors
 - Stage in expansion project (early vs. late)
- Human behaviour/relationship factors
 - Relationships among and between tribal councils, communities, providers, agencies
 - Workload/stress/personal issues
- Socio-economic and demographic factors
 - Population size, percent female
 - Remoteness (distance, ease of travel)
- Health status & well-being

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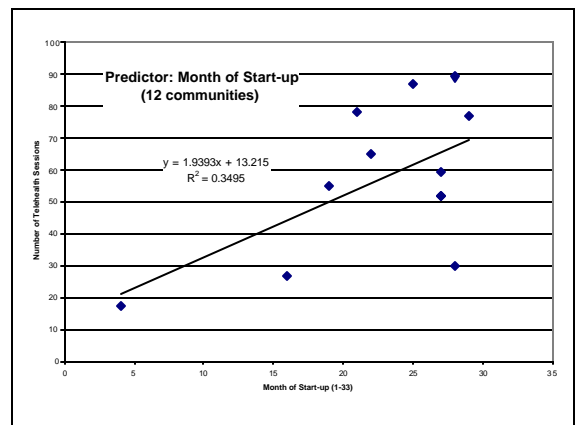
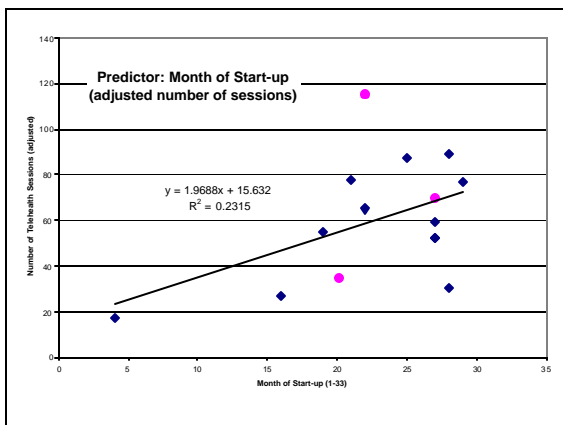
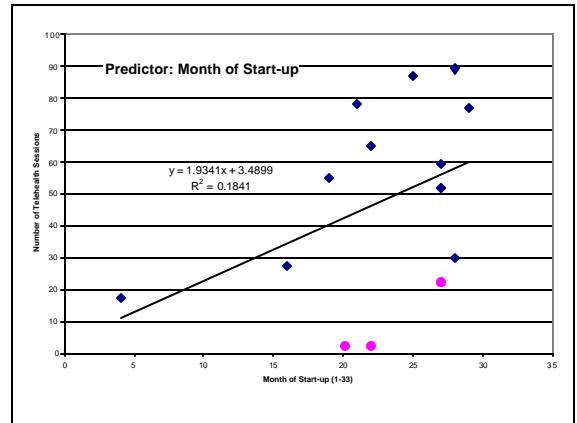
Methods

- Descriptive
 - Correlations, graphs
- Hypothesis testing
 - Univariate ANOVAs, means tests
- Model building
 - Multiple Regressions

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Results

Findings similar for:

- (1) Total, (2) Adjusted Total, & (3) Total for 12 communities
- (A) Descriptive, (B) Hypothesis testing & (C) Model building

With some exceptions

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Results Summary-1

Factor	Relationship to # sessions	Exceptions?
# of Months	Positive – moderate	Strong for 12 FNs
Remoteness	Negative – weak	--
Closer to Geraldton or Sioux Lookout?	No relationship	Higher mean use for communities closer to Geraldton Adj, 12 FN

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Results Summary-2

Factor	Relationship to # sessions	Exceptions?
% Female	Positive – very weak	<i>Negative – weak</i> Adj, 12 FNs
Population Size	Negative - weak	--

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Results Summary-3

Factors that were not good predictors:

- Tribal Council affiliation (4 groups)
- Nearest population centre
 - Thompson, MB vs. Thunder Bay, ON

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Limitations

- 15 communities (3-4 outliers)
- Unable to obtain community-level data on
 - Health status
 - Well-being
 - Health behaviour
- Interaction between/among factors not fully assessed

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Conclusions-1

- Anecdotal evidence for the importance of human and political factors
 - Attitude, workload, stress of health & social care workers in the community affected use
 - Policy issues affected use
- Are these factors predictive?

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Conclusions-2

Predictive Factors

- Month of start-up—a Program Development Factor—was the best predictor of use in the 1st 5 months
- Remoteness Factors were weak predictors
- Demographic Factors (population size, % female) were weak predictors

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19

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20

Thank you

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