

EXECUTIVE SUMMARY

“IT’S GOOD ONCE YOU GET THERE:” YOUNG RURAL WOMEN’S EXPERIENCES WITH ACCESSING SPECIALIZED HEALTH CARE

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with

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BACKGROUND

For some young rural Nova Scotian women, access to health care provided by specialized physicians and other specialized health professionals (eg., physiotherapists, dieticians and psychologists) carries with it a variety of challenges. For example, some women must arrange childcare and transportation in order to access specialized care which can be quite challenging. This research study used one-on-one interviews to explore the supports and challenges young rural women experienced when accessing specialized health care.

RESEARCH QUESTION

What are the experiences of young rural women who access specialized health care for themselves and/or their families?

PARTICIPANTS

- 10 women ages 21-37
- Residents of the south shore of Nova Scotia who have accessed specialized health care within the last year



If you have any questions or comments, or for more information on this study, please contact Jessie Sheppard at jesshepp@dal.ca.

RESEARCH FINDINGS

Challenges

Participants experienced a number of challenges associated with accessing specialized health care

Health care system challenges

Some of the challenges women experienced were related to the health care system. These included challenges with wait times and health insurance coverage.

- Participants experienced long wait times between being referred to a specialist and actually seeing that specialist
- Women talked about needing additional coverage for pharmaceuticals or to access alternative health care practitioners to alleviate symptoms while they waited to access specialized care. The financial cost of additional insurance was a challenge for some women.

I It's always such a huge deductible to pay that it comes down to the same thing in the end anyways



Challenges of rural living

Other challenges participants experienced were related to the physical and social aspects of rural living.

- Participants talked about the challenges of having to travel to access specialized care

I seen [the dietician] and I had it scheduled to go to the city, but I had no way there...I need a new car...to travel. So I never did make it. You know, it's to come up with the time, and car and money and so financially, right?

- Many participants noted that there was a lack of local specialized health care resources, including not enough specialized personnel
- Participants expressed concern that living in a small town meant that others might find out they were accessing specialized health care. This was particularly evident among women who accessed reproductive and mental health care

It sucks in small towns, there's definitely a stigma, like, I don't tell people I have [mental health disorder], I'd rather them know anything else about me

Negotiating Access

Despite the challenges women faced to accessing specialized health care, they found ways to negotiate this access

Supports

- Women got support for accessing specialized health care from *friends and family*, who helped by providing transportation and childcare
- Some women reported that they got support from *health care providers*
- Participants also talked about “knowing someone” who helped them by increasing their awareness of local health resources



The south shore, somebody knew somebody who knew somebody who'd been to the new doctor in the city, so she...said I wanna go see this [new doctor] and she went to see him

Accessing “the next best thing”

Women talked about accessing “the next best thing,” or local health care resources that were more readily available and accessible than specialized health care services. Accessing “the next best thing” helped alleviate women’s symptoms while they waited to access specialized care and provided additional care once they had obtained this access. “The next best thing” included alternative health care providers, nurse practitioners, support groups and others.

Taking responsibility

- Many women *took responsibility for their own specialized health care access* by calling to confirm appointments, accessing additional resources and obtaining information on their health concerns

I'm getting involved with the computer too, and getting a lot of stuff off the internet...if I can't get the specialized health...that I need for us, I'll do it on my own.

Effects on Health

Positive

- Many women felt *relieved* that they were able to access specialized health care

Negative

- Women also reported negative effects of their experiences with accessing specialized health care. These were primarily related to health *conditions that worsened* while women waited to access care and to *stress* including family stress associated with worsening health conditions, the stress of making arrangements to access specialized care, and the time commitment involved for women helping others access care

You're waiting to see people, you don't know what outcomes are...it's stress and anxiety, then that'll lead to other things, then you start to not sleep as well...

IMPLICATIONS OF THE FINDINGS

- *Women’s experiences with accessing specialized health care happened across a time continuum, including not only their interface with the health care provider, but also their experiences before and after this interface.*
- Challenges women experienced with the health care system identify a need to *redefine “access”* to specialized health care, including patients’ experiences before and after accessing care. For example, women incurred financial costs both before and after accessing specialized health care, including those associated with traveling to access this care and purchasing medications that are not covered under the provincial health care system. *If we redefine “access” to health care to include experiences before and after the patient-doctor interface, we must acknowledge that accessing specialized health care for young rural women is not always “free.”*

There is very little research exploring patients’ experiences of wait times. When we redefine “access” to specialized health care to include women’s experiences before seeing a practitioner, we realize that *some women navigate through the health care system and even seek support outside the system* in the form of “the next best thing” to deal with wait times.

- Young rural women were *active agents* in negotiating access to specialized health care. *Economic resources, social supports and knowledge enabled this negotiation.*

What comes next?

BUILDING SUPPORTS

Many young rural women may have a network of supports for accessing specialized health care already in place. Health professionals may be able to build on these supports by making “the next best thing” accessible to a wider population, or by targeting health literacy initiatives towards young rural women and their support networks, for example.

Negotiating access to specialized health care was a lot of work for participants. This work included arranging childcare, transportation and time off work to enable access to specialized care. We know that young women already carry the burden of unpaid caregiving in many households. This research indicates that having to access specialized care may be additionally burdensome and stressful for women, and emphasizes the need to build supports to help women access specialized care.

