

## **Q1. What does acceptable access to primary health care services look like to you?**

- Use video/teleconferencing in rural areas.
- Distance and travel for appointments should be taken into account when scheduling appointments.
- Health Line is convenient to use and should be advertised more.
- Addition of 911 services.
- Chronic and acute care needs are not been met; more beds are needed.
- Adult day care (for seniors) needs to be available.
- Wait times are reduced.
- Communications are improved.
- Having a health care provider in the area (doctor).
- Having access and awareness of the Health Line and Telehealth.
- Access to birthing centers and surgery – this does not necessarily mean having facilities in community. Could have visiting doctors who travel to communities. Additional supports to individuals who require travel (re: cost of travel and accommodation).
- La Scie has no Doctor – one clinic per week is not enough.
- Adequate number of ambulance drivers is needed.
- Regular access to a dentist (3 days per week is not enough).
- Baby delivery – travelling out of the community, especially in the winter, is difficult and costly.
- Need more paramedics in the community (they are often 40 min away).
- Plows are off the road at 9pm. Roads are not maintained. This is also unsafe for ambulance drivers. More preventative care, how do we engage the population to be more involved in their own care and get people out of the emergency room.
- Physicians should have their clinics open at more convenient hours. Currently they are only open during regular working hours and this can be difficult for working citizens who have to take time off work to see doctors. Doctors should have more convenient hours.
- It's hard to engage members of the public to take a proactive approach to their own health.
- Within Baie Verte there are not a whole lot of issues with access to primary health care, there are a lot of services provided for such a small community, physio, doctors. Very fortunate for such as small community.
- Having to go out of town for such services as mammograms is an issue as there is quite a distance to travel for these appointments (Grand-Falls or Corner Brook). This can be very challenging for working women.

- There is a need to get people to focus more on staying well, then resources would go further.
- Need to work harder on getting citizens engaged – a lot of people don't realize they have a chronic disease.
- Telehealth could be used much more. This is contingent on the provider participation and proactively letting the patient know this is an option for them.
- Need more coordination of service delivery. This causes extra expense and lost time of work. Not everyone has their own mode of transportation so they are dependent on others.
- Access to mental health and addictions services is only four hours per week when a doctor travels to the town. Weather impacts this time. When urgent situations occur there is no one available to assist. Services provided are very defined and don't cover a broad spectrum of mental health disorders, there is a defined criteria on who can access the services. People are not willing reaching out because of the stigma attached. Furthermore, health care providers may know of an individual in need of help but cannot identify them because of the Privacy Act.
- Ambulance services are very difficult to access. Baie Verte shares ambulance services between Springdale and Green Bay. A lot of services are shared with Green Bay which means access to service can be an issue.

## **Q2. What kind of supports/services do you need to help you stay healthy?**

- Greater awareness of programs.
- Must educate the public how to stay healthy at an early age.
- Mental illness has to be seen as a health issue.
- Greater collaboration between health care and education.
- Patients need to access their own health records readily, they should be electronic.
- Provide electronic notification of reminders for shots or other health care needs.
- Present appointment systems needs to be upgraded, made electronic.
- Doctor needs to be up to date on wellness program available in community.
- Grant application and its administration needs to be easier/shorter. Recreation programs – government support is needed for this (funding).
- Government subsidies for gym facilities in communities.
- Every town with a population over 500 should have a government paid recreation director.
- Make use of existing infrastructure. There is a fabulous new school in the community (Baie Verte) with a nice gym, but it is not accessible year round.
- Walking trails are great, but these need to be maintained.
- Pool facilities.

- Regional recreation directors needed (not necessarily needed for every community).
- Cost of food (fresh fruit and veggies) is too high.
- Seniors wellness programs are important.
- Walking trails need to be improved, more access to gyms.
- Tax incentives for adult wellness.
- Fresh fruit availability and cost associated is an issue within rural communities.
- Shouldn't have to pay a school to access the gym for exercise.
- There should be a school board wide policy that school gyms should be available for free for adult physical activity such as volleyball leagues. Administrator views should not be allowed to interfere with this policy.

### **Q3. What do you think needs to change in primary health care?**

- Costs of other services.
- Lack of communication between health care providers.
- Reviewing the income thresholds for medical services.
- Some primary health care services are not available e.g., mental health.
- Referral times for specialists taking too long.
- Ambulance services should be free.
- CPR training.
- Defibrillator should be available in every community. More beds for old folks in the hospital (long term care). People are left with nowhere to go. Sometimes they are forced to go to another community where they have no family support.
- Better recruitment of doctors.
- Inappropriate use of emergency departments (people going to emergency to have prescriptions filled and late hours – this requires doctors to come in late at night for non-emergency situations and may decrease their job satisfaction/desire to stay in a community).
- Inappropriate use of ambulance services.
- Patients being asked if they need to see a doctor (this leaves patients feeling bad or questioning their need to access this service).
- Not enough people doing home care in the area.
- Pressure for more and more people to leave the community because of lack of services (for seniors).
- Lack of communication between family doctor and specialist.
- Need regular access to dental care (five days per week).
- Payment model for physicians needs to be re-visited. The fee for service model means the more people a doctor sees the more income they make. Doctors need to spend more time with a patient to ensure they receive appropriate care rather than

the “in and out” way it’s done currently. Spend more time with the patient to determine what other providers they should be seeing e.g. dieticians, physiotherapists etc.

- Patient navigators – perhaps there should be health care patient navigators similar to the cancer patient navigators.
- For some people it’s not that easy to navigate the health care system. It can be very difficult for those with limited education.
- People find it difficult to pay for other health care providers such as physiotherapist, perhaps this should be covered under MCP same as physicians.
- It would be nice to have an after-hours emergency clinic – all comes back to the payment model. Haven’t embraced technology to its full potential. Dietician only available in the community three days every two weeks.

#### **Q4. In what ways does primary health care work for you?**

- Consistency of Health Care Providers, they have been in the area for a while.
- Physiotherapist available.
- Ultrasound, lab and x-ray service in facilities.
- Community clinic non-stop services.
- Having a 24/7 hospital in the community.
- Regionally sharing the ambulance service.
- Community access committee – working to address health concerns.
- Having doctors in the community.
- Life Unlimited program.
- Tele-health services.
- Health Line.
- Pharmacists being able to give flu shots is a step in the right direction. There needs to be good partnerships between other health care providers and pharmacists in order for this to work well.
- Rural sites need to be consulted more because they do not have the same services and access.
- Stability of physicians is very good within this community
- Recent development of the community advisory committees for primary health care has been very positively received.

#### **Q5. Is there anything else you would like to add to today’s discussions on primary health care?**

- Lack of homecare/ alternative care education.

- No co-ordination of present homecare community base services.
- Education of chronic diseases, Internet and cell phone accessibility in community is extremely important – this needs improvement.
- More awareness of Telehealth (cost and travel savings on patients).
- More Health Line awareness.
- We are failing if our health is the poorest in the country.
- Reducing the stigma of mental health is important (there is some good work happening in this area at the moment).
- New addictions centre in Grand Falls is good.
- Hospital clothing – should have a distinct colour for nurses (can't distinguish them from the custodians).
- More road maintenance is needed.
- Need access to doctors and nurse practitioners.
- We have not talked about the social determinants of health e.g., income. In order to gain in depth insight in Primary Health Care we need to look at population health and not focus so much on the provider aspect.
- Need to continue to get people at a young age. The more we cut back on health care more limited providers will be to provide services.
- Spending money in rural communities but not enough people, leads to an inefficient use of resources. On the positive note, the establishment of the community advisory committee will make a huge difference in the community. Representatives from various disciplines are represented on the committee e.g. justice, clergy, mental health and addictions.
- Gaps in government funded programs – family resource centers are funded but no public funding for seniors programs and these programs are largely dependent on volunteers.