

Regional Health Forum Clarendville

1. What does acceptable access to primary health care services look like to you?

- Distance you have to travel to see a specialist, making appointments getting to St. John's-respiratory, dermatologist
- There are specialists who come through Clarendville.
- Driving to St. John's is an issue.
- Access is an issue. Unable as a current client to see specialist who comes through,
- Maybe it should be a protocol of the RHA not a choice of the doctor how often they leave St. John's and who they see where and when.
- Recruitment is a problem.
- For people outside of St. John's, there should be more thought given to appointment times in St. John's. Travel has to be a consideration, stressful for clients.
- Better coordination, posted wait times about where they can go
- Every citizen regardless of age and education level should have equal access
- Some people scared of system, don't know the questions to ask.
- If you can prevent it, cost is less.
- Did living well with chronic disease program, the right information to manage chronic disease. Program provides good education.
- People have to be aware of programs and encouraged to participate. Awareness is key.
- People don't know what services are available. Even EH employees are not aware of all available programs.
- All services cannot be available in every community with such a small population dispersed over a large geographic area.
- Some services are not available in Clarendville; there is only one nurse practitioner here.
- More nurse practitioners would improve access to primary health care.
- There is a significant salary difference between what doctors make and what other health care providers make.
- People who access health care services should have to pay a fee to deter overuse/abuse of the system. Some users are unnecessarily clogging up the system.
- It shouldn't take so long to get an appointment with a family doctor.
- Many people lack adequate knowledge of how to shop for and prepare healthy food.
- Every child should be taught basics about finance, nutrition and cooking.
- There is a significant correlation between diet and diabetes. Access to nutritionists is important.
- New mothers need to be educated on healthy eating so that parents can be educated from the start of the child's life.

- We should encourage people with chronic conditions (such as dialysis) to help educate students in schools about the importance of healthy eating and physical activity.
- I don't need to see a physician every month – I'd like to see a system I could avail of when I need it.
- I shouldn't have to go regularly just to keep my name on a list.
- What happens when the doctor you've been seeing is no longer available.
- Some people who can't access their family doctor access ER instead.
- It would be helpful to have some sort of assessment when you call your family doctor – triage to determine time until your appointment.
- When I call my doctor, I'm sick.
- There was a woman who was told 5 weeks for her GP – she went to ER and was seen in a number of hours.
- Some appointments are brief – in and out. Triage these differently.
- Having a phone assessment would be helpful – it may keep people from having to access their doctor.
- An appointment within 48 hours would be reasonable – especially if symptoms are worsening.
- Sometimes a person with a chronic disease may need to see a care provider with little or no notice – sometimes you need to be seen right away and that option should be available.
- Sometimes people feel their only option is ER.
- After hours availability of a doctor (not necessarily your regular family doctor) should be considered.
- 60 minutes is long enough to wait in ER.
- If it's after 5 on Friday, you have to wait.
- Lack of transportation causes a barrier to access.
- People aren't always aware of what's even available – hard to figure out who has what sometimes.

2. What kind of supports/ services do you need to help you stay healthy?

- Mental health services
- I don't think we have any services.
- One doctor would not see anyone over 60.
- Cost is an issue. How expensive is it to join programs.
- There are resources but you have to be able to afford them. Gyms are expensive.
- Affordable options for a healthy life.
- There is no public swimming pool.
- Town Council needs to bring things to community. Educate people.
- Need public swimming pool.

- Number of youth suffering from addictions that cannot access healthy living, housing. Same applies to seniors.
- Rent in the area is phenomenal.
- Communication is needed.
- Province and towns should tap into churches. Willing group of people that are underutilized.
- Churches have low attendance rates so it is not answer for everything.
- 50 plus clubs
- Socializing and mental health are 2 different things.
- Communication, awareness, beds are important.
- Churches can help with communicate.
- Hard to reach people not able to speak for themselves.
- Seniors with no family are crucified.
- Have a walking club. We are doing 24 laps around event centre. Start in the Fall and build up through the Winter.
- There should be exercise programs and facilities suitable for women and/or persons with chronic conditions.
- Primary care providers should talk to each other about people's care to develop treatment plans; these providers need to communicate better with each other to help keep people well.
- In this community, we need a public (not private) swimming pool. This allows for low impact exercise. The only pool in town is a private business with inconvenient hours.
- We need to have a sports day or conference that encompasses sports and activities other than just hockey. We also need to emphasize swimming, cycling, running, cross country skiing, and snowshoeing.
- There is a lot of traffic and I no longer feel comfortable walking along the road.
- We need sidewalks to help give people an opportunity to walk places.
- We need to educate people about the services in place in their communities that can help them get exercise.
- People without health insurance cannot access many health care providers, such as physiotherapists.
- Staying healthy requires a plan and people need supports to develop such a plan. Primary health care providers should play a role in this planning.
- Many people do not eat well or exercise and develop chronic conditions, although some develop them through no fault of their own.
- Wait times to see some specialists is too long, which makes it difficult to be physically active when recovering from an injury.
- Confidence in your health care provider.
- If you don't feel comfortable, maybe they're the only option.
- Access to dietitians and exercise groups .
- Why can't I go down to community health and speak to a dietitian instead of waiting 5 weeks to see a doctor and then another 4 months to see a dietitian.

- Because I don't have diabetes, I'm not a priority – what about prevention?
- You shouldn't have to go through a physician to access preventative support.
- Communities should have an environment that offers education on various topics versus having to make appointments and see your doctor.
- Why do you need a doctor's referral to see a dietitian?
- People don't know what you need a referral for.
- Public health should do more of the community education piece in the name of prevention.
- Some programs are too expensive.
- You need the right person at the right time.
- How a community is built impacts people's health.
- Dirt road is hard to navigate in a wheelchair – many buildings are older and aren't accessible.
- There are minimal requirements at the provincial level for buildings to retrofit for accessibility – there should be more bylaws at the community level.
- It's easier, especially for seniors, when care providers make referrals and connections with other care providers – helping people navigate the system.
- Many people don't know how to access services.
- Some provinces offer a 211 service – why not have that here?
- That 211 could be cost-shared by the province and individual communities.
- Technology is foreign to many older adults.

3. What do you think needs to change in primary health care? In what ways does primary health care work well for you?

- Struggling with dementia. We fail people with dementia. They end up in acute care beds. We need more beds and better dementia care. By 65, 1 in 10 will suffer from cognitive impairment.
- I've been working on this since '91. We know stats but are doing nothing about it. Where will these people go.
- Not enough beds. Not adequate to take care of the need. Can't use acute care
- Shouldn't send people away from family members. Govt has to start looking at what is taking up acute care beds.
- 10-15 beds blocked at GB Cross by people who need beds. Used to be higher.
- Beds available but 2 hours away. I go in to help nursing staff. That takes toll on me.
- Govt must provide more level 3 facilities.
- Someone in ICU for 2 years.
- System is not operating in a collaborative way. Coordination and collaboration is needed in system.
- Chronic condition people will need facilities. Gov't needs to build the proper number of beds to meet needs of population. Need the proper numbers in place.

- We are not taking care of ourselves.
- Deal with the problem today.
- Some doctors need to stop giving so many prescriptions, especially for pain when the underlying problem is not known. This happens especially with seniors.
- Overuse of prescription drugs causes health problems for people who are on too many medications.
- Some doctors like when their patients challenge them on why they are being prescribed given medications and encourage their patients to try other, non-medication interventions.
- Some clinics are offering evening hours, which makes it easier for some people to access services. However, they do not offer services at times they should such as on Friday afternoons.
- Wait times at the emergency departments are too long.
- People should have to pay a fee to use services such as emergency departments.
- Some services are not available to people, like seniors groups.
- People need more opportunities to improve their mental well-being, including access to social activities.
- We need to establish wellness forums that would help inform residents of the services available to them.
- Primary care physicians in clinic settings or in emergency departments need to have more time to be able to have a dialogue with patients to help connect them to the supports available to them in the community.
- Some people need someone to help them navigate the system.
- Seniors groups are good but rely on volunteers. They are very good groups but will have sustainability challenges.
- Schools sometimes bring in primary health care providers to talk about various issues (such as oral health, sexual health, and so forth).
- Sometimes it needs to be fixed even when it isn't broken – times and needs change.
- Need to focus on schools and health and wellness at that level – health promotion.
- Prevent chronic diseases earlier in life through education.
- More providers should be community-based versus in hospital or clinic.
- More coordination among wellness and primary health care at the community level
- Food security – how to achieve that.
- Aging in place should be a focus – moving seniors around is not ideal.
- Integrated approach so discussion can happen at the community level.
- More people need to realize they are part of their own health care and wellbeing.
- Lifestyle education pays off through reduced health care costs later.
- We seem to be getting smarter in terms of our own well being.
- Having a flu shot at pharmacies increases uptake.
- The same service should be available from pharmacists for travel, B12, etc.

- i.e. adult dental program is not working – there was no consultation in 2012 – it wasn't well promoted or explained. People who need the service are not getting the service.
- instead of giving away free dental services, assess people for what they can afford.
- Public needs to be aware of self-help programs that are available.
- Emergency rooms are doing well, but there are not enough walk-in clinics and Nursing Practitioners.
- The Mental Health Act is not working; making changes to it the needs to be a priority.
- A true assessment of where the money is spent in health care needs to be completed.
- Dementia care needs to improve; there is no level III facility in this area to accommodate dementia patients; the nearest facility is two hours away; acute care beds are being misused.

4. Is there anything else you would like to add to today's discussions on primary health care?

- It can be difficult for persons to obtain sick notes from physicians, which can impact their sick leave at work.
- Some physicians will only allow a person to express one problem per visit, likely due to the fee for service way that physicians are paid.
- Some people need to be able to discuss multiple matters with their physicians at the same time.
- In Ontario, they offer programs, especially to seniors, to help prevent falls and injuries caused by falls. These are sometimes arranged by nurse practitioners.
- A team approach to delivery primary health care services is necessary.
- Walk-in clinics are needed to help keep people from the emergency departments.
- Extended hours are needed for various primary health care providers.
- The needs of communities will vary from one community to the next so the system needs to recognize those differences.
- Wheelchair access needs to be improved in malls and public places. In some places, they have ramps but no means for a mobility challenged person to open the door.
- Sidewalks are needed to enhance wellness.
- We need to evaluate the programs we have to make sure they are working correctly.
- Some seniors end up where they shouldn't end up – i.e. due to lack of physiotherapy or other support.
- Seniors need something to help them recover – often their belongings are sold and they are moved into care while community support could have addressed the need.
- Often that follow up care is informal and inconsistent.
- Many services discussed here tonight are community-based.
- I remember community health being a big thing at one time – not as much anymore.
- It's not just about money – it's about the need for more collaboration.

- Per capita spending includes secondary and tertiary care – there needs to be more spending on prevention.
- We need to take responsibility at some point for our own health – it needs to be community-based; people looking after people.
- We're seeing healthier choices in schools now for lunches.
- Young people are smarter today – how to capitalize on that.
- Parents have a role a play instead of just letting children come home after school and watch TV or play videogames.
- Programs must be community-based and affordable for parents.
- Communities should provide as many services as possible in each community – 5 to 10 km radius versus having to drive to another community.
- Churches could be used to reach out to elderly people.
- The thoughts and opinions from this group are not representative of the general population.
- More money needs to be spent on health promotion.
- The health care budget does not allow providers with the funding to be able to see more patients.