

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

- Timely access.
- Mental health. Need set standards on how long you have to wait to see professionals.
- Wait times are too long.
- Access to a team is important, not just access to a doctor.
- Someone to answer the phone and appointments should be cancelled and handled professionally.
- Long wait times to get an appointment.
- Need the right providers in the right places at the right times.
- Health care teams need to be coordinated. Teams of health care professionals only work if the team coordinates the care of the patient.
- Access to daycare.
- Access to good physical activity.
- Access to healthy food.
- No structure on wait times from the beginning.
- Wait times in other areas of primary care.
- Using new technology to get appointments.
- Pretty lucky that we don't have to seek primary care all the time. Proactive measures such as vaccinations help. Getting in to see someone under the new system—being able to call in the same day helps for people travelling to not have to rebook.
- We have taken privacy and confidentiality too far. Health care professionals need to be able to work together, such as in case consultations, in order to provide the best care.
- Seeing a health care professional before your condition gets too serious.
- Limited access to family doctors.
- High turnover in family practitioners.
- Knowing what is available in our community.
- Using the health line is beneficial, but getting in to see a doctor here is difficult, especially when you are new.
- No help in locating a family doctor once your family doctor leaves the area. People are responsible for finding one themselves.
- Frustrated trying to find a doctor so don't go to hospital.
- Wait times are too long. Beyond that a lot can be done without seeing patients, having good access through phone and email speeds things up.
- Finding answers to questions quickly. Telehealth a great program.
- Disconnect between school and health.

- Finding ways to avoid people waiting in an office. If you have a family doctor, ability to consult over the phone or by email would help.
- Need more access to family doctors.
- Many people that go to emergency departments are not true emergencies (they need a prescription refill or a checkup for a basic health care need that could be met in another setting).
- Specialized services in rural remote locations on a needed basis.
- Right providers in the right places at the right times. Need to focus more on other providers such as regional nurses, not always having to depend on a family doctor or ER. Nurses should be able to provide more services.
- We need to enhance the utilization of health care providers other than just doctors (i.e. allied health professionals).
- Website for info on available health care services.
- Access to other health professionals is important but we need to ensure they are qualified to treat the conditions of the persons presenting to them.
- More services that can come to you.
- Knowing about what services are available. Communications.
- Right provider at community clinics is a good model to see someone more quickly. Having evening clinics is also helpful, having more community-based facilities as opposed to acute facilities. Having access at times beyond the regular hours would be beneficial.
- Timely access to services.
- Many people only go to the clinics when they are sick. They do not have access or use preventative services.
- Primary care should include other practitioners beyond family doctors.
- Current system at local hospital does not accommodate same-day appointments.
- Effectively coordinating care for people who have to travel.
- Some diagnostic tests can cause more harm than good so we need to be careful of overusing them.
- Accessibility is limited in many isolated communities.
- After hour clinics and redefining primary care. Coastal Labrador is the ideal model as there is a connection between the provider and the rest of the system and the community. There is continuity and people know each other, relationships have been formed.
- Limited access to psychologists.
- Limited access to what services and professionals are in the area.
- Better website, more user-friendly information on what services are available (i.e. Telehealth).

- Having a better relationship with the person providing the care, would save time and build better rapport.
- Accessibility is much better in some larger communities, such as in St. John's, than in some isolated communities.
- We don't spend enough money on keeping people healthy.
- Comfort and personal contact with provider. At schools (counsellors) there is a stronger relationship built that makes it more comfortable to connect to other services.
- Walk-in clinics would help solve some accessibility problems.
- After-hours access.
- Follow up info on different initiatives and how helpful they are.

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

- Supportive housing is needed (assisted living, personal care homes).
- Persons with housing accessibility issues end up in emergency rooms.
- Better food security is needed for maintaining wellness.
- Many people do not have access to good quality food because it is too expensive or not available.
- Disease prevention and health promotion and the list of professionals are not available evenings or weekends.
- Healthy food is more expensive and should be subsidized.
- More physical indoor space to be active, especially in the winter.
- No access to mammograms locally (no staff and a six month wait).
- More leadership to improve community services facilities.
- Soup kitchens can provide not only good food but also positive social interactions.
- Self-care.
- Something inside for seniors to stay active especially in the winter.
- Wellness centres, cultural events, and people encouraging that.
- In some communities, the school gym is used for persons to get exercise because of the unavailability of recreation facilities.
- Town free skating and connecting that (encouraging it) to people in the community.
- Some school gyms no longer provide access for exercise due to short staffing or insurance issues.
- Do not know what services are available after hours for mental services.
- Accessible facilities such as a wellness centre or a multi purpose centre
- As health care providers, they need to be kept informed of those opportunities to share with patients.
- Lack of public transportation prevents some people from being able to access recreation facilities and opportunities that exist.

- Call in line for suicide help or outreach programs.
- It's hard to keep up with all the activities and opportunities, health care providers need to be kept in the loop, if they knew they could promote, this needs to be provided to health care providers, perhaps a role in the hospital.
- Access to sport and leisure activities.
- Lack of insurance has caused some groups that provide wellness supports to cease operating.
- Health care providers need to take initiative to stay informed.
- It is important to house recreation facilities in one single location.
- A wellness space where primary health care practitioners can practice.
- Group sports activities for adults or seniors.
- Infrastructure.
- Department for promoting the supports and services, help people to learn this is a part of wellness (activities involved).
- A needle exchange program.
- Organized, affordable activities for low-income.
- Schools are widely dispersed but underutilized for recreational opportunities.
- New wellness centre. Gymnasium for fitness classes. Swimming pool.
- A place where seniors can go to get help with accessing computers.
- Lots of physical wellness activities out there, wishing there were greater wellness opportunities, especially around mental health.
- Travelling clinics could be used where multiple health professionals could go from community to community to introduce people to the services that are available.
- Navigators are needed to help people know what supports are available to them.
- More innovative things you can use before seeing your family doctor.
- Services have been overly professionalized. We need to go back to the basics.
- Affordable housing.
- Resources available to Nunatsiavut Government beneficiaries.
- Supports beyond physical. We need more housing and addictions options and supports. Real things that cost a lot more than physical wellness activities.
- Basic activities, such as outdoor activities, can enhance people's well-being.
- Education to what resources or activities are available.
- Lactation consultant.
- Basic needs have to be met. Major housing issues.
- Doctors used to make house calls. If you're stuck at home, you cannot access services.
- Role models in different areas.

- YMCA that provides multiple services that help people to feel well. Financial help for example, rehab services, government funded space that could provide the programs.
- A clearing house for supportive services to the community (mental AND physical well-being).
- Communication from municipality on services.
- Mental wellness is also very important. We need supports for mental well-being.
- Community calendar.
- More afterschool play programs, more food lunch programs to cut back on obesity.
- Make health and wellness a greater part of the community. More people would get involved if it was outside the hospital.
- Community events can be very helpful and supportive of staying healthy.
- Affordable healthy food as compared to the junk food options.
- Government needs to change how it funds groups/events. It has become too bureaucratic and many worthwhile events cannot get funding.
- Employers taking initiatives to encourage staff to be well (cooking classes, exercise classes, events, etc.) that could add to the work environment.
- Different modes of communications. Social network, hardcopies, newspaper, tv/radio.
- Spiritual health supports should also be provided.
- Promotion of wellness for people to buy in to using supports and services.
- Ensuring the correct professionals are available (i.e. doctors may not be educated on how to handle suicide or cultural issues).
- Subsidies for remote communities actually getting to the communities.
- Health promotion materials need to be more reflective of the population.
- Health care needs to share ownership with individuals to view wellness as a shared responsibility. Shift from traditional way we deliver health to a more holistic way of looking at wellness.
- Jack of all trades social worker, service navigator social worker.
- People need to be encouraged to do basic day-to-day activities. Exercise is not all about doing yoga. It can be walking to the mailbox or cutting wood.
- Access to nutritional foods for low income. Food security.
- More walking trails.
- More daycares.
- Fitness should not be advertised with "models" but with everyday people.
- Soup kitchens.
- Increase kids eat smart programs in the schools for all ages.
- We need to ensure that health promotion is geared toward all persons being successful. We need to change to the goalpost for what constitutes success.

- We need to adjust expectations and attitudes because many people want to see only the specialists and do not want to see primary health care providers.
- Building healthy communities with walking trails, bike trails is important. The built environment needs to be constructed in a way that encourages physical activity.
- People that have challenges navigating the system and locating the supports they need should be provided with assistance to identify the services available to them. We need to reach out to people.
- We need to reach out to the people that very much need supports to stay healthy and ensure that they are connected with the services they require.
- Mentorship programs led by people who aren't health professionals can help connect vulnerable persons to the necessary supports.
- Some exercise programs can also provide positive social interactions that is good for mental health.
- We should have healthy town competitions like tidy town competitions.

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

- A holistic approach to having a doctor's appointment for however long you need it.
- We need to change attitudes and make better use of technology (such as email, Telehealth, video conferencing).
- Politics are too involved in health, breaks the consistency between provider and patient.
- Offer hours outside the 9-5.
- Quicker waiting times for all people, equally.
- Patients are comfortable with interacting with health care professionals via email/phone/Telehealth/video conferencing but we need to make the health care professionals comfortable with these.
- Holistic approach to health. Physical, mental, emotional.
- Fair opportunity to maintain strong patient-provider relationship.
- We need to break the silos and provide a more holistic approach to care. It is not just about physicians; other health care providers also need to be engaged and involved.
- Not having to wait 20 minutes to make an appointment. Having access to a doctor within 24-48 hours without having to go to emergency room.
- People need to recognize and acknowledge their health.
- Healthline is not working.
- Various health care providers need to come together in groups to discuss patients' issues to keep the patient from having the same conversation over and over again.
- Personalities of frontline staff needs to improve willingness to help.
- Empower nurses to assist the patient rather than relying on doctors.

- Nurse practitioners are just as qualified as many physicians. We need to expand the use of these professionals.
- Navigating the hospital is confusing.
- Data base to see if improvements are happening throughout the system.
- Pharmacists being able to administer flu shots, but they have to pay, so it should be free at all places.
- We need to involve family and friends in people's care to provide supports.
- If you are offering a free service at a health agency, it should be free to the community body administering it as well.
- Good palliative care services as well as in their home.
- Stop selling or ban processed foods at local activity groups (i.e. arenas).
- Primary care reform needs strong funding in order to achieve some change and success.
- Phone system (using women's health for the example) could be better enhanced to save time having to go to the hospital.
- Better more wrapped around home care services.
- After hour services and more walk-in clinics.
- Funding model used to remunerate physicians needs to be looked at.
- Government to offer incentives to arenas to provide healthy foods.
- Vaccinations could be an easier process to avoid having to consult with so many health providers to be serviced.
- Salaried physicians are a big benefit because it helps get them on teams with other health care professionals.
- Knowing what services are available in your community and how to access them.
- Avoid having to see multiple providers to get one service.
- Flexibility within provincial strategies.
- Less processed foods in the schools.
- Health care providers need to be able to share files of patients so everyone is on the same page and this saves time and gives all providers the same info to provide the right service.
- Preventive services should be easier to access.
- The healthline just sends people to the emergency department.
- People that tried the healthline were told they would get a call back rather than provided with advice.
- Electronic services need to be expanded and patient needs to feel that info is going to be included into their files to help when they have to go to their provider.
- Better services that meet the needs of the community (i.e. a community health line instead of a provincial health line).

- Shared information from electronic and other services that come back to patients files, data shared to all providers involved to see if success is happening.
- Mental health and addictions issues need to be treated in a way that recognizes their specific needs.
- Emergency wait times.
- Info compiled for other services, such as breast exams, not having to go to a doctor to get an exam referral.
- More emphasis on mental health.
- All health authorities should be using the same systems, if one authority has a system that's working well, why aren't we all using it.
- Persons with addictions issues are not taken seriously by health care professionals who may have a history with the patient. Persons with ulcers can be told to just stop drinking.
- Recall of annual exams that are put into a doctor's order of a patient file. They shouldn't have to go back to the doctor every time, it should be streamlined to save time of providers and patients.
- Nurse practitioners often stay longer in a given community and develop relationships with members of the community.
- More nurse practitioners.
- Initiatives that work well should be used in other sectors of primary health care.
- Makes more sense to have a drop-in for the flu shot and blood pressure checks, instead of booking an appointment.
- Retention of professionals.
- Patients getting follow-up communication to keep things on track.
- Move money from acute care and emergency departments and enhance primary health care services.
- More coverage for dental care.
- Educating locals to health care professionals.
- Wait times are too long for emergency departments.
- We need to retain our primary health care providers by finding out why they are leaving.
- Consistency with doctors.
- Multi-disciplinary travelling teams of professionals.
- The business of making appointments needs to be improved, especially in the hospital.
- Culturally specific care. Many immigrants in Canada, many different needs based on cultural backgrounds.
- Increase number of school counsellors as they provide primary health care regarding mental health increasing and increasing in scope, particularly due to cuts and

waitlists in health care. Current ratio is 1 to 500 and is not based on need, solely on population.

- Affordable home modification for illness/disability.

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

- Friendly staff, good obstetrics.
- Great local staff, nurses.
- End-of-life services are well done.
- Access to long-term care.
- More patient centric care as opposed to doctors telling you what to do.
- Lots of respect for elders in Labrador which helps implement services.
- The hospital is nice, lots of light.
- Physicians and specialists doing tests allow family or advocates to attend tests and this is very positive.
- In touch with cultural issues at the hospital and long-term care facilities.
- Continuity of some physicians has been good in some areas. This lets them get to know the community.
- All health services are located in one building.
- Long-term professionals in town who are completely committed to the region.
- Spiritual and mental wellness is incorporated in the hospital.
- Great services in speech language pathology.
- Land-based program is working very well. This provides people with a connection with the land.
- Pharmacy services are great in the community.
- Medical education is expanding and more rural care is happening in Newfoundland and Labrador, especially in rural areas of Labrador.
- Healthline is really beneficial for me and my family.
- Healthline gives me real info as opposed to online researching.
- Basic programs such as the land-based program (teaching people to hunt, fish, etc.) helps people reconnect with their heritage.
- We have been doing a good job of recruiting health care professionals.
- The staff in place are all excellent, local people, well-trained, long-term employees, strong relationships with patients and community.
- Health care is not underserved in the Upper Lake Melville area with the exception of specialists.
- New youth early intervention worker position has been very helpful in school system for this area, building a great relationship with students to let them connect to mental health and other services more quickly and support has been phenomenal.

- Many people want to come to Labrador due to strong orientations for health care professionals.
- Health promotion "the better project" worked well.
- We do a good job attracting health care professionals to some areas but have trouble keeping them.
- Having guaranteed days a week where certain providers are coming to a community space.
- Personable care.
- Internally there is a consistent "boss" for everyone, this makes it easier for the health provider.
- Continuing education programs locally at the college.
- Recruitment for health professionals is made difficult not by a salary disparity with other jurisdictions but due to lack of daycare spaces.
- Good orientation to the community by local health care professionals to encourage retention and recruitment.
- Subsidized daycare helps attract and retain health professionals.
- Welcoming community to health care professionals.
- Long history here of working together.
- Nurses are an asset, coastal care is really good by the nurses.
- Continuing to increase the different services available at the hospital.
- Meditech system is good.
- Offering a Bachelor of Social Work and nursing programs in Labrador helps build capacity locally.
- Submitted information is shared between authorities.
- Use of remote technology in areas where there is no access to physicians.
- Ambulance services being centralized is great.
- Home support piece is a good direction. The longer we can keep people at home the better.
- LPN program now offered at the college in Happy Valley-Goose Bay will help with the labour supply.
- 911 going through the province is a great idea.
- There needs to be an electronic medical records/patient portal.
- Same day appointments are working well.
- Cervical screening is a provincial initiative which is great, standardization is a good direction.
- Sponsorship of persons from a given community to complete education in primary health care professions helps attract and retain professionals to isolated areas.
- Telehealth opportunities helps keep many services accessible to persons in remote locations.

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

- It's problematic that positions get moved around when national issues come up (Ebola as an example). It should be looked at realistically in a smaller population that is more isolated and not likely to have these issues. Here in Happy Valley-Goose Bay, many providers were assigned to Ebola prevention/treatment which was unnecessary and took doctors/providers out of roles where they were needed more, causing longer waits/delays for patients.
- Concerns about home support care personnel.
- Do you have a choice between a nurse practitioner and a medical doctor?
- MRSA is a big issue across the system. We need to do better with sanitization, hand washing.
- High number of suicides across Labrador. More work in monitoring mental health, collaborative approach across all health care and Aboriginal groups.
- Office management (primary care) needs to be considered. Scope of practice leaves nurses performing administrative tasks. There needs to be some streamlining of services and adequate admin support to do so. Things would be easier if the extra support existed, such as people to answer the phone and let the providers focus on the patient.
- We have a great electronic filing system now that saves time.
- Sometimes people do not need antibiotics so they should not be overprescribed.
- A lot of work done in silos. Need more communication between different groups.
- A lot of time is lost in faxing and doing admin duties. There should be staff to do that to let provider work with the patient and help connect to services needed directly for patient.
- More education in schools about health care professions.
- Hand washing in hospitals and health care settings needs to continue to be improved, before and after interactions between health care professionals and patients.
- There needs to be adequate support to manage the increased capacity within primary care services (human resources challenges).
- Health care education day.
- Recruitment and retention of staff is huge.
- Union issues that arise can complicate the process.
- More funding for mental health.
- Barriers to service delivery.
- MRSA is starting to present in daycares.

- We need to be careful not to wash too much. This is reducing natural defenses against germs and infections.
- More funding for preventive services.
- Time-saving measures that keep all providers on the same page of the patient.
- Overuse of antibiotics causes elimination of good bacteria in addition to harmful bacteria.
- Having a doctor that can understand your dialect and having good matches for patients (doctors understanding patients and vice versa) is important.
- Natural medicines can be used to treat many conditions and these should be given greater consideration.
- It's important that language barriers are addressed.
- When you have to fly out for services there needs to be better coordination of services, better support services.
- How cut backs and changes in health are affecting services outside. For example, school counsellors are forced to take on a much larger almost entirely mental health care role living little or no time for their other roles.