

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

- When a community loses a doctor people have to travel away from home community for services.
- Government should discuss options with people in the community.
- Need to look at how doctors are recruited.
- Need to study why Memorial graduates are not coming to rural communities.
- Consistency of care is important.
- Sometimes there is no access to care.
- Problem is bursaries. People graduate and pay back money rather than working to fulfill their commitment.
- Need to look at nurse practitioner bursary programs. They seem to work better than doctor bursaries.
- Pharmacists should have an increased role. We are clogging up doctors for routine things that other health professionals could do.
- Nurse practitioners would do just as well as doctors for most things.
- Seems like nurse practitioners in other provinces can do more than they can do here.
- We need more nurse practitioners.
- Wait times are too long both in emergency departments and physician offices.
- People are waiting five weeks for an appointment to get important test results, like biopsies.
- Prescriptions should be written for longer periods of time. Waste of time to go back to doctor for prescriptions people have been on for many years.
- Receptionists ask why you have come to see the doctor. There are signs saying only one or two things can be discussed with the doctor. Need to make multiple appointments to get all issues addressed.
- Access should be relatively local.
- Nearby access to services such as dietitians.
- Med school should recruit students from rural Newfoundland and Labrador. More likely that they will return to practice.
- Need to look at how federal insurance is used in the province.
- Old clinic system worked well.
- System works when professionals stay for a decent period of time.
- When nurse practitioner gets to know a patient, the system works well.
- Nurse practitioners are much cheaper.
- Nurses in system should be encouraged to study to be nurse practitioners. LPNs are good, but not sure if the right criteria are being used to admit people to the program.
- Coordination is a huge problem.

- Needs to be strong emphasis on decentralization to increase access and make it more affordable.
- Having timely access to services when needed. Immediately for an emergency, one to two weeks if seeking a routine check-up.
- Having good environmental and community health.
- Having good preventative care.
- People taking care and responsibility of their own health.
- Wait times for initial visitation and referral should be reasonable. The impact of long wait times has a significant effect on people and the community in terms of housing, finances, insurance, etc.
- Increased awareness of programs and services available (promotion using a variety of methods, not just online).
- Preventative treatment and education.
- Reasonable wait times.
- Support available in the waiting room for patients, checking in on people, making sure they are in the right place at the right time, that they haven't been waiting for too long.
- Advocates to assist those who are having difficulties navigating the health care system (i.e. provide support/advice to someone who has been given a long wait for an appointment).
- It is hard for people to find a family doctor. Very hard for families who need doctor for the whole family not just one person.
- Have to go to the ER to see the doctor.
- There should be care when you need it so you don't have to go to the ER or wait weeks to see a doctor.
- We need good home care services for the elderly and for those too sick to go to doctor's office.
- There should be good post-surgery care in the home.
- Home care is seriously lacking.
- Lack of home care costs the system more because you end up in hospital.
- You should not have to prove poverty to get basic homecare services.
- We need universal home care.
- More qualified personal care attendants.
- Mental health services for everyone and for youth especially.
- Too many youth are waiting for mental health services.
- Lack of mental health services for youth means that people end up getting even sicker and can't function as adults.
- Mental health and addictions should be treated together; they are often the same things.

- Many youth self-medicate.
- It is hard get services you need.
- It is too hard to find out where you can get what you need even when it is there.
- Just to book your own appointments it is hard to find out where you need to go and who pays for what.
- Ophthalmology services should be easier to access.
- More money on prevention less on reaction.
- More prevention is the key, not just services but teaching people too.
- Prevention is huge. We should be stopping and treating chronic illness in young people.
- We need to find ways to better treat mood disorders.
- We need non-drug options.
- Doctor spends no time with you just gives you drugs and says go.
- There are too many vaccines and they are hurting us. They are bad for the immune system.
- The US has 33 vaccines they give to kids and Canada is close to the same. These may be having an impact on our health and hurting our mental health too.
- The food and drug industry have way too much power over what goes into our bodies.
- Stores are filled with junk food, not real food.
- Good food costs too much.
- I can't afford good healthy food for my kids.
- Here in small communities we can't even get fresh food.
- Poverty is the biggest indicator of health. Access should START by looking at poverty.
- Poverty makes you sick.
- We need access to care when we need it, not four weeks later when the doctor can see you.
- The wait to see a doctor is much too long.
- We need to find ways to make doctors come where they are needed. Make them come and stay in rural communities.
- Doctors make enough they should have to come stay in small communities where they are needed.
- MUN should be free for doctors who will stay five years in an area where they are needed. If they don't stay they should have to pay back double.
- If doctors don't want to come where they are needed then they should go somewhere else to for medical school. MUN should only take people who will stay here in NL and go to where they are needed.
- Need to see doctors when sick, not just after you're sick.

- What good is it to go to the doctor after you are better? It is a waste of time and money.

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

- We have a mental health office here. That is good.
- YMCA is open here too. They have good wellness programs. Government should help sponsor memberships for seniors.
- Should teach internet use so people can obtain information on wellness.
- School guidance counsellors should have better connection to hospitals. School boards should teach counsellors about eating disorders and other mental health issues that affect youth.
- Real problem is secondary care not primary care.
- If there is a real emergency people get in more quickly.
- We have two seniors' hockey leagues.
- Proactive government agencies that attack the issues that cause bad health in the first place.
- The impact of boom and bust cycles needs to be addressed (addictions, environmental health).
- Community and environmental health.
- Need to break the silos between service providers. Improve communication/integration of services (greater collaboration). In our system, we see a physician, get a referral and then wait (sometimes for a long time) with nothing in between these steps.
- Referral processes need to improve. Because so many people don't have family doctors, they go to the emergency department for referrals.
- Promotion of healthy lifestyles.
- More recreation programs.
- Affordability of recreation programs (what is affordable to some, isn't for others). In some cases subsidies may be available for certain programs, but awareness of these subsidies may be low.
- Physicians should be available to everyone.
- Transportation options for people that can't access recreation, particularly for kids' afterschool programs. In many rural areas, kids live far from the school and can't walk, restricting access to afterschool programs.
- Need to address obesity and childhood obesity.
- We need more support for fitness.
- Not enough access to alternative providers.
- We need more services.

- Need access to services.
- Providers need reasonable workload.
- Doctors have too many patients.
- Everyone should be fee for service. Salaried doctors see too few people you can never get in to see them.
- We need alternatives to just pills and drugs. They are not the best answer.
- We should access to more than just doctors and nurses.
- Drug companies shouldn't be able to lobby so hard, they have way too much power.
- More than one issue per appointment with your doctor.
- Doctor should be paid for each issue (FFS) then you could talk about anything at your appointment.
- One issue per appointment is not holistic care. Care needs to be holistic not just one illness at a time.
- We need access to health food, not just corn (corn is in most of our food).
- Corn used to be used to make pigs fat, now we eat food made of it all the time and it makes us fat.
- There needs to be more support to breast feed.
- Support for breast feeding should be in the community.
- We need more education on healthy food. Not just advertising but real education.
- Diabetes counselling should be in the home and treat the whole family not just one person. Habits don't change if only one person is getting help but has to go home to whole family.
- Health should be more than just the one person, it is the whole family and the home life.
- There should be access to nutritionist's in people's homes. They should work with families to help improve their diet.
- All supports should be geared at people's homes.
- Services need to come out of offices and hospitals and be available at home.
- We need more than just access to doctors.
- We need a more holistic approach to health care. Not just one illness at a time.
- We should have wellness clinics that have all the providers and services you need in one spot (not the hospital). Doctors could rotate through and other providers could rotate through too.
- In a wellness clinic you could have a doctor a few days a week and other people like a nutritionist, diabetes educator, or physiotherapist could also come through every few days and appointments would be organized so you could see everyone you need in one day.
- We need less salaried doctors because they do not see enough people, they are not as efficient.

- Because access to AHCPs is limited it makes you sicker and costs the system more. If access didn't cost so much and the people were here for us to see then we wouldn't get as sick and would not have to see doctor or go to the hospital all the time.
- The referral process is a problem. It is no good to go to AHCP if you can't get to see doctor for a referral.
- Most doctors just give you referral to AHCP when you ask so why do we need to go see them when someone else could see them and it takes so long to get in.
- Paying doctor for referral is a waste of money.
- Many doctors don't trust AHCP or alternative medicine.

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

- More education for both doctors and the general public as to what services are available.
- More help with transportation when people have to travel for services.
- We have to focus on making service available locally rather than paying to send people to St. John's.
- Should be a means test for transportation.
- New treatments have to be put on coverage list sooner.
- Cataract surgery needs to be reviewed. MCP previously covered the costs of lenses. Now, if you want the good lens you have to pay for it at \$150 a lens. Government has to cover new technology. Money is there. Takes doctors less time to do the new surgery.
- Should push use of colorectal screening kits. Not enough awareness on this. High rates in the province and the highest rates are on West Coast.
- Prevention should be focus. It will be cost the system less in the long run.
- Need to be prepared for seniors moving home from Alberta to retire or because oil prices drop.
- There is no lithotripter in the Western region. Many people could benefit from one. Western health says it was not a priority for budget without asking urologists. People with kidney stones have to travel to St. John's or Halifax. This is a big expense for the system.
- We had to fight to get radiation in Corner Brook. Need a cardiac unit, too.
- Most health facilities and best equipment located in St. John's. Need to distribute more fairly across the province.
- Affordability of shots, i.e. for shingles.
- Messaging from doctors should be more consistent (i.e. some advocating for certain shots, some not).

- Need better education and awareness on available programs.
- Need to have better emphasis on prevention.
- Need to promote alternatives to toxic substances (i.e. pesticide use).
- Examination of the impact of climate change on health.
- Needs to be more education and awareness on the things we consume and associated health benefits/concerns (food, drinks, etc.).
- Need more public engagement on the topic of health care.
- We need to take more control at the community level for health management.
- Regular programs are needed for mental health.
- Better access to family doctors.
- Front line staff in ER, medical clinics, etc. should be involved in public engagement events such as these forums.
- Need to inspire people to come together and support one another as a community (i.e. seniors living in homes without any nearby relatives/friends – need to make communities aware of this, and encourage people to visit, invite for holiday dinners, etc.).
- There are many qualified ambitious young people being turned away from med school.
- There needs to be more follow-up for chronic disease self-management.
- Patients need to be empowered.
- Healthline is a great resource.
- Healthline is no good they just say go to the doctor or go to the ER.
- More people need to know about self-management.
- Poverty and health are really linked.
- Basic food must be more affordable.
- Eating well costs too much.
- There is lack of coordination for patient's needs.
- Appointments booked around the needs of providers and not the patient needs to be patient-centered.
- It can be hard to navigate the system unless you have strong personality and know things.
- Providers are over worked, no balance.
- Need follow-up for self-management. Need to be connected back to providers. They should know about what you are learning and how they are treating you.
- Need support for food preparation.
- Need home economics back in schools.
- Cut home economics in school and now people do not know how to cook healthy food.
- People eat bad because they do not know how to make good food anymore.

- More emphases on good food in schools not just Canada food guide but actually teach kids how to cook.
- It is too hard to see who you need to see.
- Too many barriers (wait, coordination, cost) to care.
- Care is not coordinated you have to figure it out yourself.
- Everything is just focused on pills and drugs.
- Cancer treatment is just cut, burn, and poison. No time to look at other factors in your life.
- We need preventative medicine not just drugs after you are sick.
- We need to stay health and get care early, not just get drugs when it is too late and the damage is done.
- We need to get back to basics.
- Back to basics is prevention and support for healthy living.
- The school system is key. They can teach train and support healthy living.
- We don't need to spend all sorts of money on new centers and teachers, why not just use the schools.
- Why are the schools just closed up at night with no one using them?
- Communities with limited infrastructure should be using school gyms for free every night.
- Kids need to learn to cook and buy good food.

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

- Primary care and wellness is pretty good here.
- Better when doctors stay in the area long enough to form a familiar relationship.
- Colon cancer kits – used to be able to apply for a kit and it would be mailed to you. This was positive.
- Pharmacists giving flu shots (convenient and accessible). Should be expanded to include shots for shingles and other vaccines.
- YMCA in community is great.
- Health line.
- I have had no problems with the doctor or hospital here (Stephenville).
- Seniors' programs and dances.
- Youth outreach workers work really well. They are a great resource that should be expanded.
- Outreach workers have done great work in our community and they help guide you to the services available already but that you do not know about.
- Youth outreach workers are really connected to the community and the different groups and networks.

- The healthy baby club is a really good support.
- Cooking classes.
- Infant care and breast feeding.
- Public health nurse visits.
- The poverty reduction strategy is great and has done good work. We need to link primary care and poverty reduction.
- The chronic disease self-management strategy has been good but needs more support, funding, paid coordinators, and better advertising. Many do not know about it or how to access it.
- Things like chronic disease self-management are great and can be done by volunteers but they need more support and paid organizers to help.

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

- We had to fight to get radiation in Corner Brook. Need a cardiac unit, too.
- Have a second forum to discuss secondary care.
- Very disappointed Minister Kent couldn't attend.
- Next session should not be scheduled on a Friday and should be longer.
- Not right to have to wait eight hours when having a serious health issue.
- Some people choose not to have treatment instead of travelling.
- Med school – need more spaces available for students and should be made more affordable.
- The definition of primary health care in this session wasn't inclusive enough (should include environmental and community health).
- Need more doctors.
- We need to put an emphasis on environmental health (this impacts human health and well-being).
- Session in Kippens was too last minute – not enough notice.
- Front line workers should have been included in these sessions. They are very knowledgeable. We can't miss this voice. They may have some very easy, practical solutions.
- Concerns with health care cuts.
- Telehealth is positive, but should not be used as a tool to address health care cuts. It cannot be a direct replacement of face-to-face visits, should only be used where appropriate.
- Would have been nice to have time for an open Q&A after the health forum.
- Health forum in Kippens should not have been held on a Friday afternoon.
- We need better home care for those who need it.

- Home care is key to saving money and letting people have good life when they age.
- Home visits could be LPNs, PCAs, or other care givers – doesn't have to be a doctor.
- Home care providers let you stay at home.
- Mental health treatment should be more than just medicine.
- Mental health is about more than just pills.
- We need a preventative and holistic approach.
- Care should be about the whole family.
- We need medical and wellness. Not just medical and medication.
- It is too hard to navigate the system.
- There should be more navigators for hospitals and community care.
- The native friendship center navigators are great and they should be for everyone.
- Prevention, prevention, prevention.
- Access to services!
- People are not aware of the supports they can get. Providers like doctors aren't even aware of what is out there.
- Education and prevention are the answer.
- Too much emphasis is put on pharmaceuticals and not enough on other approaches to care.
- Need access to alternative services.
- Naturopathic services should be covered.
- There should be help to cover cost of AHCPs.
- Food preservatives should be more tightly controlled. We are putting way too many chemicals and additives into our bodies and most people do not even know what they are.
- We need to figure out if vaccines are worth it. Many studies show they hardly even work.
- One size does not fit all.
- The vaccine and drug industry is dangerous. They do all the testing and provide all the "evidence". There is nowhere to really report the down sides to drugs.