Q1. What is your reaction to "What we Heard" summary that has been presented?

- Prevention and promotion a lot needs to be done. Feels health promotion needs more work.
- Nothing new.
- Suggestions made before.
- We all know where the issues are, but may not know how to fix it.
- Not surprised by information
- Heard before.
- Struck by familiarity of themes; can't find family doctor, long wait times.
- Similar themes.
- Captured the issues raised, and people were passionate about those issues at the session. The participants at the session welcomed the opportunity to share their opinions.
- Primary health care - move out to rural NL - how do we put these models together. Where do you get these teams - how do you do on Fogo Island. Don't know servies exist - patient navigators. there are alot that citizens don't know about. Should shine - Mental Health services for youth and adults - struggle to receive mental health services.
- It's what I have been preaching for 20 years. The continuity of care is very important. I live in St. John's but go to stations on Lab Coast have lived in rural areas saw revolving doors of doctors that people had to deal with. Saw the Nurse Practitioner program growing and those people who were trained as NP were willing to stay in the community and those who were trained there nearly 20 years ago have stayed. Grow your own and they will stay.
- Most interesting was compensation models. Participant not surprised by the themes.
- So non acute care, focus on prevention and promotion. Would like to know how many people in NL do not have a family physician and how many allied health professionals are there by region.
- Agree with document, particularly about wait times for primary care (GP).
- Can end up in ER for non-emergency just because of wait.
- Not surprised. More health promotion needed (surprised noticed). Agree that this is needed.
- Heard issues before.
- Would like to see concrete responses.
- Need interdepartmental coordination.
- Reflective of issues brought up in 2003.
- Section on social determinants of health really stood out.
- Even with different backgrounds of the respondents there are all similar issues and messages.

- Good assessment.
- Feels what is reflected here happened in the sessions.
- Not surprised by any results, coordination and continuity of care biggest issue.
- Agree about Health Promotion is needed and should be started within young. Rural Communities promotion for what is available in Health.
- Good reflection of what's happening re hours of access to primary health care, and in addition, wait times. RE mental health (students) need access/hours of access.
- Confident that those are the findings. Gaps in province for community based bare. People in hospital think care is good. Problem is before and after.
- North coast and south of Labrador doing a great job delivering primary health care. Copying those clinics and putting them in other areas would lead to improvement. Exemplary service. Overall themes were good.
- Nothing missing.
- Confirmed what I felt I knew. Pleased with how comprehensive it seems to be. Stands out - important moving forward that we need to keep in mind that one size doesn't fit all. Importance of having a community/region to have really good planning and working relationship with the community. to get best bang for buck.
- The focus should be on getting people from the community to go into the community from which they came as a doctor or nurse. They will be willing to stay. Nothing was really new in what I heard but I really liked the focus on the Nurse practitioner program as it will help communities to maintain a continuous care program. Remuneration is also important. NP should be paid according to education as it will help with retention and recruitment.
- Rural communities – confidential.
- Focus on bigger picture.
- Accurate reflection of ideas heard during forum in Mount Pearl.
- Consistently hears the same message on primary health care. Needs a community health system. Inequality between rural and urban. Access is vital! Particularly for the rural regions. Need to remind the government of the 2003 document primary health care. "Partnering for health"
- Amazing how much more we could deliver in a cost effective way with nurse practitioners.
- Results were not surprising and are what she hears every day. As an administrator she gets all the issue/complaints from individuals trying to navigate the system.
- Coordination and continuity of care is what she deals with every day.
- Equally satisfied that feedback is accurately reported.
- Good reflection of forum discussion.
- Program in Nain focusing on youth, seniors, and traditional backgrounds.
- Social determinants of health are encouraging.

- More prevention and promotion encouraging.
- Goal now is to set timeframes
- Focus on client services.
- Fairly accurate, no mention of seniors and aging population.
- great something like this is done, like for it to be long-term document, tangible outcome.
- there are a lot of services, but they're not connected(poor awareness)
- Coordination of services needs to be focused on.
- awareness of lack of continuity of care stood out - needs to be more patient-centric.
- great we identified problem, need to identify solutions. We need to dig in to creating solution.
- Same payment for similar jobs should be placed as an incentive for those who would work in rural areas, particularly nurse practitioners. This should be reflected in the reclassification going on. Register nurses want to do the NP program but there is no incentive and they pay is just not reflective.
- Surprised by the scope and how in depth each point is and how much she agreed with everything. Access to services is a result of the pressure on the system...particularly with aging population. We are at a crisis with providing services.
- poor coordination among providers.
- looks comprehensive.
- Great summary. This is what I see in Labrador every day. I fully agree with everything captured here. For us, travel is especially a problem. We have to go to St. John's for an MRI, or other tests. That presents challenges.
- Thought it was interesting that compensation model was brought up and negotiations ongoing.
- Nothing surprising, identifies with issues addressed
- issues well identified, nothing new that hasn't been said for last 25 years. What is preventing the change? We know what the change needs to be. We have solutions but for some reason change is not happening. Something preventing progress.
- Reality is that it will cost money to deliver healthcare and create solutions. Emphasizes that communication and availability of services can make health care cost less money - proactive services save money
- Appreciate the focus on access to care and continuity of care being issues. Access to regular health professionals over long term
- as a practitioner, I can say coordination is an issue
- Consistent with community need assessment
- What is “appropriate access” – the definition challenge
- High points in the 10 things, the cross cutting thematic areas you can address most of the issues that weren't on the table. I think the most strategic issue facing NL is

prevention. Comes down to eating properly and exercise. could make advances in those areas, would be on the road to a stronger population

- It’s excellent summary but there is nothing new here, we have been telling government the same thing in every way, forum, means possible and nothing has changed.
- very much reflective of forum in mount pearl
- The people who attended the sessions are those who are probably well engaged in the system. need to tap into those who are not necessarily well engaged
- coordination of social care and mental health
- Most surprised by the compensation models. Needs to be done better. Feels there are easy fixes. Background in health promotion and prevention and that should be key. Lot of diseases could be prevented with this.
- important to be patient focused
- Social work students, going to communities around province, but housing/other resources for those students are limited.
- Keeping primary care simple - more education and independence
- I agree with everything that's there. We also need to work to engage the workforce in the changes we're making. We need the people on the ground working in healthcare to be engaged.
- Forums were a big exercise to get people out, pretty closely reflects reality facing people on the ground. Barriers: limited service to those with most need; open access could result in challenges. Need to take this document, which IDs many problems, and figure out rational solutions can be developed. Turnover a problem. Fairly easy actions can be taken to help problems: e.g. one-stop shops so patients know how to access services.
- happy with it overall looks like great commitment from the beginning
- Appreciate the focus on mental illness - multi disciplinary team and continuity of care very important
- Good synopsis. Every areas of the province has its own unique needs. Particularly rural-- inability to attract family physicians. One of the things that came up in Burin was the issue of Travel. Travel involves a lot of agencies, particularly those on Income Support (AES). An example: One person had their appointment changed and IS couldn't get the funding in time so there they had to get a taxi. Reshuffling to appointments caused them to be in the city of a couple of days with no money.
- models exist that can be utilized to address health care i.e. health care
- sometimes it's necessary to go higher up in the system as a patient to get results, but it shouldn't be that way
- Common across Canada
- No unique themes
- we need where to from here

- fiscal challenges need to be recognized
- Specific targets must be identified - maybe 3 or 4
- Then move on
- Not be overly ambitious
- Consistent approach across political cycles
- Interprofessional collaboration. Important component that we don't do that well. Would like to see dialogue of education of health professionals.
- Emphasis on mental health
- Very consistent. Patients want a 'one stop shop"
- most succinct and comprehensive survey in 25 yrs experience
- forums were overpopulated by professionals/ general public underrepresented but this speaks loudly to frustration of health care professionals trying to be heard
- care providers feel like they are beating their heads against the wall, difficult to create change
- decision makers are removed from care facilities, can make care workers feel powerless
- Keeping the population more healthy important. If you take away the front loading on system, would have better outcome than what we know now. Hit the nail on the head - all the strain on emerg rooms, etc that doesn't need to be there.
- Not surprising and reflective of current situation but remember we need timely and appropriate access...ie. 4 hrs to see a doctor but could have seen a nurse practitioner in 10 mins.
- Mental health has come to a forefront; we have to help our youth. Get in the schools.
- There's been a super job done to capture the main issues. These are excellent topics to focus on. Perhaps consider ambulance service.
- content comprehensive
- Not in crisis yet - but soon
- Heard these ideas before
- Consistent approach
- Society must drive changes not politicians
- Awareness of services and resources
- Proof will be in the pudding,..can put together but what will change at the end of the day will depend on how willing people are to change
- mental health is there cardiac care is not there it is about the model
- new nursing model introduced in Western Health where managers work on the floor with nurses, complaints reduced
- decision makers need to be close to operations

- It is only a summary. Very General. We talk about mental Health 0 Mental onesness. Stigma against mental illness not mental Health. We are soft pedaling the issue using mental health.
- The needs of the patient these days concerning the mental illness. Not everything covered. Physiotherapists, protective deployments. We don't see the spectrum of what a patient needs and the accessibility of the system. Gov't has silos. The HCS does not talk to housing. Because of not talking about this issues. They need a one-stop shop.
- Access and support means full accessibility technological accessibility for individuals with disabilities.
- Similar to what we hear regularly- access, continuity of care. Disappointing to hear that there is a lack of awareness and people aren't aware of the programs available to them - opportunity for improvement.
- At this point, if we had a healthier pop would be less strain on the system. currently have highest rates of obesity and spending more. some things that stuck - people saying care if fragmented, comes back to access. rural areas we have tried to recruit but there's turnover. Stood out to me that you need to have relationship with health care professional.
- We often have discussions of Primary Care, but the idea always dies, and often does not get operationalized. EX: in an outpatient clinic at the Janeway. They discuss moving out of the hospital, and instead go community. There is never any buy-in.
- How do we actually make the changes that need to happen?
- Timely service when you need it is the critical issue.
- Health sector is only one piece of our healthy populations, there are other components.eg. Diabetes won't be fixed by nurses alone; we need access to exercise, to healthy food...etc...everyone has a part to play
- Document is a good reflection, one thing stood out: it spoke to wait times and access and family physician piece, but access goes further than that. Access is only the first step, needs to capture access as a whole. Access is not just point of entry. Delays along the line are a major issue. Some solutions proposed are irrational, given realities we face, but there are many realistic solutions proposed as well.
- Comments spot on, especially for rural NL. Thinking we need solutions, trained professionals (local) - we can used these people for 24hr care. May not be cost effective, but that is to be determined.
- Good summary on the overarching principles. Need to educate at an earlier age. Need to look at how to get at the underlying issues.
- We need to have more Newfoundlanders in the medical schools here, people who would actually consider staying here, living in the outports, and providing continuity of care.

- Incentive change required
- Interdisciplinary teams required
- Grouping of professionals
- Dr's - Nurse Practitioners - integrated family practice
- I think the focus on access and the fact that people have to use emergency rooms instead of doctors, etc, need awareness as program exist that people don't know even existed. Even as a health care professional, I am learning about new programs here
- vision care not mentioned
- we need to evaluate to see if things are working first and then decide if we should invest seems we are not looking at the appropriateness of investing
- more evaluation of programs required
- wait times and access are vital issues for example being located in the community on bus routes hours etc where people can be seen
- primary care needs to be located where the people are
- Specific example: The patient who has a yearly prescription need not take up time at the family doctors to get a renewal.
- look at who should do what and allocated resources accordingly
- Private sector is missing. Private sector may be able to help with efficiencies...technology, access to information, etc
- Agrees re: awareness and access. Spent most of career in St. John's, but spent many years in a small community here in Eastern region. Lack of awareness is huge, even in a large area that is not remote.
- There has to be an action strategy to address this.
- Individuals must buy in to their own health, education for younger population is critical.
- Educators have a big impact on health care
- make school the center of communities again
- Formula has to change. Can't just be what government does. Has to be about the individual, take some accountability for how we got where we are. Is it government's fault my heart doesn't work? We need to focus that change. That's why PREVENTION is critical. Completely agree with that focus.
- Timely access and continuity are huge issues in rural NL. People were waiting 6-8 weeks to see a family doctor a year ago in Clarenville. There is often a lot of resistance. The issue is larger than government, bigger than a 4 year term. needs a long term view.
- Single practice has gone the way of the dinosaur
- Physician should be the unspoken leader of the team

- Paramedics are already doing a lot of extended services. But could be doing a lot more. Combining FES with Ambulance services could help.
- I think prevention and education is important. For that we need to change the language, hospital is not prevention or health its sick. Prevention and edu is the language we need to change. Part 1 is prevention and means edu; part 2 is when you need care. Promote prevention and education. and changing the language is really important.
- Anticipated these ten areas, and that people would highlight these. The challenge we face now is getting the system on the right trajectory to addressing these issues.
- Once you get rid of wait list, you get it back unless you change people's behaviours. Need education, from early childhood, long-term strategy, but it's essential. Same problems will keep coming back.
- prevention through the whole life span.
- Talk about wait times, people ending up in an emergency room due to lack of family doctors.
- Overburden on resources
- Mental illness - time mgmt./good resource practices for all resources
- More communication
- Not all about new money. It's taking what we're doing and re-allocating it. I think we're spending an adequate amount of money.
- worry about the student who doesn't come to my door "guidance counsellor"
- need interdisciplinary teams inside schools
- NL still using medical model
- Need a social community based model
- Communities advertise these Tidy Towns, they win contests. How about a Healthy Town?
- stats show that people who exercise it gives you more time being mobile later in life. lots of cost with falls and people needing extensive care. very reactive. if we could get some funding to be able to work with programs is going to save us big dollars at the other end of the spectrum.
- emphasized making better use of doctor's time - help with effectiveness and sustainability through coordinating between professionals.
- from the front line of health care providers, feel disconnected from decision-making
- excited to feel like someone is listening finally
- Looking to build interdependence, need to just connect our system. Excellent but could be improved, and more cost effective if we build the interdependence.
- We have to face this reality. People don't want to live in rural areas anymore. I go to a small community every summer, I'm one of the youngest people there. I don't think

health care professionals want to live where I go every summer. In bigger centres, you can get better coordination of services.

- sub specialist ...down grounded to these...lower costs can be done by pharmacists, etc...not doctor always needed
- Public private partnerships could lower the cost of health care.
- Harder to get access to health care and sick care in rural areas.
- Summary is reflective of the community views today (and twenty years ago.) Working in St. John's there is a lot of focus on access to health care. Access includes who can get it, who will pay for it, how long will the wait be etc. Everyone deserves the same quality of care, sometimes in the rush that gets lost. No matter where you live, care should be equal - rural communities make this hard. 40% of our budget is a vast amount of money, we should attempt to use this in a more efficient way.
- Community models are necessary to avoid admittance to hospital
- all the "extra" initiatives that we place in the educational system tending to fall download to the teacher and this doesn't' work without the resources
- Thee pts: Compensation model too rushed: This is not true as people chase the compensation models
- Strengthen the social determinants of health.
- there is a lot of responsibility of the education system when it comes to primary health care as this is where the student is but there are not enough resources
- too much left on the individual
- Communication of resources available - once a person stabilizes refer to another provider for monitoring
- Physician Assistants could be an option
- the educational piece mentioned above is not just downloaded to the teacher but to teaching staff (administrators, student aids etc.)
- services need to be "centered" in the community
- delivered at the community level
- example: put schools as the center of communities (like they used to be)
- Wait time and access hear all the time, no sustainable path and that makes it difficult to develop future of health. Missing a sense of urgency.
- Impressed that group feedback reflected policy lines of Government. Also liked openness to change.
- Part of the problem with the sessions in the regional was the amount of professionals who were focused on their own individual experience. This summary gave an overview of how health is experienced as a community. Covered access transportation, family doctor issues, young people have no access to family

medicine, the degree to which poverty is a huge dictator of health. Should have focused more on mental health, particularly on addictions.

- Issues with access to service for youth, spot on.
- Lack of an emphasis from the burden of chronic disease on health care dollars.
- a lot of the stuff was echoed from group in Lab West. Like that a lot of the prov agree with the idea of expanding NP roles in the community, tied to the history of medical practice in Newfoundland
- focus groups did not include people in community that are really struggling with issues not in summary
- Needs more emphasis on new innovations and new models of care not just primary care.
- We should not ignore the population based approach. We are dying more. Prevention in care must be reflected.
- No real surprises. Working in teams and building groups is essential and using people for their skills is important.
- Generally good, covered lots of things, lots of need for prevention and promotion. Surprised at the 40% of prov revenue goes to health care. brings it back to health promotion and prevention
- Mental health ranking? Seeing more people. Younger. Facilities don't want to deal. Being sent away from family.
- Fair summary but participant had reviewed comments on website. There is a lack of understanding of the health care system when people are making comments, that makes the comments less informed. Services will differ across the province. Co-ordination of care can only happen after we discuss with professionals.
- mental health missed (#10) on list #1 issue right now
- Felt the people that attended were limited. Small sample of population
- Reflective of what was happening, but illness-focused rather than prevention focused
- results did not include feedback from rural vs other
- List of 10 items was not surprising based upon general conversation in province
- Few care givers showed.
- Health system over past 10 years, been enormous amount of change. Takes a while for public to get up to speed with services, even health care workers. Even senior people aren't necessarily sure what stage we're in, what the model is. Continually undergoing structural change, going to be a lag in people be aware of services. Implementation isn't instantaneous.
- People can’t access physio in private sector
- Good reflection of the actual situation regarding our province but it is time we engaged citizens at a higher level and to engage people to take responsibility for

their own health care. Need to change the mindset regarding how citizens regard health care. need people to realize that there are other options outside of doctors and nurses for healthcare

- End of life care missing, surprised about that
- Voice of care givers a concern.
- Sometimes the things that come up the most often aren't the most important things. it would be interesting to dig in a bit further from a solution perspective
- Did not mention dietitians why?
- I didn't see a culturally appropriate health care delivery system. Which is important for in our context-aboriginal communities. Social determinants should also be considered such as "relationships" from aboriginal perspective.
- Comm health bring to comm and help will be generated
- Good reflection overall, there is a lot of material to cover. There has between a lot of consistency over the decade as to what people are looking for.
- First point of contact needs more training \ skills to handle health issues
- Disappointed by some things. Coordination of services - disappointed people didn't work more together. Simple fix. Feel efforts on physician services and early access.
- Good overview; hit the key points at a high level, but I think there are gaps. The flow of patients throughout the primary health care services, and monitoring and evaluation of primary health care as a whole. How do you know you're doing a good job or not, if you're not monitoring or evaluating it as a whole, individuals services or a whole. Role of individual service groups, especially in rural areas. And also the data collection piece.
- Health care shouldn't be about luck should be about good care for all
- Many areas of interest in the document, recently lots of issues raised around mental health and illness and access to services, different navigator roles to be played. Access to service seems to be the biggest thing. How to access the services, interdisciplinary teams, coordination and collaboration is important, funding model is sometimes an obstacle, need to break down barriers.
- Accessibility lacking
- Technology can help
- timely access
- all providers work in broader scope
- Feels this work has been done over and over again. Need of mapping out long term plan. need commitment. A shift is needed. Revitalize primary health care role.
- we have structured our system so that it focuses on secondary and tertiary healthcare and we need to get out of this a way to get health care to look at primary care and to focus on it and understand its importance
- residents underrepresented in survey/ what we heard

- as a non-professional feel like process needs repair
- consumers need more input, best response will come from users
- True enough...rural area. Less collaboration. Privacy issues may be why people are less collaborating we have lost good ways to collaborate. Breaches are top of mind...learning opportunity missed. Never the intent...pieces lost
- Electronic health record
- Didn’t hear much about the role of the school system, especially with regards to sexual health. Seeing it at the university level, but not much before.
- Lacking a deeper discussion around the potential uses of technology. people might not understand the benefits of tech to primary health care
- Primary health care is an investment today for results in the future. Our province has dropped the ball.
- urban vs rural divide - different strategies needed
- as someone who represents communities, saw lots of ways that municipalities could plug into the conversation and work with the system to add value.
- Some of the population represented are not reflected here.
- The questions reflected an agenda, caution how data collected is interpreted. Solutions always focus on extending roles of practitioners when there are others that can contribute.
- NL is behind.
- Electronic records. Access ...primary care taker
- Coordination of services isn't there (mental health). When it's attempted, we're really seeing those systems not up and running as quickly as they should be. Frontline workers aren't really aware of the full scope. That's lacking.
- Overall region has decline in population, so access to health care is affected b/c of this. This should be addressed; is the health care sustainable in these declining areas?
- providers will have some insight but different than consumer
- In urban the affect that seniors have on the services and what is provided to them. Got totally missed.
- Major themes were included
- Deterioration of collaboration amongst health professionals has happened
- Require attitude change among health professionals
- Ethical discussion needs to take place
- community service providers in rural communities should be able to provide face to face help better
- feels that is a good summary hard to pick over awareness

- Missing issues on compensation model - hoping for more support towards sensitivity training and knowledge sharing. Hoping to go towards a wellness model, preventative - holistic
- participant sees a lot of similarities. Coast of Bays area, health services in Conne River are very coordinated. Mental Health is very important. Prevention is primary key to offset down the road chronic diseases. Coordination is key. Focus in his community on prevention.
- When patient leaves care...how they did...post care
- Good pilot projects have not been extended. Where have the successful pilot projects gone?
- Good, but overall it made me feel sad. The fact that there are a lot of people having to choose between...because no one wants to go sit in a waiting room for nine hours because they want to. It's because what they need to do. Some people end up leaving and they don't get care. When it comes to the cost of medication and such, they have to go without out. I think the summary has to go further. I am an emotional thinker; I have to go past the numbers. The summary is true, but it's not good.
- why is this taking so long there are established systems in place that could be adapted
- Emphasis on the expenses of healthcare. It is important to stay within our budgetary limitations; we need to be realistic in our expectations. Use what resources we currently have available
- Where are the patient services?
- Transportation issues.
- No sick notes for people off work for fewer than five days. That's a problem.
- Prevention and promotion at front end would make things easier. Thing to figure out, people generally know that if they eat better/exercise they will be generally better, but they still don't do it. How do we do this?
- The nuances are missing - the differences in geographic areas.
- Concept of community based services needs more attention beyond co-location. Co-location does not make wait lists any shorter. need to take a different approach and look at the different services that can provide primary health care in our communities.
- The discrepancy between youth and adult health care system should be represented.
- Youth system is more collaborative. Adults are left to navigate the system themselves.
- The document does not reflect the issues of people with disabilities. I only see comments on people who are house bound. There is a broad of range of people that need to be captured.

- as professional hears frustration with lack of change in the system despite knowing there are faults
- need a better way for users to feed into system/ opinion/ experience
- engagement of users needs to improve
- Somewhat representative but there are things missing. People were missing, not accurately representative (mostly seniors, professionals
- Mostly problems but no solutions, important to discuss more
- Solutions. We have the worst health resources to use."
- Transportation is urban area - issue.
- Issues missing, esp regarding access; (I.e.: Access to nurse practitioners – don't go far enough (should grow)
- Medatek system...need new system
- Gap in services such as customer service that needs to be focused on
- Summary fits perceived issues. Problems faced by those outside of St. Johns that have to travel to get care. Access should be addressed.
- need to get people to take more responsible over there health care
- Lots of engagement. More discussion around holistic care. Covering all of me. Customized health focus.
- specialization in medication needs to be more progressive
- Participant feels a focus needed on prevention and promotion. We spend too much on diseases and too late then. Need lifestyle messages to get through especially in schools.
- Excess of health care professionals at the sessions. need to tackle the praciioner to patient ratio. And in regards to proximity.
- Don't think we've done a good job of articulating our goals - what makes a healthy population is actually more about the determinants of health.
- good summary but very scattered
- Coordination of health care is primary; need for good family doctors not over stressed; doctors are over stressed. coordination between dealing disability as a child and transition to adulthood. esp. as some are non-verbal. Good support in childhood but not so much in adulthood; some doctors not well trained in disability care. Community support is needed; tools needed to get message to medical community to coordinate care across all stakeholders - i.e. family, doctors, other care providers in order to assist independent living. Cradle to grave.
- Good summary but there are other ideas that aren't included, especially by people that are not directly in the hospitals...not admitting patients as they should eg. Fractures, sent home, not supports back in the homes to help. If you send them home you must support
- not digging deep enough in this document into the details

- ex: eastern residential - here in the city, not in rural and people get moved to a different community to obtain services
- Need a good holistic system to replace current system
- Follow-up big issue
- may have included additional solutions overall if more participation
- High turnover rate - continuity in rural areas.
- As a politician I was looking at it in a different perspective, the message that I got was that primary health care providers are seen as doctors only and other health care providers are not being seen as primary health care providers.
- 991 lacking.
- Lack of continuity multiple appointment spread over time resulted in relocating to St. John's.
- multiple trips otherwise
- not where I prefer to live
- captured in feedback
- all interrelated
- There may be a stumbling block regarding doctors engagement in the process. Primary health care providers need to be move involved.
- This is not a new problem. When are we going to get around to solving these problems?
- We must recognize the age cohorts in our province and our issues with aging in this problem. Need to address how primary healthcare will address issues with seniors.
- We need to see change happening.
- Doctors that are moving in and out and coordination is better than before. Under utilization of other health care providers. Primary response paramedics are under utilized. CONA has expanded training.
- Especially with mental health. Affordable, preventative measures
- Access and wait times were addressed.
- if we're going to make a change we have to look at how to evaluate the change and know if the changes are doing what they're supposed to do.
- Mental health and addictions section was lacking in addictions discussion. drugs are causing a lot of mental health problems and we need to discuss how to address that"
- Follow-up ...no family doctor...emerg room visits
- good reflection found interesting the point of unknown services
- Paramedics can have bigger role.
- Another opportunity is Mental Health and don't think we have done a good job in involving all of society in supporting people and helping to prevent (continuation from last comments submitted)
- Allied health professionals issue should be addressed more.

- Collaboration is very important and team building is important for practice as well as patient safety. teams need to be working together and I think that should have been mentioned
- Healthy aging - more should be said. Role of education not highlighted and the role of the individual in their own health care.
- referrals ....adm system...counsellors, no money for this
- Communication and collaboration needs to be improved between sectors, more awareness needed, aging population needs more focus
- Access to more allied health is critical.
- missing links
- Good idea to bring this into the schools.
- Hard to fit it into certain number of days.
- Who exactly were the 30% of the healthcare professionals?
- Not surprise by what was said, concerned as a citizen, we need to look at sustaining health care system, need to have multi-system, multi dept. involvement. Aging population, primary care needs to be in the communities, need to continue dialogue and find solutions
- not sure, as a natural health professional, where our role fits in
- Food security, physical, social, and mental well-being - how they are interact should not be left out.
- Knowledge base of input has impact on what will be heard. We need to use our money more effectively. Can we get to a point where we know what the optimum level of service is
- decent reflection, not focused enough
- physician payment models broken
- steps forward are important to fixing these issues
- The word disability and access is never mentioned.
- We are at a point now where we have the information and now it’s time for action or promises on the action.
- We have heard that ""change needs to come"" but we sit around hoping the change will actually come."
- The idea that nurse practitioners are there to take work load from practitioners is not correct but they are there to help the patient.
- impressive that social determinants came up
- List very similar to what was found in studies (re cancer) conducted a decade ago
- Key focus: team building (multidisciplinary) for sustainability
- there is a separation in reality between mental health and addictions, mental health standards often get overlooked because the addiction side get more attention.
- Is 40% of our total spending effective on health? Should it be increased?"

- People need to take ownership of their own health and this needs to be focused on more.
- Liaison not just in larger centers
- Prevention and promotion under emphasized, but this might be how the report was framed. Would like to see more discussion on driving factors!
- Agree that it was really reflective - people are not always aware of what is available until they need the services.
- From our regional perspective, I do think it is a good summary of things that people brought to the table, but there are gaps in what may have been presented. It goes back to who participated. In some areas, where the forums were located, and some people might not have been able to present for various reasons listed here. When I hear the phrase primary health care and primary health care services, we think about primary health care in our region as being community...but primary health care services...different interpretation of our language. Primary health care service is what is being provided by physicians, etc. I don't think the forum itself talks about strengths. It talks about what is lacking instead of the strengths itself that the communities can bring in. I think lot of the strengths is bringing in what the community can provide. Self-help groups.
- Increasing technology to increase proximity of services. I think we have come a long way in telehealth, but need to remove location to community health location.
- Physicians compensations model. Focus on a model that gives them time but necessary roles. and quality
- Nothing new in it.
- Social aspect for youth is important to health.
- Navigators to systems needed
- No issues with what was said, good definition of issues. Not enough emphasis on a better coordinated system, little on sustainability, more financially stable over time
- glad to see mental health as a issue
- don't address addictions enough
- Wait times - get rid of closing at 3:30 or 4:00 - keep open till 8:00 to accommodate working population. Or open on weekends.
- See paramedics and other professionals could have a larger role to play. Become part of team; provide service while waiting for calls. Also social work.
- as a natural health professional, collaboration is key but other professionals aren't clear on what we do - awareness lacking
- disappointed when found out where this summit was going to be heard. not enough rural sessions.
- good based on his knowledge
- no mention of health care in criminal justice system

- most incarcerated people have an addiction or mental health issue
- continuity of care not there
- after leaving pen took 6 months to get back on track
- drugs spread around in prison
- health issues major
- severely mentally ill people in prison and don't belong there"
- it covered most of the bases. What's not clear is what actions that should be taken to improve on these issues. To what extent have we looked at best practices and what others are doing?
- Expected to see more focus on aging pop, who don't have enough access and then enter the system later than they should
- Gap in health care professions, education and training need to be focused on, such as students getting degrees and ambulance training. Seniors also need to focused, especially their accessibility through web-based services
- The difference between child and adult care was not mentioned.
- With regard to disabilities- moving from youth to adult care- there are many issues receiving insurance for much of the care. It takes a long time to get procedures approved.
- interdisciplinary care model is important
- Compensation model appears to be the kingpin of what we're going to do. We should be paying for their expertise, rather than JUST their time.
- Healthy eating is easy if you don't live in poverty. Work with people who experience stress, trauma, mental health, addictions. Health issues are a true correlation to this. Huge study called: Forty is too young to die.... It is supporting these people and have to stress the importance of a health care centre (like Major's Path) for downtown area...people need to be able to walk to their services. Many individuals face incredible stigma and judgment. Resonates on many fronts.
- No real surprises. In some ways the term Primary Health care means different things to different people. The language may have caused confusion for people. A lot of the themes came out, prevention, determinants of health.
- PRS consultations some years ago, the lack of awareness and coordination came out across the board. Many of these things are the foundation of how we need to develop our broad supports for people. we need a strong PRS to support these things.
- Take policy a little further and breaking it down to an individual. Lack of service awareness.
- primary healthcare is about community development and working together towards building better teams and finding ways of making things happen

- Promotion and prevention is really important. Cost of prevention is so important for long term sustainability. Older demographics aren't necessarily being considered.
- Also agree with the overlook of addictions. Pleased that billing codes came out. In our group we see doctors who won't council because they can't bill as they don't have a code. I was also pleased to see prevention and health promotion focused on the presentation.
- Electronic system not acceptable that money is the factor. We need it and need it now...save us money in the long run.
- Same concerns, agree with concerns but there needs to be more knowledge on things that are available.
- important to accept alternative treatment options - education is important including among practitioners.
- Reflective of what's happening in province, but who actually owns primary healthcare?
- not surprised by the report.
- clarifications of roles among professionals is important.
- Private sector business owner, would like to look at public private partnerships. Mentioned Oregon and New Zealand as examples who are already doing this work. Learn from others.
- root cause analysis needed
- Signed overall all consent for all providers
- maybe services need to be offered longer than 9-5 as not necessary good time for the working public
- Sustainability will be an issue, who takes ownership?
- Was surprised with the compensation models. 370+ to 13 forums felt there would be more people attending.
- Issues but things can be fixed.
- wait times for GP
- not accessible
- when accessible don't have equipment eg MRI
- Excellent that diverse crowd can bring their knowledge and information together.
- affordability is important among alternative treatments
- band aid solutions put forth in document
- Document was somewhat disorganized. Couldn't determine systemic solutions.
- Thinks it's an evolution to help identify what are the issues.
- Agree prevention has to be at the heart of any solution.
- always a role of delivery of services - and what is our delivery model and how does it fit population needs
- at a high level, good summary

- have heard these issues before
- reflective of what has been seen
- Solving the problems is harder to do!
- physician turnover an issue
- need to move forward with problem solving
- We have been focusing on primary care. How physicians are paid is complex and not enough. Let's work with what we have. Lots of projects on the way. Lots of stress on access.
- I think it was a good reflection. Hit on the main themes. Physicians agrees with these themes. Do want to be isolated. Cluster of small services.
- Change in paradigm with less resource revenue, and more dollars to be put into Health care system,
- Immigrant clients have their own issues regarding understanding their own health care rights and finding a place in the system where they can move past the barriers.
- We have the means no reason why we can't be leaders with electronic systems
- What is there that we didn't know before? Patient navigator issue...silos and what ways to get around these. I have elderly parents, who to call for different things....housing, patient care.
- public awareness of services is important - cannot only rely on practitioners
- concerned that 400 people in a room talking about stuff in general will not result in a solution
- survey did not include sufficient "general public" participation, disenfranchised people particularly in rural areas may not be motivated to participate
- room may be biased; rural communities not well represented
- Lack of awareness and education. Online portal would be useful. Everyone should nowhere to go - one stop shop to connect on services should be available. Shouldn't feel access to information is an issue.
- Individual ownership should be included; promote individual ownership of healthcare, and promote awareness of programs.
- Awareness of access is due to lack of communication with the public.
- Collaboration, easy fix to make this better.
- Captures situation, but missing one thing. Morale in health institutions falling farther and farther behind. A large percentage of employees thinking about retirement saying they are so fed up with system that they don't want to be there anymore. And if you have low morale, it's a massive problem. Especially Eastern region, some central and western. And some of these are not the lowest people in the organization - professionals and management.

- We hear daily from people saying that they can't afford to get their medications, Rural Newfoundland it is a problem. Rural go see their doctor every three months, they get 10 prescriptions. If in St. John's, you can pick up the three months for 100."
- Aging and prevention are key areas. Mental illness in aging populations needs to be looked into. Physical and mental health overall need to be focused on. Lack of primary care providers
- My hope is that the population growth strategy and the consultation on mental health and addictions as well as this consultation all feed in together. Once they are all completed they need to sit together to develop the policies.
- This is a good reflection but health is a lot more complex than it appears
- mental health knowledge needed for first point of contact staff
- people who have the power may not be willing to give it over to others...share with those who can help
- Key: Lack of Awareness; good things going on, but many don't know (lack of marketing)
- Use of technology can help, esp for younger users
- Policies not clear as it could be
- the approach must be centred around what the patient needs
- What isn't emphasized is the sustainability of health care - spending too much money on health care, isn't sustainable over the long term. There is a lot of fragmentation of care - lack of effectiveness of care.
- Access is an issue in small communities. Governments won't fund extensive travel to reach centres for appropriate care.
- Mental health issues - major issue for seniors.
- Same old issues being discussed are same as ones discussed 20 years ago. A community mental health initiative - multiple disciplinary approaches started then and still going strong today.
- Primary health care has to take in families; families were not mentioned in the summary. impt for keeping people healthy.
- patient-centred approach must start at the education level for practitioners
- good to see health care professionals participating; concern that "citizen" is underrepresented by process so far
- summit will not correct this, additional effort may be needed"
- Our system is paternalistic...we need to empower clients to become empowered to direct their own health.
- Look at this based on wellness; connectivity between various health sectors (e.g. mental, physical). Good extension of what was done, but need much work across sectors, interconnectivity, sharing info.

- Didn’t see the fact that social and economic factors are so important in terms of gaining healthcare and creating a healthy population. This idea was not included at all so this was something very important that wasn't touched upon
- culture of evaluation and feedback is necessary
- duplication eating up funds...elect systems
- I learned a lot from the reflection. For me a lot of this has to go back to based in the community. Like years ago when you went to the health nurse instead of tying up the doctors. You need teams and coordination.
- Lack of access to organizations for prevention and mental illness in rural areas
- need to be more access at different hours
- one thing that stood out was that it was slanted toward family doctors, so some of the info was not in synch with other health professions. Councilors etc.
- more professionals and confident people are going to these forums, the middle class doesn't have as much of an access issue as other segments of society.
- Each individual should maybe be matched with a doctor.
- Addictions and mental health in high schools is much higher than it was previously. social media is causing people to lose sleep and causing anxiety etc. and their doctors are not aware of the issue and prescribing medication
- root cause analysis - who will do it
- Where is education? Education on health literacy. We need to help them deliver tools and build capacity in our communities
- Need to take control of our own health. in a publicly funded system - people feel like they are owed something,
- we need to engage population to be responsible for their health and illnesses - can't put all of the blame on the health care system"
- aging workforce
- Health care system, with idea of burnout and compassion fatigue, it's not just frontline providers, but people who overlap with those who are providing care at home. Not talking about existing frameworks. I think the key link is lack of access, people not staying in the jobs.
- Networking in all areas need focus
- before patients hits care info can be shared
- immigrant populations have a unique set of problems that need to be addressed and understood
- Participant focused on the pharmacist and role in the community. Feel the system is 'killing' private pharmacies. Directly linked to compensation models. Example says pharmacist can give flu shots....they are not making any money on this.. too narrow focus. They get flu shot but it is not enough revenue generation. That is fine for big franchise pharmacies but it is not realistic for small rural pharmacies.

- a lot of need for cross-disciplinary care (crossover from mental to physical health care) - not a seamless crossover
- People see health as wellness. Health should be about keeping healthy; this message needs to get out there. Health should not just be about if you are or are not illness.
- concerned people went to forums
- lower percentage of citizens = the public
- concern with access to care
- more than 50% of what doctors do could be done by someone else
- lot of money to physicians - focus outputs
- focus on equipment
- need specialized services, but
- acute care vs primary care
- Lack of facilities and access for seniors with dementia, more focus on dementia units.
- Report is good summary of the regional forums. There are many unrealistic expectations.
- need walk-in clinics for mental health services
- Issues extend to Health Canada and this isn't just internal problems.
- Good reflection from where I sit, pleased that preventative was side addressed in this. Not surprised that mental health piece included.
- Community advisory boards are way to network in all the province
- medications - don’t know how many people we are treating...shot in the dark...all links
- less marginalized population needs to be addressed
- with aging population, have multi system issues...need to speak to a doctor with more than one issue...not conducive to healthy population when you are time crunched
- if people lose contact with a particular physician, they should have an opportunity to reconnect
- missing: facilities such as Waterford are appalling (not staff, facility itself)
- travel, cultural barriers, rural/urban divide all create roadblocks for access, trust
- Consultation in 2003 that suggested all of these things that was not actioned. this was a professional, comprehensive consultation. Another consultation in 2010
- In 2009, the AG talked about how the recommended changes to primary health care implemented.
- We get something started and t hen it stops...here we are 12 years later, still looking at the issues that have not been addressed.

- back in 2003 government did a primary health case framework then cut the office. NLLCHI has lots of info in their database as a result and it should be used. there is enough data in the province to make things happen.
- Do not hire more people in the community. More collaboration. Resources under one or two umbrellas. How do the providers work together so its patient centered. The records should be kept together Electronic records should be kept to better records.
- Coordination, when I think of coordination to services, communication is important. One gentleman was told that he would have to wait for 6 months for a test in GFW. Was put on a waitlist but was later told that he could do it in Corner Brook in just a week.
- personal responsibility of health care system
- didn't see much on other providers like LPNs, social workers, physiotherapists
- What about the concept of having different "wait lines" for different levels of care required? Team Triage?? This might eliminate bottleneck in system. Nurse Practitioners could fill that gap. NL is far behind other provinces.
- better cost comes from better numbers
- Technology needs to be addressed. Assumption services are not available in rural NL. Services may be available in rural areas but lack technology (ie. internet) is a barrier.
- continuity challenge contribute to waitlist challenges
- services in remote places and cost to deliver
- Citizen roadblocks are evident...not changes for the sake of change...true changes that will work are necessary...
- Get back to social determinants of health. Need to be talking about housing, access to food, and that's the only way to get to that.
- Process captured the info provided but not necessarily the right process.
- The other piece is that, even in here, everything is in silos. Telehealth, for example, no point to look at telehealth unless we look at the fee structure. If doctor refuses to go from one facility to another to participate in telehealth, no point."
- Fiscal responsibility as citizens, practitioners SHOULD be working to their full potential. Utilizing resources is important.
- thinking about primary healthcare in non-traditional ways is important and it’s important for secondary and tertiary healthcare processes to be thinking of primary healthcare when they are caring for patients and preparing to release patients for example
- This is all the same work and recommendations that have already come forward. The same findings.
- need centres for specific needs (e.g. a particular disease or illness) - more targeted care

- Reimbursement for physicians is part of the sick system. The physician does not get reimbursement for phone calls to patients which might avoid further appointments and possible accidents on the way to the appointment.
- When people need to get a prescription they have to sit in a room with other sick people which may further affect their health.
- Nurse practitioners can alleviate some stress/ work from physicians."
- When patients show up at the wrong service, they end up accessing services they may not need
- Chronic disease and self-management need better support in city, it's better in rural.
- Limited after hours and weekend access
- recognition of new conditions increasing over time
- Are pharmacists charging for services they can provide? Could this be paid through MCP. Nurse Practitioners do not charge.
- Missed by summary: access is not just entry in system, but access through the steps important too. Delays in complex systems can create issues.
- citizens need to say "this is not good enough"
- When emergencies occur, emergency services function well
- Healthy foods are extremely expensive and there needs to be more focus in terms of health care in terms of rural issues and the importance of healthy diet and lifestyle needs to be discussed and focused on in the regional forum.
- Some things were not reflected: 1. How to blend physicians better into the pattern of health services. Particularly fee for service instead of salary. If drs earned salary not fee, it would overcome the absence of service after hours, use drop ins etc to overcome this access issue to keep from occupying emergency rooms. If drs remain an independent arm in health system, it will be really hard to change and integrate them into the health care system.
- Drs are often not aware of programs that could benefit patients. There is a need for better communication and being in touch with what is going on around them.
- Suggestion of system navigator is interesting but we shouldn’t need it because everyone should know.
- How to change the model? Need new model
- could be a little lack of coordination of resources thus more teamwork in healthcare industry
- Senior wellness and social development department will need to 'loosen the knots' in the system. Policy piece necessary. How do we create ways to bring solutions forward
- most of 357 people were not actual patients
- coordination and continuity of care
- lots of supports there, but not advertises or maximized

- share personal health info
- electronic health record system, not maximized
- infrastructure is there
- need operate to maximize systems in place
- Frustrated by Minister Kent's comments on the role of Non-profits. The issue is that these are practical solutions,, but gov't cuts the funding.. This is a major issues. Thought there is a large role ofr the non-profits, how come the cut in funding?
- has to be critical situation \ issue before addressed
- Not always best use of doctors...
- everything we talk about costs dollars
- When Minister made remarks, they talked about bringing us here together. They didn't bring any of us here. St. John's is the centre. They're not paying for us to be here. But they did not provide any funding, we had to pay our own. And people had to take annual leave. St. John's is the centre of the universe and people had to come.
- Home care and long term care is lacking. Needs more prominence...NO proper case management and we have no full home care program for the province. We hear this from seniors all the time and see the effects in our emergency rooms.
- Transportation. We have models that work but may need to work harder to incorporate these models in other area, reach further. (Speaking with specialist online, phone.)
- How healthy can you be...food not available.
- We don't need to reinvent the wheel. There are examples of health policy across the country. There is already evidence to prove the changes are needed.
- not all about dollars - about finding efficiencies and maximize benefits
- patient demand
- improved testing and technology use to address data linkages within communities
- Need to look at all of the departments that can play a role in addressing health care. For example, education.
- Duplication of services occurring, $ going to community groups, but no evidence based research showing proof that services/programs missing.
- key additional item: awareness and access of services to poverty
- everything’s online but not everyone is online
- govt website is good but not everyone has access
- crossover of services causes confusion; people don't know who to talk to about a certain issue
- drilling into details should come after this forum ; follow up needed
- problems are easy to identify but hard to solve!

- Alarms go off when people raise the word two tier system. Distracts from the real conversation.
- Government commitment could show support and promote community involvement in addressing these issues.
- dietary and access to programming.
- Why can't we enhance what we have? (patient navigator) - enhanced collaborative system. Easy accessible. Medical Wholeness.
- Disadvantage of geography. Not feasible. Where are you going to put the services?
- Dangerous things drs. do is prescribe medication - can be useful but deadly. Can become part of criminal cu7lture....addiction.
- Lack of accessibly - drugs. there are drugs not available and what access to drugs not available in province for medical conditions (eg. ADHD)."
- Continued comments…Housing has a big impact on health...having safe, affordable housing.
- health care research needs to be addressed
- Should be a partnership among doctors/specialists who are on leave - normally patient would be required to wait for their own doctor.
- Role of nurse practitioner, reaffirming.
- Working as a team
- Communication
- As long as health care is a business, no change will happen.
- Cultural change to change the unique role of drs in the community.
- I don't think the question of morale would have come up in this kind of forum because there is a disconnect between what the health care community feel and what the clients/patients expect/observe.
- What system do I want in place when I really need it...and how do I access it? really big deal
- Patient navigator system for cancer care is helpful, there's complex system for cancer care so this gives patients additional support in this process.
- In terms of availability of services, there are problems because services may be promoted or made available but then when people attempt to use them the cost and/ or wait time is extensive.
- Missing conversation around caregivers - how does the role of being a caregiver affect an individual's health? The stresses and impacts, for both private citizens in a caregiver role, and professional care givers.
- Same medical client information system that all professionals can use.
- Have professionals assess injuries to take stress off medical doctors in ER
- Use of "granted authority" among professionals when a client's care provider is on leave.

- Specifically NL Down Syndrome Society - Lack of awareness and access to programs and services outside of Avalon. Work needed to reach out to families. There is a breakdown of communications.
- Surprised there's no mention around utilization of allied health professionals particularly LPNs - they are not utilized in primary health care models. Very little about expanded scope of practice.
- If LPNs are not being accessed they are underutilized.
- we ALREADY have primary healthcare framework
- worried about repeating process, need to not spin our wheels
- this process NEEDS to be different or no progress will be made, very concerned this current effort will not result in effective change
- not just who gives the services but how the services are delivered example guidance in schools have too many students...can't deliver the program and services the preferred way or in the way that it is meant to be delivered.
- the what we heard document did resonate very accurate to what most people at this table expected.
- put the services where the needs are Good working example is the current nurse practitioner services in community centers like McMoran etc
- Even when individuals can get to the Dr's during office hours...the wait list/time might be two weeks. There may be other ways to meet the need. Nurse practitioner rather than family doctor or pharmacist write prescriptions.

Q2. What actions should be taken to improve access to quality primary health care services and supports in our province?

- RE wo Travel r compliment itinerant service. TB BOAT Historical services first sepculity travel cove
- Identify whats in community
- Person-centred. Overall sense of wellness for patient.
- Take away the things that are connected to health but aren't actual healthcare
- Lack of co-ordination amongst stakeholders.
- Churches can be involved, and volunteers in the community. Satellite clinincs in certain areas
- process soltly , notice to inter deution what can be done right correcto rt s direct acces wider community around roles who does what.y involvement. Clair
- There is no defined standard of what accessibility means. We may have a personal feeling that 3 months is too long to wait, but how do we have an acceptable measure for wait time? We need to establish a acceptable distance to travel for treatment too.

Access to allied health professionals is diluted, is there any way for Mary to directly access physio without going to see a nurse practitioner

- time to wait and turnover of doctors in Labrador is an issue; have discontinued health line there
- Govt take lead role
- Costs need to be reduced for patients who are trying to cover costs of treatment
- there's a need for expanded coverage
- access to allied health professionals
- LPN's receive education around range of motion for example
- outline a plan of care and then have better utilization of health care professionals and also non traditional forms of care
- Have more of a customer (patient)-focused plan.
- Nurse pract. out of prov issue not going to practice here
- A travelling physio clinic may be able to solve Mary's issue. She has less barriers as she has the money to pay for treatment. If she could not afford to go to corner brook, there is no access available to her. Many people cannot travel to St. John's to receive more rigorous treatments (such as chemo) - how do we alleviate those barriers?
- Clinics could be portable, travelling clinics. Need to be able to utilize our own resources, enable them. E.G., if a physiotherapist knew he had support to to go various places to do clinics
- Paramedic could do physo therp if shown how
- focus on allied health and physio and OT is missing we have demonstrated the resource issue (just as the vinette shows) but
- don't have enough seats for physio school
- maybe a school here for OT and PT or support seats for elsewhere (but can't transfer license)
- long standing mixed match supply and demand
- government needs to make this investment
- Industry could play a part, electronic access?
- Access needs to be a combination but must be well coordinated from the top down. Telehealth could be used to reduce travel, physio consults could work that way....Skype, facetime, these could help.
- long list
- multiple disciplinary solution - groups assigned responsibility
- population is divide and assigned to responsible party who are on salary
- Retention - support students in high school ...service agreements....keep local community to come back to community
- all involved need to address access

- RN/s could be on call for medical services when nurse practitioner or doctor is unavailable.
- People applying not getting in to med school
- cross training of providers existing in rural areas could be helpful to provide multiple services
- if students are having to go elsewhere to "study" health professions need support to make it affordable to go away with a commitment to return to work
- illustration return for service/ financial incentive
- a lot of services could be separated from actual healthcare. for example: doctor's notes, referrals, these services that slow down healthcare access.
- Pharmacists could play a more expanded role, rather than relying solely on family doctor.
- The reality of where we live dictates the barriers. Should services go to people instead of people travelling to services? We should offer services to many communities near each other. Tracking what is needed by people in the community - and communicating that to businesses - may encourage those businesses to travel to St. Anthony to provide services.
- create network of practitioners interested in starting interdisciplinary practices (family medicine) to take the lead
- GP the lead
- invest 3-5 yrs in several hub communities as a pilot then spread across the province
- Combination but government has to lead. After hour clinics will reduce emergency waits. There are a lot of people in emergency rooms that do not need to be there.
- E-health could play important part in place of primary care.
- Electronic Heath Records - improving access to information across practitioners
- Look at retaining local people who grow up here to work here ...
- doctors should not be gateway to health system
- Telemedicine. It’s mostly used for specialty appointments. would like to see this used more.
- train people as close to where you want them to work....i.e. medical school here
- even the work terms/placement are situated in the rural to tie them there"
- Means of doing - connections aren't being utilized to highest level. Consistency lacking.
- Extend hours of health care professionals.
- A singular health care system electronically, that all service providers can have access to.
- Recruitment and retention - There is not enough incentive to set up shop in small communities in rural areas (and stay.) There is not enough demand to incentivize these.

- Utilize paramedic downtime as example...collaboration
- There is a physio shortage (PTs and OTs), but physio practitioners could be doing outreach clinics to bring services closer to patients. And follow up could be via telehealth and other distance. Education piece needed as well. Need a structure and a system in place to achieve these actions. Combine in-person with distance technologies.
- move towards improvements in information technology (so all practitioners have access to immediate info)
- telehealth should be expanded, use a phone call to communicate results to limit travelling (e.g. results of lab work)
- Team approach...use who is there to provide service driven by RHA
- Aging population will increase demand for physio. Need training and education system for physio practitioners.
- Preventive care should be stressed for the individual so that they can take ownership of their own care.
- Cottage Hospitals worked...we moved away from a "perfect system"
- access results through a secured digital portal (or even via text message)
- navigator is a useful idea (even for certain sectors) a nurse navigator like a case manager
- use province wide
- had to be accessible different modalities
- even a school system navigator (to see the school guidance)"
- specialists need established schedules for communities and be able to set appointments
- Combination but government may need to force the change. Require groups to change.
- Locums for health professionals like physiotherapists, massage therapists, chiropractors, etc. to expand into rural communities.
- Need for referrals from doctors needs to be broadened even to self-referral and then the professional can determine the need of service.
- We have become too big with too many systems
- Primary health care to work, need to organize the system differently. Need revolutionary vision, even if takes time.
- Create a community around individual healthcare.
- expand office hours and clinic hours beyond the typical working hours (e.g. beyond 8-4)
- Need team based care.
- More places need access to primary health care teams. There’s no access to these teams outside of St. John's.

- Online will only work for those who are comfortable with tech
- guidance counsellors using their time to help students "navigate" we need someone different to take this role over
- need the one person to hold the info and then help guide the users through
- expand offices to be open 7 days a week
- Electronic access to appointments. Self-service.
- need for clinic services to be maintained in rural communities
- Adopt best practices that exist in the country and implement it across the board. Needs to be looked at to improve the system.
- Wait times have to be reduced. Additional or even worsening health problems occur when you wait.
- Diagnostic procedures should be completed 24 hours."
- Upstream activities - prevention and promotion, especially with seniors. Information with physicians, capture info and do things before issues happen. e.g., target certain demographics.
- Individuals need to know where to access services
- Information needs to be disseminated
- Not just internet - not accessible to all
- vulnerable populations are really in need for a navigator who understands the / best approach/ services/ programs
- aware of the system/ aware of the services /programs
- expand use of tele-health (could be beneficial for mental health as well)
- We need to id who has capacity also who should not be doing things
- It is important to divide between wants and needs, but there is no common language to identify those wants and needs, therefore it is almost impossible for us to communicate and be on the same page.
- investigate best practices regarding access to services
- Follow-up is a major issue, need system to address the need to continue care following the initial visit.
- need to focus on how to address supply and demand staff needs in the health care
- better utilization of resources - telemedicine, telehealth - poor job of communicating - take ownership to find out what is available;
- Push messaging to people - letting them know of what is happening.
- be care not to assume that technology will always be available everywhere
- Explore more opportunities for mobile services or telecommunications services (telephone etc.)
- ex CNIB doing work with kids in Lab re vision rehab through technology
- Scope of practice....physo ...private practice...access issue...and equity. Utilizing private practice

- how about the staff go to the people as oppose to the patient travelling
- Combination with strong government leadership.
- Insurance shouldn't be necessary; MCP should cover physio, massage, etc. Funding primary will save money in secondary (admissions, surgeries, etc.)
- Issues that exist in healthcare exist in other sectors; navigation is not specific to us. If you knew in your area that there was a coordinating person responsible - you could be able to use standards (which need to be set) to establish if needs are being met
- People don't know who to go to when they need specialist. We need more accountability and quality of access, especially for referrals to other allied health professionals.
- look at how to share RESOURCES/video conferencing
- One-stop shop, team-based approach to care. Often church basements can be used to house these types of things on a rotating basis.
- the pool of resource people to support needs could be expanded
- geographical issues...place care in key services available and reliable (team of providers to deliver this) rural and urban centers have this common issue
- expanding scope of practice
- PT teach a nurse to aid the patient in physio as the nurse is right next door
- we have removed some barriers we have physio aids but licenses sometimes are acting as barriers need to work with associations to problem solve
- Pilot in small community on collaboration
- Community partnerships could help alleviate travel, non-medical services.
- Community use experts they have in place
- with remote communities, community involvement (e.g. through a tax-based system) to help with tasks (e.g. snow shoveling)
- Health care coordinators to help people navigate the services offered by the health care system. If supports were there then it would be a much more fulfilling system - both a community and within the health care system.
- community groups (e.g., 50 plus clubs) can be used for prevention
- warm line available - let’s move needs into the community where possible
- Non-for-profit groups can do things, with support from primary health care.
- should have better utilization by having health care professionals travel to smaller communities
- better use of telehealth - Labrador is perfectly positioned for this
- a lot of innovative models - strongest families institute is fantastic
- need these models and to be able to pay for them.
- no 2 communities the same - we need different solutions for Labrador - solutions should come from grass roots up. but gov should put funding in place to facilitate it.

- Patient navigator system where you can input the needs and desire of patients in communities. When significant demand arises, they can contact clinics and say that it is worth their while to travel to smaller, rural communities. Someone needs to keep a list of people who need what. Although, this does not help the patients who cannot access care because of other barriers (such a financial)
- Need better funding for allied health services. most people can't afford them.
- Need a review of provincial health strategy.
- Ontario model - incentives towards collaborative health care. Invest in collaborative health care and not the fee for service. In UK pharmacists can deal with some problems/minor ailments upfront - which can lessen the dependence on doctors/emergency rooms. Problems with 'one discussion only' health care appointment. Collaborative care uses all of the health care resources available.
- specialists visiting communities on a short-term basis (modeled after experience in a remote area of Nunavut) - fee for service individual on an independent basis
- better use tele-health (e.g. teleconferencing, videoconferencing) - how do we use existing programs to facilitate this
- More with telehealth - issues can be address over the phone. Doctors are not receiving a fee for service for telehealth. The phone can really help patients esp. in rural areas. Now there is not way to account for time spent assisting through telehealth services in the current fee for service model. A blend of both may be good. end of some doctors paid on volume and some paid by fee for service a b
- establish limits for how far away a community can be from services - consider satellite offices - clients would respond better to services when not having too much far from home - has to be affordable
- schools and libraries can be used to offer services, specialists should enter communities on a temporary basis (e.g. once a week)
- Encouraging healthcare providers to use these tele-care technologies. Provide education around this. as well as to open it up beyond just being used by specialists
- Consider circles of care & what is needed
- Also private industry need to be tapped
- Volunteers should be utilized
- applying data and analytics to ensure the proper service is being applied for the patient and the right channels are being utilized
- technology can play a strong role to eliminate travelling for patients as much as possible
- access is a government responsibility, integration of health teams, a number of different types of practitioners - would require funding, establish a funding pot to encourage community health teams
- putting specialists in a communities temporarily would alleviate travel costs
- Broader access and awareness to telehealth for services such a physiotherapists.

- Give consideration to people who have to travel. Have prime time appointments.
- Would be good to have a clinical coordinator, having people involved in admin team rather than medical team, to facilitate connections between disciplines. Nurse practitioner is critical to such a team. Too many silos need to reduce barriers.
- Practice improvement is important. Doctors want to do things to expand their accessibility. E.g., NLMA - advanced access scheduling - new ways to do appointment scheduling (help in urgent care). Need resources.
- Have nurse practitioner in Doc office - can do after hours work, work life balance improves for doctors. How does a doc do that? Work collaborative?
- adopting technology - patients use technology monitoring device and nurses monitor
- referrals can be reduced if use triage scenario
- triage system - will only see a dr if necessary, can see other professionals a s needed
- travelling clinics are necessary
- service available remotely - triage also
- Patient navigator system would need an independent employee or employees, not something that could be pushed upon a doctor, pharmacist, etc.
- More use of nurse practitioners in the health system. Also the use of traveling clinics. Nurse practitioners in smaller communities. If medical care could come to individuals then individuals could stay in their homes if the need that particular kind of service? It save money to keep people who benefit from home visits out of hospitals.
- System more adaptive with technologies
- Ingrate technologies to assist the delivery of health services and access to health services. Team working together in a collaborative approach is very important. Partnerships are key to make this successful.
- doesn't have to always be the GP to deal with patients
- Team approach is vitally important and responsibility of the partners on termer is aware when supplying health care. Make sure the public know when and where the team is available to offer care. Also important is training the teams and make sure each member knows what each region needs and are able to supply the care.
- senior managers need updates on wait lists
- Assignment of geographic areas for more specialists ie. physio
- more collaboration between RHAs and government
- access to allied health workers - physiotherapists, ot, mental health care workers
- look at salary for fee for service physicians
- what is responsible period for travel / access
- primary health organizations - why wouldn't you have a choice on where to practice - local people supported to engage may stay in remote communities rather than people that will have to travel

- Need to look at the research that currently exists. Government needs to open up their research for easier access to it.
- school system identifies needs in primary years scope of province multiple schools share staff (counsellors)
- workloads not manageable
- need resources in school
- mental health issues are rising and not enough resources to address
- high schools need are on the rise
- Some supports in community to figure out needs of patients, and can bring those health care providers to an area,,,less cost for people, less travel, etc.
- school issues violence in primary schools downloading responsibility to schools to address can't expand educations scope of practice more needs to be integrated support
- more interdisciplinary teams
- education voice needs to be in on the community interdisciplinary teams"
- school counselor integral team member of mental health team
- work it as a managed case load
- benefit from professional development that goes around it"
- use electronic records
- need to increase the role of school counselor as an integral team member at the health table
- More mobile facilities help people in rural areas. System that doesn't postpone patients at their own expense.
- Increase access to diverse professionals in all areas.
- Broadening PRA r. Plan regionally, telehealth, attract/retain professional difference
- Communication and collaboration (scheduling, resources etc) among practitioners. Get issue addressed in timely manner with multiple specialists.
- Bunch of different issues and each have to be done differently (rural, towns, Labrador).
- Travelling is necessary, so it is difficult to coordinate between health care, travelling, citizens travelling (may travel long distances but your appointment could be cancelled and you only find out when you get there|)
- coordination between the two and improvements need to be made
- Utilization of nurse practitioners must be increase. Family practices need to be able to hire NPs.
- Increase scope of nurse practitioners.
- telecommunication is important (used to be the top in the country but now were oe of the lowest)
- Encourage people within their region to learn about services available locally.

- For physiotherapy there are a lot of exercises that can be competed at home. NO need for the long commute.
- Clustering the services and retention of health professionals. Should have a collaborative environment. Centralized community.
- Bring services to the patients. No need to travel that far. Hard to shift current practices. Health teams in rural/urban areas to provide services on a regular basis. Support professionals so they in turn bring back a comprehensive service.
- Mobile clinics are a necessity. Bring the services to the people.
- Retention issues, not necessarily recruitment anymore. Problems with this can cause issues for access.
- Need to look at increasing the scope of practice and removing barriers such as referrals by doctor for physio therapy.
- Need to be able to redirect people along the way.
- Goverment needs to change legislation. Need to work with organizations too. Sometimes the political will is needed to make it happen.
- We have a lot of practitioners and we need them to function full scope."
- Traveling lung clinics, MCP coverage; going without. Emergency rooms then increase costs. Communication stakeholders. eSupports good, but GPs don't have access. GPA access.
- No doctor should work in a solo practice. Nurse in smaller sectors and regular clinics in the main sector. To provide quality care both at home and centralized. Cluster specialists.
- money is a difference, important to identify inefficiencies (we are providing a lot of money towards health care but we are still not meeting our needs in a lot of areas)
- way to access where exactly our money is going towards
- shifting responsibility for annual checkup. Awareness for the public.
- Educate professionals differently to province this kind of service. Gov't work with programs in and out of province. Many programs (dieticians, social work etc) not spread out. Encourage student to stay when finished medical studies.
- Health sector can work with private sector to help new startups get off the ground. Advise patients of this.
- Assess needs of the different communities to locate where and design system to deal with those populations.
- directory is basic and should be done
- hours of clinics are inconvenient if only open 9-5
- keeping people out of emergency departments would be great
- Coordination between clinics on hours of operation may alleviate emergency depts.
- Rural areas - no continuity of practitioner's - coordination of resources in larger centers that branch out to rural areas might help

- nurse practitioners are not necessary trained to provide primary health care in rural areas
- Case management team approach, travel clinic
- Aboriginal language barriers. Limited translators to travel with elders to their medical appointments. Community and Government support is needed to provide this service.
- Going back to some of the old fashioned ways. Have travelling service providers for specialty services. Have a team established and an area becomes used to seeing the team.
- We underuse digital/tele-medicine. NL has been a leader in technology...follow-up can be done by a blended model.
- Telehealth improved
- Teleservices - increase needed. (Skype, video conference) Volunteers could support this sort of project.
- efficiency and communication= (personal experience) mother had to get a cat scan redone, making it more expensive for the health care, there should be communication between hospitals around the province so things don't have to be redone, making it more expensive
- Look at technology as a way to improve access. Using this to educate others via great distances. Could have centralized service that communicates via tech.
- Privatization of some health care
- More use of nurse practitioners
- Access to services should be designed at system level. Talking about awareness first is jumping to far ahead. Should be community informed. All parties working together to address needs and system has to be comprehensive.
- having certain specialists travel to rural areas on a regular basis would be good
- procurement is an issue in small areas
- Reminders of annual checkups and appointments.
- Setting up mobile clinics
- PTA linked to Physiotherapists, via tech. Could make dollars go further.
- Pay-to-stay, contract in certain area, co-op programs in hospitals for certain amount of time, increase in access
- We need to clarify areas where we need doctors. There needs to be a responsibility that if you are occupying that spot there is certain criteria that you must meat.
- important to identify inefficiencies in order to create solutions
- Students in remote communities, partnerships with university/college, maybe they will go and have a good experience, be willing to stay.

- Nurse practitioners could take some pressure from GP. If you are going to build teams, there are barriers b/c people protect their piece of the pie...especially doctors b/c they now control everything.
- Nurse practitioners = have seen them work well and work poorly...and this can be influenced by the feedback they are getting from Drs.
- New ways of funding Nurse Practitioners could be explored if we are expanding their services. Need better pay.
- Flexibility in transferring $ - btw vacant dr positions, for instance, to nurse practitioner.
- Coordination. Everyone understands what is expected. Access in Canada is low. Deserves attention
- Need central education session to educate other professionals about where resources are for their patients. Professionals can see how their areas of medicine/health is related to other areas. Coordinate work and organizations.
- Need a blueprint. Proactive rather than reactive. In all sectors. Aging. Services to prevent the need for doctor visits.
- access to services based on patient needs provider payment models is limiting
- is the patient getting what they need? this needs to be answered to give better access to patients
- con't response from last one...Consider weekend access to services...nobody wants to work weekends. In pilot projects should consider this.
- Tele-health is the way to go... Improves quality of health care. Have people on ground, linked to professionals elsewhere.
- Model fit needs and populations. Traveling clinics, telehealth. Covered vs fee very imp.
- Need assistants. Use technology. NO need for long commutes if you utilize technology available to us.
- Online database to connect regions in NL, professionals and patients to allow users to find out more
- The booking process. Advance care access, alter how all health care professionals book. Allowing for emergencies and reminders. Makes a difference for access. Urgency prioritizing. Use of EMR program.
- Telehealth service being dependent can work well
- No provincial strategies, only regional focus. Need to think big to make changes.
- Flexibility to increase the presence of nurse practitioners.
- If we are developing teams, once team is established, then do a better job of case management.

- Must be a true collaboration with people, important to be honest with what is accessible and what is not, sometimes there is miscommunication where people are asked what they need and want, then realize that that was never the true intention.
- important to not confuse people who may be asking for things that were never originally available (also better for the budget- people will be aware that only certain services are not available, and less money could be spent)
- Pay-to-stay would limit continuity of care compromised
- More regular contact with professionals for private health care.
- better access is needed for patients in rural communities - improved collaborations between practitioner's can help achieve this
- Like to see ...how we all understand a community school...I'd like to see a health version of that.
- A centre piece for the community that would see more community ownership. Community advisory group, a team based on community needs, could be supplemented by technology...linked to other social systems and system navigation.
- Major emphasis on upstream prevention, community grants for community based work.
- It's a different thinking and has to come from citizens, and can't be provider driven.
- Need people talking about health in a way they talk about other things.
- Communications is a big problem. Basic phone service, some areas of the province have limited access. Even on the Avalon. Also how do we get the information out to the people? Should not create more access barrier, not just one solution for all.
- Health care is not just about being sick- issues are complex.
- healthy eating discussions should start at a young age
- resettlement of remote communities should happen to improve the services to these individuals
- efficiencies need to be done better, need to be careful that when discussion on issues, services and support are criticized it could cause people to worry about their jobs, if they are not working correctly, etc.
- Telecommunication using technology to store information is vital to making things less expensive so things do not have to be repeated.
- Access to multidisciplinary teams (social workers, therapist etc.) - Mobile Teams. MB is currently doing this and their system works well. Concept that is working on MB.
- Hearing impaired and visually impaired people also need to be considered in this.
- Patients don't get the data....lot of duplication in the system. If they were the holder of the data then they would have it wherever they go.
- Patient has the key and can give it to whoever needs to access it.
- Mobile patients travelling from place to place...health information protected but it's the individuals' results and information.

- Addictions and mental health - The system is not working there are gaps in services. (wait times)
- Volunteer resources are diminishing. Small communities, hard to find people to help out.
- no doctors are NL trained in St. Anthony and retention is difficult!
- Central Directory of the system. Need for consistency, with clear language that everyone could understand.
- Population density pulls a lot of money and resources to the Northeast Avalon. As this become a more attractive place to be, it becomes harder and harder for us to deliver services to rural/remote community.
- health records should be shared across jurisdictions
- Electronic health record needed desperately
- Province wide plan for tele-health.
- Cancer care system is working well. Navigators are used and works well. A navigator is primary care is needed.
- Overlapping scope of practice and access.
- Continual quality of care within the system. Navigator needed.
- One group doesn't know what programs are available but another group does, creates a circle of a lack of awareness. If there was something built up to facilitate communication particularly starting at the practitioner level so that the end user can be aware of what they should do to resolve their health issues.
- Keywords: communication to facilitate access and cooperation between practitioners. Eliminate red tape.
- Online: not everyone has a computer not everyone has access, if you look at those who can't access those things, those are the ones who suffer from a lot of chronic disease but they don't have basic access. Computers, phones, etc.
- Summary: information available at the source rather than go find the information yourself.
- Alternative care delivery - group, home visits, ambulance service.
- Ambulance service doing clinics to do blood pressure test."
- There are databases and people don't know it's there. They don't know how to access it. WE need to change mindset from healthcare will provide all the information and have individuals take initiative for their own health.
- Summary: individuals take charge of their own health, good for those who have the skills, i.e. younger demographic.
- Start back at the basis and educated everyone about what services we have. 60% of providers did not know about the services. No matter age
- Summary: People don't have access to the information. Start at the beginning. Part of education but also general education.

- Walk in clinics at more accessible times so people can physically go there. Move outside traditional hours. Staff it with other health care givers other than just dr as sole medical practitioners.
- Summary: Extend hours and access by redefining what has become the norm in health delivery.
- Primary health care services in highly trouble areas like downtown st johns where they can't make it to where health care is being offered—poverty etc as road blocks.
- Have one discussion with everyone at the table to create a one stop shop/mobile clinic
- Review services in mental health/addition, etc. Esp. no show problems, focusing on how to deliver services to those that need it the most.
- Linkages to activities, initiatives and policy alignment
- Summary: Communication across the board and bringing services to those who are vulnerable to overcome those roadblocks that are there for these individuals.
- Rural access is an issue and utilizing virtual appointments to help people who lack the access. Cooperation using new technology.
- Summary: Use the virtual world effectively. Have someone in the room but use the virtual as a subsidy.
- Technology, Skype training. Some sort of fee structure where a televisit would be cheaper.
- Communication between all parties: patient, provider.
- Some responsibility on patient to articulate barriers; providers need to be more sensitive to types of barriers that exist"
- "Instead of bring people to the service, bring the service to the people.
- Telehealth is a promising mechanism to expand the access to primary care. Perhaps having physio aides, rather than full physios in small communities to assist in televisits.
- Vignette was very real. St. Anthony part of our region. We have approval for occupational therapy positions, physical therapy positions... we HAVE the money, we have NO biters. We have everything we need, but can't get bodies on the ground. We have the support, we have all these vacant positions. We just can't get someone to go there.
- We need to look at either more mobile clinics or realigning resources. Resources are located in big centres and one of my big issues are there are no provincial acute care services - it's allocated the Eastern. We used to have a child care services team who traveled to Labrador, but we don't have that anymore. We are going backwards instead of forwards
- Physiotherapy in the hospital
- Telehealth - for follow up

- Private needs support.
- In some regions, physiotherapist will go in once per week. LPN could be given training as a physio aide. The LPN then does the therapy during the week.
- For rural settings, mobile medical teams could be a huge help.
- Rotational services are not utilized enough - specialist will come into an area and see a group of parents one day a month for example.
- Allows individuals who cannot travel to access services.
- "Circuit services/ mobile services.
- Therapists working out of central areas travel to local centers for clinics; can follow up with video conferencing.
- Realistically difficult to provide all services all the time in all small communities; take the lead of the legal system to ensure predictable access
- Specialists are having difficulty getting into communities to see their patients. Municipalities have been known to create that barrier.
- RHAs not standardized
- Proximity to services. Where we have located does not work for all. Downtown needs services. Collaboration between RHA (regional health authority)and NGO (non-government organization)
- We almost recruited someone but we had only one position for physiotherapist and he was unwilling to take it because he was just out of school and afraid of being completely on his own starting his career. So now we've created two positions, but still haven't filled them.
- Capacity issue for access to services - opportunity to expand the scope of practice. Take some things off the physicians' plate - expand other professionals, increase the use of remote technology to increase access. Challenges - financial
- Coordination and awareness overlapping... we always focus on client not knowing we exist, but the providers don't know each other exist. Like a nurse practitioner should know that community resources exist. We have events to collaborate, but the same people keep going there. We would then know what is available. Look at committees and coordinating bodies that exist, who is on them? They've done something positive with Mental Health committee, Dept of Health coordinated that.
- allowing people that don't traditional have skills be professional developed in various areas
- Updates could be done over internet
- Diff. health pieces together within community
- Providers able to go to outside communities?
- When you have a person community to travel to various areas and just concentrate on one are.
- No demand for anything else.

- Private practice.
- We need to have standards on “reasonable access” and have actions to help those who are out of reasonable range of services
- If there's enough need for physio, have the health care workers do the traveling to the communities instead of the patients.
- Telehealth should be used more for care to remote communities.
- Do people know that Telehealth exists? More focus should be placed on ensuring that people are aware of the programs that exist?
- mobile health care team that give care to hard to reach areas
- Access to a family healthcare team for everyone. Especially access to allied health. Telehealth would be a good mechanism.
- Recommend investment in providing transportation for those at a distance from care
- establish community based healthcare teams with providers that the community needs and using technology to improve healthcare as well such as teleconferencing
- Reducing barriers-- barriers around attitudes, particularly in the mental health field, gender, age, disability, SES.
- Education of primary health care providers- services to everyone equally. Discrimination can impact one’s self-worth.
- Logistical problem - being out of the circle, the onus is on me to get to where I can get help. Why not spread the experts outside of the centre. Health care in Canada can't be totally centralized; on the other hand experts can't be sent everywhere because it's not practical. We need to make it work better. Visiting specialists, does triage and later would send people to larger centres.
- Having an umbrella of services located around a family physician. Colocation of services. Enables practitioners to work together. Couples with electronic health records facilitates this. 'patient-medical home" is the term used for this.
- One stop shopping for many services. Maybe not housed there all the time, but it’s a centre where you can access a group of health care providers.
- Better coordination of existing resources. Some professionals are very wary of being outside of St. John's and being isolated from their field. Dermatologists are working on expanding a telehealth solution for this reason, which will still make their care accessible to patients around the province.
- govt does have resp but has to articulate what services will be where
- govt must decide on basic services to be everywhere
- physio - telehealth - vignette - may not need a physio deliver the service - oversight
- geography is a challenge. Someone is always going to travel but how far?
- Community health clinic in Quebec has a model - one centre, 24 hour operation, serving a certain population.
- Can't recruit to put services in all communities

- Multi-disciplinary clinics - patients are better able to access services, better collaboration between professionals. Communicate with colleagues, team approach. Challenge - rural areas (don't neglect recruitment of other professionals such as physiotherapists when focusing on GPs)
- Use of telecommunications
- Online appts - physio sessions
- assist mapping and see shared health care resources
- Came from isolated area now lives in greater st. john's area...access is challenging when you live in rural areas. Use the internet (skype, facetime). should be done more.
- Family Health Team in Ontario is awesome. That would really help here, especially with isolation. It's a one-stop-shop. Go to the same building all the time, people get to know you, continuity of care. Our huge geographic area is perfect for that care model.
- deeper and wider use of technology ie. telehealth.
- remote appointments with video technology could work most of the time, with periodic in person appointments.
- Physician extenders such as registered nurses with appropriate skill sets to physician practice.
- Patients are more relaxed with nurses than doctors (says doctor!) and are more likely to be open and more likely to accept advice.
- Doctors need incentive to hire and train nurses b/c training slows down patient turnover; in first year or two may need income neutrality... over long term, turnover increases, increased capacity for patients
- Recruitment and retention to rural communities must be an area of focus. This is a problem in many areas of the sector. For example, the signing bonus for new doctors to rural communities has yet to be confirmed by government.
- Recruiting to rural areas will always be an issue- telehealth might be a solution.
- Incentives are there to work in rural communities but need to be integrated.
- Clinical appointments which people are required to attend and people travel to get there. They get to their appointment and find out it's been cancelled. I don't know why that thing isn't put online. Put in your MCP number and see if the appointment is still happening. Then they can travel. Communication of changes. If she could get on and see that her appointment was cancelled, see that the physician is not having the appointment, she could not come in. Then people are not traveling and costing them a fortune. And for someone's who's on OAS and GIS, that's a big part of their income for that period of time. Although they are reimbursed some, it is a financial burden.

- Travel clinics, telehealth - instead of efforts all on recruitment, change the focus. Reflect demand better, innovative ways to provide team approach to collaborative care.
- provincial guidelines
- standards are minimums
- places getting by even without minimum
- need regs and follow up
- shared resources/mobilizing catchment areas to gain access
- NLs prefer phone access to online
- Navigator system required – people don't know who to talk to, phone system could help ease navigation challenges
- use of alternative providers such as complimentary providers (physio) and thinking outside of doctors as healthcare providers. Looking at a concept whereby groups of professionals are hired to spend certain amounts of time in certain hard to hire areas of the province.
- Technology is very important. Telehealth was very helpful to one of his relatives. Multiple meetings via telelink with doctors in other provinces and communities.
- Perhaps hospitals can also include other things such as physios, or other primarily private practice physicians.
- Issue with pressure on emerg room - office hours for a lot of the family physician clinics, so extended hours of different hours, would give people more access. and the use of nurse practitioners would help. telehealth services in rural areas increased. More integrated technology.
- Having one-trip to physio, home exercise program, follow up by video, anything of that nature so that she has to travel less but still gets the care she needs. Rural positions are on their own without a lot of support, challenging to recruit for those. We need professional collaboration and support, THAT will make rural positions more attractive.
- Technology and Telehealth services. Conne River doing tele-psychiatry from Grand Falls-Windsor and this is working very well. More access for people. Also, Heart specialist comes 2 time per year and sees 80 patients each time and that eliminates need for all of these patients to travel.
- many more nurse practitioners in the community
- in conjunction with telehealth, more self health that is available through technology. i.e., knee exercise self help modules that are widely accessible. modules should be accessible in the local clinics and it would be legitimate
- Access point go from GP to a primary health care TEAM - sharing records, collaborative and communicative. Recruitment is difficult - team may help encourage this.

- ensure professionals are working to full scope of practice; increased access to nurse practitioners in rural areas
- employ team approach coordinated through nurse practitioner assessment
- enough med professionals in each region to properly handle workload
- govt provide professionals come in for in home treatment
- recruitment issues due to professional not want to go areas but if you get super centers you may get professionals to go to them areas
- Trying to think of it from lens of fiscal reality. One big piece that may support this is the compensation for providers. We have enough physicians in this province, but physicians can choose to only work a few days a week or shut down their clinic at 2:00 in the afternoon. Time might be well to engage medical profession to think about a bonus criteria. With our fiscal reality and the pressures on the system, the professional association and government can come together to negotiate or address.... because the biggest pressure on after hours involvement is access during the day. No clinic operates after 5.
- recruitment issues due to professional not want to go areas but if you get super centers you may get professionals to go to them areas
- Travelling clinic team, recruitment is difficult. Several primary health professionals - sharing files.
- recruitment issues due to professional not want to go areas but if you get super centers you may get professionals to go to them areas
- Using more telehealth in Labrador. That's a place we could look to for providing better service to rural areas of the island as well.
- If there is capacity locally, it’s important for the community to see what they are doing. For example, staff should have allocated time (i.e. so much for community)
- Outreach education is important – key to bringing youth into process (educational, etc)
- Pilot projects within community to provide Local facility
- Trying to provide services to Winnipeg population spread over all the provinces.
- Assuming you can do it, where are you going to get specialized people to go live in the rural communities.
- Have to be innovative to providing these services.
- Centralization - accessibility and transportation has to be made easier. no point in going to therapy if you are in a car for 6 hours.
- How much you pay someone to go somewhere to perform the service (ie, physio).
- You have to be innovative.
- Need a dedicated resource by Region to list all the programs and services that are available. Family physicians and health practitioners do not know most appropriate

person to refer to. The participant had a psychiatry background and sees patients who could be referred to psychologists, social workers, etc.

- There is more to treatment than just the initial visit. There needs to be a "wrap-around approach" for ensuring that patients get treatment. There needs to be further assistance for patients regarding navigation of the system.
- a lack of communication is an issue and better communication is something that is necessary to take action in
- it’s not just the health care system that needs to increase communication
- Education system needs to be incorporated to teach the public what primary care is and what it is about.
- Telehealth technology is easy. It's something we CAN do, so patients can see someone, can get checked up, etc.
- Physicians are often compensated but other primary care practitioners need more incentive.
- Awareness of services - I didn't realize that was really a problem, but I guess if you're in small regions it is. Low cost solution - posters in the doctors office, ers, website to list what's there for people to access. Talk about not having health care professionals in rural areas - something like grouping appointments together and bringing in a health care provider for a day or so. Coordination of services to have the right people in the right place at the right time.
- Travelling clinic similar to HIV clinic - moving around as a team regularly. Challenges - how would a travelling clinic operate, difficult for health care professionals, practically difficult
- We need to integrate mental, physical, spiritual health... some older people are afraid of the telehealth and such. They are not familiar with it.
- In med school they emphasis a patient centred medical model. Takes into consideration other factors in their life. Insurance, age etc. Looking for other options depending on individual circumstances. This may provide a role for telemedicine. Can also alter hours of care, why not evenings and weekends? Doesn't mean they are always in operation, but can stagger.
- Ability to use technology for self-scheduling. Often difficult to get through via phone.
- How govt makes decision on professional distribution
- Remote areas should have transportation assistance
- Patent navigation is key (cancer treat works well, should be used as best in class model)
- lot my issues could have been dealt with by pharmacist or nurse practitioner, not a GP
- doctors used for people who really need one
- govt needs to expand role of both pharm and np

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- Decide care plan in advance so a patient traveling ONLY HAS TO DO IT ONCE. So often people go out to wherever, get something done, and come home only to have to go out and travel again. These should all be planned together.
- Staggering work hours of clinics and match clinic hours to the need as opposed to it being the other way. It should be patient centred. It should be focused around the patients.
- council offices provide information to the town on all matters, so at a basic level, providing towns with information that can help to direct the public to the right services
- Awareness for physicians and health care professionals what is available, what appropriate referrals.
- Lack of access is sometimes because of lack of physicians....Nova Scotia is wiping out tuition for docs who work in rural. It is difficult to recruit and retain. NPs, LPNs and paramedics could also provide primary services. Communities need welcoming committees should really work to retain health professionals.
- Normalize service (dialysis, cancer care)
- Norm - share records (can share) - in patient with mental should be included Primary health care
- Incentives to make norm
- wait time for times
- put formal connections in place
- Professional development upgrades for practitioner through technology so that rural areas can have access to expertise.
- There needs to be a team/ inter-disciplinary approach in local areas. There are many models that we can choose from. It is a collaborative responsibility of government and the health authorities to ensure this occurs.
- Primary health care needs to be viewed in the context of diversity of professionals, not just GP. Multi-skilled clinics.
- Mobile services; consider teams on circuit rather than one specialist at a time.

- private-public collaborations may be required to support this
- One would be that we need to be engaging more para-professionals. In the video scenario, there is no reason why we can't be utilizing a physio aide. And we can do that in a lot of other areas as well.
- fully onus can't be left on patient for primary health care
- Mobile response team for isolated care but still finding those people.
- Patients should not have to wait in fear to see a specialist. Someone should be able to tell them what to expect as they wait a year to see, for example, a neurosurgeon.
- Whole idea of awareness of services, not complicated concept, but to implement takes focus, but I think it's doable. Teams and getting info out. Nurse practitioners - the whole idea of bringer of services, it's an issue that need to be understood; same with other professionals. Fundamentally, there are elements in this question that relates to fundamental way to make incremental changes to health. Looking at new models to respond to that issue.
- transport to primary healthcare is often insufficient, and we need to have a conversation bot just about public transport but also about sidewalks, cars, people with mobility issues who need to get to primary health care providers but they have many roadblocks to doing this
- Network of advocates - accepted, known persons
- Technology - not all have access - has to be varying
- methods of delivery
- computer illiteracy
- Health care recruitment. Can look at local opportunities in small communities--rotationally in small communities.
- Education is key- people who live in rural areas are often from rural areas... work with the students in the communities.
- Declaring a position "difficult to fill" is too tedious.
- Work with schools to recruit new students. These recruits need proper support. Often drives them out of communities.
- Issue around wellness and education and confidence to go get support. free glasses and eye checks for children are necessary for school aged children.
- Affordability is a problem.
- Access to more options is critical - need to have a good report with physicians and often options are very limited.
- reiterate idea of telehealth and primary health care team being mobile
- community capacity building - rather than standardize health care teams - let the community decide what is most needed - depends on needs of community eg mental health
- physios may be needed in communities with older citizens

- like idea of scope of practice - if chronic illness - now recovery - others could be delivering the physio
- Referral process: you may know what you need (service wise), but you have to go through another specialist to get to the specialist you think you need to access
- Government / health care providers are unduly disconnected currently, more cooperation required
- Multi-disciplinary clinic has benefits. Basic service - facilitated conversation - trained person who will help the family/support system work together and provide care. Elder counsellor for example, to help people navigate the health care system.
- increase sources ($)
- bringing resources to people
- consider the public/private split
- increase/change scope of practice of nurse/practitioners
- We had a series of mobile clinics... TB - boat and bus clinic eradicated tuberculosis. Instead of going forward with this kind of idea, we have gone backwards. We're not looking at the past. If a mobile clinic is coming in an area twice a week, look at the cost of them traveling outside.
- (Regarding the video) We need to look at ALL the supports patients need, that could be transportation, that could be language needs! We need to ensure that people have the information they need. We need more navigators for the system such as in the cancer system.
- We need more health care specialists.
- Community pharmacists have good coordinated care. Singular investment should be telehealth and primary focus for the person as centre of their community...travelling specialists, allied health, primary care could really benefit from this.
- Telehealth
- Network of resources
- Expanded roles
- critical shortage failed health professionals needs to be addressed; resources have to be provided to support existence of team-based health care approaches
- Rural Hospitals should be more inclusive, offer more services.
- Look at where the issues are
- Can't measure it if you can't manage it.
- Community need a database of programs that are available so public knows what are available to meet their personal health needs.
- Small population, large area, makes it difficult to provide services: solutions would be improved transportation aid and telehealth services to solve the distance challenge

- Government / health care providers are unduly disconnected currently, more cooperation required
- Travelling - Govt allocate appropriate spaces/clinics to entice travelling practitioners.
- Awareness of services - probably across the prov there is probably more available than people are aware of or know how to access. posters/websites good for some, but literacy levels are not overly high. Could the health line be expanded? Like health 311 services.
- technology advancement would help
- Working together with associations to provide faster and more manageable appointment schedules and advanced assess. Teaching physicians to book their appointments in a smarter way
- Define access according to what is reasonable in communities. How does one define reasonable access- Can change on the position, or circumstances?
- telehealth improvements/expansions
- promote the tele-health medicine. The health line appears to have decreased but this may be a key line of access to healthcare for the public.
- Private area for tele-health area
- Physician model of care needs to change to align with expectations for new physicians; have an interdisciplinary team, work-life balance, colleagues available for consultation and collaboration; increased communication with allied health workers using technology if necessary (telelink, video conferencing)
- community associations such as churches and lions clubs to health get information out to the public can be effective
- Nurse practitioner - if we had more, these nurses would be able to work in a clink to be the front line person, would have a doctor shared by different areas. Doctor should be the last person a patient sees. Could use a nurse practitioner for after hours and for home visits. Need to provide nurse practitioners with incentives to move to rural areas.
- Ensure that government does not cut off aboriginal people's access to our "health care centre" and what makes aboriginal people healthy. By health care centre we mean the outdoors, the land, the water. These are huge cultural elements that assist aboriginal peoples' health.
- Tele Health Network
- We need to ensure that people understand the "health care" language.
- The transportation aspect where the public is not able to get to appointments and there are issues for them making it to appointment sand to health care providers.
- Dialogue with professional associations is key. Create models (business, patient etc)that makes sense for healthcare to be in these communities.

- Expand existing programs we have - telehealth, OT/PT training program and increase electronic health records. need to build on that. gov, health sector, university and private sectors
- We're getting more and more seniors - rotational services will be important but tele-mental health will be critical
- internet access and supports for access for the elderly etc.
- cap sites were very good at enabling access to this so someone could provide technical assistance. need a high standard in community
- team approach. to health care in small communities. Support from seniors, to junior staff.
- telehealth is used in my region, but not in others
- fee structure issues re telehealth system - a barrier
- more centralization and standardization - chronic disease management
- physician being relied upon , waited on, but nurse practitioners could be doing much of this work - use all providers - need to advertise
- community clinic model - can get an appointment next day to see a nurse - other professionals in the building - would work in urban centres as well as rural
- Improve access by creating teams of medical professionals and grouping them together so that patients are receiving better care and wait times and level of care would be improved.
- More public education about when to seek health care and when to wait.
- Teach people how to get value from dr's visit; teach individuals how to advocate for themselves and minors.
- Improve the Health My Way program.
- Emergency care has a really good model, emergency doctor has phone call to specialist, it's a fast way to get primary care doctor to get to specialists. High rate of women being educated in medicine, but lack of women in medicine. Women need to come together because we are the bigger graduated - to get continued care throughout the day.
- Patients should always know what treatment they can receive in different communities.
- Need to find the right people to be in regions where they are from and wish to stay so that small communities don't keep leaving regions.
- If we can improve access to the system (ie. MTAP), we will reduce people avoiding the system and having further issues down the road. This will be essential to cost-savings in the health care system.
- telehealth policy can be implemented easily - using existing spaces ie schools etc. to support telehealth. Whoever is going to facilitate it must be part of their job.

- School has access to gyms, kitchens, high-speed internet that could be used to facilitate healthcare access.
- Government need to be creative and flexible to put payment schemes in place to facilitate the ideas of groups such as allied health professionals.
- Fast Track Clinics. They work and they can be staffed with LPNs.
- Accessibility to files to know what other practitioners have worked with a patient to help provide services to that person.
- Patients, professionals and community:
- Patients need to be empowered to request alternative services such as tele-health; need to know the technology and access exists, need to be comfortable enough (not intimidated) to ask.
- Physicians and specialists and allied workers should be offering these services as alternatives to in-person visits even if not requested when they are aware patient has barriers such as distance.
- Needs of patients are important. What are they comfortable doing?

Q3. As a table, the top 1-3 actions you propose to improve access to primary healthcare are:

- system should put the client where they should be instead of going to family doctor
- triage locations determine where to go to eliminate over treatment of patients, used in other provincial models
- Proper assessment for who needs to stay at home - who goes to hospital, who needs at home care
- C - Table agrees there's a need to improve collaboration and communication between service providers and staff who enable access to primary care
- utilize talent through community team based model and have equivalent compensation model
- C- Table agrees community-based coordination of services through a single point of contact either within the community or through a health line, telehealth, etc.
- Expansion of pharmacists' role.
- Patient Navigation System; a body which will be able to move you through the system, more than a directory.
- The only issue is that this will increase the cost. But, this system will hopefully make the system more efficient - reducing cost in the long run. Doctors already work hours that are very demanding (as do many other professionals) so, to ask any of those offices to do more would be unfair. It is important to establish what onus is on patients? Doctors? Clerks?
- Private/public partnerships (philanthropy)

- Compensation regime needs to be reviewed with respect to community clinics
- Scanned into system. Technology system exists.
- C - Table agrees greater service outreach by practitioners, preferably interdisciplinary, is needed; need to take the service to the patients and supports (e.g. funding) needed to enable this outreach.
- collaboration - fits in community needs/ process food security - crosModels - Profiles...s cutting. Smaller scale. Each one inter connects with another.
- Need our own professional school to enhance number of allied health practitioners in NL.
- We need to have a cleared definition of acceptable access. Without that definition - one that is clear for patients, doctors, health care professionals - we have no basis for the service that is being provided. Responsibility and accountability for patients as well as health care professionals. For each delay in access, you put more burden on family doctors and the acute care system (cost wise and otherwise)
- Regulations and standards for professionals in the industry.
- community clinics (general and specific) provide services with multi-disciplinary team
- Independent, individual cases, arbitrary rules ex - bus pass for diabetic patient- not getting to crux of problem... power weight, issues - social services... cost of living, low income families, dental care, needs specific, individual, part of it is education, art of it is access
- C - Govt needs to support education and enhance awareness around primary health care (e.g. encourage patients to talk to pharmacists, nurses rather than always going to traditional doctor).
- Patient access to see where they are in terms of their appointments, either electronically or over the phone (with pharmacist, RN, etc.).
- community advisory committees for smaller communities to provide structure for access to clinics
- better use tele-health services to improve access in ALL areas including urban and rural (e.g. teleconferencing/videoconferencing)
- increasingly use satellite offices or sending practitioners to a rural community on a temporary and rotating basis, which could help avoid overtime
- expand office hours beyond (e.g. beyond 8-4)
- Scope of practice - use under-utilized resources/share responsibility - team approach (and enhance the use of electronic records) Processes in place not best use of resources...red tape has to go. Evaluate service for individual. Traditional tired approach needs to be evaluated.
- Re-evaluate fee service (divergent)
- Recruit locally - hold spaces at MUN for NL students with service agreements
- Client consent to allow access to health care records

- There is a space in the province for more use of technology. If there was a billing cost on phone visits, we would be able to save money and address issues that don't require as much detail. This has the ability to streamline some appointments, but not all. If we make these simple things earlier, it may incrementally change the system in a way that alleviates stress on professionals and patients who has trouble accessing the system. We should also push the use of electronic medical records. E-health won't solve everything but we may be able to sell it as an incremental tool to bring us closer to being able to access quality care.
- Govt needs to separate out additional healthcare costs (e.g. travel) to account for local context. Canada's (and other countries') geography can skew per capita cost comparisons and lead to unfair comparisons.
- Increased usage of telehealth - but there's been some challenges with physicians at Janeway in doing this - there is a lot of potential but lack of physician buy in. Needs more education and tech support to make it work.
- Patient navigators are a key addition to do the leg work as opposed to family. Example given like 311 in st. john's - a one stop shop for finding services. A live person always works better. Most people do need to speak with someone on person. Telehealth would work well in most areas.
- Compensation - salaried physicians are more inclined to participate in interdisciplinary teams - doesn't work so well with fee for service. Need a blended compensation system - salaried and then additional fees depending on the care being provided.
- having other services like doctors notes and referrals outsourced, rather than tying up the healthcare providers' time
- getting easier access to existing research and jurisdictional scans of how other places are doing it well
- it can't be voluntary for HC providers to participate in this change. we need to reach the disengaged group. What are the barriers to this change?
- Electronic medical records (EMR) - use the info we have, have to be better at sharing information. Will help to coordinate the system better.
- Need multi-disciplinary team-based care. EMR can help this. Offers continuity of care. Need a team to determine needs to gather a team and arrival to the area. Need flexibility of time and space. Getting health care providers to people when they need it.
- Retention of health care providers, especially in rural areas. Have stability over time.
- Team-based interdisciplinary primary healthcare practice regionally based (hub & spoke)
- Customize
- Take services out hospital eg. xray etc

- Accountability framework - contract between team & funder. Govt needs to hold service providers accountable
- Tools for individuals (communities) to locate services & education
- wait times need to be addressed
- Parameters around number of allowable patient visits"
- Smaller grants most effective funds- use in programs in primary care. Patients - consumers of hc- number of factors.
- think outside the box - people working independently not efficient and duplication of efforts by all parties when doctors, pharmacists, therapists, etc. work (and get paid) independently
- centres - can't it be staffed locally to people in triage and can access e-centre facilities
- provincial wide EMR - promotes efficiency and communication
- Re-think how we think health care should be delivered and focus on how it could be delivered. In some ways the system is becoming more compartmentalized and it makes it harder to communicate across aspects of the health services. A meaningful discussion on the current culture of health service. Community based ways to assist individuals navigate the system. Greater emphasis on prevention would decrease spending on health care.
- Use of a patient navigator
- local OT/PT school or support travel to other school
- share resources comm/govt
- mobile services /telecommunications
- expand school guidance role to health teams
- After hour primary care clinics - keep non-emergency cases out of emergency with after hours doctors clinics, perform diagnostic tests 24 hours
- Maximize the potential of the health professional...use the nurse practitioners, pharmacists, nurses, etc.
- Travelling professional clinics - eg. physiotherapists travelling clinics, locums in rural areas for physio, massage, chiro, etc
- Tele-health-use technology to get the care to rural areas (Skype, facetime, etc)
- cross training- where possible, concern with this idea.
- Provincial Strategy
- provincial wide record keeping software/record keeping practices/regulation
- Developed means to share information, access medical history of patients who don't understand connection between health issues and how information is relevant to other service providers
- limited talk-ability.

- Government initiative- up front investment needed to spur and consequently maintain the services.
- plan and prepare for uncertain needs on patients
- Leadership required
- Collboration
- Support system even between health teams -nurses, doctors, physio, etc.
- Resources in Hospitals (eg) should be available to patients in the community who may not be patients of the hospital.
- Regional/community level? who should coordinate?
- top down
- Community engagement
- encourage forums and brainstorming
- investing in discussion of new ideas
- electronic records, sharing patient information between sites- assist when practitioners are travelling to their patients
- encourage electronic record keeping-regulating record capturing software
- Bring the Care to the Patients
- help teams to reach out to patients
- designated reps to cover communities
- Patient centred plan
- Specialized services
- regular doctor visits to rural commnities to alleviate the patients travel burden.
- Because of the size of our province, this should be logistically possible."
- Cluster community based services. Cannot have everything everywhere. As well as other support.
- Technology. Use it to connect to people. Train remote communities on how to use technology as well as services. Change the lifestyle. Skype is a useful tool. So they are not always going to the community center.
- Need to address compensation for physicians. Incentives need to happen to drive changes in behavior. Need strict guidelines, plans and rules attached to this compensation. (Like BC model) Outcome BASED. Provide care in certain way.
- Not just physicians but others who support physicians. Right incentives to get right people to do the right things. Mandated to preform and meet needs of the public such as late hours and rehab. Constant awareness. In rural communities need to rely off more than physicians. Free time for paramedics can be utilized as well. They can be doing IVs and blood pressure etc. Use it efficiently and cost effectively. Adult day care to ensure meds are taken but take the pressure off old age homes."

- Province wide plan to cover tele-health, works great, can improve quality of care delivered. Link those on ground with professionals. Would be beneficial if this was centrally located and whole province was able to draw on that resource.
- easily shared electronic records would improve communication and access and relieved patients in rural communities of a lot of unnecessary travel
- info at your fingertips on patients and their history as a lot of patients are vulnerable
- double referrals are an issue
- lack of communication between practitioners
- Recruitment and retention of health professionals, need to work with health authorities and universities/colleges to get students into rural/smaller communities.
- New model needs to be created to incorporate all health professions
- More proactive than reactive with health care
- More awareness of prevention
- Traveling clinics w/ range of practitioners
- PROBLEMS:
- 1. collaboration
- 2. efficiencies
- 3. services need to be specific and different for rural versus urban
- SOLUTIONS:
- 1. storing medical records and results to tests using technology (so that the information can be accessed anywhere around the province) is extremely important
- 2. we treat doctors like they are part of private businesses and not hired as a government employees that are hired and work for society as a whole
- 3. doctors and medical services need to be provided outside of typical hours, outside of hospitals, need to be a lot more flexible
- IMPORTANT- NO DIRECT CONSENSUS, needs really have to do with location (things that work for urban areas may not work for rural areas), therefore services and supports need to be very specific for the area and the needs and wants of that population
- 4. INFORMATION SHARING, ELECTRONIC MEDICAL RECORDS can really help make things more efficient and collaborate between government, different communities, citizens, and different medical professionals
- 1.Increase Nurse practioner
- 2. Mobile Services with Team coordination
- 3.Tely medicine
- ** 4.Alternative delivery (house calls, care giver support, utilizing ambulance)"
- 1. Education-access issues can be resolved via education. It is the major plan that needs to be developed. Until a person goes and talks about their issue, they are not going to trust it.

- 2. Increase access bring it to the community.
- 3. Cultural change from the bottom upward. Get the buy in from the people who are using the service. Understanding that doctor is not the only practitioner. Find a way to curb the belief that access to healthcare is access to a doctor."
- 1. Access to and funding for Nurse Practitioners- Need more funding for poitions...can't currently need more and should be salaried (not contracted) but with performance standards. the current model is not working. They could provide a more coordinated role re: looking at what has been recommended. Empower patients.
- 2. Education and Information in an understandable and accessible manner. Communities under boil advisements and that is a basic need. Access to health information
- 3.Wholistic vision of services - if recommending physical activity, then what is available to communities? Apply health lens on all services. Shouldn't be a barrier btw health and education. Municipalities trying to access schools...it is a major barriers. Issues of liability, and cleaning services, etc. More local say in what happens...has to be a community avenue to contribute to how it looks.
- mobilization - team expertise travel through the island
- look at what we done and see what we done well and expand on it
- Technology is common theme in our discussion. Of paramount importance.
- 1. Design system to be patient-oriented.
- System is more provider-oriented than it is patient-oriented. That's why patients are doing so much leg work. System needs to be re-oriented to be patient-focussed. This requires necessary pieces to be in place.
- 2. Establish ONE POINT OF CONTACT for patients.
- Healthcare must come to the patient. It doens't matter if it's telehealth, or an LPN with a doctor on the line, or whatever else. It has to be accessible to the patient. This is what's there and working in rural Labrador. Patients in rural areas need one place they can go. Their problem might not be solved there, but one place to start their access to healthcare.
- 3. Leverage technology to improve healthcare in rural areas.
- Telehealth works. It gives rural patients access to professionals and specialists they'd have to travel to see otherwise. And it gives staff in rural areas contact with their peers, reducing the professional isolation that makes rural postings so unattractive for workers.
- a team effort between many types of medical professions to create a move effective system.
- Grass roots is also key- innovative health care recruitment strategies-- support within communities for new professionals-- brings up issues of quality of care if they are not supported well enough.

- How to get people from rural areas to go to med school and go back to rural communities.-- Access to educational opportunities related to needs within communities.
- Eliminating the unnecessary barriers to medical professionals so that people can see the correct professional without so many referrals, etc.
- Support within Regions would be key for physicians. Talking and discussing health issues- networking with other professionals to discuss positive outcomes.
- Support required to populate mobile health services/ travelling clinics.
- Real accountability needs to be in the system to ensure that travelling clinics actually show up when they are expected or are rescheduled in timely matter; weather issues are real, personal life happens, but timely rescheduling is necessary. Resources/ dedicated funds need to exist to support travel and support; use tele-health in between circuit visits.
- Technology advancement - health line can be expanded on as well as tele a medicines needs expansion. Build on what is already available in community.
- Creating a mobile team of professionals as opposed to as to a team that is static. This creates a group of people who are signing up for a certain type of lifestyle and perhaps in places where it is hard to hire and keep professionals may be eliminated
- awareness - need to make everyone aware of services available through all mediums and shared with whom needs to know
- Regionalization and a team of health professionals (including nurse practitioners) and use technology and mobile clinic.
- Awareness and education and communication that is regionalized to communities and community involvement.
- exploring other provinces/jurisdictions to see other models exist and determine what works best
- With regard to technology-- EHRs are key. Accessibility to these records would be key.
- Family Doctors should know what is happening with their patients. Can be done electronically.
- TRAVEL: Compensation for people who go and do clinics in other communities. Formal arrangements for the traveling clinic (one week a doctor has a dietitian, dialysis one week and another in another week). Teleheath should be within close community. Support of the administrative staff for appts. Dental health in an area did have videoconferencing machine.
- Professionals showed demand for medical in the area and go down as a group for a day or two to help. We don't have all the data we need to show the demand.
- Hiring of the required professionals - No administrative support in our medical institutions. Doctor's have to plug in equipment which is a waste of time and resources.

- There should be only a certain time required for travel for a medical appt.
- Need a formal connection for people required for Primary Health Care. What happens in a big city should be able to happen in a small town. there would be a delay in service and inconvenience but should be made available.
- Putting money up-front for stay off things that may come up that would cost more to government.
- videoconference, teleconference, traveling clinics.
- Recognize and education for Mental Illness.
- Quite a lot of consensus regarding a multi-disciplinary primary health care team system - collaborative approach, including the GP, including an appropriately-trained facilitator when appropriate, similar to the interpreters in Labrador. Helpful for case management.
- Team allows some responsibility to shift from the GP, increase efficiency. Allows for patient education
- Use best practices - what innovative methods work already?
- System navigation improvements required
- Transportation aid should be provided for rural region
- Mobile clinics / professionals may also be an option to solve the distance/low population challenge
- NL may wish to invest in public transportation systems (transportation costs are difficult)
- Should encourage more services in non-hospital locations
- Awareness of services available is low, especially for those living in rural communities that have to travel into urban regions to receive health care
- Wait times should be made public; could help better allocate service use by giving them educated options on service usage
- Teams of diverse health professionals may find efficiencies (rather than two trips, patients may only need one trip)
- Video/tele conferencing
- Facilitator - local connection
- Legislation on expanding roles
- 1. Incentives for health care professionals and appropriate health care professionals in communities (nurse practitioners, visiting specialists, broader range of allied health, pharmacy) to go to communities (visiting clinic/office space, tuition support, bursaries).
- 2. Technology - use of internet and technology - increased access to Telehealth
- 3. Example of a collaborative care practice similar to Grand Falls-Windsor.
- 4. Resource Listing online so that practitioners can more appropriately navigate and refer.

- Long term to consider the role of the Federal Government and their responsibility for health care funding.
- Bring services to the people, however we also need to ensure if that that is not possible we need to bring the people to the service.
- Improvement/enhanced awareness to programs that increase access, for example: the telehealth program.
- Increase navigators (guidance for people using the system) in the system for example, what is being used currently at the Cancer Centre
- telehealth and access to internet in communities to facilitate access
- Patient medical home/colocation can be supported by telehealth. may not be a physical location
- rotational services
- 1. Maximize access by staggering clinic hours to match patient needs
- 2. Mobile clinics
- 3. Use of para-professionals
- 3. Electronic system to access appointment status (will help prevent unnecessary travel by patients when appointment is cancelled and they are not aware)
- Concerns - Mobile clinics... we need to qualify what we mean by access to mobile clinics. There continues to be waitlists for mobile clinics. There are these experts coming in, identifying a need... but who takes ownership at a local level when that clinic goes back to where it came from? Make the clinics regional based and going out on a more frequent basis. If they're not frequent enough, people don't make the referral for the clinic because it takes too long to be seen. They would drive four hours to go to the specialist because we cannot maintain the clinic situation. They're not getting referrals because they don't see the clinic enough, don't add clinics because not enough referrals.
- Not only using para-professionals, but utilizing professionals to the full scope of their practice (pharmacists, nurse practitioners, etc.)
- Improved use of physician extenders (e.g. nurse practitioners).
- Challenges are largely financial. Physician needs to pay these professionals. Increase in productivity needs to be matched or exceeded by increase practice income. Billable items associated with use of extenders could be considered.
- 1.alternative forms of providing care including telemedicine - e services -continuum of care using technology - telehealth - electronic health records - clinicians do not want to work in electronic health world - useful in community clinic model
- 2.regulartory reform pieces - remuneration, fee for service, standards
- 3.community clinic and use of community in determining priorities
- citizen education on roles and services

Q4. What actions are needed to improve the collaboration and coordination of primary health care services and supports?

- A lot of things require coordination - to get to a community model serves population.
- can't talk about collaboration and coordination if we don’t talk access change working hours
- Electronic health records
- Broader application of the patient navigator model, and making it more user-friendly. One-stop shop similar to St. John's 3-1-1 service could help.
- Re-organizing services and redefining roles and expectations within the health care system.
- ability to information share in good coordination of care
- training needs include collaboration and coordination
- like the one stop shop suggestion
- community supports and acute care are often in 2 separate buildings in smaller communities - everything should be under the one roof"
- Need to know population you are serving. Patient enrolment makes sense in terms of knowing who you are serving and knowing the needs.
- Need to get the collaborative piece to work. Electronic health records are the way to go.
- Review of current payment procedures for doctors/nurse practitioners will improve collaboration and result in more independent practice.
- Education on collaboration and the values of collaboration with in medical education programs it becomes a norm for the students then that they can then bring to their practice.
- It is not easy to go see a dietitian in small communities, because of a lack access. There is not enough allied health professionals to meet the demand that currently exists. There is hardship in accessing healthcare many times a month - for patients and doctors. Resource issues lie in the clinics as much as they do for the patients. The resources needed to be able to manage the extra workload associated with collaboration cannot be put upon family practitioners.
- Collaboration - accountability...what is the access level. Not dependent on who is working but standards of service
- Trained in a collaborative environment is important in the medical education of students.
- More interactive primary healthcare system, more access to information, more utilization of new communication technologies (e.g. social media, SMS services).
- classroom teachers for the most part they need to know is there anything specific about each student I need to know...I would go to the school guidance

- but guidance doesn't get all the necessary info from health care tams (medical social work etc)
- guidance has to be part of the collaborative approach and the only way to have a coordination of services
- ACTION open honest sharing of info with guidance include the school as a part of the circle of health care
- Need to show evidence that the system is working.
- Redundancies - need for shared information up to date materials
- offer one stop shop as in some areas difficult to get practitioners so offer access to joint center for dietician, etc
- inter-professional education would enable people to help to their scope
- Community care access centre would be good. One-stop shop in management of care with case managers. Direct and arrange services, liaise with family doc, arrange for dietician to go to a home.
- Can we mitigate the pressure put upon doctors by suggesting other ways for patients to deal with their issues. Communication between education systems and family doctors need to be improved.
- Trying to have people under the same roof as much as possible.
- Remuneration is a strong motivator
- Independent group that can look at this from different perspectives.
- Systematic approach for defining the roles and responsibilities of each health care professional. Ensuring everyone is informed.
- Patient take ownership of health. Meds, past medical history, social context
- Communication of what's needed
- Resources are not the only issue - individuals impact their own health. The onus needs to be on the individual to connect their healthcare.
- Educate patients to accept change along with the community as a whole, esp. older people. Provide them with the technology they need to access health services. Yong people need to be trained themselves on how to use the system. Kids get great care but when they become adults they can no longer access their supports.
- co-location of services, population determine level of collaboration
- need more collaboration and education for the public - many people don't know what primary health care is
- More understanding around scopes of practice - don't necessarily have to see a physician when you can see a nurse practitioner.
- Teams under one roof - GP, Nurse, Diatician, etc....
- Accountibility for visits by MD etc
- After all visits completed justification must be provided by care giver for remuneration

- still broad issue in higher level of sharing when it comes to mental health
- more work to do: to talk about mental health the same way we talk about diabetes
- Many healthcare professionals do not have the training or the time to deal with all intersectional problems. It cannot be expected for family doctors to take on the roles of other healthcare professionals and do them justice. Community based care does not work in teams the same way that acute based care does.
- See nurse pract first and moved along to Dr if needed or on to others in systems...make connections
- Access to service, communications, shared records, records need to me current
- Carving out more space for other professionals to work with MD's
- Lack of consistency and implementation of standards needs to be addressed and the services must be run concurrently. eg. Surgeon should have referred to the oncologist to get chemo referral started on time. Because referrals for chemo were after surgery and the delays then put the patient at risk because chemo could not start quickly. It should start immediately.
- Traditional thinking needs to change by patients and all team members
- Cost share between government and contractors to provide case management for patients.
- need to empower patients - personal accountability is important
- community should mean that patient is part of the team but they should have responsibility
- Electronic Health Record - communication tool to be used in patient care.
- Electronic health records are a great coordinator tool. Maybe work towards a future where a patient’s health care info is available across providers. Meditech within health care authorities. But private doctors can't access those kinds of services.
- Remuneration for govt employees in health care needs to be reviewed & compared to private practice
- Patient centric instead of healthcare professional centric. There is a lot of work that goes into that physical collaboration. Smaller communities have an attitude where people who know each other can contact each other effectively. Coordination should be put into the hands of government
- action: model teams like the diabetes health team
- done really well with hospital based programs
- thinking outside of the box maybe the school or community centers are the places where these teams should be located and work from
- model framework: has to be community based de-isolate team members with flexibility - reflecting the community they are in and the needs of the client/patient - not a cookie cutter approach"

- LAB TECH as head of committee. Institutional settings, leadership work - coordinates- silos are an issue- one unit over another exposure - collaboration of education comes together.
- expand the role of nurse practitioners
- Accountability
- Need to implement "patient's medical home concept" (i.e. group of practitioners) that acts as a one-stop shop for healthcare, incl. after-hours and alternate practitioner access, with everyone working together under one roof. Patient signs on with group of GPs, who work with a holistic team and support staff, with common access to electronic medical records. Exists throughout Canada, but not in NL. Govt needs to lead and consult with health sector, as well as put incentives with needed health outcomes in place to get patients to sign on (e.g. targets). Funding structures needed to support.
- innovation is sometimes turned down as it is not ""province wide"" need to be open to having some different programs
- this needs trust and de-centralized approach
- Accreditation
- Inter-Jurisdictional reviews - a lot has been done in other provinces
- Structure of communication was not sustainable in the past, maybe a different type of structure would be able to better address this issue.
- Better sharing of medical records would streamline the time needed to diagnose a patient. Who will run this system is the only question that remains unanswered."
- Health authorities own more of the process
- cultural change is needed to ensure clients aren't seeing doctors unnecessarily
- Having the patient being the coordinator of their own care. Teaching them how to navigate the system themselves.
- Electronic records that are accessible to all providers at patient request.
- Support groups for navigation through issues, particularly chronic diseases.
- Needs to start from here. Have physicians with fee for service and some on salary. Need to network them and team them up with other health care providers in regions. Working now in silos. No systematic way of sharing resources in regions so that he/she can refer to best services in the region. Need to train people on how to work together.
- Incremental improvements towards a vision
- need to identify and eliminate what the barriers are and address them because solutions are available
- Funded not funded. Who is who - interaction - have to funds to inter sect and cross run - with social workers to nurses. Interdisciplinary care. Communications can be

informal or more layered as per needs and the context of the primary care involved. Put together - so that it become as teaching opportunity.

- Electronic files/records should be shared regardless of physical location of practitioners.
- Create a Patient action plan accessible by all stakeholders.
- Find out resources in region, and start to design organizational structure to build information flow.
- move away from doctor-focused care - medical associations need to talk to their members to promote expanding clinics to have nurse practitioners as well as doctors
- Needs analysis - funded by federal govt
- RHA responsibilities .....Dr are not accountable in RHA...make in work...higher standard
- App development that will tell you what is available in your area in terms of services and supports.
- patient centric
- focused on major public health challenges
- prevention and promotion based
- some private companies have solutions in place already ie Walmart pharmacy etc so we can do it also
- Need to do analysis on current system before we can figure out where to go from there.
- Medical professionals need access to each patient's unique profile, a common medical record. Services that are being provided outside the system need to be captured, need to find a coordinated system for this.
- use remuneration models based on program outcome
- Public and private mandate to RHA for practice standards...connect to govt leg
- Follow-up or progress reports for patients
- If a patient changes providers, they need to be aware of the services and tests to demand they get. A directory could clarify what patients need to be tested for regularly. If you don't know that you need to have a pap, mammogram, colon cancer testing, etc. then you will never ask.
- move away from $$$ hospital of care models
- while most people are connected - take advantage of this
- Patient Navigator - need to be careful of this new role. Shows we have made system too complicated.
- stop using ER's need to open up access to medical services through longer office hours
- move these services into the community
- Testing Jan

- each client and person is different and the need for coordination is different
- a client sees several health care professionals and needs a designate because he can't navigate the system himself.
- Need to have people who can arrange and plan for holistic care.
- Case management services are critical.
- electronic health records is good but limited in what can be shared due to privacy reasons
- team based approach is very important - interdisciplinary teams - very common practice at the Janeway
- need to be able to access information on services virtually
- team based care, patient centred care"
- if new into system multi-disciplinary review to determine where patient to go for treatment
- Senior level meeting yearly meeting with key performance indicators and deliverables measured . Key performance indicators.
- team-based approach, mandatory policies to ensure care is more patient-centred (possibly legislated/regulated)
- empower patients to take better care of themselves through better education - set up a website to get information on services, could also list resources by medical conditions
- weary of housing multiple services in one facility due to high expenses (expensive to keep large buildings running)
- coordinated Health Acts to ensure professionals are involved in circle of care for patients. Have it permitted legislatively to share info.
- collaboration among practitioners may mean less time for other patients - need to find a time-effective and cost-effective approach
- create a website platform to match people with particular illnesses with the appropriate resources and providers and other with the same condition - the onus would be on organizations to be included in that platform. challenge in keeping it up-to-date so provisions needs to be made
- many things that go on in hospitals don't need to go on in hospitals - outpatient centres could be more appropriate
- HC providers all need to be coerced into the same overarching system. need government, or another entity, to take control of this piece.
- House health professionals together in one building, GP, blood collection, social work, etc. Smaller complete clinics make care easier to access and communication between
- Consistency in guidelines nationally.
- Create a "wellness culture"

- offer an after-hours clinic with nurse practitioners next to the emergency room - would take weight off the emergency room
- Legislation needs to be reviewed
- need to look at compensation models and consider infringement on territory
- government could implement legislation to expand clinics to include nurse practitioners
- Lack of people's ability to communicate. Fee for service payment model makes it challenging.
- collaboration not a natural instinct in health care
- Nurses should be coordinators of care, not physicians. Good addition to that function
- Human res - rns, lpns, phscians, turnover. Built-in accountabilities? Reflective in contracts - dr's - working under auspices of authority
- Need a separate worker to handle the actual implementation of communication.
- Patient navigator piece (e.g, bring a car for service, deal with service manager). Need that in health care system. Need a nurse practitioner.
- move away from elitism attitude - collaboration with individuals and sharing information - training professionals to deal with issues holistically
- Utilize nurse navigators, who are completely independent.
- payment linked to
- dr issues will depend on clientele
- More effective triage in ER. E.G., female miscarrying shouldn't sit in emergency room while there is nothing they can do about it. E.G., person with contagious cough shouldn't sit amongst others in health facility waiting for care. A nurse should be able to do that.
- Better use of physical space in hospitals after hours.
- mechanisms to promote better record sharing among practitioners
- Everything seems to be fit into a box time wise of when you can access service. Need more flexible hours of service.
- technology in isolated areas could be used and improved for access
- get rid of the hierarchy
- Access to records
- Combined training for healthcare providers
- Create e-health system
- triage or determination of needs include proximity to specific services
- Nurse vs doc a better manager of care?
- Diversity and versatility in practitioners is needed, "specialization" is important, but comprehensive care is sometimes needed that meets the unique needs of individual patients.
- Health Line - usually direct people to emergency

- need to address those cases not already in the system with respect to collaboration approaches
- pilot project expansion to have appointment spaces open during day to accommodate emergency or last minute needs
- paramedicine needs should be addressed to support collaboration
- timeliness of availability of services
- utilize innovative communication approaches to streamline appointments
- can’t de-institutionalize and then download example close Exon House not inclusive education must have supports invested into education
- paramedics can also be sued in continual care and open their scoop of care
- active engagement of community in primary care
- look at the model being using in the community of shea heights (replicate)
- 1. Under one roof
- 2. Balancing of needs, health care is always during work, but it is difficult to coordinate between needs from employers and also personal needs that involve receiving health care
- Inter disciplinary clinics, i.e. diabetes. Patient goes to one location, does not need to visit multiple sites.
- There should be a one stop shop. There should be shared medical records that utilize technology.
- interdisciplinary health care approach is important - get everyone involved and connected
- 1. There should be a greater role for some professionals that they should be able to give advice and health care for people, a lot of people are knowledgeable but according to government are unable or not allowed to give certain advice to people (eg. pharmacies are open for extended hours, pharmacists may be knowledgeable but they are not allowed to give certain services or advice because a doctor is technically the only one allowed to provide those services.
- Electronic health record. Without all patient information in one place, collaboration and coordination can't succeed. Ie: Pharmacy online system to increase communication.
- One central database with patient information. Increased communication between departments and professionals to increase patient attention and care
- Communication is an issue. There is a lack in communication. A 3rd party is needed. Need a secure electronic system to obtain all information on a patient.
- Smaller multi-team primary health care clinics close to those who need it. Mobile clinic, extended hours, etc.

- Private sector is able to have great coordination, one stop shop, if you will. Undergoing same treatments in public would take 6 months to 2 years. Why can't public achieve same results? More efficient, smarter health care...
- We are slow to record electronically information. Pharmacy records are in place but not used by all. We need higher mandatory participation. We have a good process with cancer care. Can get through the whole treatment already navigated. Multidisciplinary. Outside of Cancer need to improve.
- implement access to info such as electronic record file system
- hours of service should be diverse
- fee for service should be addressed and improving communication
- Should be one large section that every person involved in that health care can be shared among people, dietitians, doctors, nurses and everyone alike should all easily have access to the same information on a patient
- Physicians have a place to play in lifestyle counselling and there needs to be a billing code so that they can increase their lifestyle probing, as the current numbers are atrocious.
- EMR - unified system to be used and accessed by all healthcare professionals involved in treating the patient.
- Look at what is going on across Canada. Patients Medical Home.
- Team needed for a particular community, share records, opportunities to communicate and collaborate. Someone who bridges transition of care, facilitates different types of care. See a newfoundland version of this Model.
- Expand further on collaboration between different services and professions, important for different health care professionals to be very aware and know in detail what other services provide and what exactly there job includes
- Everyone involved with patient should have access to file
- Knowledge of a health care professional's scope of practice. Often time health care professionals do not know who to refer a patient to because they lack this knowledge.
- Use the technology already in place. Force the health authorities to use these as the investment has already been made.
- holistic approach to funding for individuals at a higher level for persons with disabilities
- Correct issues with patients gaining access to their own files
- Need to set up a system where a patient has to give consent to give all information to all healthcare professionals treating patient. Access to patient information is needed.
- Bring professionals together to collaborate. Give incentive to practice differently. Relook at how we are providing services. Recognize there are better ways to treat people. Hand in hand with structure.

- Why not walk people through the health care system. Put weight off people. Public health nurse and mental care health nurse in a different location than clinic and other services. Poor communication. Must be a LEADER identified to coordinate. Must lay a plan in terms of who plays what role. Need a central location.
- Web based services that facilitate information sharing especially background information on patients, etc.
- Everyone should have access to their own medical files
- More holistic approach from public system, sometimes a feeling that private can be about the money, rushing patients in and out...
- Somehow it has to be a REQUIREMENT of practice...now it's nice to do, but it has to be mandatory.
- "Co-location" of providers.
- Look at time consuming nature needed for collaboration and coordination and revise fee for service to make sure everyone is getting the same services.
- Networked services to increase information sharing. Everyone is linked and everyone is trained on networked services.
- Method to share access to information, educate and begin to get professions to think about practicing in this environment. Provide forums for professionals to share information and discuss hands on delivery of new practices.
- education needs to emphasize collaboration in the education of medical professionals
- Government should assign positions and roles to best facilitate communication. Integrate health services. SO many people trying to do the same thing. Patients need to be navigated through their care. Break down BOUNDARIES.
- Sharing of data, need to be careful and consider whether data we are collecting is being used, need to reassess and determine what we need and what we don't...
- important that there is more collaborations between employers and the health care, some people just need a quick visit to get a note for sick leave but are booked for an appointment that is a lot longer than it needs to be
- Case management needs to be improved. Public/private partnerships are needed; a team approach
- Look at leaders (UK) and see what they are doing and how Newfoundlanders can improve our systems
- Licensing of various health specialties and build in collaborative principles. Including requirements for clinics (ie what core group of staff each clinic needs).
- Licensing of various health specialties and build in collaborative principles. Including requirements for clinics (ie what core group of staff each clinic needs).
- diversity of practitioners in 1 clinic would aid communication
- family health teams

- changes in payment system
- one hub system facilitated by dept health but a combination of efforts to change the system
- Lean approaches
- We often pay for output, should focus more on outcome.
- We need a team approach in order for it to work. There are good models out there for chronic disease b/c we are not using them. Needs to be a requirement for physicians to follow the best practices and has to be team-based. May require some funding, but can be done by Health Sector
- 1. Although the idea of everything being "under one roof" is a good idea, it is not always practical
- 2. multi-disciplinary approach is the best way to improve health, but not necessarily always in the same area
- 3. needs to be more awareness that people can self-refer themselves to many different health care services
- CCHPE, interconnectivity could be built through this...
- Doctor should be able to link to other services. GP's need better knowledge and should be linking to services. Therefore easier for patients. Educate the GPs
- Need of comment boxes for staff for input
- Learning from other countries, focusing on what is happening places that share similar barriers and how they have overcome it.
- IT integration, clinical integration easier when you only have one leader. Fragmented care affects cost and quality. People want to go where they can get access to technology and best practices. Need more access in other hubs.
- In QB its all community health centre. Need new funding models.
- practitioners need to know what other practitioners do
- preventive system instead of reactive
- Everyone from working to full scope of practice.
- Could learn from CYFS in terms of one stop shopping model, recent changes have increased collaboration within the child welfare field.
- Liaison teams - leadership team key
- Cross-jurisdictional review. Regional Board and Gov't should be taking notes from other provinces.
- Standardized care, forms, and practices.
- Use of electronic records.
- Family doctor hospital visits - stay connected with patients through treatment - attention can slip when passed along to other health care providers."

- If the organization would coordinate all the services that can be referred to....now two year wait list is 2 years with most people not knowing about it...Bariatric services.
- Education is a major point in collaboration and coordination for taking ownership of health.
- Cannot have a one stop-shop in rural areas. Physicians don't need to solve all the problems. Patients should be better educated on heathcare opportunities. Need seats in school
- Hospitals facilitate doctors following patients through care.
- electronic health record needed to improve collaboration
- Focus needed on fitness. Electronic records compiled for ease of access. More movement with info
- Use of symposiums to increase communication between services and with the community, etc.
- Immediate data, everyone should have record sharing that allows access to data for patients as soon as possible. Move away from paper based, and digitize the system. Do need some flexibility for certain areas of the province.
- More provincial programs. Government mandate on provincial cancer care is why that is a success. Move to other areas. Combine services. One mandate and health board across the province. We need system integration.
- 1. organization- pay groups of people who work together for the same cases (not all doctors separately from all nurses, etc., but also a lot of different disciplines that work together on same problems with the same patients)
- 2. this could be good also to coordinate better hours for health care providers, and not solely 9-5 Monday-Friday, different groups could work during different hours to become more flexible and accessible for individuals who have difficulty getting time off work to see health care providers
- Record keeping should be consistent and navigation made easy for doctors to access easily
- Within health authorities has to be a supportive environment that supports and recognizes teams.
- Let's look at some of the indicators and celebrate areas that are doing that well. We don't look at whether a team approach was used in treating patients...and they system could do this easily.
- Citizens have to start asking for this kind of coordination. We have to start hearing citizens. Not just health providers asking for it."
- Family practice doctors located within the hospital. Bridge geographic barriers.
- Health records should not be owned by a specific health authority should be shareable and accessible to all involved.

- Access of a Navigator to coordinate. Apart from navigation the follow up is also key. Need to have someone connect patient to a network to help with specific issue. (Quebec model of navigator, Ontario uses similar)
- Health professionals being trained in a multi professional model. When they graduate they should go in a system where that exists.
- Working with community, especially community groups and the government should focus on being more consistent in community engagement and continue the dialogue.
- challenge with urban areas with private practices with electronic record sharing also issues with privacy issues that makes implementation difficult
- Push towards multi-disciplinary clinics
- Need oversight and accountability for teams...with indicators and measurement tools. Why are we not doing this?
- We need to look at evaluating.
- Don't need to reinvent the wheel...there are a lot of models that have been shown to work. NL needs to adopt some of them.
- NS uses distance technology with interactive discussion and we don't do that here in NL.
- Resources are not always being used the most effectively.
- Voice of patient needed regularly. Caught up in how service is provided, forgetting about patient, need to build in patient voice.
- Top Recommendation - TAKE IT AWAY FROM PATERNALISTIC MODEL
- Need a center, community-based access location for people to access the service through technology and teams.
- Focus more on outcomes, tracking outputs is great and important, but need to take more ownership, more accountable, need to reward this.
- Model based on client needs has to be overarching but have flexibility in some cases. Create awareness to let people know what services are avail
- After hours service needed; customer service model
- Some things work well in one community and not others. Some communities are good at this and some are not.
- Patient's medical home. Need to work on creating an environment of collaborative care. (AB, ONT, Que) NL needs to adopt this approach.
- Telehealth, electronic health records, allows patients/citizens to own their records... Has been trialed in Nova Scotia. App on a phone. Roughly $2000 per patient for life. Should have a system like that.
- There are choices that are not presented to people, e.g. re: palliative care. Under-funded and under-utilized.

- Preventative resources are not available to keep people healthy and in their homes longer...back to same issue of it needs to be an emergency situation to get resources.
- Design strategies to address issues (smoking, obesity, etc) online. Professionally validate the strategy
- Cannot focus on strategic planning and move forward, often get bogged down by individual situations, not allowing sector to focus on growth...
- Need to give primary health clinic a try/chance. There was no appetite for this when 2 doctors from NS tried to implement that here.
- Health professionals being trained in a multi professional model. When they graduate they should go in a system where that exists.
- Need to empower all health professionals and community to provide holistic care. Have eg. paramedics looking in on people to check on them.
- Pharmacist could renew some medications instead of having to have a dr. visit.
- Emergency rooms over utilized and scarce resources being used inappropriately.
- Manage and assess...the team approach has to be pushed from education to work and ongoing and assessed on how you are participating in a team.
- Need to make sure data is secure, in whatever form it is collected.
- Having someone in the community working ends up being cheaper than all the costs associating with people travelling.
- Geriatric primary care guy, he's developing something in St. John's with customized software. It's a telemonitoring program. The professionals do one home assessment. Then the couple (one with dementia) keeps it going. Quick calls, quick checkups. You don't end up with an unexpected crisis. They keep things going well.
- team, electronic health records, tele-health - university, gov, health sector and private sector combo
- Cooperation would key.
- Increasing the ability to input information into the electronic health records including private health care workers.
- From a municipal perspective trying to recruit and retain doctors by putting together a package to entice new professionals so that they were incentivized to stay versus leaving after their original contract or agreement was over.
- We need to go back to the team model again. For some reason or other we've gotten away from that and it seems to be the most needed part. There was a time when I got involved in healthcare there was a team, everyone worked together. It was a lot less stressful and more effective.
- EMR - physician system would be great for access of information of patients records
- Access to patient electronic file, but privacy concerns prevent this, and in turn force patients to potential see other professional prior

- Collaboration is key as one group cannot impact health alone.
- EHRS and networking is of paramount importance. Can also empower patients--
- Change in physician payment model - poor business model that focuses too much on amount of patients. Blended model, includes weekend and evening clinics. look at models of other provinces.
- We need to get all of the different players to collaborate.That's a HUGE task. Funding models and how people get compensated is also critical. You need to solve all of this in order to get collaboration. Don't pay more, but change the model so that no one is negatively impacted if they want to share information and work as a team.
- Access to records which is the most important
- Spend more time collecting more information about what's working well in order to learn best in class practices – build on what works
- My idea touches on all of it. The idea of the associations where the professionals and para-professionals, we're all members of some association, I wonder if there is a way to provide incentives for staff, more that you already have, to collaborate with other professionals on a regular basis. We have conferences, but it's not supported by government. Child protection, for example, is not allowed to go to conferences, don't get support. So just attending interdisciplinary training, conferences, meetings, I don't see a lot of support for workers to go to that stuff. Also the idea of burnout and compassion fatigue, why is it that people are saying this is BS?
- Education to community of what's available, but also education in the private and public health sector of what's available. lack of communication and education within
- money already spent should be used
- meditech system is fragmented among health authorities
- can't trace a patient's care even within one region
- someone has to say it has to be done
- RHA implement
- Clarity needs to exist for public about registered and certified health professionals and how to find them. E.G. a "nutritionist" is not a protected title, where "registered dietician" is.
- Patient should not be left to seek specialists out for themselves; primary care provider should coordinate."
- In terms of collaborations, including municipalities in the discussions around healthcare in communities.
- Government has to decide on the model to use that has buy in - must provide coordination and collaboration with regions. There has to be buy in and support from government. If primary health care is going to benefit the people in the province, they have to stick to the model. It can't be changed every four years. Must decide on a direction and stick to it. It can't change with the government.

- There needs to be greater engagement of the patient to ensure that the right decisions are being made for them. There needs to be a greater respect for patients that they understand their needs. Greater collaboration between patients and doctors is needed.
- Need a mandate from the top to facilitate collaboration among all groups. It has to come from the top.
- Create awareness - online directory that's up to date and that each professional health care provider specialty makes the updates i.e. physio updates physio staff status
- EMR
- EHR
- Formalized structure. Doctor calls pediatrician, doctor calls pharmacy
- incentive
- gradually do it and people can buy into it or not
- willingness to supported
- Can be difficult to coordinate. Physician education and ensuring they are aware of who to refer to and why/when. Who are the most appropriate referred...could be a chiropractor, massage therapist and not the GP. Goes back to remuneration models. Doctors should be the trusted source for patients. Doctors shouldn't be doing everything and having people come back to see them if they know it is better to see someone else.
- Nurse led clinics (in Labrador) may be a model option for use elsewhere
- Bring in a third party to help bring together community and health sector together, or to perhaps between them, for a body that plays the role to bring these groups together.
- Take the video example. That's not a strange need. You need an easy way to communicate. If the nutritionist sends the doctor four pages, the doctor isn't reading it. Who is monitoring the impact of the nutrition changes? The doctor? They need an easy, effective way to communicate.
- Mental health and primary care can be integrated together more closely. Collaboration between RHAs and community based treatment, such as through non-profits.
- Sharing spaces is also important. Developing "Service Hubs." Can consist of a number of community based, non-profits groups in a single area. RHAs can also play a role in these hubs in service delivery.
- Support for mental health should be when and where you need it. Often the case in conventional health care.
- Everyone needs to be speaking the same language with patients

- Patient and healthcare professional access to information - help to reduce costs (avoid unnecessary tests or repetitive treatments). provide information between professionals
- some sort of consistent technological system - standardization of information
- Better case management and information sharing. We're really caught up in privacy, but that is to the detriment of the client.
- Doctor makes diabetes diagnosis, and then refers to dietician. Dietician lives in another area. In our communities, we have public health nurses; we give out nutritional food baskets, etc. The piece that dietician could be done by the community. They have to have permission to refer back to a community organization. Physicians are not doing it.
- web-based inquiry portal I have a mental health issue, where do I find help?
- experience - urban Toronto - low income - nurse practitioner - worked as a team - primary health care model - within a community - physicians I worked with were on salary - there was continuum of care - eg job search support for a depressed person - regulatory environment must change to bring collaboration about - create synergy among professionals
- To increase awareness of the scope of practice of different professionals in the system. Each practitioner must know what the other do.
- Must know of the network of practitioners caring for a patient.
- Having a coordinator that keeps an eye on people who might fall off the radar so that they get care before it’s too late.
- Needs to be a long term system.
- designing facilities and teams with one communication goal and perhaps and outside board
- Communication with stakeholders - important to identify unique community needs. (assessment tools)
- If the funding model incentivizes working on your own, that is what most people will do. That is the CORE of the problem here. Change the funding from FEE FOR SERVICE to one where the DIAGNOSIS gets a chunk of money, which is divided up across the health care team. There has to be that mandate.
- There is an intimidation of doctors. If people were more educated about the system, people would feel more comfortable talking to their doctor and seeking treatment.
- Private insurances, in order to get covered to see a psychologist you have to have a referral from a specialist (psychiatrist). Processes clog up the system. Referrals should be streamlined.
- A referral from a doctor is required for a massage therapy system.
- Coordination of care. Someone needs to take ownership of coordination of care. Someone needs to take that responsibility, whether that be government, or the health authority, etc. Someone becomes responsible and accountable for it.

- Professionals are in silos - need to redesign the way health professionals work together. adapt training and evaluation of professionals
- accountability
- Some doctors limit the amount of patents they will see in a day, how is that reasonable? especially if they are supposed to work 8 hours a day or something similar
- Community regional representatives to get a real picture of how it works - is it working efficiently?
- incentive for health practitioners to have a greater flexibility
- Stability within the medical staff. Continuity of who you are seeing when you make an appointment so that they know what the patient needs are and where to direct you further.
- Local homegrown doctors-- generally small wait times, and can help coordinate healthcare.
- In small communities this coordination role often falls on local doctor-- Perhaps a system can be in place where information is shared more efficiently.
- Need a primary care centre for downtown St. John's, close to needs.
- Catch to paying for outcome is you have to pay someone before you know the outcome. So pay for diagnosis is a good compromise, as opposed to pay for service.
- case management coordination, between professionals
- creating a community of health care givers - thus creating community of practices
- Patient navigators. There's a real demand for it. If you're not aware of what services are there, you need someone to help direct you. And it needs to be person centred and self-directed.
- Primary care needs to be enabled to be the director of patients care – peoples primary health practitioner should be the navigator of their patients…more patients info required though
- Electronic records should be universally accessible by the correct health care providers (universal database) – and patients should be able to access their records more as well
- There needs to be more coordination of the transition between the health system for youth and for adults, particularly within the mental health and addictions areas.
- evaluation of the health authorities
- creating support for unpaid care-givers which would be able to alleviate their stress and responsibility
- one stop shop - overall theme
- When you are sick if you have to go to four different people. It becomes impossible.
- EMR

- app or site to look for professionals needs (dr.s looking for a physiotherapist can look up on an app to see who is available in a certain area)
- Clinic - family pract, occup. ther, physio, all in one area
- Access to records - duplicate services
- Medical Records - network fix/upgrades - pharmacy network
- Coordination of care - the patient is almost responsible for coordinating their care, which is good if they have the time/knowledge, unless it's the family doctor getting everything, there's no one file on everything, which is problematic. Is there any way to improve upon that?
- health care navigators available to patients
- health care navigators available to physicians
- create billable item for coordinating health care for incentive to place responsibility on physician/ clinic
- I am a transplant recipient - have seen many professionals - have had to recount medical history every time - interferes with life esp employment
- many patients need a multi-disciplinary team
- they don't talk to one another now
- e health records would help
- EMR
- expansion of patient navigator program
- Doctor doesn't need to be dealing with that guy with diabetes 100% of the time. I don't see why I can't go to an LPN or pharmacist or whatever and continue my care until something changes or my regular check-up.
- Teaching people to work collaboratively. Memorial does it well and has won awards for it. As future generations come forward from MUN you will see a more natural collaborative approach.
- Needs to be recognition that sometimes primary healthcare needs to consult with a specialist.
- Fee code for specialists to go out for a half day to consult with a primary care to help them work through tough cases. Specialists can't charge to consult with primary care.
- What can we do to train a wide swath of health care professionals value of collaborations.
- improved co-location in regions
- Intermediary, triage step... that needs to be flushed out. That should be where a lot of care is provided, not all the way at the top with a doctor.
- need easier and accessible to specialist
- Increased technology and enabling it so there's better communication. if all the information would be there it would be better for the patient.

- Access - ease of sharing information. Gathering new info on a patient all the time is a waste of resources. Where is our electronic health record? In other jurisdictions....everyone wants an individual system and the phenomenal amount of money spent has flaws. Tough to do.
- remuneration is also a problem with keeping certain professionals in positions such as tele-health lines
- We need to educate students about the information on how they can use the health care system. We need to empower the patient but not rely on them completely.
- coordination of information across public service sectors
- e.g. RNC make use of mental health programs rather than default to lock-up
- One of my physicians is paid by salary. He takes his diabetic patients and instead of seeing them individually, he sees them ALL TOGETHER at once. He treats them as a group. The patients have no problem with it, it works better for everyone. In addition, twice a week, he joins them for a walk to promote healthy living.
- Coordination of care is the whole focus. one example of where we've seen that work well is a team based approach. For example, diabetes... we have seven teams within the region for diabetes services. Physician, nurse practitioner, community health nurse, dieticians, and through telehealth the diabetes nurse educator. Team based model for that chronic disease. But don't have it for other chronic disease. It can work.
- All have shared access to the file. Referrals gets seen and it's evident. And I know that you're being referred to a nutritionist. Everybody who's involved in the case is talking the file.
- One stop shop is not going to happen overnight. Early stages: willing participants. Pathways to service.
- My patient has this; this is the referrals he needs.
- Access when people are only available during the day (dr). You need to have access to after hour services.
- communication and awareness amongst health care professionals
- shared records within the medical community so that all providers can be aware of the patients' needs and history and on the same page
- Value of team based care is very important.
- Increase patient and professional satisfaction (increases recruitment and retention).
- Education on value of colleagues and their role in communicating with them. Some professionals may feel threatened by other perspectives. Sharing of expertise is key.
- Shifting of money - if someone misses an appointment, a fee.
- Knowledge sharing between professionals. some sort of information sharing website specific to NL, credible for consumers
- community based programming

- We need an Electronic Health Record system where every health professional could access all files instead of patients carrying around a file around with them.
- Dealing with the funding models for health care providers drives our system.
- Fees set care givers up on a tiered system.
- Payment scheme is a huge issue. How we pay our health care providers.
- Proximity to service - the one stop shopping. Maybe take parts out of acute care to bring it to other areas ie: blood work and x-ray in the same area. Breaking down the services and making it more centralized.
- Have all services under one roof in communities. Primary contact for most people is your family doctor but sometimes another health professional or para-professional would be a better provider for you. A dietician would perhaps have more scope for a diabetic who requires intensive nutritional counselling
- build a community based on bigger health care issue
- put a health team together - mental health issues - navnet -
- privacy important - don't get collaboration if don't have a team together
- things happen when there is a team - true collaboration, and less wait time
- team of professionals focus on the one individual
- team approach fantastic
- pay health care providers differently so there are incentives for collaboration, coordination activities
- Mobile services required to save costs (namely transportation), such as mobile professionals
- Proactive approach required: record and recognize frequent users in other to better serve their needs (ie: a social worker goes to the patient directly rather than them having to see multiple professionals regularly) - could also help with info sharing
- Team based approach to set up of any program we have. Idea seems to be that we'll hire the expert. Hire someone to come in and make this grandiose report and it puts on a shelf and those people who are providers don't know what's in there. But if it's done as a team approach, everyone would know what the team does and what is available. Front line service providers.
- Communities need to come together to build clinics and create places where doctors can create practices outside of the gov health sector.
- Once centre (halifax - Dick's Centre) has everything. There are systems in other provinces and patients not likely to be admitted go there.
- problem of not having services after hours - seems like there's got to be some way to put more emphasis in after-hours services
- follow - up care is needed
- The Electronic Health System should be accessible to the doctor and the patient to ensure that the patient can easily see and understand their own health records.

- RE: Physician working with diabetic patients as a group and walking with them.
- We need a fee model that incentivizes this type of behaviour.
- Conne River highlighted as a good model of primary care. The two NPs are from the community and provide continuity of care. Team meetings and collaboration are vital. Everyone needs to understand everyone elses role.
- Technology - how do we use technology to better connect providers.
- payment models
- We will eventually see revenue pressures to on paying physicians. Pharmacists and nurse practitioners can alleviate this.
- Need a “circle of care” to reduce stress and costs – a team approach would be ideal; increased coordination required (ie create a system to enable coordination)
- Patients need to feel they have a plan in place.
- Early intervention for groups who typically don't access health care - such as homeless- preventative piece, team of colleagues reach out to them first.
- Maybe teams of doctors to create flexibility - someone works day, someone works evening to provide services. In rural, nurse practitioner could be utilized as opposed to doctors.
- Utilizing pre-exciting services in the system. Some of the professionals do not know about the systems already in use. Can-talk for example
- Medical records - data integrity, how it is collected and interpreted has inherent flaws. Too many data/software programs out there. Wastes time for patients.
- everyone working in the one building - eg Miller centre
- in community different - doctor and PT team
- test results should have been shared
- diabetic nurse and family doctor give different advice
- online data base - all providers put their notes there
- formalized teams created by health care providers themselves (not assigned)
- need billing codes for team meetings for patients with multiple needs
- need billing codes for preventative care
- demonstration/pilot project that takes some of the ideas that summits such as todays come up with and actually attempt to enact and see what happens
- A team based model (team approach) in certain health care areas would cut down on referrals, prescriptions etc. and redundancies in other areas
- Health teams are critical. Coordination of how to access these services, a central system patients can use to see what's available. Central intake for adults (mental health) is probably only for St. John's, we need something province-wide. Coordination of services isn't working the way we've been trying. It's new, could be people figuring things out. Users of the service are calling and are not getting what they want.

- If it's a goal to increasing collaborative practice, then boards need to report back and show to government what they're going to improve access through collaborative practices. Needs to be monitored, evaluated, and financially supported. Collaboration framework that needs to be part of realignment of primary care.
- Province doesn't need to come up with a new primary care model - they are already out there. Physicians should know who they are referring patients to.
- Government needs to reach out to other jurisdictions to find what models are out there and what works.
- Hours - having extended hours or having rotation shifts.
- Giving patients easier access to services. And one weekend in three open.
- Continuity of teams and professionals.
- Continuity of care.
- Retaining the professionals you have
- Same professionals going to the communities.
- training program expansion for nurse practitioners if there is a major need
- Given pilot projects and new ideas in places outside of st. john's rather than focusing on the metro area.
- Chronic disease care (with multiple professionals) requires more coordination. For example, make one treatment plan between all health professionals, not multiple
- Universal Navigator would be ideal, especially for Chronic Illness
- Some sort information sharing for vulnerable populations to allow professionals to reach out, share knowledge. Challenge, may be a privacy issue. For example, allow elders to work with physicians to reach out to at risk Aboriginal youth. tools to aid a holistic approach.
- Independent pharmacies did a study with Dr. W. Locke on collaborative care practice. Included clinical health professionals. Would like Government to read this report. There are valuable lessons learned.
- Communication between professional so that once acute patient care is finished that follow-up between public and private professionals is communicated more efficiently.
- Community-based service models for seniors. Ones like Lewisporte had REALLY good coordination, and they all attributed it to the fact that the health care professionals there all work in the same building or adjacent. They're in close communication; know a lot about each other's patients. LOTS of problems in same health authority, in Gander/Grand Falls. So that shows it's worthwhile incentivizing different professionals to share the same space. Returns to that community health clinic, one-stop shop discussed earlier.
- Issues with privacy breeches related to eHR.

- Patients need someone to sit down with them to help them understand the services they really need (a navigator). Perhaps this is someone who is available in the emergency waiting room.
- Work with other departments/ areas - broader than health, work with criminal justice system, CYFS, etc.
- sharing of information - electronic health record - all systems feed up to same place to get info - patients should not have to answer same questions at different visits or same visit with different people
- in rural areas need to have way to collaborate
- then - how to deal with info in the record - challenge to remove incorrect info
- finding ways to build links between the public and the professionals when there are serious blocks up between these two groups and the patients need special types of help
- EMR needs to get started
- Provide multiple services - doctors taking initiative to cater to the needs of their patients and government needs to support this. Community health is overloaded and clinics and nurse practitioners are doing the work. Patients know the doctors and know where to call. physician can talk over the phone to these patients, house visits and it reduces emergency room visits etc.
- compensation models not just physicians - but nursing and pharmacists - all not employees of govt
- many part of a private system - eg pharmacists
- national pharmacare would be good
- patients not take medication because can't fill out too many forms to send to company in Ontario
- public private sector interaction - so many forms required for pharmaceuticals - a waste of time - a disincentive for patients to take medications
- care team meetings need to be available IN THE COMMUNITY where the patient lives through telehealth
- remove barriers to use of telehealth
- telehealth should be available as a patient choice, not require physician justification and review by external body (patient and physician agreement that telehealth most appropriate solution should be sufficient)
- Coordination is key: sharing information, professional teams, traveling clinics
- Empower the patient: give them access to their files
- Government needs to set a standard for support resources for clinics who are providing community supports with support staff without receiving equal pay.
- Pharmacy records - system upgrades
- Education of the public around the value of nurse practitioners.

- Can't control demographics and economic factors. But we need to consider them more.
- We need to decide what services need to be provided where and by whom. Communities freak out when services are cancelled or their delivery is changed. But we're already spending enough. We need to add the services we actually need, reduce the ones we don't.
- Need better collaboration.
- Community Network/connections
- expand medical centers - to include more services
- Government funding
- We have too many doctors, perhaps. Why do I have 3 doctors making a fortune in a rural community where three LPNs could do the same job?
- Performance indicators should be strengthened – focus on a few, key indicators rather than a lot of indicators, and then benchmark progress on them
- Need to have the right combination of people to work as a care team. The number of years or seniority should not be a primary consideration.

Q5. As a table, the top 1-3 actions you propose to improve collaboration and coordination of primary healthcare are:

- Electronic medical records key means of enhancing coordination and collaboration.
- Case management for all patients, no matter what their social status.
- client self-management and engagement with respect to maintaining interaction with service providers
- Social services pay medical- re patients - hc is no longer primary in sense it is isn't direct for all who need it limits lower strata cannot go for aid.
- Table agrees one-stop shop of interdisciplinary team is critical to improving coordination and collaboration.
- steering people to where best served
- Case management for multiple and complex needs.
- 1) interdisciplinary team (hub & spoke) located in one space - start with a couple of sites & then spread out
- 2) Accountability framework between funder & service providers
- 3) Information needs to be provided to patients about access points & what is available
- Table agrees need to incentivizing after-hours care, incentivizing multi-practitioner care, incentivizing looking after patients well.
- one point of entry to system with follow up (patient navigators)

- Self-awareness and promoting individuals to be proactive in their own healthcare.
- Food - banning, caribou - regional Land Metis Labrador protein in Inuit Innu dietary. Lens - ? Supplementary protein replacement for loss of
- 1 utilize technology better especially in remote areas to improve access
- 2 evaluate outcomes of using mobile or other services so that we can use them to the best of their ability; will keep going back to traditional actions if evaluations not in place and people don't trust or rely on it
- 3 privacy issues sometimes cause problems operationally because have a plan but can't always share it - not great
- social media / online decision tree includes minor to major needs
- Have a choice of several healthcare providers, i.e. different hospitals, different provinces.
- Interdisciplinary team could also refer out to other service providers ie housing, income support, etc
- Coming together with integration silos - pushes and pulls - models. POVERTY REDUCTION STRATEGY--- stats, monitoring, low income targets -- change indicators - health related.... pockets of poverty and poor health.
- navigation / triage used to facilitate collaboration and coordination
- information sharing to allow for coordination/collaboration
- must be a flexible team approach all stakeholders reflect community they serve a de-centralized approach
- consensus on moving away from institutional model of care (difficult in political setting ex save our hospital) needs to be located in the community not as simple as closing a hospital need to come with a suite of supports
- PBMA should be used in the budget process to facilitate changes
- Collaboration - team approach.
- Defined expectation - practice standards both private and public. Mandate job expectations.
- Shared information- standard forms feed into system for patient to fill out with supports as needed Patient navigation/champion does not have to be just one profession. Pharam sees what Dr sees, Nurse sees same, Ambulance service.... everyone has access. Incentives for collaboration.
- don't need to close institutions but bring community into the hospital (ex: community services, social services, inside the hospital) make it accessible
- decrease wait-times across the board
- 1. easy access to one unified record for a patient, that can be accessed by both HC providers and the patient
- 2. providing education on how to navigate the system

- 3. examine issues surrounding fee-for-service and how HC providers are being paid; they need an accountability, especially with regards to how it impacts them communicating with other HC providers
- 4. we need a national healthcare strategy, that addresses these issues on a larger scale"
- 1. mirror things that are going well in other areas - expand outside our province
- 2. Sustainability is key
- use technology to assist care providers in collaborative care. It is harder for private providers to access information that could assist them collaborate in care. Physical education needs to be addressed within the coordinated and collaborated health approach. Do what we can to educate people and assist people take charge of their own health care. Work with people. Collaboration must begin at the community level - no longer feel the need to protect "turf". Providers must be able to come together, even a meeting to discuss problems and solutions, to build a program to deliver needed services. Flexible options for patients that allows for different of entry to connect primary care givers in a community based model that accounts for geography. Also providers need to be trained in collaboration able to measure health outcomes to measure the success of collaboration. Look at more than just the dollar vale when considering the success of health outcomes. Patient education upfront at the point of diagnose is also an important aspect of care and also patient safety. Could also improve outcomes. To sum up Collaborate, educate, communicate and remunerate in the context of a model where the patient comes first.
- 1. Patient-centred and integrated and focusing on one or two major health issues i.e. diabetes and develop model around that. Obesity rates in NL #1 in Canada. Mental health is high as well - both linked to social determinants of health.
- 2. Team based care where appropriate - the more illnesses an individual has the more complex team is required. things have to be research and evaluation based.
- 3. Raci model - accountability, responsibility consulting and informed model
- Ability to communicate without needing to use the time to communicate. More effective communication - if you have a central server with medical records then it would be easier and quicker to exchange information.
- Figuring else who else we can put in the system to ease communication. Establishing communication as something that is expected in the system as a pre-req. If we decide to lay out our services in a way where healthcare professionals communicate, that will set a standard. If you are able to emphasize community based services, then that will take some pressure off the responsibility of doctors.
- Creating a position where someone knows everything. A type of navigation 'guru' who is knowledgeable about the system and can direct patients to services. Someone who can effectively coordinate care will reduce costs (although it is a new

salary) because it means less people going to the emergency room, their family doctor, etc. when the issue may be able to be solved be a community service, etc.

- We need to view the issue in a different way. Promotion of preventative care and self-care is vital to the efficiency of healthcare services.
- Removing money from acute care is scary for people, because you can measure results. Moving money to community healthcare may help prevention but there is a stigma about that movement."
- 1) triage 2) enabling full scope 3) patient responsibility
- 1) encouraging medical associations to promote collaboration among practitioners to improve understanding of available services 2) move increasingly to electronic records for all medical information (one participant believe moving to electronic records is a waste of money - already done and nothing has come to it - no patient access) 3) patient-centred care and promote personal accountability through education (consider a web-based platform to link patients of particular illnesses with available resources and services)
- 1. Electronic records (Case Management for total care) - access to all professionals, improves case management, improves total patient care, connects all the steps in the care plan, reduces wait in between steps, provides supports (Epilepsy NL, Cdn, Cancer Associations), etc. (eg discussed was that the patient navigator at the cancer clinic should be involved at the pre surgery step instead of afterwards) There is consensus here amongst the group.
- 2. Eliminate the hierarchy. Physician is driving the process but the patient navigator should become involved immediately.
- Table agrees interdisciplinary teams would help improve collaboration and coordination across practice areas. Central intake/triage to more effectively use people to their full scope.
- Patient Navigator - existing people in the system need to have a redefined role, not necessary a new position. Help coordinate care. Would lead to better coordination in the system.
- Financial resources - with team based care - adding professionals or redistributing existing practitioners and integrating better? Need to do better integration. Although we need to inject financial resources/incentives to some areas. E.g., we may need to compensate for coordination of care as these practitioners are currently not compensated. Subsidized for rental of space.
- Having triage at the community level as opposed to emergency rooms.
- Table agrees need to consider opportunity to change model and/or offer a hybrid model on traditional access to GPs. Opportunity to consider new regional-based patient home model "owned" at community-level where it would be a one-stop shop. Or supplement traditional family clinic services model by offering funds to achieve specific outcomes (e.g. GNL funding of nurse practitioners at the clinic on condition

that the clinic offers services after hours). Hybrid funding rather than simply fee-for-service.
- Electronic record system needed to improve collaboration and coordination
- identify cost drivers in the system and how to better manage those drivers
- education of health and wellness would improve access
- health line may be able to be expanded
- Are we collecting the right data, utilizing that data, and allowing access and sharing that data effectively? Need to improve this...
- 1. EMR / communication pathway needs to be open
- 2. "Colocation" - Collaborative team approach - consolidation of services
- 3. Navigator -directory of services
- 1. Technology records need to be put in place.
- 2. Champion at the government level for patient care. Cancer care model across board for all programs.
- 3. Location based to enhance team based care and flow of knowledge and information. Put care givers into community to up clients.
- Sharing Patient Information
- record sharing/centralized record keeping systems
- Patients Medical Home
- Joining practice elements
- centralized teams
- gov't coordinate
- Following patient
- coordination teams, one person to keep track of treatment, the go to person to call when you need info on your case
- Build on pieces that work-navigation pieces, look at what we are doing well.
- Fiscal planning- govt financing needs to assist with plans that will take more than 1 fiscal year. Strategies for long term plans.
- Anticipate political changes.
- Everyone should keep the patient in mind, they should be the priority.
- Unique culture, very reactive! These are problems that require a proactive approach. No quick fix will help. Take over talk radio! :) Quick wins and build towards bigger successful programs. Consistently push forward.
- 1. multi-disciplinary services for the same patients- medical professionals need to work together for similar cases rather than people of the same profession working together (not all doctors working together, but doctors, nurses, dietitians, etc. working together on similar services)
- 2. virtually providing access to information

- 3. CONSENSUS ON A SOLUTION- something like a MEDICAL CODE (individuals can directly say what they would like other medical professionals to see about their medical issues/ records) rather then things being directly privatized, could allow for easier access and communication between primary health care professionals
- 4. problem with a lot of pilot ideas, sometimes a new system may be introduced, a lot of money is put into the service and then it is not revaluated and the idea is scraped
- 5. government has made things very difficult by splitting health care into two different sectors
- Improved referral process - ie. too many referrals needed from general practitioners or referral's expire
- Navigators needed to help patients know about services, where togo, etc.
- rural vs urban divide is a big factor in NL
- cost is limiting
- 1. Establish team-based services defined by the needs of the community.
- 2. Provide e-services.
- 3. Increase education and consultation.
- Not in a top down process but in a bottom up process (use of consultation), making policies that reflect what people want in the community and that their basic needs are addressed.
- Streamlined services that avoid duplication particularly through getting rid of fee for service.
- Create a centralized database for ease of access for both patients and physicians
- Multi-disciplinary clinics; hybrid model. Cannot be physical but model is needed
- Promote more communication and linking between different health professions
- 1. Team integrated approach that begins at education, early employment and throughout career. Evaluated on how well participating in team approach. Patient Navigator/Case Manager - as a result of this team approach.
- 2. Utilizing all health professionals in new ways based on community needs. E.g., Paramedics and Pharmacists...maximize the use of the skills of these professionals.
- 3. Use of technology and giving clients control over their own health information - Accessibility of Services (technology and holding own information)
- electronic records
- Need formalized model for collaborative health care teams and need billing codes which encourage collaborative work; formalization and enumeration needs to cross sectors (everyone can bill for team meetings e.g. physician, registered dietician, social worker, home care workers, etc.).
- Over long term, benefit to improved health should reduce costs to system.

- Respecting and understanding one another's roles is very important. Comprehensive and coordinated services cannot be implemented without mutual respect for the role of everyone. This is particularly true for the role of non-profits.
- nurse practitioners
- having a good team, with the local community involved
- rural accessibility
- after hours - get away from traditional times and have other professionals, such as nurse practitioners be used when doctors are not available (particularly in rural areas)
- electronics
- review of primary health care provider roles and expand these roles to other providers
- a different method of remuneration that isn't necessarily more money but pay in a different way for medical professionals, especially in rural areas
- physical or virtual collocating
- Create a database - the information exists but not necessary all in the one place and that one can access easily.
- better tele-health services
- 1. Data sharing, Ease of information sharing. Consistent use of software and data systems.
- 2. Services under one health centre - interdisciplinary team approach so that people can access most appropriate practitioner. Incentives to collaborate are needed. Physician education is needed and health care workers need to know what other practitioner can do. Physician does not have to be 'gate keeper'.
- 3. Read NL sponsored reports that have been completed.
- 4. Interdisciplinary education for health practitioners. Made mandatory.
- tele-health if set up properly could actually provide better care to patients than in person. the way the technology is set up around the services is the key.
- communication needs to exist between professional so knowledge gets transferred
- Team based care
- identification of everyone's important role to play
- Needs to be an accountable team -- one should not be able to hide behind the team.
- Specialists might also have access to EHRs. Specialists often only have access to referral letters and diagnostic records. Services, particularly mental health, are often very disjointed.
- Whatever is developed needs to be accessible to everyone and their needs to communicate with others.
- electronic health record/information sharing system - in addition, create policies that support better access for various primary care professionals.

- utilize best practices - look beyond NL, innovation
- Mechanisms at the government level to allow for work between departments, how decisions and policies made affect health.
- Harm reduction with the sharing of information with the EMR.
- Encouraging patients there health. Understand what medication that they are on. They don't know what they are taking. Persuade patients to take a greater interest in what they are taking. No education of the public has happened.
- Transmit/access information
- Circle of care - exchange information.
- Home health model. Using technology (texting etc) uncomplicated technology.
- key stakeholders at a table to make sure input happens
- Cooperation amongst 4 RHAs is also important. Some communities are closer to major centres that happen to be in different RHAs.
- Need to identify and remove barriers to collaborative work. Willingness exists.
- Barriers include: remuneration, capacity for primary care provider to take on coordination for patient, BUT mental health system may not be easily integrated because structure doesn't necessarily lend to primary care provider coordination.
- Maybe services are best coordinated through social work in mental health cases.
- Model of care needs to put patient at center and flexible enough to find appropriate care for individual patient needs: are needs primarily medical? Primarily preventative? Primarily mental health and life management?
- 1. Centralized, patient-oriented services. It's proven that if you bring various health professionals together under one roof, they are better coordinated. And it must have a fee structure that encourages health professionals to work together and collaborate on their shared patients.
- 2. Better triage services. Not everyone needs to see a Doctor. Not everyone needs to see an RN. You should be able to enter the healthcare system from a single place, and then be sent to whoever you ACTUALLY need to see.
- 3. Better health records to reduce repeat tests and all of that. Health care professionals anywhere in the province with the appropriate access should be able to see my file and help me. And better sharing within government. IE stats about changing demographics should be useful for HAs.
- 1. Someone take ownership of collaboration and coordination. Responsibility, accountability... it needs to be monitored with measurable indicators. Also evaluated and financially supported. If government or someone was taking responsibility, creating a framework, the rest of the ideas would fall underneath it. Leadership needs to be at a high level. Partnership between government and health authorities. Health authorities report back to government on measures.
- 2. Case management/information sharing - appropriate referrals and treatments result.

- 3. Front like service providers drive what services should have team approach.
- How many times have we gone down this road about primary health care? Primary health care document 10 years old. Government didn't embrace compensation piece - fundamental area.
- While accountability rests with government, the patient voice is really important.
- Stay true to dialogue of a framework, some of that would involve client feedback/client satisfaction. That would be one of the indicators in how are we improving access to services. If client experience is the same, have we really improved? Those pieces would be critical to the framework.
- Toll free number to ensure patient voice is heard. If you've got a large industry, there is a complaints number. There is a complaints process within regions but they don't respond. If you look at provincial health line, they've done surveys and call-backs. That has to be publicly accountable in the House.
- 1. Team based approach to care
- 2. Electronic Health Records system that provides access to all doctors as well as to patients for their respective files
- 3. Empowering and educating patients about the health system, either in the schools when they are younger or through a navigator once they have been diagnosed.
- 4. Understanding the rural isolations when making decisions around coordination of care.
- electronic health records should all feed up to a master system that all have access to wherever you live - and info in records needs to be current
- team practice model - e.g. navnet - use to increase collaboration - PEI has good primary care networks - all in one building
- compensation model reflect collaborative service - need get rid of some hierarchical structures - eg pharmacist or nurse prac has more importance in some cases than the physician - removal of fee for service
- younger physicians expect electronic record system - older doctors need to adapt
- look at alternative funding models - re fee for services
- inter-professional education is important

Q6. What actions could improve the prevention and promotion of primary health care services in this Province?

- formal mandatory early childhood education key
- information needs to get out to individuals
- more affordable options for individuals eg cost of milk vs pop
- barriers need to be removed eg poverty

- kids today are so addicted to social media and the message that comes from it ex "body image" how do we counteract this.
- fighting an uphill battle
- schools are now focusing on responsible digital citizenship
- Municipalities could take some leadership to make sure their communities are maximizing prevention and promotion; provide opportunities for individuals to participate (e.g. Town-sponsored events such as the Frosty Festivals).
- Ending poverty. Poverty is where this stuff interacts with a lot of other issues.
- Affordable rec programs. programming is expensive for kids for adults, budgeting is hard
- more incentives needed to help individuals fight poverty & become more healthy
- Changing behaviour is difficult, but need to continue to promote to change culture and behaviour.
- subsidize healthy food choices for families
- healthy policy at provincial and municipal level
- education at an early level
- Changing culture and behavior is rooted in education - must be instilled from childhood. Attempting to fix things after they happen is counterproductive. Education and policy issue, not as much a health issue.
- One rec center being used by community sports teams, as a walking track, etc.
- Prescribing exercise as a way of promoting better health. Contracting other entities/providers to contact patient about healthy living.
- huge # of problems in school are around social medial and technology
- incredible toil but also huge responsibility imagine given someone a car and not teaching them how to drive safely and the rules and responsibilities
- individuals are responsible for this learning"
- early diagnosis
- Affordable and accessible (time) physical, music, reading groups, when things are offered. In school out of school
- opportunity when kids young to teach ways to have healthy lifestyle
- Cultural shift to self-efficacy, you have to want to change.
- Programs to offset fees for exercise programs.
- Early education to incorporate healthy habits when younger
- Prioritize a list of initiatives to tackle eg. smoking , obesity, alcohol abuse
- develop a cohesive strategy
- parents need to be proactive in ensuring children start a healthy lifestyle
- Want to prevent people from losing independence (e.g., people with multiple health issues). Need to enable people to live is where we need prevention. Need relationship between individual and health care team

- Combination of education and policy are both needed to change the culture of thought. Smoking as an example - taking smoking out of bars helped to change the amount of people who smoke in general.
- Awareness of what's available to you from all sectors, mind, body, soul
- Community kitchen programs to show how to live healthfully with supports.
- Education, greater awareness, mandatory phys-ed, community based well-ness programs. Nobody is currently certified to deliver health and physical education. Taxes on junk food and then that tax money can be channeled to subsiding healthy food, or for gym memberships if prescribed by doctors.
- mental health questions should also be part of initial discussions with patients regarding "health"
- Use of social media in health care...> ability to use cell phones example texting to remind people of their appointments etc.
- planned approach with multi-pronged approach with tax incentives and legislation
- we need to take action to incentivize people to take action (e.g. increase the number of things individuals can claim on their income taxes)
- Scheduling of programming, access to and communication of what's out there.
- In our community- the school is a community resource and that doesn't exist - liabilities...aside
- measurement of program effectiveness difficult - long term approach needed
- Need to take stock of what is in the community (es). Some places have no facilities (e.g., places to walk inside in winter)/ Need to link with school, 50plus organizations to get information out.
- Seeking laws to deal with obesity levels, using policy to help combat these issues. Focus on children is very important - they are at risk.
- Federal, provincial, municipal governments and non-profit groups could all have a role in helping encourage people to participate safely in physical activities. Need to coordinate efforts and funding. Need to look at prevention from a healthcare perspective is important.
- More physical activity in schools for prevention.
- Early implementation, particularly in schools on healthy habits. More physical education, better choices in cafeterias, kids eat smart, etc.
- Govt needs to make decisive policy decisions even if they may be unpopular with some individuals
- eg flavoured tobacco products
- increase alcohol tax & reinvest $$ in health care
- Volunteer recruitment among community professionals, i.e. teachers to supervisor rec centres on evenings and weekends.

- School gyms used for community...don't need big stadiums...access to what's in community. Social and physical. Safe environments Inside vs trails outside
- government can offer rebate programs to promote healthy lifestyles (need to avoid up-front costs as well)
- food security needs to take more of a priority
- Farming in NL has been allowed to die off why?
- community gardens are good ideas for both mental health wellness and for what it produces
- government leadership but needs to be collaborative
- public health check list should include mental health as well - broader idea - get away from medical concerns to other social issues etc
- Reframing the thinking and the attitudes at a younger age. the programs are there, but people have to be motivated to use them
- Income is biggest determinant of health. Community development is necessary. Need to expose people to healthy practices, not just give them info.
- Education - keeping kids in school.
- Doctors, government officials, NP, all need to model the behaviors that are available to low-income residents of Newfoundland and Labrador. Do these things so that you can understand the barriers faced by these people. The income disparity keeps us from understanding those barriers sometimes.
- Having services where they are needed. Going to where people are to offer care. For example, in shelters.
- Regulate and or assist in access to gym memberships. Work with the infrastructure in communities to assist in creating/maintaining wellness exercises. Could be assisted by a community coordinator. Multi-use community infrastructure i.e schools can also accommodate wellness activities in the wider community.
- invest in teaching children about healthy lifestyles at an early age
- Individual is missing from the list but is an important one.
- To make it accessible it has to come down to a community level.
- School breakfast club is in most schools in the province.
- Community gardens and food security is important.
- healthy and active community groups - eat great and participate as an example and kids eat smart
- Start early with kids and they bring it home.
- families are disconnected and they need to be brought back to the core family
- Education in schools.
- Cardiovascular screening colon cancer screening...baseline established
- from a nutritional point of view NL traditional food root veggies can be healthy don't have to convince people to eat "new kinds of food"

- use communications tools to get the word out there...let people know experiences of others, people relate with others
- The education system has the ability to help the health system. Implementing a program in schools can save money for health programs.
- Acute events are very costly...look at person before it happened....genetics....
- Accreditation program for high school students who take part in leadership programs.
- Big role to play for school in terms of physical exercise. Not all exercise has to take place in a gym, programs such as 20 minute exercise outside the gym during other classes may be an appropriate approach. Personal health focus can help, rather than a focus on team sports.
- Entertain people. Get their attention and reaction. communication is key
- not everyone goes to medical practitioners so more holistic approach could include community centres so individuals can get matched to right provider which should include exercise opportunities
- prescribing lifestyle changes does not necessarily generate buy-in - we need to start with what is important and meaningful for the patient (start at the psycho-social level to create change)
- Need to take more responsibility for our own health. we need to move in a direction that overcomes the obstacles and challenges that face families. we need to promote a mindset of change to take ownership as a community.
- Access to fresh produce; suppliers need to be regulated to provide fresh produce at a price that's not over the moon.
- Social support - Mini daycare, development disabilities, families, obesity, keep loved ones at home in home care is stressful , dominates and limits choices
- Budgeting to afford fresh food in vegs in not right
- Education and awareness. E.g., jumpstart programs for youth. Grants available for groups. Need to educate leaders in the community and how to access $ for activities.
- Find a balance - encouraging community access to recreation services.
- Encourage more mild exercise that focuses on physical activity and social interactions, less focus on gym gurus.
- tax incentives to promote healthy lifestyles (e.g. tax break for gym memberships)
- "we had a very good healthy wellness strategy (gone off the radar) healthy eating, recreation etc
- have to invest in this for the long haul sustain the course
- stop the peaks and valleys stay on track
- in class education to be supplemented by community and parent engagement

- It needs to be tied more to the community. More people will go if everyone is doing it. e.g., elderly yoga, community-based activities
- Community gardens - share responsibilities, produce health foods.
- treatment perspective - data is becoming more available - strategy is good but need disease treatment measurements in place to improve -
- dept. of education should mandate daily physical education for students (30 minutes a day)
- Education, Health, Social ...school programing we need to Lens of health perspective
- Education in schools is a great idea, but will not work for seniors who no longer are going to schools. Encouraging marginalized groups to come out in the community and get involved. It is hard to spread education about prevention in small communities where education levels are low.
- Everyday lives- in community, vignettes, awareness, strong connections, those individuals family friends coworkers... vignettes encourage conversations- outreach, knowledge.
- Develop Incentives for health care
- individuals need to be responsible for their own health
- Policy directions set for prevention and promotion. To be done through community based partnerships, schools, VON, local mental health groups. Find out what people know, what they want and need to know then develop programs based on that. Anti-smoking campaigns are an example of how policy and promotion can work for positive outcome. It takes time but it works.
- Need to get beyond schools to parents and broader society to effect meaningful change. Nutrition is important for schools in terms of education on and accessibility of healthy foods. Children not only develop healthy habits, but can also affect their parents' behaviour and choices as well. Many serious health concerns are related to diet.
- Housing 1st approach - need a place to live is crucial, taking care of yourself.
- agree with previous statements
- School programs are very important. Building resiliency.
- Prevention - physical exercise is key to many illnesses. Adding price as a barrier is an excuse.
- Take advantage of walking, bike riding, ice skating on ponds - cost is not an excuse but people need to be encouraged to get out and do it. 30 minutes 3 times a week.
- Common sense is not so common - a health care provider needs to recommend and promote physical activity. There's a lot of misunderstanding.
- Encourage lower impact exercising (swimming, walking, etc.)

- address challenges in navigating the system to find the appropriate information to address illnesses and lifestyle changes
- Partnerships... grants - small amounts of money on ground
- Increased access for persons with accessibility issues.
- Ensure considerations for all age demographics and cultural preferences are considered.
- Food security - how do we solve problem of being an island without regular access to healthy foods?
- Government and Health Care sector needs to start leading by example by incorporating fitness in their workplace.
- legislation/taxes for unhealthy food choices, charge more for unhealthy foods
- prevention and promotion program better 2
- employers use incentive for healthy engagement of staff
- We need to find a way to convince people to change their lifestyles. Especially with regards to smoking.
- Food security - how do we solve problem of being an island without regular access to healthy foods?
- preventable diseases such as smoking could be prevented but related to other issues such as stress, education, improve social deterrents
- Community by-in is important to get when it comes to prevention and promotion. Both government and health care providers have a role to play in this.
- We need to talk about prevention more in this province.
- We talk a lot about how to treat disease once it happens
- Health of Community ....literacy, child space...think about using space out of the box. How does it impact the health of community. Municipal, prov, federal
- Get councils, clubs, groups, non-profits all involved in the education of groups that no longer go through schools. In smaller communities this will be key to teaching people about preventative care. More volunteers, more municipal councils, etc.
- incentivize physical activity at work places
- Health care providers can be involved in leadership roles with community groups to improve prevention and promotion. Group exercise programs, possibly administered through community-sponsored groups, can help improve health outcomes.
- Doesn’t necessarily have to cost gov money - it's about relationship building and community building.
- food economics is a major issue
- need logical sources of secure and healthy food
- more government intervention to provide food security
- source of funding for programs should be government
- healthy living coordinator in schools need resources

- Education programs - teaching kids who teach families.
- access to fresh food, particularly fresh fruit and vegetables is often inhibited by the fact that many households do not traditionally eat fruits and vegetables so they just don't know if they like them or not...not traditional in our society.
- Need to address drug use and smoking at the root of the cause. Why do we have these high incidence rates?
- try and treat people that don't have the resources to help themselves -
- Genetic information used as part of healthy living...how does intervention impact you
- legislation to provide incentives for families
- Model for delivery of health care - accountability organizations - measure existing health status of population and get paid if improving health status, increase revenue if see positive outcomes.
- if you set up routes and groups doing activities people are more likely to show up and participate
- advertise and support from community leaders
- use the community centers in our towns
- Increase the amount of money provided to those on low incomes. Lessons taught to children by their parents; parents need to be educated too.
- Education doesn't end with childhood - there just needs to be a different approach. The onus is on the individual to take care of their own health.
- Look a communications
- Initiatives get startup funding but then communities cannot maintain these good programs when the startup funding ends.
- create the environment for healthy living
- funding for community development in communities
- access getting into the schools - difficult getting in
- more primary health care coordinators are required
- More funding and awareness of kids eat smart programs, community wellness coalitions, jump start period, etc.
- Prevention starts when children are young - cradle to grave prevention and care.
- consider something like the lifeline medical alert system
- Ongoing programs, as opposed to one-time, end of year tax credits, to help offset the costs of activities/programs which can get very expensive.
- affordability is a significant challenge for a healthy lifestyle (e.g. cost of fresh food)
- At schools, need to encourage activities outside of class time. Need to get around idea that you need to spend money to be active.
- regulating gym memberships
- Effective parenting should be taught in school in terms of individual healthcare.
- need to incentivize healthy lifestyle changes (e.g. through tax breaks)

- Schools should be supported in their public health initiatives (e.g. anti-alcohol, anti-smoking). Decrease barriers to action.
- do more community-based medical assessments similar like blood pressure tests in pharmacies
- people are often aware of the habits that are bad for them, but they don't change it (e.g. smoking) - early education could help address this, but doesn't address the masses
- difficult to carry-on with this initiative when changes in government or changes in participants are a constant variable
- Need to address the fact that people don't know how to start changing their lifestyle - it's not about information, it's about changing your beliefs. need to start asking questions about people's beliefs to start addressing impediments for change.
- Promote ownership of individuals' health and find out "what is meaningful for you?"
- individuals need to take ownership and responsibility to give themselves the power to help themselves - empty community centers for physical activities that don't cost anything - utilize what we have
- increase minimum wage
- promotion of growing your own food; it would be physically active and provide healthy food
- Need to address over-prescription of medication and dependency on medication instead of encouraging appropriate lifestyle changes.
- It takes energy, effort and resources to search for opportunities and healthy living programs - have to meet criteria to avail of services - so may not access programs so won't get the benefits that are there...
- we need to start working on how to get better quality food to families at a more affordable cost; explore food security
- NL culture has a big focus on "heavy drinking" as a social component
- responsible parenting is "missing"
- binge drinking has become a social norm
- lost values
- still a prevalence in drinking and driving
- stakeholders must address this
- 12-14 year olds are drinking and using drugs in the province more than people think
- provide healthy choices in plain sight i.e. stairs in the mall that aren't hidden away at the back of the facility
- Invest in health promotion and communications, if successful and done correctly, investing $ now could save tax payer dollars in the future.
- Education is a major factor, in schools directed to the younger generations. Changes need to start with the new generations to bring about a healthy future.

- 1. People need to take initiative for their own health. It is difficult to force people to live a healthier life, be more active and eat better.
- 2. People are not always aware of exactly how unhealthy they are, people don't look at issues until it hits close to home, so a lot of people are not aware of how unhealthy their life style is until it happens to them or someone they know.
- access to recreational facilities across the province
- need the facilities and lower costs is more areas
- Financial support for transportation and security of food in, specifically in Lab.
- Local level
- Consider communities and regions and allow for variants depending on the area. Don't give cookie cutter solutions to each area. Local government can help their own communities.
- Need to take the long-term, upstream approach....start with children.
- Some positive things that have happened. Primarily the younger generation. Family resource centers are underutilized. New parents and all income levels. Community events will make the difference for the future. Put greater effort from beginning for children
- Individual responsibility to exercise. Options for healthy living/food, make it work to buy real food vs processed
- 1. Food prices- (Labrador) food is extremely expensive, healthy food is a lot more expensive than other food and some fruits and vegetables are not accessible
- Access to primary health care clinics for prevention.
- Recognition of housing as a priority. i.e.: health department providing/inputting on the development of housing. Think of housing as health.
- Education to young people in school system. Generational importance. Teaching healthy eating and lifestyle.
- Consider media/communication media. Technology may not reach older demographics or people in remote areas.
- education of good health habits needs to come to forefront
- outreach from community centre to help develop programs on a community basis, community centres to be utilized better to help deliver education"
- There are bad behaviours in our society. Therefore there should be advocacy programs to address these behaviours
- Social determinates. More support around chronic disease management within the community now while we find a way to prevent.
- Programs like Jump Start and Kids Sport are doing good work but need to be broadened. Not necessarily hockey or soccer could be dance, or music related.
- Japan - healthy diets and food preparation in school and obesity rates have no increased even with increase in availability of fast food.

- Locally available foods.
- Curriculum needs to be tightly controlled and taught from Daycare to Graduation.
- Kids Eat Smart - great volunteer program but needs to be fully and permanently implemented in schools.
- There are a lot of barriers. Heat controlled externally and liability in using buildings. Need to remedy this before we can put the buildings in the communities to good use of promoting health. Schools can play a bigger part.
- Community conversation to enforce idea that this is a shared concern. There is a reliance on the system and teaching them to live healthy lifestyles, give them the tools and ability to take personal responsibly for their health. Overcome difficult conversations. Need to make this happen
- Well rounded wellness centers, not just places for people to participate but more inclusive environments.
- Education in schools, in hospitals, communities, in the workplace; education lies with all stakeholders.
- Required participation in wellness programs i.e. at the workplace.
- 1. Education on healthy and accessible food- Although food, specifically vegetables and fruits are limited locally wise, people are not aware that there are local foods that are beneficial (root vegetables, etc.)
- 2. Health promotion needs to be focused on individually research for food and other ways to be healthy
- Family Supports - some people don't have this, so how do we create these supports in communities.
- Some municipality buildings are community based and create programs through there. For obesity and exercise.
- Education improvement, provide info. School systems should implement more healthy lifestyles. Topic broader than healthcare. Attempt to change society's view of health
- Centers accessible to all members (youth, adults and seniors).
- Many efforts are piecemeal.
- in the mental health area - cost might be high early but it will end up in savings later - invest early in & improvements to diagnose mental illness early and speech language pathology
- Effectiveness of national campaigns such as Bell Let's Talk.
- 1. People need to realize that food and exercise do not have to be expensive activities, specifically exercise- exercise does not need to be about going to the gym or always being a part of recreational activities, encouraging kids to play outside or do simple exercise that have little to no cost (running, playing outside with friends, etc.)

- Need more accessible after-school and childcare programs for low income earners. It might make access to education and employment easier for un-employed and under-employed women.
- Connect communities and provide opportunities to help people. Continue to offer programs and services, improve on them. Have a sustainable system.
- Culture here, doesn't promote healthy living, hard to walk, bike, be active. Roads aren't cleared, no designated bike lanes, paths are unlit, etc. Barriers. To promote health, work with all levels of gov't and community members to facilitate healthy living. Make it easier for people to make the right decisions.
- Bring health professionals into the schools as they used to be when society was healthier. Bring healthy living in the schools; bring healthy behaviours in at a young age.
- Community-based health: have the conversation about what health is.
- 100 per cent about education on multiple levels--each problem addressed using a multi-level approach, using face-to-face as well as technological approaches.
- Need relationship between municipality and the school. Communication. Example town responsible for liability and school during the day. Partnerships are necessary to create social change.
- Schools need to focus, provide access to programs, ensure teachers/resources are there to support.
- There were cuts a few years ago - consultants in health promotion and prevention. These need to be implemented again. They were doing work that was needed.
- People don't take advantage of some resources (aboriginal communities) Need to change personal perspective and view of personal health.
- Getting the message out there. Need to better translate this to the general population. Ex. Learn from anti-smoking campaign. How do you promote that this is not socially accepted. Different determinates of heath, how it effects.
- Employers could find ways to engage their workers. Allow opportunities to get out and engage, will reduce sickness, insurance claims, and increase productivity.
- If you have one central school then it is hard for students far away to participate in activities. Need access to recreation that is accessible.
- Supporting low income earners to access healthy food and affordable recreational activities.
- early diagnosis illness aids prevention
- education component should happen early on
- We need long term investment in prevention and promotion.
- We need a HEALTH LENS on everything.
- Should do better in curriculum in schools. Could be doing better. Physical activity every day for everyone. It is important for kids to develop good habits.

- Supportive policy. Key pillar for this whole initiative. Enables choices or services to become realities. Fiscal and human resources to be able to design programs that meet local needs. Province can support municipalities to meet these needs.
- education of healthy living aids prevention and promotion
- School systems should be targeted to promote prevention and continuing healthy living during/after high school. Individual self-care is also important. Stigma for using substances needs to change, as well as mental health and addictions
- The impact that simple local opportunities can have... Creation of The Loop, or the Johnson Family Foundation.
- The importance of youth in getting the message out, targeting education.
- Hard for government to change people's physical outlook and promoting exercise-changing people's attitude- Although government can try and encourage people, or PR can try and help people, a lot of people now need to find their own reasons to be outdoors
- technology- people are absorbed by things that are causing them to be lazy and are no longer wanting to go outside, more of a generation change and a society change then always an issue with government
- Wellness clinics (blood pressure, blood sugar monitoring, etc.) Offered by paramedics in smaller communities.
- Going back to the people that need it. Going back and asking the patients what they need, what their barriers are.
- Creating supportive environments for health. Making good choices the easy choices. E.g. expensive healthy food and cheap junk food.
- Eg. Diabetic who couldn't afford healthy food or recreation memberships...or even medications unless they were covered by the provincial program?
- Food security is a big issue. Lot of population below the poverty line. Between heat and food. Food bank reliance is not healthy diet. A lot of families rely on the food bank. Can do more to help poor families. Minimum income plan. Taxes pay for social safety net.
- Partnership between Sport NL, Recreation, Municipalities, community and aboriginal groups, need to break down silos and start working together to enact change.
- Weather and community resources are not conducive to healthy lifestyles. How are we motivating people to use the facilities/programs? Overcome the "plugged in" generation mentality.
- Local businesses can promote positive lifestyles activities. Use them to motivate
- Fitness programs in colleges. No funds for fitness currently, so that needs to change. Promote to adolescents and college age people, as well as the trades and occupational areas. Develop strategies to deter poor behaviour. Food security strategy for NL to prevent a lack of fresh healthy food. Public/private strategy as well

- It has been very damaging to remove (basic life skills) cooking, carpentry, health, and physical education from school programs. Start at young age continue throughout (continuous healthy learning) and even maintain a longer school day if need be to integrate physical activities daily rather than occasionally.
- Encourage community health through the school through talks and workshops, etc. Implement practical and useful skills.
- Offer services for people that show what they can qualify and what they can't qualify for in terms of gov incentives like taxes.
- Remove financial barriers to participating in such programs.
- Implementation of a community school system--building is used across the board for various community-based school programs that offer services people need to be holistically healthy.
- physical education infrastructure in schools should be able to be utilized by more than just students
- food security and access to good foods is important
- Create a culture of acceptance regarding the importance of health promotion.
- Political will and go beyond a 4 year, election cycle.
- Teaching people how to eat healthy on a budget. New rules and regulations in marketing healthy foods. Legislation to limit and maybe banning unhealthy foods.
- Educate people on healthy foods and changing how they perceive what is actually healthy.
- prevention and getting people to have healthy life styles when they are at a younger age- difficult to change attitudes when they are older
- Education in schools is where it starts. We need to get in early and make the difference. Parents have control over kids as well. Parents need to take advantage of things provided.
- Environment for people to make choices isn't geared to healthy lifestyles. Policy can help structure promotion of health
- Think about health in a different way and a movement away from the traditional reliance on they have to come to us instead of practitioners going to them.
- 45 years to put in place Nurse Practitioners...talked about 45 years ago and only now emerging.
- Not just transferring knowledge more needed in order to change behavior. People know they shouldn't eat that trans-fat filled burger but there are other factors at play.
- Food security strategy to prevent lack of healthy food. Daily physical education, gym subsidies. Lower costs of healthy food and raise costs of unhealthy food, or some incentive to promote healthy food
- Create incentive for eating healthy food vs unhealthy food
- Flipped healthcare. We go to them instead of having them come to us.

- Regulation of eating, federal government issue... Too reliant on sodium and sugar... Could implement taxes on certain types of food products.
- Increasing minimum wage.
- Create incentive for youth to buy healthy food vs unhealthy food.
- Food security is an issue, high cost of produce... access to health products...
- Promote drinking water and other healthy options rather than soda or whatnot
- Somehow create taboos around bad food products... Pop and high sugar items.
- As an everyday health promotion and prevention practitioner, I can see that promotion and prevention needs to be place in the position it should be. Instead of treating, we need to be preventing.
- Health prevention measures in things like the helmet law. Cost-saving but also prevention initiative.
- Continue to build on the good work tha tis being done in prevention and not forgetting about it and instead focusing on the treatment in times of financial stress.
- Prevention cannot be forgotten. Once it is forgotten the problem can reemerge.
- School food program, breakfast programs, breaking down barriers, volunteering and funding is an issue, social aspect to the program.
- Health promotion to me is something that starts from day one. We are doing health promotion but we are fragmented. There is this urban and rural divide especially in remote places. We need health promotion to go right across the province and we need to connect all the pieces (using the tools available, for instance internet resources).
- Health promotion has to be a natural part of what we do as health practitioners.
- Bring supports to the people that need them. Bring people outside of the traditional clinic/office environment. More natural conversation.
- Promotion and prevention gets lip service and not enough action. We need to commit to the entire area of prevention and promotion.
- We need to develop community-based recreation services in this province. Not just hockey rinks, we need better recreation services in schools. We need to involve the community in this task.
- Going to where the people are to promote health; people learn best in more informal, social settings
- Supporting people in behaviour change. Education is not sufficient; need to find a way to empower people to make change, not just know what should be done.
- Self-management program, health my way, are both good, but health professionals and community need to have means to support healthy individuals.
- Education within healthcare in NL so that whoever's seeing a primary health practitioner, they have an idea of services available and recommend things. Once education is within, then we can pass it throughout the community. Promotion and

prevention - each individual needs a health care team. the need within each region is also going to be doing, so the model needs to be adaptable.

- Exercise does not need to be an expensive activity, and is very important. Getting kids active at a young age is important.
- Food: Community Gardens can be helpful to teach people to grow food yourself.
- Give parents responsibility for the next generation-- growing up healthy, one often remains healthy.-- education can play a role.
- start earlier
- Schools - mothers and community responsible.
- education provided and communication
- More preventative clinics - some covered well so not. asthma clinic,
- Tablet with the questionnaire - presenter suggestion - very good idea.
- need more availability for affordable healthy food
- individual level-to make change there needs to be more self-awareness regarding health, reasons to change and improve heath need to be made clear
- Community needs to be an advocate for what each community needs.
- The role the built environment plays is critical. Give people opportunities to be physically active. Opportunities are outside the health system. Hospital isn't going to go build a skating rink. There has to be some kind of agreement across the board that getting to a healthy society involves ALL departments and sectors. Built environment is an easy one. Transportation, recreation, etc.
- Activity based programs for youth (schools) and seniors (in particular)
- supports for individuals trying to improve their own health such as ability to track progress, support, motivation
- Eating poor quick food. having small community events that will show how to cook local (or more local) foods in a healthy way will help improve health outcomes
- We need better education, and have to start young. It has to involve physical education, has to be outside, etc. Can't be all on the healthcare system.
- education and awareness round the issues - ex could be physical activity doesn't have to cost money
- Health education is taught sparingly and not by a health professional. There is no specific training on how we teach health education to our youth. The faculty that is training our educators do not have a health course. A course needs to be developed for teachers in training.
- More indoor facilities for winter activity; more physical activity
- Use technology to improve physical activities (ie step counter to get people moving)
- People need to take advantage and responsibility for their own health. Comparing the price of milk and pop, it's outrageous. This is a real concern for health.

- Knowledge and information sharing on healthy promotion. Increase awareness of programs, and cut waitlists for certain preventative programs.
- School lunch programs need consistency and appropriately healthy food; needs to be AFFORDABLE (needs subsidy??).
- Need mechanism to ensure all students have lunch, and all students have healthy lunch.
- Schools tend to focus on team sports but the focus should be on individual sports. Keep organized sports too but focus on the greater percentage of students who do not do organized sports. Emphasis on foods that are affordable and accessible.
- Start education earlier with the children.
- healthy diet - traditional nl diet not particularly healthy
- Exercise - recreation facility. Individual municipalities could provide. how the education system goes to municipalities
- community garden development to grow healthy food
- Major deterioration of Smoking cessation programs or that some of them are not effective
- We need more collaboration between government departments. Kids are in school most of the day, there's a real opportunity to promote healthy living, but the education system is not set up for that. They rely on someone else to do that. We need to be working together.
- Health education needs to be made a curriculum priority. Health care often gets pushed to the side when it comes to "core curriculum" such as math or English. It is equally important.
- Community based activity programs to support physical health. Town planning with bike paths and trails, etc.
- Need for adequate income to maintain a healthy lifestyle. So many people haven't got it. As you know, in this province in particular, one of the Canada Health Guide things is adequate food and income. Seniors on a fixed income cannot afford to buy things they need. For people on a fixed income, it is tied to the CPI instead of actual cost of living. Each and every year, these people take that loss. They keep falling further and further behind. They come to a point where their purchasing power is very limited. Cost of housing and rentals is pushing the income of those peoples. Subsequently, they can't buy their medication and they end up back in long term care. CPI does not include home heating, cost of food, cost of medication. It includes refrigerators and luxury cars and such. If pension increases indexed to the cost of living. We'd save money spent on the healthcare system.
- One thing that you hear people say, pensioners I've talked to, they say, why can't we use the gymnasium in the community? It's barred up in the afternoon, why can't we go up there?
- Balance Food and Fitness - more education

- current smokers - fewer than there were - what did province do - ACTobacco - drug stores used to sell cigarettes - can't do now - if applied that process to healthy eating would be good - if have to go to parking lot to eat fish and chips as smokers do now
- legislation process imp for smoking
- promoting activity in the community
- ADHD kids need support, long wait times for assessment, low income families need mechanism to access faster service.
- Municipal Councils can also play a role in this. There are often many groups in towns, which can play a formative role in health promotion and prevention. Canada Youth Network runs an important program in St. Lawrence.
- These types of groups can play a huge role.
- Prevention was always this participant's focus in his work with mental health and addictions. Parents need to be assisted to focus on this. Community activities can be spurred by parents and children.
- Public awareness of the importance of eating healthy. Doctors may not ask about how you eat.
- Wellness is not always seen as a foundation of good health. We need to promote wellness and make sure people keep it top of mind. Get that message out.
- early education to new mothers who may not know about nutrition
- Education to young people and students. Education system has a huge role to play here. holistic wellness
- stats like 76% of people don't each enough fruits and vegetables - quality issues with food; 80% of obesity is diet, so we can't overemphasize the importance of getting people to eat differently. Lean to do by doing - lunch and learn sessions to promote healthy eating. Better awareness of incremental changes to bring in better food.
- "social policy is health policy - must work in tandem - move forward with the poverty reduction strategy
- Ensuring there is an appropriate minimum wage - deficit year does not mean reduce social programs
- Education on what is available and affordable in the community. YMCA will do budget pricing for example. But there are groups that do not know that these options are available.
- schools age kids - skills and making them aware of healthy options to grow as a person
- In SK they have a tablet which you fill out in a doctor's office and refers you to services and programs available.
- Poverty piece is all intertwined. Food wise, how do we encourage local agriculture? Short seasons. But if we can it is economically viable. Become more sustainable locally.

- Poverty reduction strategy review needs to focus on how health education can be integrated.
- Legislation can change health, i.e. higher taxes on tobacco and unhealthy foods.
- change begins at home/first one is accessibility to school gyms and other free community resources
- Community gardens. Intergenerational thing. The young teaching the old and old teaching the young.
- Chronic disease self-management program. The only thing I've found with that, even though it's free and it's a wonderful program, you can bring a horse to water but you can't make them drink. People get intimidated by things like that. More information on what it actually is and that it's self-directed. And it doesn't matter that it can be physical or mental or whatever. Also to help people realize that they are the managers of their own health. Educational program.
- A recreation policy should be created.
- Getting info out into school curriculum at a very young age. Between 15-24 is when we're seeing a lot of diagnosis of mental issues. Have it in the schools, get the parents involved, get a dialogue going, get communities talking, etc. Needs to start early, needs to involve everyone.
- Healthy living should start in schools; focus on physical education and nutrition
- Genetic counselling and research.
- exercise, nutrition, reduce stress
- educate people to accept that illnesses are illnesses. Have people recognize early that they have these disorders. Once they recognize this then we can speak on how to educate them on this.
- Early recognition - better promote prevention
- food supply
- Need to refocus on social determinants of health. As long as minimum wage and income support levels are below the poverty line, they are going to be sick. As long as food banks do not have healthy food, people are going to be sick.
- Education is also important; there is a role for business to play as well in order to make this happen.
- Poverty = Sickness.
- Education is important.
- Lifelong learning from conception of a child to adulthood into the workplace.
- Food options are fine - but expenses are often a huge issue. Subsidies need to be made to help people afford healthy food. There needs to be an aggressive move to address it.
- changing what children are taught about their health in school so that they have a healthy outlook from a young age

- Include exercise information/education in schools at younger age groups - should be mandatory for education.
- education system, get to younger, get them earlier - on a school council - food in school cafeterias - cuts to phys ed - important for all sectors, not just health sector
- community groups, service clubs
- govt needs goals on poverty reduction
- policies to address those who cannot afford healthy food
- communities have to be involved - it's their health - holistic approach
- in HVGB use schools for recreational activities - taxpayers own it
- Food security is possibly most important issue in Labrador. Access to healthy food (grocery or traditional) is poor/ unaffordable.
- Access major issue. Tendency to rely on cheaper, poor quality food.
- Community based solutions being developed (elder-youth pairing), skills need to be transferred across generations. Need support/ resources to guarantee perpetuity of these models.
- Transfer of skills across generations applicable throughout province (community gardens, youth hunting skills, etc.)
- social aspects need to be part of the solutions
- Policy revision at provincial and federal level around pensions and indexing and what is factored in. Looking at CPI. NCCDH (St. FX) have done a lot of research around inequity and how to support communities in addressing that.
- There are preexisting preventative programs but there is just not the awareness. Increase coordinated access to available programs. For example, shelters can work together to find a bed for a vulnerable person and find out what programs they have accessed and what is available to them.
- Appropriate minimum wage availability of healthy food.
- Making spaces for healthy activity and exercise for people more readily available and not just specific groups, but the entire population such as the elderly and those with trouble getting around
- We’re very reactive. There needs to be an shift in the whole system. how do we stop people from getting to crisis situation?
- There are no gyms in many small communities, exercise needs to be accessible. Then it’s -45 degrees, people can't exercise.
- Our school system and health care system should try to educate our citizens more on teenage pregnancy/safe sex, smoking, obesity, long term lifestyle choices that create long-term problems.
- CHF - elderly get committed is because of the stress on the health care workers
- School education very important - rural areas have more education.
- Health is not only in the dept. of HCS.

- Education is the critical component. Education is TOO ACADEMIC. It doesn't serve our people in terms of getting all these others things in - physical health, financial health, etc. My two daughters have a better lifestyle than I do. My daughters learned it (nutrition, etc.) through swimming - NOT in school. EVERY kid should be doing physical education. No choice, from Grades 1-12.
- Best Practice sharing: Affordable eating, tips,
- Community clubs and PHNs can help to facilitate best practice messaging. Affordable and health eating and activities.
- With regard to chronic disease- More efficient use of resources. Ex. Pharmacists administering medication.
- Increase of education and awareness - start at childhood level in schools to show that choices now affect health later.
- Put in infrastructure to allow people to be active, but then teach them about the need to be active.
- Most children don't know what healthy living is and parents can't access to healthy food. They need access.
- Health care professionals need to be more honest and harsh about what the real outcomes of their lifestyles are and the possibly ill effects such as obesity, diabetes, etc.
- has to start with education
- schools just starting - only 2 days a week can bring unhealthy food
- school lunch program started at my school - healthy food comes with that
- policies re how much can be charged for fruit, milk, e.g. - rebate on receipt for purchase of healthy food - there is an app - help families choose over other choices
- Food subsidy. Government currently regulates the price of drugs but not food. i.e. they lower price of insulin but people can’t afford the food. Invest in local harvesters. Food consumption, types of food, cost of food all key indicators for individual health status. The cost of northern food is astronomical.
- Location of schools (centralized) in some rural areas makes it a deterrent to use after hours schools for activities.
- Need to start healthy education in schools early.
- More education through a dedicated source required (i.e.: a website)
- Place more emphasis on naturopath
- Like to see family doctors prescribing exercise and send them to a place where they can learn how to exercise. Some of the language around exercise is a deterrent. Affordability of exercise is a concern; there can be an assistance program, not necessarily from government, but could come from other sources (YMCA example that is privately funded by donors). Could be, but not necessarily driven by government, could be driven by communities.

- People know what they need. They know what Canada's Food Guide is. They know they need to exercise more. They know it. But how do we take ownership of it? Ownership of our own health? Engaging the community as a whole. Community gardens, utilizing school gymnasiums. Engagement. Prevention and promotions is participating in your own health issues. I can listen to my doctor, but what am I going to do to take ownership of my own health? Make options available so people can choose.
- Don't overlook power of regulations especially paired with education campaigns. (Success of no smoking efforts, success of seatbelt laws).
- Key to educate young people.
- Active classroom initiatives such as used to exist in central; incorporate physical activity throughout entire curriculum. E.g. jumping jacks in math class - fun and active - kids bring movement home.
- Schools are critical because they can help children whose parents can't for social/economic reasons.
- interdisciplinary teams offered communities look at food security network, community cheerleaders for health wellbeing such a emotional wellbeing
- Need to reframe social determinants of health. Accessible health promotion and wellness. We need to reframe the issue more positively – there are many barriers to preventions and promotion-- can't just blame the patients.
- 40% in health not a lot of focus on prevention and promotion.
- Wellness focus in school
- Province needs to make healthier choice.
- Affordable access to food and activity.
- Giving patients options regarding their health and bringing it up time and time again so that they are given the information and tools required to make change.
- Focus on things that work
- More public policy moves (i.e.: less bad food in schools)
- providing more health promotion information to the public
- Two key ingredients:
- 1 Exercise and play
- 2. Diet
- We need to master those two. Healthy eating and active living. The prevention and savings from that would be incredible. So let's focus on those two things.
- Supporting existing programs in the community. Facility existing funding in place for rec program however there is no funding for the operational/upkeep of the building.
- Obesity in children. School personnel are not equipped to deal with how to deal with this population. For example, Home economics should focus on importance of buying locally, healthy food preparation

- culture change - lead by examples
- It is not just schools/ teachers- parents need to be educated about safe sex/ teenage pregnancy/STIs and how to relay that information to their children.
- Mental Health Promotion: Works better when you reach people where they are: work, schools.
- It is the responsibility of schools, work and institutions to ensure that these environments are conducive to strong mental health. Elimination of risk factors is very important.
- Teach life skill of healthy living
- go back to "traditional" lifestyle
- Design of communities and recreation facilities. There are no legal barriers and often no financial barriers to stop these from being built or improved upon but these options are often simply not done.
- Prevention and promotion needs to happen earlier and younger in schools.
- Parents have to choose, do I buy a carton of milk for $5 or Kool-Aid for $2 for ten days.
- Healthy foods need to be available equitably. Higher prices for unhealthy foods, less for healthy.
- Personal responsibility is key: we should do more to help ourselves and others; tools to help people to take more personal ownership is ideal
- Parks and recreation areas are very important. Municipalities should be more involved and so should govt. Children need more in-door recreation areas. It is called a built environment.
- education - sooner we get in school - answer to all our problems - an effective tool - talk about proper eating and exercise
- churches - people not going - churches need to get involved with people in the community - provide a place for exercise at no charge - organize donated food
- get people in community with martial arts or other exercise expertise could volunteer their time
- professional people in govt could come in to these activities and be part of making it work - could be cost shared - everyone would be involved
- Prevention such a fundamental issue. gov should take the lead with the other agencies and establish a blue ribbon panel to identify programs that would fit within our prov to take a strong action. Need to demonstrate a commitment of will and address it. Can’t address it only in bits and pieces. Really articulate the solution with the school systems, homes, etc. doesn't have to be costly, but it's a fundamental step.
- Language - avoid "obesity" and focus on healthy weight

- A lot of evidence to support the fact that outdoor classes are critical. They do it in Norway, even during the year. Why not here? Get kids outside, it's a beautiful province.
- Major barrier heard at community brainstorming sessions to active lifestyle boils down to bad weather.
- Need more multiplex facilities in communities... combine sport facilities, health and wellness clinics (house walk-in clinic, physiotherapy, social services, etc.).
- create more community based recreational programs and options for rural and urban areas
- Computer Screen time...measured. Too many children are spending too much time in front of technology. Need to promote outside activities and community inclusion.
- Basic needs such as Housing, Food, and Income for many individuals is inaccessible.
- Use social media to promote school lunch programs or activities or any health programs.
- many people know the difference but choice is an illusion if you don't have the means to exercise the choice
- e.g. doctor being able to prescribe 3 months at the gym and have the cost covered
- Government should do an inventory of all public buildings and treat them as community assets
- Train students to become ‘health ambassadors’ – people teaching people
- Education is very important. Breastfeeding has been rare historically, but has become increasingly common as education has improved.
- Healthy living also starts at home-- mode good behavior for children.
- Be active in a clinic setting - GP and other professionals walk with patient while discussing their health. helpful to do for most vulnerable patients (on these walks may discover other issues, such as mental health issues)
- Learn to Run program in Happy Valley Goose Bay is great (volunteer community program).
- Seems so basic, the individual should be the one to take responsibility. Who doesn't know that physical activity will increase your health? Individual needs to take responsibility and needs to be empowered, which falls to gov and health care agencies.
- Smoking and the stress level of the young people with school/life - cessation programs are not effective
- teaching in schools
- normalize wellness
- Home economics classes are mandatory so that when kids graduate they can cook.

- When you have a Department of Health - public health, prevention, etc. get squeezed to the margins because budget demands for running the actual system are so huge. Public health people STILL FEEL SQUEEZED. The creation of this new department - seniors, Wellness, and Social Development - is SO HUGE! PLEASE keep it.
- Curriculum changes can be simple. E.g. basic cooking/ nutrition
- Healthy baby clubs need to maintain and gain resources; investment in future health care phenomenal
- I think the issue is in this province, the inequity in a person's ability to live a healthy lifestyle. The higher your income level, the more healthy that you can be.
- focusing on building facilities for athletic programs that people need, it’s not necessarily about building large arenas but building small spaces that would be useful for the most people
- Gov't should invest in more educational programs on healthier living. Portion size. Bigger sizes like in sodas for children now.
- Healthy living needs to be in the curriculum.
- Citizens need to buy into the need/importance of improving prevention and promotion of healthy living. That way Government will see the long term impacts of improving prevention and promotion and related policies and act upon them instead of other quick election wins.
- Built environment - need to consider healthy environments when planning communities.
- Prescribe more activities than medication
- Need to make the healthy choice the east choice. Policies to subsidize healthy foods.
- In NL there are amazing actions happening. Need to keep a focus on prevention. Need to look at investing in generations but we won't see the benefits for some time and government/politicians need to understand that. Benefits are not immediate but it is a cultural shift.
- Kids are a captive audience. They need life skills.
- Where good preventative programs exist not for profits spend far too much of their time fighting for funding instead of delivering services. Core funding in perpetuity required.
- Participation and education needs to increase and it needs to be a collaborative effort, we have become a more lazy society.
- Doctors should prescribe more activities, or even further, exercise programs
- Definitely need to empower individuals, but at the end of the day, it's individual choice. Maybe need a huge push, aggressive marketing campaign to make people know i.e. quitting smoking
- Education - build foundation for healthy eating, exercise, etc.

- in NL in every convenience store there is much alcohol
- how much do you need for that one store
- what is there and tempting people will take
- need a liquor control board
- food - in health sciences centre - owners upped price of produce to make a profit - an apple costs 1.25 - have French fries and gravy at a health science centre - need role modeling - same in schools
- Look at existing programs first and see how they may be expanded to assist in healthy living. Start with young children to develop good habits with healthy living.
- Walking trails in communities are also very important. Helps to fill a void in their lives and keeps them healthy. Accessible options to exercise are also very important. Can be tailored to specific populations.
- Introduce financial intelligence in schools.
- A lot of people don't think we have a homelessness issue in Newfoundland. It's hidden. I see homelessness for seniors. Homeless population becoming larger. About 35 organizations supposed to do affordable housing. We spend $30 million a year, but we can't get 10 houses built. We need to consolidate those organizations. Spend money on the houses, not on the administration of these organizations.
- create right the conditions for change - e.g. policies to see smoking reduced
- car seat safety
- share resources in communities - e.g. gyms in schools
- look at all resources - cross sectors, not just health
- tax credit for children not enough for poor families
- these are policy issues
- Make people feel as though they are in charge of their own health. That's critical to motivate people to actually take care of themselves. Marketing and public messaging can be powerful and influence how people think and act. Department might want to invest in this area.
- Local solutions to complex problems-- utilize all options available. For example: school facilities for gym facilities. Historically- schools were often used for much more than education.
- Change hunting regulations to reduce or remove minimum age so children are engaged.
- additional comments:
- community gardens
- sense of understanding
- much in life is simple
- No gym or walking tracks in most communities. Huge populations of seniors and others who cannot access exercise.

- Sobeys and Dominion have cooking classes. That's very smart. We need more of these private business contributions.
- Service organizations can be of a benefit to people. CARP NL tried to do a program with retirees of Aliant. They were going to take a nursing home (Hoyles Escasoni) and put a laptop in the rooms of these people, they would maintain it. They could see their relatives away and communicate. We were 14 months and then they told us they wouldn't allow it. No cost. Everything was going to be done by Bell Aliant. Nobody could understand why it wasn't allowed.
- Need a full evaluation of what's working and what's not working.
- investing in using school busses to help people get to wellness activities
- Parents, schools, community, and government are ALL responsible. If anyone shirks its responsibility, the system isn't effective.
- Prevention and promotion should be used as a lens in health policy making
- Health is outside the health sector - transportation, education, finance etc. have to breakdown silos in departments.
- implement health impact assessment in all policies
- Workplaces should place importance on prevention and health promotion through gym memberships, health eating etc.
- Youth have to be Involved in talks and programs - include in framework
- Newfoundlanders like to compete. Fostering a competitive spirit to do preventative type things. That's tinder that's ready for fire.
- Housing is the biggest issue for me.

Q7. As a table, the top 1-3 actions you propose to improve prevention and promotion within primary healthcare are:

- identify opportunities where and how to engage the general public to create a healthy living environment
- connections - let's not assign homework for a year, different roles - lens of community - parents-national -- evaluation... strengthen family relationships - grandparents in home, helps the heath of parents and - multi generational/practical
- urban/rural divide impacts on access to current programs
- soft drinks - fast food - habits, knowledge --- do not have it in the schools – lower time on tv, pc , games... boundaries, kids parents responsibility
- leadership needed to action healthy living
- Affordable and flexible access - schools and other building used , food security, time of offering, costs , transportation
- Family information - screening using with electronic records

- Policy - a health analytic tool that all govt policy goes through (all capital infrastructure should include health rec opportunities
- UPSTREAM type solutions work is considered soft when it's the most real concept to adopt and use.
- broad promotion strategy
- make healthy food more available -i.e. cheaper maybe through taxing poor food choices
- Educate people regarding choices and provide encouragement to use services that others may not call until they are "critical" i.e. we want you to stay well so call the health line even if it is not an illness issue.
- Tables agree that communities and schools are key to improving prevention and promotion. Need to support schools, integrate wellness into curriculum, ensure schools and parents know what programs and resources are available.
- Encouragement for leaders in schools in order that they can take advantage of free recreation
- Programs - gym school to make those more robust open after school hours. Adjust schedules, change the thought
- housing first (social responsible housing/blended communities)
- move away from clustering of social housing /focus on breaking the cycle/integration
- poverty reduction/food security
- focus on social determinants
- govt to stay true to initiatives/strategy(that are working) to see the long term outcomes
- using social media for promotion and for use to communicate with clients
- teaching responsible digital citizenship
- Encourage individual preventive care (make pedometers available to track physical activity, eat healthy, etc.)
- Table agrees community health nurses need to expand their role into schools. Would help provide leadership and bring a community health mentality back to the forefront of the public health system.
- Individuals need to be engaged early in learning about prevention - grade school. And continuous engagement throughout life
- A partnership between Health & Education to develop a strategy, targeted programs & evaluation
- Targeted programs around alcohol & tobacco - govt & partners
- Increase taxes alcohol & tobacco & reinvest totally in preventative healthcare
- Thinking needs to change - policy is a part of the thinking and conversations.
- Focus on infancy - this is when change starts
- Proportion universalism

- Change thinking, lots of programs, how to attract people and the thinking
- people need to feel safe using programming
- Make recreation/community care clinics easily accessible to all.
- Table agrees that all levels of government need to work together to provide health, well-being and fitness facilities and infrastructure, as well as the transportation infrastructure to maximize access.
- Wellness checks within communities.
- Access to facilities instead of paying money...work the desk...teach a class, etc....
- how to address the cultural shift toward healthy lifestyles
- Table agrees that access to fresh and nutritional food is important, government should look at subsidization programs that enable this. Upfront investments will pay for themselves over time in terms of health care costs avoided.
- Ottawa inner city programming Inner city health
- Employers provide motivation for employees to be active at work, attend gym, etc.
- Built environment - having one that accommodates population is impt in promoting a healthy community (new policies, rules, new structure). Encourages recreation, have tools built into our infrastructure.
- Certain target populations that need focus to get at risk. Need special interventions and support. Kids - intervention needs to be early, seniors need intervention
- Need to build on existing programs, get private sector on board, acknowledge various types of recreation that can last from youth to older age
- Target high users
- Consensus about the importance of education. You must meet the audience where they are to communicate preventative methods effectively. Onus must be on the individual - but it is very important for health care professionals to share with patients the importance of preventative care. More task-oriented work could keep patients on track and active in their own preventative care. Trying to create a culture of volunteerism, healthy activity, etc. To try to change this culture overtime we must develop a K-12 program. This program would also be low cost.
- Making investments into preventative programs in high-risk areas (food sharing associations, women's centres, etc.) Reaching out to the community - holding community members accountable for each others and their own health. Raising pubic awareness.
- For people who have barriers and are unable to act on them, does this even help?
- Quick fixes to implement throw money away and promise to make changes that do not happen - this makes people lose faith in the ability for government to make good changes.
- Mirror the positive changes in our own lives - change the conversation.
- better access to recreation; multiple disciplinary health centers

- early education on promoting healthy lifestyles at a younger age; need to get people motivated to make healthy choices and avail of positive programs that are out there
- workplace initiatives, such as providing gym memberships, promoting mental health, physically active lifestyles"
- Community ownership and ownership at the community level. Awareness of community programs is important. Financial support for community led initiatives. Partnerships are key with town councils, community groups, etc.
- Food economics and reshaping how this looks with local farmers. a food security network is important - we only have 3 to 5 days' worth of food (produce) on the island at any given time - it's all about getting back to basics. People are not cooking - and losing the ability/know how to cook. Healthy eating guidelines in health care settings. Food is a necessity - should not be a commodity. Programming and co-op programs available to offenders/ correctional facilities.
- Awareness of community programs and building resiliency. There is a lot of information available - people need to know where to find it.
- promote individual accountability through education/awareness
- financial incentives for lifestyle changes (e.g. tax breaks)
- all policy decisions made through a health lens
- Will this policy benefit health of individuals or negatively affect
- impact of communication technology and internet
- Rushing thru supper to get kids to events at the time ACTIVITIES - workdays, quality of life? if we don't have time to make healthy choices as adults - is a of priorities... this begins in families, schools, and wider in communities.
- Tax junk food and subsidize healthy food provide vitamins at school. For school lunches - some way not to make parents responsible to provide health food. This may be burdensome for parents with low incomes. Government should legislate healthy food in school and 30 min physical activity. At the end of the day it is the health care system that has to pay for an unhealthy person. Some people may be embarrassed by their current habits. For people with disabilities, they would need more supports for physical activity. People of all ages and abilities still need to be educated towards incorporating physical activity; it can't be taken for granted that people know how to do eat right and exercise. There are challenges presented through income, regional limitations. Incorporate health in all policies; well ed in schools; mandatory physical activity in k-12; Subsidize healthy food from a junk food task.
- Table agrees that promotional campaigns aimed at impacts of obesity need to trickle down to parents, who prepare meals, and thereby change overall culture.
- Education is key, especially at an early age. Increase the physical education in schools, nutrition, food prep and safety, addictions, mental health, etc, it all should be in the schools.

- Cultural shift is required to focus on self-efficacy/ personal responsibility for our own health. Education is key, especially at an early age. Increase the physical education in schools, nutrition, food prep and safety, addictions, mental health, etc, it all should be in the schools.
- Community programs that can be informal, focus on activity and social engagement but inclusiveness must be addressed (ie. age, gender, mobility, etc).
- Everyone has to be engaged, federal, provincial, municipal, local governments, etc.
- Governments should be implementing good food at all government buildings. Should you really be eating French fries and donuts in hospitals?
- Scandinavian countries, BC, etc are much better at focusing on activity. Look out there; there are good models that are working.
- change eating habits, make healthy food a lot more accessible and affordable, educate people on what they can do with the food (root vegetables) they have
- do research on what has worked for other provinces and countries who have had success with promoting healthy life styles
- promotion- but the government is already doing a lot to promote people, at a certain point people need to take responsibility for their own food choices and physical activity
- Invest in taking a long-term approach to prevention - starting with early childhood on through the lifespan....school lunch programs, etc.
- Social supports and supportive environments - case management, after-school programs, employment supports, access to affordable healthy food options.
- Increase access to community spaces - reduce barriers....schools can be used outside of teaching hours for many other community needs related to health.
- Promoting prevention and healthy lifestyle options in school systems and maintaining it in youth when they move on from high school
- Invest in healthy lifestyle promotion in college system
- Food supply/security strategy to prevent a lack of healthy food
- Lower costs of healthy food, increase costs of unhealthy food; create incentive for people to buy healthy vs unhealthy
- Individuals taking some level of responsibility for their health and well-being
- Engage children and youth
- relate to the demographic
- Environment changes
- Tim Horton’s and deep fryers in the Eastern Health
- Set a good example\Top down
- lead by example
- make resources and ability to make good decisions easier
- Those in power needs to take responsibility, to filter down positive/healthy lifestyle

- Education/Policy
- multidisciplinary
- involve multiple stakeholders
- get people together who don't normally work together
- consider the health and wellbeing of the workers/practitioners, policy should set the stage for providing for the needs of the workers who will provide care for patients.
- access to health coaches that would enable individuals to take responsibility.
- Branding and promoting positive images/ make the issues appealing and reflective of the needs of the community
- Community
- share local stories of health
- make improvement goals a community goal
- education of healthy living is important but also the need to not JUST get the information out there but implement programs that help people to follow the information
- community gardens help make good food more affordable for individuals
- increase resources, capacity and or funding for community programs
- employers can offer ""health breaks"" for their employees
- individuals need to take ownership of their own health as well
- Education is key. In schools, more exercise and emphasis on exercise, physical activity and health. There is a lot of reliance on parents and volunteers for promoting and programs, not sustainable. Cafeterias still serving bad food. Vending machines still there with junk.
- Partnerships between municipalities and schools are important. Use of space. Leverage money to get programs going and go through the schools. Easier access to public buildings and schools. Without access, nowhere to promote and do the extras. Focus on new parents and educating them. New practices with them can make the difference.
- Food security. If we want to break the cycle of poverty we need to make sure that children born into poverty can get out. Empowering low income people to go back to work. Some cannot afford child care. We need to do more to invest in programs that address this need.
- Early education/prevention - (campaign on tv on overal healthy living and education.) Through use of community collaboration. Community centred education or activities that promote healthy eating, physical education, mental health etc. (how to cook healthier, shop healthier, etc.) Build on current solid programs.
- Health care lens on all government initiatives.
- Look at successful models, such as anti-smoking campaign.
- Overcome fragmentation.

- Revise billing codes to reflect promotion.
- Create education programs and delegate providers to do it.
- ****All through early prevention programs and a redefinition/definition of what we mean by prevention.
- Building infrastructure - schools, swimming pools, fitness center, gardens, multi-purpose room.
- Education and promotion for physical activity in schools and communities
- Lifestyle component - stress reduction, dietary.
- Everything is being done on an individual basis. Should be done better in a community environment.
- People eating real food.
- Education - need to start at an earlier age and within the community.
- Advocate for cheaper, fresh food.
- Illness will happen no matter what we do. We need to recognize, diagnose and treat. We need to be able to prevent. Exercise is good at preventing.
- Exercise - gov't need to look at creating gyms (not only parks). People can't afford to exercise at a gym. Winter becomes treacherous for exercise.
- Stigma of community available program. Community based programs.
- Buy groceries (children) to get access to hockey programs.
- creating more opportunities and spaces for physical activity, not just for youth but also for the elderly populations and other underrepresented groups;
- better built environment infrastructures such as walking trails, sidewalks, street lights
- Physical education that is modeled – people learn from example
- More indoor activity spaces
- Loosen rules around school buildings to better enable the community activities
- Senior workshops may be ideal, especially in community orgs (i.e. church etc.)
- Policy needs to be applied to improve preventative health and promote healthy behaviours.
- Education needs to accompany policy and needs to reach young people. Also needs to reach adults and elderly.
- Ongoing support for behaviour changes needs to be available to individuals and communities.
- Engaging people in communities. Supporting, facilitating and engaging will all sectors in the communities. Multi-use facilitates are key. Schools are very under-utilized.
- Technology commonly makes people less active, reversing this would be ideal
- support morally and financially infrastructure
- Need to DEMONSTRATE at-cost alternatives that are healthier than current behaviour.

- support volunteers for social sectors
- Focus on the individual activity needs of each person.
- Increase Physical activity in schools. Increase education in the schools for teachers. Childhood obesity is an epidemic.
- Supporting food subsidies. Labrador has food subsidies but still the food is expensive. Support local harvesters.
- Investments for the long haul. This is not short term gains. Long term behavioral and cultural changes. Think of the next generations.
- build community garden
- Food Support, subsidize, local.
- Health Prevention and Education is huge...for children and parents.
- Activity - focus on individualized physical activities and is cheaper.
- Health investment for the long haul...behavioral change is difficult.
- Eg. In the entire class go outside for phys ed no matter the weather. Mandatory.
- Put a Healthy lens on decisions. Why is the cost of beer the same everywhere? But broccoli is not.
- Healthy food is extremely expensive.
- Community Kitchens and Gardens can play major roles.
- These types of things are often underutilized-- education can play a role in this. Re-frame their thinking-- positivity is key.
- education at all levels
- a radical push/aggressive campaign - this is an urgency
- breakfast and lunch provided every day to promote healthy eating at a young age
- how the population could change its behavior to become healthier, will take in healthy eating, exercise, education
- Intergenerational exercise at schools/communities - daily exercise in schools.
- Poverty Reduction Strategy - it is essential to have this. Some people not familiar with the details.
- So many things taken away AES they have to call a centre and apply for things. The dept. has had some many things taken away.
- Education. It needs to be collaborative, comprehensive, and start early. Schools need to be raising HEALTHY PUPILS, not just EDUCATED ones.
- There needs to be a practical component. For example, home economics. Went out of fashion but teaching kids how to cook/eat fruits and vegetables encourages them to actually do it.
- We need to focus on two key targets: healthy eating and active lifestyles. Get people to eat better and do more by enacting smart policies across all government.

- Collaboration is critical. The system could be perfect, but if you're not part of it, it doesn't mean a thing to you. And part of this is funding our health care system in a way that supports prevention, such as the creation of the wellness department.
- There was STRONG DISAGREEMENT about charging admission fees for health-related services. Also some disagreement about whether or not we have too many chiefs in the healthcare system.
- Table Consensus
- Use schools for activity programs after hours
- Empowering people to be aware of chronic disease self-management programs
- Engaging the community; participation as the next step after information.
- Concerns - We're missing the boat. We should be looking bigger picture. We need to look at social determinants of health. As a government, we need to look at the bigger picture. Housing is the biggest issue. The people that are using the health system the most are those with mental health. Province needs to take a broader approach to health prevention and communication.
- Talked about inequity and what all of that means. That's part of social determinants of health issue. We're down into the weeds a bit too much. It's about engaging community. Volunteer leaders.
- If we're too specific with what's going forward, we might lose the bigger picture.
- There should be a health lens placed on all policy, similar to gender or rural.
- Health care and health education needs to be prioritized with "core curriculum" (math/ English/ science). In a similar vein, teachers need to be trained in health education.
- Health education needs to begin at an earlier age in the schools and needs to continue throughout.
- Not enough is being done to educate youth on health care in schools and at home
- Teachers are not educated properly in health education/ health care
- Ideas need to be acted on now. Issues with prevention and promotion have been cited many times but little action has been taken!
- should not restrict people - e.g. fish and chips - but incentivize - healthy food should cost less than what is not
- restaurants now have choices now
- society is pushing those changes
- smoking a good example
- Internet - why not making better use of best practices from around the planet - why have to come up with something new - approaches working in other places
- make sure communities
- Choice a challenge for those who work on the road, eg - unhealthy food not always available

- Education - incl Participation
- regulation - incentivizing positive behaviours - tax credit
- community involvement for change - e.g. use of schools, churches - community gardens
- to influence choices, need cultural shift through education and awareness
- encouraging community-based initiatives which promote healthy eating and healthy living (food security program; community gardens; community freezers; cultural programs such as taking young Aboriginal individuals out on the land for harvesting activities to bring back to culture and roots, encourage healthy living and give purpose)
- networking and providing opportunities and dialogue between available programs to create awareness - government could provide this opportunity
- Tackle food security.
- Remove barriers in addition to cost. Learn to rely less on imported food. More farming, gardening... can crown land regulations be relaxed to increase effective agriculture?
- Teaching skills across generations, hunting, gardening, gathering.
- Better nutritional information. E.g. what you can eat instead of milk to maintain protein and calcium requirements at lower cost?
- Promote local produce nutritional value, ways to use, etc.
- Mandatory activity in schools
- Teach as a life skill
- Healthy living in home

Q8. What actions could improve the delivery of Mental Health and Addictions Services in this province?

- Self-referral of clients to services.
- Creating a triage system for mental health and addictions. So that they get some help and supports now until they are seen by Dr.
- Lot of resources now but need more coordination/cooperation.
- Seniors are being over looked they need to be included in the conversation more. Seniors being over medicated.
- one stop shop around mental health
- Promotion is an issue and videos are just a start. Access is really important. Mental illness starts at childhood. Establishing support between gov't and schools is important
- This area of health requires a holistic approach, perhaps more so than any other areas or at least as much the others.

- Education is key. Could do more in our curriculums. Timing is critical in these situations. Wait time is a big problem
- Early screening, establishing identifiers, develop system to identify illnesses early to support them as they age.
- Need an emphasis on mental health promotion. Level of stress seen in our society...students, employees. We are doing better with promotion/having the discuss...but need to focus on stress management skills.
- We are coddling our children too much....can't get a 0 in school...some parenting skills, education system, etc. Why do kids get pushed ahead?"
- More training for family physicians in mental health, in both diagnosing and treating.
- education and awareness around what programs are available
- education around what mental health is and dealing with stigma around mental health
- mental health needs to be made more aware in the emergency room and be treated as a serious issue
- Need more training among primary health care providers to identify individuals who are suffering from mental health. Often labelled as a frequent flyer, when really they are simply returning because they need the care or are misunderstood. Least understood issue.
- Practitioners can be trained to ask about emotional, spiritual etc. issues about the patient regardless of what the physical issue may be. Care providers can survey and track responses about mental well-being and provide supports for common issues
- Building bridges between the different specialties. Give family physicians the support and information so they can go through the cycle with the patients. Team based approach is necessary and is happening now but could always do more.
- Education to remove stigma, get youths to talk about, reduce abusing substances and other results of mental illness
- You have more self-worth if you are contributing positively to something. Current environment of parents working away on rotation puts pressure on parent left behind. Work schedules for parents...
- Legislation allows the hours of work...rotations of work.
- Need family supports...little family counselling or outreach to families.
- Provide 'mental health First Aid' to colleges and schools, as well as other organizations. Empower front line staff in understanding the complexity of mental health. Learn to support first responders for mental illness cases.
- Support and shelter/housing for individuals with mental health issues who need that kind of care.
- If I had to look at it, mental health has evolved as a hodgepodge of ideas over the year. We are light years apart from what we have as a system and what we deal with on an everyday experience. The reality of mental health and addictions is that

people cannot live in treatment centres. We have to look at their everyday lives. We have to get towards what is good practice for the now, not the past.

- What we need: access! Vulnerable populations need to be able to access the services they need and this will trickle over into the less vulnerable sectors of society.
- Pause. Look at everything we are doing and think about how much can be shifted to a new way of thinking.
- education around stigma of mental illness
- Critical need for teaching/talking about mental health issues in schools. Schools/teachers need more support to identify and handle students with mental health issues. Resources needed for this. Possibly a new role needed in the school to do with mental illness, not the job of a guidance counsellor or Principal.
- Significant disconnect between low income clients. There is a connection when you need physical services. People are slipping through the cracks more in low income families. Sometimes they have to go through other programs instead.
- Finding a comfortable space that they can call their own can be a challenge.
- Health Sector being aware of support systems for patients that need other forms of care. Able to send patients to receive additional support
- Strengthening community supports (not just the teacher's problem) regarding mental health. Need to give parents skills to help their children develop coping skills. Can't just leave children to their own devices....children in front of tv and alone after school.
- seniors- primary care and mental health interact, depression needs to be made more as an aspect of other health issues, sometimes people who are feeling mentally sick or unhealthy have to go to someone who it is not their specialty, therefore there needs to be services available solely for mental health
- Discussion around what other countries are doing...Scandinavia for example. Less/shorter work days, less mental health issues...Likely more productivity.
- Mental health crisis line is great. Counseling is not there. We need someone to be counseling someone to coop with what's happening in a timely manner.
- VLTs in all the bars and the contribution to addictions and other associated mental health issues.
- We have to keep the conversation going. We have to figure out a way to stop providing services to people when they reach the point where they need the intervention (like people going through the justice system).
- What can we do to solve the problem? Promote the services that are there now. Use new technologies to improve on programs.
- Continue and increase awareness campaigns. Need to reduce stigma outside of schools. Consultation is too expensive, so people are left on their own. Employer

awareness of mental health should be implemented, and mental health should be made an acceptable reason for leave

- mobile clinic is extremely important- has worked well in eastern NL but it should be more widespread across the province, especially for people in rural communities who can be more isolated
- Discussion should exist about whether mental health is connected to chronic disease and other illnesses.
- promotion - flourishing - goes beyond health, how to optimize how you function in your daily lives
- Need to be more investment in counseling in the community. People need to be treated on time. People of all income levels should be addressed by mental health.
- improvement in transition from childhood to adult psychiatry
- need recruitment of good psychiatrists for adults to this province
- Education needs to get involved, going to be a big player in the solution. High level of anxiety and stress, needs to be reduced, needs to be relaxed.
- Access to counselling. Early intervention should be promoted. Case management. Funding for services. EAP programs needed. More proactive employees.
- Coordinate the services that we have. Unless we have some coordination between what we have, the system won't work. We don't need new things, we need to understand what we have, how it is used and provide outreach to the community.
- Be proactive; stop the culture of being reactive.
- There should be a direct link between services. Back and forth communication and help. Example link between mental health service and an employable service.
- How do you connect with individuals who suffer from mental illness but don't want to seek help? How do you help those who hide their illness from others?
- Community needs to provide support and promote an environment where individuals feel free/want to seek help
- Do we have the right capacity to treat addictions in this province. It can be identified but can we treat and support addictions. We need to investigate the capacity (is there enough/where it is available).
- Mental Health - wellness, prevention.
- People dealing with chronic mental health.
- Housing is a major issue - patients can't get well if they don’t have safe housing.
- We have the highest use of EAP ever in recent years.
- GPs in rural areas are treating mental health and it can take 1 to 2 years to get to see a Psychiatrist.
- We can promote talking and reaching out for help, but what when they seek help and the services are not available?
- Quiet areas and rest areas should be implemented in schools and organizations

- Specialization of nurses, nurse practitioners, etc.
- justice system does not lend a hand to the physiatrist system in this province
- seniors- prevention is best for mental health, having strong social activities or "outreach" types of programs where people can go to houses where people are very alone, therefore people will not have to wait until their mental health gets extremely serious or will have to find these services themselves, which can lead to extreme wait lists, expensive use of tax money, etc.
- Self-management programs, self-help and using the resources we have.
- Planning is coming along for mental health, but the structure needs to be revised and built up.
- Disconnect between mental health and the rest of the system.
- Especially in small communities, sometimes don't want to talk to someone they know. Online services so individuals don't feel vulnerable when seeking help.
- Strongest Family.com
- Community based allied approach. Someone with everyday mental illnesses needs supports with meds, children, employment. Need publicly funded philologists in communities. Catch them before they become a crisis.
- Act in the privacy of your own home, anonymously.
- Stigma is starting to lift a little. Need assessment tools to be utilized in primary health care. Make sure the right questions are asked.
- If someone presents with a mental health issue, they should go right to the appropriate medical personnel and not go through triage to get blood pressure, etc....should only be done when Dr deems necessary.
- Paramedics do not have the tools to identify mental illness in the field, therefore it's hard for those patients to transition in hospitals/doctors' offices.
- Provide more access to service 24/7 not traditional hours as part of a tight, immediate network of people who can help.
- Community involvement (like the use of sponsors at AA)
- Non-traditional means would be helpful. Provide mental-healing services, such as art therapy, yoga, meditation, choir, etc. Create creative ways to support mental health and help people. Collaboration in communities needs to be promoted for people to understand mental health.
- Making sure those suffering have the basics... Support and resources. Special circumstances.
- Underserved population. Inner city, homeless and unplugged individuals need support. Interdisciplinary support in down town St. John's
- When you go to emergency with mental health, you can wait for hours and then be sent home when Dr. sees you. Solution may be a "warm/safe room" where these people can stay to be safe.

- The only time mental illness gets dealt with is when it gets serious to the point of admission. Need to catch it early and address it. There needs to be a public system to fill gap between providers.
- wait times are too long; need a dedicated building for mental health
- mental health line is a crisis line and should be advertised as such
- more supports and services for mental health
- major stigma around mental health, causing people to not want to get help or look for help when the issue has become very intense
- important to emphasize that mental health is like any other illness (same as physical problems)
- Funding with different partners, communities need to integrate and work together
- Mental health issues sometimes transition into the criminal justice system, not the right place for those who need treatment. Should be a function of the health system.
- Training for professionals to deal with mental illnesses despite their focus area of health care) able to provide some level of support, collaboration between professionals to share skills and resources.
- There's a lot to be said for helping people in the moment, but also at the earliest point we can. The video we just saw is almost there but we need to move towards understanding that it is not ok to look at me and say that I am imagining things.
- Police services need to be included in the teams to help mental health clients in an improved way....lock-up isn't the best choice.
- Removing the stigma and helping parents identify an issue with their child.
- Breaking down the stigma is very important.
- Teaching that addictions are not a class issue.
- We need a centre in NL to treat addictions and mental illness and not just sending them away.
- Community-based and integrated team-based approach to promote mental health/addiction awareness
- more emergency room services for people specifically with mental health
- In a short period of time things have changed though. The conversation has started, in the 90s this did not happen.
- There needs to be a focus on acceptance. The video touched on it but it needs to be driven home that this is real, it is something that exists.
- Holy Heart has a PD day that featured workshops for students on mental health. Guidance Counsellors and students initiated this. Students could choose what they wanted to go to...from diagnoses, to addictions, to stigma, to social media, yoga, etc.
- Need to have these things integrated into the curriculum - mental well-being.
- Mind-body conversation needs to happen in schools.

- prevention of mental health should be focused on - for example we know there are a high level of post-traumatic stress disorder in certain disciplines so why not try to prevent it from developing
- Education and breaking down barriers of stigma is key.
- We pay no matter what... Philosophy change required. Need to decide how we do that... Health system, justice system, increased taxes, taking time off work to care for family members...
- LGBTQ community - the particular needs of that community. We have to make sure there are safe spaces for these individuals through the spectrum of health...mental health, long-term care, etc.
- Navigators are needed and support for family members to deal with the diagnosis.
- With police calls, set up double response system whereby police are accompanied by medical professional who is capable of better handling mental health issue.
- Need a better assessment at the beginning to see if a person is ready...readiness to hear the message. Some people are just not ready for group interventions.
- Peer support programs needed with people that have experience the illness before.
- Needs a large amount of work in the human justice system.
- Best meet the patient needs, and go from there...
- Many of the mental health support positions have been cut in the last few years. We need the community supports ... income support clients no longer have case managers. Group homes being closed may not have been the best idea...has isolated people.
- Teaching healthcare professionals to learn triggers and recognize health care issues.
- Getting a proper diagnosis is challenging. It took a friend of mine years. Once we get that, we seem to get on the right path. But getting that diagnosis takes FOREVER here.
- Have to recognize that this is mental Illness not Health. There is no stigma to this.
- Better Symptom recognition
- Early retreatment of mental illness.
- Addictions key connections
- Better treatment for PCH physicians and nurses.
- I think it needs to be patient centered. Especially when you're talking about addictions services, you'd want to have those located where there are the most persons with addictions
- Mental illness can come through physically in ways like violence, robbery, etc. being empathetic and sympathetic to it and combine it all with management. Prepared to help the individual manage their illness/addiction.
- Utilize workplace programs, Employee Assistance Programs, etc.

- Service users should be included in dialogue for programs
- The fact that many people who are suicidal have to wait weeks and months to receive treatment is concerning. A crisis team is needed.
- Being able to provide services in the areas of addictions, in particular - it's very hard to access the training, as a health care professional. Even those interested may find it difficult to access necessary training.
- Continue promotion and provide supports. Sometimes we do a great job of reacting after we've had an incident - sending in counsellors, etc. We can do all that after the fact - why can't we do a better job beforehand and preventing that incident, like a suicide?
- more willingness for facilities to use translation services for immigrant patients
- Have come a long way in terms of awareness and understanding. a lot of people suffering a mental illness can go through a crisis - need supports for when they're going through this. and supports in the community, peers, a contact for someone. Services that would be associated with mental health.
- Increase awareness. Starting to get through so we may be in a position to begin concrete solution delivery.
- Updated/ new strategy needed now. But continue to increase awareness.
- No talk about mental illness. There needs to be more talk. Early education. You can't will this away. The stigma has to go away.
- Start with youth in school to help them deal with many issues, especially technology related (i.e. cyber bullying)
- The language is a thing. Mental illness. We don't say that we have a physical illness. We say diabetes, broken leg, etc.
- Whenever you hear mental health, it's always sensationalized. And there's a negative connotation.
- Nobody brings you a casserole when you have anxiety. But the more that's out there, the more I own it, the more empowered you are, it's the management of health. Same as managing high blood pressure, diabetes, etc.
- Small communities around the bay often do not provide supports to those who need it. Lack of community support is a major need. Nobody should be sent back to a community where supports are not in place.
- We have fallen down in terms of resources that are available to patients. Mental health patients need access right away. Many people don't have insurance or ways to pay for the service. People often end up in a worse situation because treatment is delayed. Not just medication - but also coping skills. Mental health needs money. The issues need to be dealt with, not just medicated.
- case management, to ensure that individuals are channeled to the best health care professional to help them
- Stigma about going to the Waterford.

- Stigma about mental illness.
- actions to reduce wait times - standardization of appointments - some mental health people see different numbers of patients each day - should be standards - need standard amount of time
- regional directors - w RHAs
- More help required for nurses, as access to mental health professionals is typically very difficult
- Reducing wait times for access to mental health services and support - increasing the amount of resources out there. Wait times are there because the services are being used over capacity. Having other places people can go, like a pharmacist. Important for education in schools and try to remove the stigma.
- Teachers and guidance counsellors are overwhelmed with the number of girls exhibiting depression linked to bullying and self-esteem. This needs to be caught much earlier. Restorative justice in the schools needs to be improved. Children need to be taught to not stigmatized and bully, they need to know how to solve their problems productively.
- patient coordination and services combo - knowledge ability, detect who has a mental health issue and health professionals need level training
- Front line workers need to be accessible and
- Level of personnel increased for intake.
- Funding and resources. The waitlists for psychiatry is very long. And there's a stigma associated with going. If there was a psychologist in the family medicine clinic. we could address this.
- Action item would be the video just shown
- HCS more action
- Addition education of Healthcare providers
- HCP not knowing what to look for.
- There is a level of individuals deciding to see a mental health or addictions nurse - if people don't make the choice, how to encourage? Having outreach and supportive link, coordination between professionals.
- A lot more shared care, not just family docs and physiatrist but also RN's, psychologists, etc. Too narrow a view that certain professionals are the answer and a lack of willingness for other services from the patients perspective,
- Stigma of mental health is relaxing particularly among youth, young people know how to ask for help, unsure how to involve parents.
- More mental health practitioners needed.
- On the ground stress is how to help when resources do not exist, especially when there is urgency.

- Improved wait times need to improve. This can include ensuring that frontline staff can better recognize and dealt with mental health issues. If Family doctors and Nurses can provide better supports at the frontline rather than waiting 12 months for a referral.
- Pharmacies have experienced an absolute ballooning of people prescribed addictive medications. Some pharmacies do not fill for children under the age of 16. Their position is to review prescribing practices. There are robberies now; drug of choice is a prescription drug. Number of children and working adults' lives ruined because of their addiction to prescription drugs. They want follow up for all of these individuals after 30 days, 90 days.
- The stigma has to go. We have to do something about the workers in the health care industry.
- More education earlier on
- You can watch a movie and talk about therapist but not in real life. Nobody talks about it.
- making more popular promoting mental health and well-being - e.g. workplaces - lateral violence and bullying - bullying in schools - contributes to later mental illness
- teachers foster notions of respect, praise for behaving in a positive way
- the stigma is the biggest challenge and how to change this is a complex problem
- follow up is important - follow up with patients in need
- Government needs to be proactive and tap into resources - best practices.
- Increasing knowledge and awareness of mental health services with health providers. Increased communication with health care providers on mental health services. Also increasing awareness of what we don't have and what we need to aim for. Looking at the needs from the client's perspective. Not everyone needs the same. And one of the pieces of what we're trying to do is look at programs and services to support families before it gets to this level. Providing services to families earlier. Letting them know that there are things out there to access when the need occurs. Normalizing the agenda.
- A more proactive approach would be ideal
- Health care providers should take more time to have conversations with patients
- Improved discharge planning required
- More actions like the video premiered today. Stigma has GOT to go. That's critical.
- Most of our current primary health practitioners do not have good training in mental health - mental health practitioners who are primary health care practitioners is important. Need funding.
- Basic determinants of health would address accessibility.
- self-help options and peer supports in smaller communities. But there are no mental health specialists. Funding is definitely needed.

- Collaboration between the community and the schools. Rural NL there are basic services available, but the school system is a reachable point where you have people who could be utilized. In larger communities, there are other people around, could have a collaborative effort. Fundamentals rest within the school system, especially in the early years to prevent people getting ignored or slipping through the system.
- We need more of a physically active society. All levels. Municipalities can support.
- having mental health and addiction services care professionals in emergency rooms at health care facilities
- a need to educate first responders and for members of the community to be more educated on mental illness and how to treat it
- Media literacy is critical. The ability for children to understand what they are seeing in the media is not realistic is essential to addressing self-esteem and poor body image.
- From a Social Determinant of Health perspective-- people living in poor housing cannot improve their health. Technology can play a role in support and assisting people.
- We also need to involve patients in programs-- do things in a unique way, traditional is not working.
- People often have few social supports, with poor jobs, and poor housing it is difficult to improve their mental health.
- Some people who work in the mental health field don't get it. We keep adding social workers, counsellors, etc. But for a large portion that I work with, an OT would be the best person to have on staff. To teach functionality, teach skills. We don't have the right mix in our regional health authorities.
- listen to the patient community follow-up program
- There are not enough physicians who can provide methadone - training is not accessible, therefore treatment is not accessible. severely underfunded and under available
- Following students from when I taught them through to their adulthood... you start to recognize the patterns; you know which ones will struggle sometimes from a very early age. Need mental health and wellness training for teachers.
- Resources insufficient for addictions treatment need more resources.
- Awareness regarding harm from drugs, especially marijuana is poor. More campaigns needed.
- Big worry for physicians; difficult to treat people using illegal drugs.
- Youth face a lot of pressures, especially from new tech like social media, so providing them with the support they need is essential; reduce wait time
- Focus on the youth. They have special challenges from pediatric to adult. When you turn 18 you go from phys. from Janeway to HSC and everything changes.

- Youth aren't prepared like older people are when they were young.
- Youth don't know what the future hold. More anxiety. Children are home longer. Generational things. More stresses for children today. Gov't needs to look at the youth.
- Dr. tries not to give children drugs but when they turn adults they do.
- awareness
- early access
- Awareness - there seems to be more awareness recently in the last year or two about mental illness. In many cases there still is a stigma, but awareness can reduce it over time.
- if family doctor has ruled out physical illness, mental illness lends itself to telehealth - demand is not always the same everywhere - can counsel via distance -
- could get a referral via telehealth
- can provide access in a variety of centres via telehealth
- technology is there
- In making referrals, when you get notified that there will be a 3 month waitlist, it is very disturbing to hear that a client you're very worried about will have to wait for so long.
- Mental Health is not where it needs to be.
- There is much to be done!
- affordable housing --> create a normal life feeling for people with mental health and addictive supportive housing
- We are starting to see an aging population with mental health and addiction needs. Staff doesn’t know how to respond to individuals with these kinds of issues. They are not educated. See this as a gap in knowledge because home care professionals and home support agencies and workers are not educated to care for these kinds of people.
- Mental health underlines all other health issues
- Professionals should go here people with issues are
- Compassion fatigue: helping the helper
- Increase access and knowledge of the Psychological assessment mobile unit.
- Front line health workers are not always educated in mental health and addictions issues. Training and education of health professionals when they enter the system to make them aware of services available and if further training is needed is essential.
- Services and supports need to be available in the communities where people who need them actually live. Removing people from their community can increase harm rather than reduce it (no family support, cultural and language barriers). Major issue for remote communities.

- Collaboration and teamwork within professions and working with people when they are younger so that they are getting the right treatment from a young age. The teamwork comes into effect when talking about ensuring that all professionals are working with each other to provide the best care
- We don't utilize the providers that we have in the right way. One of our key crisis issues right now is that we are the only province with one guidance counselor allocated for 500 students. Most provinces are one per 250. It's too much. Realizing that the ones we do have, the professionals who are there, can't do their job.
- Education - not trained to recognize the traits early enough. Trained professional into the schools to recognize and treat. Youth with extreme anxiety....suicide.
- The video was great, but noticed there were no teenaged boys included.
- Help should be as quick as possible, as people commonly wait too long to make the call for help (i.e.: walk in mental health facilities)
- Need to get into schools and de-program and reprogram kids in what mental health is and looks like - teach kids how to cope. See a lot of this at the Janeway.
- Some services need referral from family doctor. Creating options for self-referral would remove the barriers to access.
- More support for allied health professionals - these are private and expensive, government needs to provde support for these services.
- please do not scrap the new Waterford hospital
- Illness cause by substance use is huge and growing - so we need strategies to address this. it’s becoming a huge problem
- A directory of services is needed for support programs for people to access.
- Considers adults and youths as different developmentally. Importance of having support mechanisms in school - talk to youth early on about mental health, provide early support, encourage to stay in school, well rounded support. Transition to adulthood and how to handle mental illness. Teach that it is ok to access support for mental health early, to try and stop stigma.
- Provide more resources in schools - possibly social workers?
- There are some very high risk groups that need to be looked at independently. One of them is police; people addicted to drugs, children who go through CYFS, etc. You need to bring these people into the system with the understanding they need long-term care. They're usually treated quickly and that's it. Nunatsiavut is doing this. We could learn from them.
- community focus - understanding peer group support, advocacy groups, compassions for people for mental and addiction services
- Joint effort from medical professionals, outreach groups (AA), clergy, etc. all need to be involved.
- We need to do more education at the primary care level surrounding addictions.

- If you look at MH as a 'type' of health still can put the access, promotion, prevention lens. Stigma is hardest challenge. Makes people more disadvantaged.
- Mental Health sensitivity and training can be improved and enhanced.
- More facilities and expertise required. Facilities that do exist can exacerbate mental illness (poor design, too institutional).
- Experience/ training insufficient.
- Quick response time is essential
- Crisis line is a good tool, but needs to be marketed and promoted more
- There needs to be more accessible and a available support for those who need it. Not just mon-fri 9-5, but also nights, weekends, etc.
- What are the symptoms - parents not recognizes when school comes to them saying there may be a problem with a child.
- Continuity of care.
- Biological issues (not just coming up suddenly)
- Advocating for the patient
- WE NEED MORE.... counsellors, pediatrics and professionals.
- A mental health and addiction program for schools by the RNC/ RCMP would be beneficial (not just drug awareness)
- Mental health is something that affects people from cradle to grave. Children who have issues that aren't dealt with end up with more serious issues. Trauma and burnout that people deal with through their work can also contribute to mental illness. We need to protect our frontline workers; otherwise they won't be mentally able to do it.
- plus - nobody with a severe mental illness should ever be in a prison - it's disgusting
- e.g. a person with a mind of an 8 year old doing 3 years at Dorchester
- addictions - if services not readily available - end up in prison - if have to wait for service - if a blade stuck in their chest would get help - if say going to commit suicide told have to wait to get into detox
- services not readily available are not services
- Resources in rural areas - encourage access of counsellors. Can't just focus on GPs in rural areas, need counsellors and mental health professionals.
- Also important to increase addictions services in rural areas.
- Early education to kick the stigma. To know what mental health really is.
- also - please don't get rid of the Waterford
- Education that mental illness is an illness.
- Parents are often very reluctant to bring their child to a psychologist. Education can play a role.
- How do we ensure that parents can accommodate their child's mental illness?
- Affordability and accessibility can also be dramatically improved.

- Remove stigma around mental health.
- Revolving door treatment. Take someone with emotional problem and take them in the emergency room, they give them a cup of tea and send them out. No referral, no nothing. I would suggest that there are as many people with mental health or addiction as a physical issue.
- Until we remove the stigma, they don't want to tell you what's wrong. Some of it is starting with the families and removing that stigma so we can help those people properly.
- Need help for kids. Puberty is starting earlier. It's confusing for kids. Hormones are changing, mental illnesses are manifesting. We need to get these mental health and wellness messages to kids as young as possible.
- School needs to have much more manpower as a region - guidance counselors yes, but it's not therapy; we need more trained professionals so that children who have problems are recognized and things are put in place to help them.
- Mental health is a huge issue and more resources need to be put into it.
- One participant likes to separate Mental Health from Addictions. All kids are exposed to addictions which are serious issues. Own experience that first responders (police singled out in his example) need a depth of education to deal with individuals.
- Wait lists for psychology and psychiatry are too long; diagnosis takes too long. Need to improve accessibility time, particularly for children.
- Schools may be able to play a role, but resources have to be provided.
- Many people (in health care) are not sensitive to invisible health issues as they are for visible health issues. Reversing this is essential
- All practitioners should have some training in mental health issues
- Professional development for health care/emergency professional in compassion, empathy which is emotional intelligence.
- I am a person who has a mental illness. I do support groups. Sometimes all people need is to know that it's not just me. As someone going through it, I can understand.
- For a support group, you need that, someone who has been there. It's not therapy, it's a support group. Recovery focused.
- Awareness piece needs to continue.
- Needs new direction though: awareness of what services are available, not just what mental illness is (stigma reducing).
- Aside from mental illness, what are we doing to promote mental health in general? There are standards that need to be implemented and met. These are preventative things if we attended to these up front.
- Some people cannot talk about it, but they could be united around a life skill, something that they could do.

- Look at stigma. We're much better than we were a long time ago. 18 years in Corrections and Health, the amount of professional stigma is awful. The people we go to for help are judging us for having a mental health issue. Part of that is their own burnout. Makes it extremely difficult to get a diagnosis. Constant fighting to get there.
- start in the schools - behaviours - more people available to help with mental health and addictions - e.g. in hospitals
- e.g. at Miller Centre have bereavement, palliative care
- but if traumatic injury no one available to counsel - there is a loss - help is needed - before they develop a mental illness, depression, suicide
- preventive approach for situations which could lead to mental illness
- Public Awareness can be dramatically improved. Not just for mental health, but also addictions.
- Education amongst frontline health responders are often ill equipped to deal with mental health and addictions issues.
- Huge stigma around addictions - people don't often understand that addictions often come from a trauma. And developed dysfunctional coping skills.
- In terms of prevention in schools - kids need to know what mental illness is but also what mental health is.
- Sadness doesn't necessarily mean mental illness - kids need to know to learn to tell the difference. In many cases - if there were good social/community structures in place people wouldn't be able to get to a bad place.
- Need to be able to tell the difference between real mental illness and general coping skills.
- Very long waiting lists for professionals.
- Stigma against going to a "counsellor"
- Cost of adding services- thing...how many people are missing work because of mental illness. 10 people by the end of today in Canada will take their lives....
- One participant advised that in Conne River they are doing a campaign highlighting that Mental Health is "normal" but very challenging. Part of day to day life. Long term planning. People have complex mental health needs. Seeing a lot of violence and impacts on families. Bell commercials are really impacting.
- this is a service that tele-health would be especially capable to address mental health concerns
- We must look at mental health as an illness not something separate from other illnesses. Mental health needs to be seen in the chronic disease model.
- Depression is like a physical, allergic reaction to life itself. We have to start doing more to make everyone realize it's nothing to be ashamed of.

- in terms of risk assessment, what occupations and program would people be more a risk for mental health issues
- Hugely related to culture - try and increase awareness and change opinions.
- use technology as a resource - mental health app, commercials, suicide line texting support
- Fundamentally - services are under resourced - it’s a patchwork of strategies.
- Medical travel is important and often it’s no available.
- Workplace issues. That's a tangible thing. The amount of bullying, etc. There is a framework. Healthcare, government, community. Why doesn’t staff know that there is a framework? There is a voluntary framework.
- access - less barriers
- everyone should have a PHP
- Having access immediately is essential; more emergency support required
- use of telehealth - lends itself to this kind of service, as long as had providers
- travelling service
- in mental health needs to be follow up
- we need to promote mental health to prevent mental illness
- parenting issues - make sure kids are behaving appropriately, colleagues "Need improved collaboration between Health, Social Services, Housing, Income Support... when supports are in place and working well, burden on mental health facilities is reduced.
- Need to ensure that resources are used effectively for desired outcome; multi-sector collaboration key.
- Knowing how to access the right mental health and addiction.
- What we're doing right now isn't working well - seeing GP, prescribed medications, sometimes sent to psychiatry but not necessarily. It’s a community issue with the patient in the middle and community support is around that person. We need to look at mental health dynamically, not linear as it seems to currently be.
- Collaborative efforts among professionals.
- Organizations on the ground need to be funded at a higher level. Find a way to expand them out to rural areas and not just the urban centres. CMHA is being cut ALL the time. This isn't the way it should be.
- stigma is a major issue and while it is better it is still a large problem
- Mental health comes after things such as safe housing. Housing first model. Encourage safe and affordable housing, permanence.
- Primary Health care will often treat mental health but not addictions.
- Awareness is often spoken of-- remains to be a significant concern. Funding to non-profits is often cut
- Reliable funding is necessary in program delivery.

- Need to recognize the people in a health care facility are us, it's changing, and however there is still a stigma against these types of care facilities.
- We could spend the whole budget on healthcare if we wanted. We need to be smarter about what we fund. Fund the existing organizations that are doing proven, beneficial work.
- getting into the school and education systems with improving education and understanding mental health
- "Intergenerational trauma. Psychiatrists are starting to get there. Social issues but not mental health issues. Now it's an actual diagnosis. We're missing this.
- Wait times are an issue - cross training to expand medical services to persons with mental illness for assessment and treatment
- health care education team - not part of health professional curriculum
- if recognized by members of interdisciplinary team
- community pharmacists in all communities, all hours , if knew 1 - 800 number would be helpful
- treatment for addictions need more professionals in that area of service
- so people can move out from a residential service into the community
- Perhaps by creating a move active society that is more tied into the community we may create better mental health as well.
- People with mental health issues, need a full range of health care services--however if you're low income, no insurance for example, health care issues can often exacerbate mental health issues, and vice-versa.
- Education system needs to evolve around mental health issues. I have a child with trauma issues and FESD, tried to give him a student assistant, etc. Sensory issues and they cannot learn with so many in the room. Inclusion strategy is counterproductive.
- Need more for seniors to do. Get them out, active, in the community, doing things for fun. This engages them, keeps them mentally alert and helps prevent mental illness. This is critical, and it's only going to be worse. Life Unlimited it’s called in Corner Brook. That needs to be done province-wide.
- Model of coordination of services for children and youth. No model for adults and child system out the door.
- The school system highlighted that guidance counselors are 'crisis officers'. Not intended to be that. Schools need crisis counselors in addition to guidance counselors.
- Very hard to get a diagnosis on people. Need a referral from a family doctor or a nurse practitioner to a psychiatrist. If they don't seek a family doctor, therefore undiagnosed and then cannot go on a caseload. Seeing a lot of population who are not diagnosed. Hard then to get them supports (subsidized funding for housing, rent, etc.)

- If you're not eating right, exercising right, it'll impact your mental health. Faith/spiritual aspect to a person as well that's often neglected. Should that be in the equation as well? Multi-dimensional. Holistic approach to care. A person is more than just physical.
- There is no health without mental health.
- Advocacy is necessary because the patients often cannot do it themselves.
- Even with good education and life skills, when in the throes of illness they cannot advocate for themselves.
- Education system... partnership between school and health authority. Putting social worker in the school to engage the community. Not from an educational therapist perspective, but the social worker deals with the student who cannot tolerate the classroom environment.
- Concern - Social worker couldn't share any information with counsellors in the school.
- Having the right player at the right place.
- Plenty of evidence shows physical activity helps with mental health. You get higher compliance if a professional actually prescribes physical activity as opposed to just being told you should do it. They're cost-efficient, new ideas that are working in other countries.
- Revise mental health act to require physicians to seek consultation with family during certification process.
- More research and understanding of the "why"/ root cause of cutting/ other newer physical evidence of mental health issues.
- Address housing - give people a house and the mental health will improve.
- Not ghettoized housing - need community planning.
- Government should tap back into the religious groups and organizations at least for seniors' health. Getting rid of that from government has had a detrimental effect for that generation. Might not matter to young people, but it matters to them.
- Frontline workers often have very little training-- NEED more
- Dementia - Longer someone can be kept at home better. Early diagnoses and drugs. Caregivers need to be provided help for 24 hour care of a patient. Legal situation and advanced health care directive. Financial advice.
- Long waiting lists for care facilities. family not being made aware of drugs or treatment for their family members under the care (acute care)
- SUPPORT FOR CAREGIVERS
- In aboriginal communities, your entire life depends on your value system. It's the same for old, religious folks in rural areas. We need to reach out to them through that avenue.

- mental health should be a part of the knowledge base for all workers in the public health system
- Efforts to maintain continuity of care should be a priority because knowledge of individual patient over long period of time can be important for assessment and treatment.
- Coordinating resources, organizing best practices. There are a lot of resources that are not used efficiently because of a lack of collaboration and coordination.
- De-institutionalized Waterford hospital patients. No support. Had to stay out all day. Nothing for meals. No follow up with anything. Should be a wakeup call not to do this again. We need to put in support services. There was nothing for them.
- Unrealistic waitlists for those who may be in crisis or at risk for becoming in crisis, whether with mental health issues or addiction.
- Supportive living options, supportive housing. Not seen as someone checking up on them. Someone who can help them. See what issue they're dealing with this week.
- creating life skills classes in school to help people to cope with life stressors
- In Quebec you would see the resources required for caregivers and their patients only took two days. It was coordinated. These people were from NL but moved as there was a more coordinated effort in getting these services.
- Team based services would help with the stigma. There are four doctors (professionals) in one building so there is an anonymity of who you are seeing.
- Case management for early psychosis. How to support people in the community instead of having a hospital placement.
- The need for four health care boards,
- How was education able to reduce?
- If you load up your body with stress, the chemicals in your body charge. And, after a while, it can't get back. That's no different than mental illness. We need to focus on the stressors. And we need more celebrity champions.
- NLPDP or AES support can get bus pass to get to medical appointments - that's helpful, but the working poor can't necessarily afford the services either and can't avail of the program supports.
- Many people also don't know that they are able to avail of the programs.
- Ordinary people are talking about it. Getting ordinary people talking will help alleviate the stigma. More videos
- create a directory of available programs to assist people with mental health issues - people often don't know where to go, and professionals don't know where to send people
- Model the supports after those that are available to cancer patients.
-

- Lots of people are willing to donate to cancer but not to mental health. Address how to fund raise for mental health. Mental health is not "sexy" so people don't donate.
- intro of the new intake unit there has been an + response regarding wait time
- central intake does assessment and then prioritize
- only local now maybe it could be adopted in different regions
- Learning disabilities...need to look at supports
- Counselling in addition to (or instead of) medication is at least as effective if not more so. GPs only have access to the medications. Drug coverage makes it hard to prescribe drugs that are less addictive. You have to wait several months of receive an appointment.
- don't keep quiet - get spokespeople on board
- media awareness and help in delivering the message will help make the change
- Programming needs to start in K to remove stigma
- We need collaborative groups to respond to addictions, and to have a unified health record.
- screening process might need to be enhanced
- family histories, asking the right questions, asking questions we never asked anymore
- If core services were delivered in the school, we would have better contact with youth and students. People are searching for that, and it would go very far with youth.
- Years ago accessing help was difficult. Having an inventory of services/supports would help now.
- Government keeping having conversations
- early intervention and improved education
- school level CTA survey identified for child youth mental health/poverty and safe and caring schools
- mental health / addictions have over-taken us, just now on the public agenda
- Mental health and mental health issues are a part of disabilities. Education campaigns appear to be working, need to see evidence-base to prove it.
- STIGMA is huge people even people in the system don't want to talk about this
- education - primary health care can help demystify mental illness (our mental health should be given a "physical" from time to time)
- Rurally, there are psychologists who are not Canadian and people complain about language and cultural barriers. It is less likely for people to access services when the barriers are in the session (not in physical accessing of the service.)
- We need listeners and understanders, both professional and volunteer that form emergency response teams for mental health. These need to be accessible to people at all times.

- Tap all resources; think outside the normal, E.g. Midwifes can help, continuity of care for postpartum depression.
- improve access to cognitive available material and include addictions
- education and awareness can help the general public understand more
- Community based support with help of government and health care
- need to look at mental and physical health as linked
- currently happening in some schools
- school breakfast and lunch programs
- mental health days
- LGTQ groups/supports available
- school can be the first contact but it needs to be resourced
- dividing teachers attention too much we need to get things in schools but with additional supports
- need mental health staff in women and homeless shelters, and other community centers
- Shared care between MD's & Psychiatrists
- Interdisciplinary practices
- public awareness initiatives appear to be working - general public is becoming more sympathetic
- Postpartum needs to be looked , job loss cycle, divorce, life stressors...screening tool to help access programming
- Where do you avail of mental health services when you are rural? The psychology support over time is what is most important; the wait time is months long. Additionally, it requires a long follow up time. And, you have to pay for the services. All these are barriers to receiving the care you need.
- Need to find opportunities to reduce the many barriers in mental health, we may often mistake not having access to care with not wanting to pursue care due to social stigma. Need to differentiate between 1) mental health and 2) mental illness. Need to explore different remuneration and centralized intake systems to help coordinate services to get people in and get them the help that they need. Also need to recognize and deal with confidentiality issues, but still need to support and enable family intervention where necessary.
- schools have better level of understanding regarding addictions and mental illness today but discuss and communicate as a society - community involvement
- mental health and addictions is feared and there is an inability to handle the situation in the long term on all levels
- need to start education at the very earliest age (e.g. how to deal with peer pressure, body image) and ensure a seamless transition as youth grow older
- Healthy relations offered in school curriculum need to mirror real life

- teachers are not unsympathetic but somewhere along the line we have to acknowledge collaboration cost time and resources that schools just don't have
- if we put it in the school we need to resource it - on line resources might be a solution
- experience of teachers will identify issue health professional can treat
- Make community more inclusive of people with mental health and addictions.
- no resources - sharing btw schools - to manage kids in school - very little - long wait times -- kids at risk - safe spaces for kids to go- a venue - talk it out - a resource, not a quick fix but a resource to alleviate suffering, help-assist sounding board... drugs as off set for issues and nowhere to turn
- Physicians need better training for mental illness for treatments and options. They need to be educated not only in prescribed medications but also for support groups, etc
- communities need to be more equipped to deal with these issues
- Role for diversity of backgrounds - communities, social workers and community support workers as the front line.
- Everybody has a role with an integrated approach based on each regions needs
- government is currently moving on the right track by making mental health a priority
- JES has caused the pay scale of psychologists to be reduced
- Govt will not be able to hire psychologists
- any web-based service should also include available services/resources for mental health
- simplifying the direct access to services
- dedicated positions - full range of services wait times/--- mental heat included - w
- Wait TIMES are too long - issue of insurance - private
- why do we separate mental illness - only increases the stigma
- physicians include in prescreen list of questions - routine exam question
- screen for additions
- Absence of capacity in rural areas, long wait times. Big service deficit.
- Increase access to counselors. They keep people out of emergency rooms and are a great resource for primary care providers. They are a key service to be offered at clinics. Easier access to a one time comprehensive psychiatric assessment could be very helpful in assisting primary or family doctors etc. help patients.
- reduce waiting times for people who just need someone to talk to
- Having mental health doctors work closely with nurse practitioners, works well.
- Identify issues earlier - necessity to change trajectory of mental illness. Problem with that - Difficult to define in early stages.
- Not just Health as a lens for other initiatives but also mental health
- school based programming

- government's current work to raise awareness about mental health should continue
- No coping skills in teens...we have not taught people how to handle the bumps
- urban / rural divide especially in remote areas where services are not available
- Problems need to be addressed as soon as possible, starting with the environmental cause. It takes a village to raise a child (or make a change.)
- Change the conversation around mental issues. Work better with young people to change the nature of the system later in life.
- ACT Teams province wide
- we need to be building and supporting more resources at a community level
- Patient navigation for mental illness should be incorporated for mental illness just as it would for a physical illness. Coordination of treatment, support, options, etc. is critical.
- need to change perception by creating acceptance
- better collaboration between health sector and communities and government - schools and students getting involved has helped to shift stigma
- Awareness and build it into every day, school, work, community
- continuous service essential and supports need to reflect this approach
- Brain disorder - mental issues are issues of the brain - might help with the stigma.
- need a proactive approach - more counselors at schools - start education at kindergarten
- local contacts -Nain GROWING UP GOING STRONG - high youth suicides - lose of connection with heritage lifestyles--- context, community based and specific --- healthy lifestyles and choices promotion using traditional cultures
- If there was prioritization of spending, in order it would be (1) mental health and addictions (2) seniors.
- There are very few specialists in the province that can help patients with additions and control of narcotics. There are some things on the books that they could move along (which would help but not solve the problem.) Being able to define what we talk about in mental health/addictions is vital. Fixing the issues lies in defining the language and creating a broad network of healthcare workers who can help deal with the issues.
- health should not be a filler subject in school
- Blomidon Place in Corner Brook as a model. A safe place for people with mental illness. Have. Use a team approach for community based services under one roof. They come together and work on cases; a one source of access to meet the needs of people. Referred by doctors, self-referral, and justice systems (e.g. young offenders). School principals.
- Should be able to reduce the stigma within the health care system better than what we do.

- agrees its everyone's responsibility
- team approach for patients with complex issues
- more specialized services - psychiatrists and psychologists outside of St. John's
- What's causing an increase in mental health issues and what can we do?
- more information in the schools
- Put more emphasis on changing minds program - more focus on community programming such as this.
- need more money
- we need to reach beyond the individuals that have the disease, and provide support to the families affected; connect with their environment and engage on that level as well
- Provide sensitivity training for professionals providing outreach for complex cases.
- intervention in junior high impact high school graduation
- investment over time but need supports to do it now school systems at its maximum capacity wise"
- Positive mental health promotion in schools
- Host conference on what we are doing right...highlight best practices, share, connect. Communicate. Look at moving forward, building on what we know. Let's talk about openly
- aboriginal communities need help - isolation, recreation, jobs
- Better information dissemination of supports is required. There is not enough awareness of existing services and supports.
- Multi-year funding to community organizations that provide mental health services.
- offer/improve respite care for mentally ill individuals
- front line staff need to be trained to support patients until formal treatment is available
- provide education on how to be supportive to those with mental illness
- Guidance/services after hours - need to be able to provide services that are accessible to all.
- Peer support provision within hospitals.
- we set up kids with high expectations and that creates a ripple effect
- Move away from psychiatric hospitals - move towards integration
- Maybe separate the two. Circulm in school about mental health and how not to become an addict. Two need different strategies
- Provide appropriate navigation services to families and people with complex needs.
- private organizations are also increasing public awareness (e.g. Bell Aliant)
- Stigma is still a block but the awareness is getting better. There is now a need to keep up with the demand.
- Not enough workers working to provide care in this area.

- early intervention to avoid crisis
- Youth - need to incorporate in school curriculum, especially as mental health issues appears at an early age.
- Monitoring what can be prevented in early childhood.
- The reducing stigma is educational and very powerful. Being able to normalize the types of illnesses is how you remove the stigma. Mentally ill people have more marital issues, employment issues, obesity issues, etc. So it is a population who is vulnerable.
- Increase supportive community care programs
- Acute setting- high end users, lack of resources. Need access to social context to look at the person. No rehab services, capacity, problem are dealt with crisis and not looking at preventing the next time.
- Guarding Mines - a national program services Canada regarding mental health first aid
- workplace health and wellness is becoming more central in our thinking we have eap personnel we need these leads in our school system Ex nursing in hospitals don't run the wellness program other staff do use this model in schools"
- improve access to multi-disciplinary teams that can address physical and mental health
- Access to professionals is necessary. There are not enough resources in this area. MCP coverage has to improve.
- need to have a goal to evolve to no separate division
- helping people can use resources that don't have to be expensive - i.e. volunteers talking to people in the waiting rooms to reduce stress
- promote early interventions by training educators to be able to identify escalations in mental health issues
- poverty reduction strategy and food issues --- n/ how to provide sustenance is inefficient - people do without still fall thru cracks--- and additional mental health addictions issues
- Reinforce that this is a HEALTH issue; not just mental health. It CAN be treated.
- work to change perceptions around body image
- Health system - need to educate staff in the system 'e.g., sending someone with a broken leg to the Waterford because they have depression' - shouldn't happen.
- need laws against harassing individuals online
- Separate mental health from justice. e.g. many people in prison have mental health problems/issues. The facilities and community and family supports need to be there for people who need them.
- Public Sector, Bell Let's Talk example. Mental illness is the biggest lose for public sector. More awareness.

- Support for families of patients with complex needs.
- Family physicians do most of the primary health care. Mental illnesses in childhood have increased. Huge increase in anxiety, adhd, autism.
- Supporting families is important. diet, sleep and exercise is important as well for people with mild to moderate symptoms
- Self-management is key.
- more accountability on the part of web companies that are allowing harmful conversations to take place
- more formalized approach to education of doctors in mental illness
- Free respite care for families/caregivers.
- need for more service looking at "wrap around services" Take the high end users off the system
- keep the conversation going
- Competitive - anxieties - lower expectations? how do we manage stress ... competing with the Jonses rather than healthy living, balance- and good choices...
- psychological safe workplace people trained in the workplace to help i.e. a first aid for mental health included in OHS
- Educate the young. Get rid of the stigma, increase awareness from a very early age.
- Continuing to support legislated gay-straight alliances in the school systems, which has been shown to work and help; we also need to take this as a model and look at what else needs legislation in the school systems.
- Stigmas have changed in a lot of ways - this is a stepping stone towards where we need to be. We should ask people who have mental illnesses if we are meeting their needs, serving them in the best way possible, get direct input from the people whose needs we do/do not meet. This is an area which requires paying extra time. Indicators we may be missing are good to identify.
- Need to ensure a coordinated system, which includes coordinated teams of both health and social sector professionals, with easy access, to help do the difficult work of addressing mental health issues. Need to expand systems based on interprofessional teamwork that have a demonstrated track record, to more areas and health authorities within the province.
- More conversations necessary because of stigma, lack of understanding, sometimes considered a taboo topic.
- offer an education program targeted at adults to promote a better understand of symptoms
- 20 support groups should be first point of contact and have more resources to handle demand for services

- SENIORS and addiction loneliness social isolation --- related to mental health with elders and alcohol--- misuse of meds, abuse... of meds and it is an elephant in the room AWARENESS
- Normalizing mental health.
- often patient is moved to have someone else deal with "them"
- A continuum of addictions services
- users have to be part of the change and can help provide feedback about what services are working and how they might be structured
- political will
- benchmark info is essential
- poor utilization of medication and abuse of medications is happening
- we need to use systems to increase compliance
- communications among pharmacies > monitoring systems to limit abuse
- drug information systems (PEI is presently using it)
- This is an area where increased investment is really important. We are not spending enough money to meet the needs in this one department.
- mental health and addictions do not necessarily always intersect,
- use community based organizations to support collaboration
- Housing is one of the most important determinants for physical and mental health.
- equip community organizations (e.g. by training the leaders) to offer the appropriate supports to children (possibly by developing an off-the-shelf program of training the trainers)
- empower community champions to spread the message
- a program that helps kids with mental illness and is delivered by qualified people, after hours, at a distance; more in depth than Kids Help Phone, akin to programs elsewhere in Canada
- Need to address addictions issues, which family doctors don't have the ability to manage them. Need addictions clinics with support teams and psychiatrists who specialize in addictions. There is a real lack of psychiatrists who specialize in addictions in the province.
- Exercise and engagement. Kids are fixated with technology.
- people should talk more and text less
- Addictions are not being addressed - wonder if 'throwing' money at methadone programs is the correct way to combat addiction?
- justice money spent on drug programs should be put into health care
- rural communities - drug of choice - cocaine- turn around--- affluence of Alberta money - in schools - staff from hc , rcmp - community based police - and hc services in schools re addictions --- availability in community
- "need an awreness campaigns of drug abuse

- harm reduction
- types and problems that exist here
- this might help to get buy in and collective responsibility
- mental health is one thing drug abuse is another (so much stigma)
- support models for drug use exist out there we need to learn from them
- promotion and prevention to help before they end up in trouble
- the lead time to get help is too long people will not survive"
- consider a program that pairs newly diagnosed individuals with people who have experienced and dealing with the same challenges
- life management skills training in schools to enable children to cope with stress
- Need more opportunities in terms of employment, education, and access to physical activities for individuals struggling with mental illnesses.
- some community organizations already offer services - need a better awareness of this
- Mental health challenges RNC Client - profile- mental health nurse- to aid vulnerable, addicted persons... knowledge, take advantage of people in community who care and make a difference
- we have the UnderstandNow website, but people need to know that it's there
- education of health professional regarding how to deliver services (drug users) as well as education of the public
- Are we getting at root causes? NL highest rate of opid use
- root cause analysis vital to determine manifestation and ultimately how to deal with
- School nurse - immunization- sounding board - MASSACHUSETTS saved 4 billion in a year... no phys ed - higher obesity - vending machines/ unhealthy foods...
- urban should use mobile teams urban it is a bit more hidden need to figure out how to reach
- we need to ensure that individuals understand that mental illness can be treated
- public private partnerships- BELL's campaign - depth of work, discussion, talk about goings on- realities, world views- we have tools - it is finding the way to utilize them, make them effective... at a local level
- drug companies need to take responsibility too government needs to regulate and companies need to have a moral responsibility
- government must set the direction and take lead on most or all of this but everyone has to play their part
- need a mentorship program to deal with mental health challenges
- movement of patients within the system in a systematic manner to minimize negative patient impacts
- need to address and improve wait times for referrals to mental health specialists

- CAFE - Labrador - working in a cafeteria - entrepreneur - lives changed- program - cooked good meals
- we also need to address challenges of mental health within the justice system
- continue to develop a mental health strategy for the province
- family doctors can help and be a confidential support especially in rural areas
- this can combat stigma
- need to be educated to play this role and be open to relapse and understanding that it is a chronic disease to be managed not fixed
- there is a primary role for navigators in mental health system
- initiatives need to involve the mental health association
- people trying to manage system instead of system managing people
- pockets of people address this but fear among health care providers (as well as educators) that they can't take on anymore
- growing addiction problem in this province that needs to be addresses (new resources to do so)
- Healthy foods local solutions--- service gaps--- pool money/ food one pays gas/ car- every resource sharing - someone --- CCAFE - sr and youth- community gathering place--- everyone in community self-sustaining HR BRETON--- South Coast / BAY D'ESPOIR...
- mental health needs to be monitored better in the school system; there needs to be more accountability; a report-card type system
- consider extending existing facilities instead of constructing a completely separate facility (will help limit stigma)
- knock down walls barriers, that do not need to exist - when by not having them communities benefit, individuals are helped, connections are made
- central intake is important for screening and effective management
- mental health can be 80% of the root cause to peoples presenting health issues (vulnerable populations for sure)
- need a campaign reflective of drug abuse (mental health issues)

Q9. As a table, the top 1-3 actions you propose to improve mental health and addiction services in NL are:

- Make a part of the education system. Bring teachers onside.
- Aggressive screening feeding into EMR form (medical computer system)
- Sharing info (211)
- Annual health care conference - share best practices
- Part of K-12 system

- Government has to take first step with addictions (such as gambling) and decrease the temptation; provide help with that.
- High cost of users - look at how to help people access services
- Loneliness arrive at ER then they labeled at "crying wolf" Connect seniors
- Enhance services - social work in ER available 24/7
- Table agrees that there are insufficient supports within communities for living with long-term mental illnesses; More programs are needed to maximize employment and education opportunities for these individuals across social and income groups.
- Look at financial aspects of addictions, costs, etc. Money keeps going around in taxes coming in and then going to pay therapists/doctors to treat alcohol, tobacco, gambling addictions. It has to stop somewhere.
- routine screening and peer support
- 24 hour policy and help line to help so people don't have to wait - prevent tragedy
- change attitudes - all parties need to collaborate and focus on mental "health" as opposed to mental "illness""
- Table agrees that financial costs need to be addressed in terms of coverage and medication costs. Need to review the current coverage under the Provincial Drug Plan for mental illnesses.
- Oil has contributed to the addictions issues in this province - oil companies should be expected to contribute to the solution via through negotiation with govt.
- More realistic delivery of service in terms of time of need.
- Practitioners need to take care of themselves as well.
- Acknowledge illness...not going to go away...look at illness as a live long part of this person.
- Table agrees that government should work with community groups to support employment programs to enhance employability and experience.
- Table agrees that stigma-reduction public awareness campaigns are important and should be continued. Critical to maximizing the potential of the Province's entire population.
- Self-referrals are something that should be supported and made easier. Promotion on how to get help and the kinds of help available should be done so that people know how to get help. Also more resources are available to help people with addictions, esp. as addictions can impact the amount of crime committed in the pro set up Province. Also promotion to combat NIMBY-ism when trying to set up treatment centres. The fact that it’s here and a topic of conservation here shows how important but mental health and addictions could be conference all on its own. Kids have a long wait time. Not enough resources at the school level and there are a lot of ramifications to things like learning disabilities not being diagnosed early enough or care continued as they grow up.

- have government legislated support groups in school systems, in the same vein as with the gay-straight alliance; better monitoring of mental health in the school system
- supporting families and educating people on how to be supportive of people with mental illness
- develop more mobile programs and have more people on the ground level; workers who can talk to people affected by mental illness and visit them in their own environment
- Ordered by importance to the table:
- Community organizations who are doing good work around mental health and addictions will continue to need support and funding. This is one way for us to show support for these groups, but we can also show support in more public ways - thus eliminating stigma.
- Consult with people (or family members of people) who have mental illnesses and addictions and ask how we could better meet their needs. Increasing awareness - can't be like screening for a cancer you can't treat. We must be able to have the services to provide to people instead of supplying them with only a diagnosis. If you are encouraging people to come forward to eliminate stigma, you need to have supports for them once they come forward.
- Mental health and addiction issues are broad - we need concrete action issues that will hit every end of the spectrum. We need to speak of the factions that exist within the group. Make an impact in the best way possible. Be it housing, counselling, etc. A team of people who will help you with day-to-day living (ACT team) may be required. Expanding the scope and criteria for eligibility will assist in crisis and everyday intervention. Looking at programs that have worked in other areas and translating them to work in rural communities.
- Increase awareness and understanding: needs to be a mandated part of training for certain professions. Organizations need to identify that they do not know enough (e.g., RNC, advocacy groups, educators). Lack of awareness with public and within the system prevents challenges in collaboration, prevention, etc.
- Need to identify mental illness early so that it can prevent other issues that may arise. Practitioners need to ask questions of patients when they visit so that they can potentially identify issues. e.g., patient presents himself with broken leg...ask questions about how they feel about it, probe.
- Prevention and promotion and accessibility - need to do this so that we don't have crisis situation. Of course long wait times for help do not aid in prevention activities.
- Team work, peer support, guidance counsellors, maybe need a social worker at school - move people out of their silos and put them in schools - right care at the right place at the right time. More information about available EAP programs.
- Upstream efforts supporting families including all life cycles - young to older adult. Offer programs and services relevant to this.

- community first approach.
- More awareness, outreach and access to help. (Emergency response team is not always accessible)
- Educate - physician and health professionals (treatments, support programs, etc), children (school programs), general public (awareness of programs, mental health help line, HARM reduction (needle exchange) etc).
- More resources, not enough mental health professionals. The wait is definitely to long (ie. better crisis management)"
- continue current initiatives to raise public awareness and improve education starting at an early age
- Table agrees on need to facilitate and enhance public awareness (at the family and individual levels) of programs and supports that are already in place.
- Empower front-line responders, students, co-workers with regards to mental health
- Strong anti-stigma campaign needed
- Creative ways to help those with mental illness; client specific (unique to each person)
- Services for cost-affordable
- Employer awareness and education
- Early intervention and integrated services
- Build a community of peers to provide support for individuals suffering from mental health. Here more than anywhere we need a holistic approach and ensure we are getting the most out of our money invested here.
- self-referral- people are not aware that these services are available, a lot of people need to know more about services that they can use (including the Waterford, etc.)= Communication issue
- mobile team- it is a good system that works for eastern NL, this needs to be expanded through the rest of the province
- prevention and early intervention- important to expand knowledge for people who are suffering from mental illness, create social programs for people so they get help before their problems get very extreme and a lot of money is put into helping these issues when they have already gotten very intense
- Generational differences in dealing and approaching mental health- mental health comes in the late teens or early 20s and addictions can happen when you are young. Senior care is important as well. Much like young people, mental health effects people of different age groups differently, so preventing isolation and strengthening social services can help maintain peoples good mental health
- Need to be team focused on solving mental health problems. Communication is needed to walk patients through their mental health and addictions problems.

- For example, needs to be a link between mental health professionals and making these mental health patients employable.
- Investment on mental health professionals, publicly funded councilors that are on the ground in the communities to lower wait time on seeing someone. Catch it early before they are a danger. Many people cannot afford the fee and publicly funded councilors would solve this problem for low income groups.
- Emphasis in the schools and curriculum. Catch it where it starts. Solve it and treat it early to prevent problems later on. Increase awareness.
- Take Stigma Out
- language and vocabulary around services shouldn't suggest illness as something shameful
- Culture
- acceptance of alcohol -need for shift
- make it less cool to drink so much
- Tax free alcohol and cigarettes makes these substances easier to access and doesn't do much to discourage people from using - need support from leadership to make changes
- Understanding/Education
- where does addiction begin?
- education and eliminating taboo
- need resources and training for practitioners to be able to meet the mental needs of patients
- Caring for the Care-Givers
- Supporting those who might feel blame or guilt or are worn-out from caring for someone with a mental illness
- Utilize medical students
- youth engagement, community placement, be ambassadors for good mental health, where to reach support, when to reach out, act as peer to youth with mental illness, it's cool not to do drugs, be healthy etc.
- Network of support for mental illness integrated in the community and coordinated across providers.
- Education (i.e. school based supports/peer based supports) through providers at multiple levels.
- Cultural change that starts at the base level--looking at the smallest changes as supportive housing is crucial.
- Start as early as possible in as many avenues as possible. Efforts should focus on prevention--being proactive rather than reactive. Sharing of experience. Stop the cycle of hospital-homeless-prison.

- there should be mental health focus/hub for 18-25 (young adults) as this groups tend to get lost in the system
- transitional time in young people's lives and there is nothing specific for them after the Janeway
- Addictions need more support in this province especially along the preventative line. By the time they have an addiction; it's about managing the addiction. We need to prevent the addiction before it develops.
- number of clients vs. social workers is way off balance - too ,any clients and not enough social workers
- wait time is too long for addictions
- Community placed support.
- Education. Especially in schools.
- Capacity to handle addictions and mental health. Providing the skill sets.
- Strengthening general supports for mental health through investments in chronic mental health. Self-referral, thorough assessment during access to all health care services and triage.
- Mental Health promotions - move up stream to focus on mental health, prevention, coping, e.g., PD days for K-12 (like Holy Heart example) and supports to LGBTQ community.
- Housing and Safe places for persons with mental health needs.
- mental health experts available
- Professional development in emotional intelligence for medical staff
- Direction of awareness campaign needs to expand. Continue mental health normalization/ stigma reduction but also desperately need awareness on what services exist, how to access.
- Target audience in addition to citizenry should include enforcement/ public safety, primary care physicians.
- mental health and addiction services need more resources
- investing in preventative and proactive measures rather than those after the fact
- creating collaboration between all medical professionals and community leaders and those involved in the community
- more education and awareness on mental health and addiction services
- Having access immediately is essential
- Good example of mobile health teams, such as the one in Northern Pen (i.e.: a team that includes health professionals, policy, fire, etc.)
- NL needs a high amount of work in this area
- Media is important: should attempt to make mental health issues framed more positively

- Determining if someone needs help is difficult + health care providers receive little help
- A lot of meant health issues are still 'family issues'
- school of pharmacy training students on mental health and addiction
- Team approach/coordinated approach to an individual - school system, community, health care practitioners.
- Need a new way to bring forth the importance in health professionals, ensure that we have an adequate amount of service for the demand, including increased treatment centres.
- gov role to promote the culture of collaboration.
- outreach
- Awareness of role of the community.
- Mental illness is a chronic condition, there isn't a quick fix and is individual, it needs to be a long term, life time solution - continued care.
- Stigma has got to go. It's ridiculous and counter-productive and harmful. Invest more in mental health and wellness awareness.
- We need a better way to get help to those who need it, including accurate and timely diagnosis of mental health issues. The system simply is not working. Patients have to fight almost to death just to get their foot in the door.
- We need to provide mental health and wellness training and information as early as possible, in schools, etc. We need to fund these organizations better. They can't plan, they can't do anything because they're always the first to be cut, they're always afraid of what's coming next year.
- Patient Advocates would be very helpful to ensure that people are given the attention that they deserve. Advocates/ navigators to help you work through it.
- systems in place to avoid doubling doctoring with consequences
- Formal framework for collaboration required: health, social services, housing, income support, justice, etc.; case specific.
- Professionals involved need to be able to be compensated for services in a way that encourages collaboration.
- Awareness, Education and Training on the front line are all key!
- All first responders as well as health care professional do need to have improved awareness, education and training.
- Increasing mental health and addiction social supports that exist.
- Education for professionals, health care providers and for the aging population (home care workers, personal care homes, long term care)
- Education for schools (students and teachers to reduce the stigma.
- Undiagnosed clients (referral processes to get a diagnosis which is needed to access support funding (housing, food, etc.)

- Collaboration amongst health care professionals is also very helpful and important.
- technology advancements - more webinars and online support groups
- access - through e-services, telehealth
- education for all professionals to provide services
- promote mental health well being
- standardization of appointment length
- acknowledge in the justice system
- mental health services in crisis situations
- comments: take the time to ask the questions when with a patient, sometimes takes time, not focus on in and out approach in fee for service environment
- it's assessment time that could be standardized
- can improve what a family physician can do in collaboration with a psychiatrist
- standard tools for a family physician to assess
- collaboration - team based approach - psychiatry a bit out of primary care environment - but physician can reach out - shared care follow up
- emphasize collaboration in professional education
- health professionals should not be thinking about mental health as being so specialized
- mental health a component of many other ailments
- over diagnosis can be a problem too - e.g. using DSM inappropriately - drugs may not be appropriate - look at non - pharm interventions
- law enforcement officers, prison guards, need to be educated to deal with people with addictions and mental health, e.g. inappropriate use of solitary confinement
- newer ones coming into system have been educated, need to get to older ones
- Improved Navigation/Awareness Required
- Socializing helps people deal with mental issues; more social support could help reduce mental health costs directly
- Community social workers that are accessible, to help people deal with issues, this could help people and reduce demand on experts (community level is key, as people commonly "just need someone to talk to")
- Early screening can really help reduce costs in avoiding critical situation (prevention)
- We need to see/ promote mental health as a chronic illness.
- We need to improve continuous health promotion/education around mental health in education. Integrate the mental health awareness/ conversation into the media/ social media. I.e./ commercials, websites, etc. Go to where youth are/ get at their level
- Government should review/ evaluate wait times for mental health cases to ensure that mental health issues are being considered a priority.

- Health professionals are not educated regarding mental health and addictions issues.
- Build a system with the right mix of services - early preventative services, community programs, peer support, right mix of professionals and para-professionals to match client needs (OT, etc.).
- Education to remove the stigma - make families comfortable to talk about it during service delivery, validate
- Communication - health care providers need to know what's available, revisit information sharing across disciplines
- Need to grow an understanding of intergenerational trauma
- Education - support systems in schools, education and support mechanisms for mental health issues - essential for changing cultural perceptions, start very early so they know where to go (Challenges: they may not attend school if they have mental health issues; financial constraints for providing resources). Includes Community education - government responsible for creating awareness for the general population
- capacity training and education for health care professionals on how to deal with mental health and addictions issues so they can help appropriately
- Restructuring existing programs and utilizing existing resources effectively. Would help to have some coordination - such as a database of resources to help individuals in need find where to go
- Broaden scope of duties of mental health providers to lessen wait times.
- Ensure guidance counselor - educational component
- Mobile unit for crisis

Q10. Do you have any additional ideas or comments that you would like to add to today's discussion?

- We spend too much of our time going around in circles....we have known the issues for some time
- Should be one or two doable things where you can actually do them and show success. we need to know that something's working and making progress. Pick something small and move forward with it.
- Learn from the progression of NL culture re sexual identity or sexual behaviour about how to change attitudes about mental health.
- advance care planning needs to be included in government policy
- start the conversation now about what people want before they do - will help to reduce unnecessary visits and treatments

- provincial palliative care strategy is needed - what physicians do and do not re providing this care and how to foster collaboration to provide 24 hour care for patients
- cyberbullying with mental health and addictions
- social media influence on mental health
- media on mental health
- Using paramedics in a broader role, such as home care, home visits. sometimes they're the only health care professional you can call after regular hours, especially in rural areas.
- So many opportunities to integrate topics.
- One access point of care.
- Need restructuring of the system - the paternalistic model. The biggest barrier has been the medical association. It's time that we act on it.
- Focus has to be community-based, team-based, first level. That's where we need the most work.
- Everyone else said everything was well-covered and had nothing else to add.
- Chronic disease management needs to be a focus for health authorities.
- We should ask government to provide the shingles vaccine, at least to those of low income. Not to everybody, but at least to those who need it.
- Need performance measurement frameworks for initiatives going forward with SMART objectives. all initiatives need to be assessed with the appropriate revisions made.
- not health care speeding its investment in health and wellness
- spend it now or we will spend it at the other end
- long term vision look at end goal
- Need a summit on geriatric care
- Compensation for doctors needs to be reviewed
- test
- Create a prioritized approach so that services can be delivered adequately and efficiently.
- Sustainability. When we talk about health care we need to talk about what is sustainable. Long term investment is always discussed. We believe primary health care reform is important and will benefit long term. Investing into the community.
- Monitoring patients who do not show up for appointments. What checks and balances can we put in place to ensure we are maximizing resources and minimizing missed appointments.
- Be mindful of addictions. Our table spoke about addictions a lot.
- centralized community clinics with multi-disciplinary teams to reduce need

- Cost of travel to get to medical services can be a huge expense for patients. Government needs to improve on services or come up with solutions to help patients who are deciding to opt out of care versus paying for travel, for example.
- We are unhealthiest, obese, highest amount of people not active, highest amount of smokers. This is why healthcare should be focused on intensely
- travelling clinics
- stakeholders are often invited to similar sessions and it's really important that this is an action-oriented process
- Early intervention programs in emergency rooms should be created.
- The "Upstream" vision by Dr. Miele was very impressive and we should try to implement it here.
- everything we talked about here can be linked to the lives of people with vision issues yet vision care doesn’t\t seem to be talked about
- need to remember to talk about this topic
- More conversations around addictions would be helpful. There are very alarming rates of addictions in small communities, with little resources to support them. Many of the issues in society are caused by addictions.
- Crimes are often the product of addictions.-- increased policing
- Per person cost of healthcare should be contextualized with reference to demographic factors and costs for regional differences should be separated out and acknowledged.
- What are we doing right now, that we can build on and spread to other areas of the province?
- actions going forward need measurable goals with targets and dates for implementation
- Home based care should be explored
- Pilot program for Paramedics to liaise with Allied Health to use down time to fill gaps as needed for Public Health , OT, NP
- someone has to lead and do not use at election time only
- Very proud to be a part of this summit.
- Prevention and reduction will spend less per capita
- Seems odd that this hasn't been referenced at this event; no evaluation of existing framework... throwing baby out with bathwater?
- More research and evaluation; need a stable base of funding for these forums. if we're continually piloting, nothing will ever change
- When you look at the NL primary health care renewal out of 2006 and one before that and one after it...and they haven't been implemented. We need to implement...not enough to keep repeating things. Look at all the expertise here and to not implement is a travesty. Not enough to just discuss it. We need to see that

what we say today has been heard. If nothing happens it's an abuse of the people in this room.

- User pay, small fee, for appointments to cut down on abuse of system; reduce people going who do not need to be there.
- With our aging population, we have to act now to make changes.
- We have talked about money a lot but they are cutting the budget so although it is important to discuss what needs to be improved, can these changes realistically be meet and what exactly will be the budget so things can realistically be discussed with a major concern on not using a lot of tax money
- clear messaging to facilitate movement of initiatives
- Leadership has to be there, policy
- Provincial policy and accountability
- We need to focus on evaluation of the decisions we make in the health sector.
- peers as leaders - people who standup against bullies
- Define scope of practice - accountability matrix and a job description
- Forward planning should be made with a focus on demographic forecasting and regional needs.
- Given the tight timelines with the upcoming election, the report of this summit should be finalized before then. There needs to be a record of what has been discussed today.
- If you live in the St. John's area and you go to a pharmacist, they charge you $10 for a dispensing fee for prescription for three months. If you go to a pharmacy in Fogo Island or smaller area, they will only give you one month and charge you $10 dispensing fee three times. They say they don't have enough drugs on hand, but that's a farce. So they're being charged three times the amount. And not unseen for a senior to have 10 prescriptions.
- Care givers (spouses, family friend...the unpaid) - not given enough support. In many instances they are unaware of programs that are available.
- Flu shot - majority of patients seem to be the ones who had received the vaccine. Is this worth it?
- advance planning - patient centered treatment - what's best for the patient and family as opposed to what is available
- provincial policy for palliative care - most vulnerable in society cannot always speak for themselves
- Cultural, aboriginal/non-aboriginal, urban/rural, gender lens must always be used in health policy.
- Australia developed a 25 yr health plan - NL needs to do something similar especially to consider how do we care for our aging population
- Improvements in community health support - home care, respite workers.

- Look to other jurisdictions that are similar to NL, should be deliberately looking for good models and see what can we integrate here.
- no one wants to get in bed with big pharma care/companies but with the cost of health care and shrinking resources
- we should be collaborating with companies that can talk about value demonstration initiatives
- utilization and adherence work
- res and dev
- Address real life problems. Old age backups. Hospital backups. Cannot afford for more space. Need support for when people get out of the hospital and other facilities.
- government needs to develop a human resource plan to identify what additional people and with what skill sets will be needed to address the actions outlined today
- Recruitment of physicians. Actively been recruited but betting they are willing to never be filled - specialist positions. Take the money and get some GPs.
- Good group of people around the table. Good cross section.
- Society attitude issues are prevalent. Are we making most effective and appropriate choices with healthcare? Society rushes to health system, so it is important to focus on and change
- AG made comment that government has not acted on primary health care recommendations.
- We have to look at long-term care and a REAL homecare system. Only way to deal with crisis of our seniors and aging population.
- government needs to have action plan with financial resources to support
- in some rural areas in the province where there are services available but patients are choosing to go to urban areas to seek treatment just the same
- Prescription Drug issues are major issues.
- Non-partisan discussions need to take place about the mental health issues.
- Back to basics - come together in community - decent home has to be a beginning. Basics of life. Affordability, housing - efficiency of dollars spent. Christmas Cards in mail - disagree. Internet could be used (cost effective not there).
- EMR - is critical tool to bring interdisciplinary professions to focus on patients. Data is costs savings. We need this to provide better service and it will provide cost savings
- group care can be an option - make room for groups to get care at the same time - can learn from each other as well
- We need to take another look at the poverty reduction strategy with a view in mind for aboriginal people and women.
- We should look at healthcare in a more holistic way, prevention is key.

- talked about youth but we a lot need to be talking proactively about seniors as well and aging issues, as well as senior sexual health
- health providers need to be educated around this and to be talking about it
- Issue: Pharmacy network or prescription monitoring program. There is no tracking program for controlled and regulated substances. It is also important for people who are taking cholesterols and blood pressure medication. There is no way for doctors to know who is doling out prescriptions or who is filling them. We should establish a universal network. This exists in other provinces through government departments. This will help to mitigate abuse of drugs, misuse of drugs, and diversion of these medications to the streets.
- There are many people that are occupying space in hospitals that do not need to be there. No long term care. Need finances arranged. Need primary health care workers on front end and the back end.
- Move forward with electronic health record and ensure that clients/patients own the data. It shouldn't be just the property of health care.
- We need a strategy for homecare for seniors. Implementations such as a dementia care package, community based management. we need to deal with the growing population of elderly persons, through primary care
- important for participants today to hold government accountable
- inventory and review of what programs in place and what are the gaps to ensure program efficiencies
- A focus needs to be placed on being in the outdoors. This will improve health.
- Reiterate what services are available. Many people don't know about all the programs and services.
- Like to see action come out of this process.
- Multicultural/diversity awareness. How healthcare services impact them. Support and education needed to help these persons.
- Need to know the root causes of why we spend more; lack of case management and lack of customer/client-based service
- routine issues in implementation of previous framework, remuneration for physicians never addressed... physician remuneration must be addressed in any new model
- reluctance from fee-for-service health care workers to participate in collaborative work or consultancy teams or community initiatives when no compensation is available (no just time spent, but time away from revenue-generating source)
- No legislation here to allow PAs (physician Assistant) to work in the province. Other jurisdictions are utilizing this resource. They may be part of the solution (to the problem of deficit of staff). Need to take opportunity where ever we can get it. How to provide incentive to get outsiders here.
- Though related and often a predictor for one or the other, addictions needs to be looked at separately and with the same attention that mental health issues are.

- coordinating the services for patients so that the system works in a more efficient way
- PERSONAL CARE main in their homes / HOMES --- Professional care - health care maintain health of residents - to remain in their homes - less cost it is to province. On staff - educate and aid residents. Not on site- and needs to be on site
- build and track provincial strategy and protocols around it will help disease management, etc.
- consider the possibility of moving to four health authorities - divisive issue at the table
- health care professional should be used to optimize service delivery
- MHA brought up ambulance system to spurn discussion.
- Money being spent on service should be coming from the hospitals, as done in the Maritimes. What we've done in the past, some of the ambulance operators have become millionaires. They're still looking for more, and they're paying their paramedic less than the ones in the hospital.
- Whole ambulance system is broken. There is a review being done. Ambulances passing each other on the road with no passengers in them. It's all territorial based, I own this territory, you can't come in here, etc. I'm not sure as an HA that I need to be in the ambulance business. Does there need to be some provincially-coordinated service? Perhaps. A lot of stuff gets put under HA that shouldn't be. There are others that could do a better job. No disrespect to our staff, but we get too big and that distracts us from our primary healthcare mandate.
- Other participants agree healthcare has become a dumping ground.
- We have to take off our hats and work together.
- Western has taken control of transfers, they arrange them. So now if an ambulance comes from PAB, and they have one there in CB who needs to go back, they'll arrange that. Makes it so the ambulances aren't going around empty.
- In Newfoundland, we charge less. It's a little over $100. In the Maritimes, it can be thousands for an ambulance. If you need to be airlifted on the mainland? It can bankrupt you, cost tens of thousands.
- Healthcare system needs to be looked at from an efficiency and effectiveness point of view to ID and address individual bottlenecks at different points in the system. These blockages can reverberate down the line and impact the whole system.
- In relation to the pharmacies... some pharmacies are now giving the flu shot. At the physician's, it's free. At the pharmacy, it's $30. It shouldn't matter who's giving it out.
- In this community, drugstore is owned by the physician. He's going to tell you to go down to the pharmacy.
- Educational programs for adults and seniors - information sharing. How to best get info to people who don't use technology or are illiterate.

- All different perspectives need to be heard during the policy making process (doctors, nurses, community groups, patients) so that nothing gets lost.
- Create more recreational outlets like the Loop that is free, outside, and promotes physical activity
- in regards to mental health and addictions, we need an ongoing commitment to infrastructure, specifically with attention to the Waterford hospital
- Where are the additional support staff? How do we make them available?
- Recruit local (everybody, doctor, nurses,) See Aust Primary care models. Hold seats for NL students. Give them priority seats.
- accessibility to specialist education - seats available in university
- Decisions for the health care system need to be made for the long term not for the election cycle.
- a lot of programs and new things are coming up, it is the money issue or the importance of continuing new projects without scrapping it too early to make sure that things can continue to grow and health care systems can continue to develop
- need to apply pressure to the medical association and doctors need to be at the table
- safe and appropriate treatment should be done as close to home as possible and to limit travel
- System to make patient more accountable for missing appointments.
- Government needs to action the steps. Updating the strategies and keeping people informed.
- education system have tremendous ability to reach children at a very young age
- but we can be all things to everyone one
- the system needs support
- teacher care and can do so much and there is ample opportunity but we need supports
- we have to part of the solution our voice needs to be there but we need supports to do that
- Pilot project - standards of care - nurses on staff and in homes, to maintain levels of service widely, saves money and keeps seniors active engaged.
- really need a high-end technology plan - university could play a role
- Improve the social determinants; low income, physical issues, mental health issues, etc.
- One thing not mentioned is the consultations that are now ongoing re: PRS action plan and the importance of this and other groups feeding in to both conversations. In times of austerity is the time you invest in people. Ensure that we ensure an acceleration of the PRS in its broadest form. Housing Strategy has still not been released and this links to health and Poverty Reduction Strategy (PRS).

- Healthcare changes should be looked at generationally instead of during a 4-5 year political term.
- Taking responsibility for yourself - healthy lifestyle; the doctor is an assistant in your life, but it's up to you. How do we motivate people? Education at a young age. We need to shock people into awareness.
- Addictions are often only given necessary focus until after an arrest..
- Atlantic Pain Network - a success may be useful to model other networks after this one.
- salaried physicians, more NPs and midwives, etc. i.e. a wellness center system and a health care system
- Prevention to start at an early age.
- Two-tiered system. Take your blood - go for free at clinic, or pay someone to come to your house. Either you can wait for public health to give you vaccine, or go to your pharmacy. Pay for physio, or wait for hospital based.
- Inadequate staff levels is an issue
- Review best in class practices cross Canada and apply best in class practice here in NL
- Rethink of model used – especially related to seniors living (i.e.: we are building large facilities for seniors). Senior centers should also be more community focused, with cafés and walk trails, for example
- Little accessibility to services for long-term care patients
- Homecare is a quickly growing business and public expense; are there options that can allow people to stay in their homes? We need to find more
- Service providers getting paid minimum wage
- We already have a Primary Care Health Framework, but it wasn't mentioned today, despite many of the same themes having been discovered up to a decade ago. We should not be starting from the start every time
- We need more reporting accountability
- Approaches to health care changes with the government, making continuity difficult
- When policymakers sit down to make the changes, they need to get outside of silos. Policies need to be made through a coordinated approach.
- We need to listen to the patients, ask them for their experiences in the system; they can tell us how to improve their experience. should be able to freely come forward with suggestions for improvement
- Primary healthcare needs to be looked at more broadly, issues are not just on the frontline.
- Food security strategies need to be looked into
- Advancing stroke care in the province - minor investment that would give a return of multimillion dollars. Community groups have suggestions for saving money in the

long term... It is important for us to listen to these groups who often are the most knowledgeable about their fields.

- look at technology used in other jurisdictions instead of reinventing the wheel - find cost-effective ways to find solutions
- Palliative care could be stronger in the communities. More physicians available to the communities and not just in the health science and St. Claire's.
- stay a course
- stop shifting priority and lets not start over again
- renewal is a good option don't need to start all over again
- there is really good work happening out there need to tweak not re-do
- Utilizing practitioners' skills to their fullest and recognizing the potential of support staff. There is lots of work to go around. Collaborative effort to provide comprehensive service.
- Memorial University has stopped collecting doctor's notes, to cut down on burden on system. Are there other ways we could reduce the stress on the system in this manner?
- Funding contributions need to be looked at in terms of which non-profits are getting donations.
- Questions have been geared to smaller actions rather than the overarching needs. Don't lose the big picture for the low hanging fruit.
- Not one message that links the PRS consultations and the Health Consultations and it is one of the major determinants of health.
- Emphasis on the importance of a drug/prescription tracking program in the province.
- A participant talked about collaboration but further to design a program specific to people's individual needs...then use primary care paramedics.
- train staff to receive patients for the first time (will make long term impacts)
- Expanded clinic hours (Cancer Centre, Doctors' offices, dentists, sub special...does not need to be staffed by doctor, nurses can do some of this work it can be triaged in the morning
- Multi-disciplinary conferences would be useful.
- An efficiency expert could potentially tweak little things to improve overall system and improve outcomes at all stages of the healthcare process.
- Follow-up care was overlooked today. Follow-up care is important and there's a downloading of accountability that jeopardizes this.
- Personal Care Homes require in house supports & services i.e. diabetes education, recreation
- Dr. Miele's policy and planning for generations was impressive.
- focus on families - supports that help when parents are no longer in the picture because the child is 18 and you can't help or get them to the hospital if necessary

- Access to Methadone clinics can be an issue in addictions.
- For physicians it creates a difficult environment and can lead to burn out.
- Fast food; lifestyle - less time, more people working, kids' activities.
- Need to take a minute to plan healthy meals.
- Have clinics run more effectively(timely) like Bliss Centre
- There are innovations out there that are evidence based and we know that work. When we sit down to discuss changes, we need to use what we already know to change and innovate the current sector. "We don't need to reinvent the wheel."
- more holistic approach to health education, understanding how 1 condition/illness could affect the treatment of another
- greater access to medical details and history, electronic system- something like a card or a chip with people's full healthcare records to allow for greater communication between different health care professions, there would be private issues but things could be more specialized to specific people's private issues
- More stakeholders should attend these discussions. Religious groups are not represented as much as they should be.
- one of the biggest barriers to change is the structure of health authorities...merging of previous boards into authorities still in change management
- authorities are too big to meet community-specific needs, decision makers spread out over too large a geographic area
- Administrative efficiency of few organizations may be able to be met and still have local decision-making? system is unwieldy as-is, health care workers burnt out, do not feel like they have any influence on way of doing business, feel disconnected from role in larger organization
- Stop reinventing the wheel...share best practices
- an arms-length organization can further assess options going forward
- Need huge investments into the community to get people home faster.
- Language of silos... not willing to allow thoughts or views of others to influence your task. Part of engaging in the work is consulting others.
- Get 211 out the door right away
- benchmarking for health staff training
- Need a new model, and not just tweak the current one. Need to figure out what we can get and sustain in rural areas. The residential options will not work and apply to the rural areas
- Cost effectiveness of services - through support and education, especially in rural areas.
- there is need for what different types of health care and there being primary, secondary, etc., to be reconsidered so that we are thinking about how to best support patients in a different way

- Early education about healthy eating, healthy living. More active.
- Continue to try and breakdown barriers within the system, within hospitals/clinics, health care practitioners, health authorities.
- With our geographical location, tertiary care in each community is just not feasible, for our population. Is there some way to bring the care to remote communities?
- Protein, activities for seniors --- long term care insurance - buy homecare insurance - buy it less than 100 dollars/month --- consider service and organizations to offset --- costs, it is effective... and shows personal responsibility - esp when govts change, govt levels offset transfers from Feds net loss in billions--- revenues loss--- encourage more people to seek alternatives to invest in their own long term care.
- System-level changes could potentially yield better improvements than more traditional approaches (e.g. more funding, new health facilities).
- Mental health services in schools
- How do we take more steps to advance team based care? This needs to be actualized.
- Policy on the social determinants of health. How do we have healthcare happen in more place than just "healthcare""
- Funding models so appropriate person can provide appropriate care (NP cannot bill MCP)
- Model does not need to be a residential service; cannot get the professionals to work
- Prevention needs to involve, schools, communities and government. You don't have to spend a lot of money to inform the population about healthy living.
- need to find efficiencies within the largest part of healthcare expenditures
- Palliative care should be considered. It's part of life, aging population has to be cared for.
- mandatory training for frontline staff
- Community-care clinics could work for remote areas.
- The model of care in our communities needs to be restructured
- Speaking for people with disabilities the same services should be available regardless of their geographic placement.
- Funding for programs that get people with disabilities out of their homes and working after high school.
- Defining what we mean by 'success' for patients. Consistently monitoring and evaluating against that definition to see if our impact is of the value we desire.
- attractive rural positions --> hours, wages, incentives for permanent jobs
- have benefits for full times nursing positions which outweigh casuals.

- Need to look as why NL spends so much on health care and yet seem to get so little out of it. It is not just primary health care, and we need to take a look at the secondary and tertiary care and determine if they are appropriate and necessary.
- evaluation has to be continuous otherwise we are shooting in the dark; know what is working and what isn't
- Mandate of group tasked with primary health care plan?
- Silo experience not uncommon. Disconnect amongst some programs and services. Model for coordination of services is gone flat.
- Policy work is necessary to frame future work of health care
- Take a couple of rural pharmacy practice clinics to do a pilot and evaluate them because they are giving good services.
- Evaluate the programs and services out there (eg. reduction in Rx prices to make prescriptions cheaper....need this evaluated. Feel it is costing people more money.
- Triage, reassess how this happens... First point of contact should be a nurse, not a receptionist. Once nurse has assessed then check in or be told to proceed otherwise.
- Treatment should be available when needed.
- Chronic Pain is very difficult to deal with particularly for those who have access to other forms of treatment such as physiotherapy.
- Public health in this province doesn't have a big profile - public health is more than Ebola and vaccinations - Should be given more profile as it is the foundation - it's the beginning of the system and things build on that.
- Nourish Nova Scotia - a great video with a vision of public health. This province comes up with great plans (NL) but does not handle the visioning and communication piece well.
- Things need to be articulated in a meaningful and visionary way.
- Unless we have a vision - there is no plan that will work.
- stop throwing money for temporary fixes
- BC is a good example - we need to stop reinventing the wheel and try some successful initiatives from other provinces
- healthy kids and families = healthy future
- In 2001 there was a department of primary health care - they had promotion, information and awareness - people in the community and even health professionals need to know the difference between primary health care and primary care - the latter is a Band-Aid solution
- Promotion and prevention - the mental health and addictions video should be shortened and put on NTV - posters should be done in clinics and primary health clinics to start the discussion.

- New vision of a new model would take time for change. May need new resources, shifting resources. Vision must be clear in order to implement
- Health promotion needs to be representative (for example, the cover of the "What we heard" document was all white, thin people)
- More justice and safety in the justice system for inmates and staff.
- acknowledgement that taking away from healthcare services to find efficiencies would be very difficult
- A lot about primary care but not about primary health care. What are we doing? Are we trying to improve the primary care in the system (one-on-one first stop)? What is the province's priority?
- Supportive environment for workforce. How to make the province the best it can be to provide health care to others. Want workers to stay here
- Evidence out there (health outcome) that show us lacking in areas year over year, and we aren't changing outcomes.
- Has to be formalized discussion between medical professions and government to talk about compensation
- Physicians need to be able to see what has been prescribed and picked up by other pharmacies
- RHAs haven't taken on full responsibility for primary health care. Some health and environmental scanning done in the regions, but we haven't seen the next step. How do we deliver team-based care in our sub-regions? Need to link with private practitioners. RHAs need that mandate as they are the principle instrument for gov't in policy.
- there is a concern over the federal government being able to sustain funding for healthcare
- Communities need to come together to provide services to people in their regions.
- sensitivity training for the community as a whole
- More evaluation of existing programs is needed. How do we know programs/services are working?
- This should not be left on a shelf, all parties need to make a commitment to this and use today as the catalyst as opposed to doing this again in a year
- Thank you for opportunity to come here and talk about these issues
- keep seniors in their home and communities
- hold off dementia
- lack of social interaction/education and phy activity show> dementia
- need to de-silo
- open age groups (school kids volunteer in seniors home)
- >community integration
-

- Ex: students teaching seniors about social media
- dental care needs to be highlighted and addressed (connected to cardio-vascular sickness) expand services mobile dental clinics
- Need shared vision
- HOW DO we SHIFT resources? Seniors, Wellness Dept - space to look at different needs - real ideas, solutions and outcomes--- and make them effective.
- Must broaden the definition of primary healthcare to ensure there is access to all services. Not just with a family physician.
- Holistic approach to medicine should be promoted more commonly
- Need to make a statement that the next health care framework should be sustained through changes in the government
- Long-term planning is essential, with quantifiable objectives, with public reporting required. Long-term vision is essential; clear visions help mobilize many stakeholders
- More round table discussions are required with officials from the courts, corrections, and a lot of support professionals
- A lot of the turf protection. Ex: areas w/ physicians challenge in accepting nurse practitioners
- NL diet doesn't have to be an unhealthy diet; currently there isn't really a NL diet. Needs to be reeducated and brought back. If we actually ate local, it doesn't have to be a poor diet.
- Forums to disclose the information gathered in public forums - the people want to know
- Health literacy is a social determinant of health. It has to be pushed to the front. Literacy issues have to be taught to professionals so that rates can be improved.
- need concrete goals so that you can measure success
- time and awareness of healthy eating
- Everyone supports universal pharmacare in principle. There are people going without their drugs because they can't afford it.
- We have seniors who walk at the mall in CB not for exercise but just so they can get out of their houses and turn the heat off at home to save money.
- You can't have universal pharmacare with the way drugs are currently priced. It's an international problem. Ontario is pushing for it, but they can, because they have a big enough population that drug companies want their market. We don't have that.
- Doctors don't necessarily know what a pharmacist knows about possible drug interactions. Can we even reduce the amount of drugs people are on by leveraging pharmacists more effectively? They have a critical role and they're under-utilized right now.

- Unnecessary drug prescriptions and medical testing are a HUGE problem. They're often not dangerous, but they cost us a fortune and they clog up the system.
- We need checklists that challenge whether a prescription or test is necessary for doctors to use. Set the bar low so that it only gets rid of the most egregious unnecessary work.
- All of this is money we can save and redirect to other areas, to the types of improvements we discussed today.
- get rid of the notion that dr will fix the problem or they are not doing their job; sometimes prescriptions are written because it takes too long or not effective to explain to patients what the outcomes/alternatives are
- Centralization of health care services creates unintended consequences, namely community brain drain
- Perhaps it would help for users of the healthcare system in Canada to see how much things costs. Doctors and hospitals see it, patients don't. Send them a pay statement. We shouldn't charge them, of course, but it would make a much more informed population if they see how much everything costs.
- Cost and who is going to pay for it? The underlying question.
- Practitioners elsewhere are using significantly less sick time that professionals within the NL system - why and how do we address it?
- PR strategy....especially at RHA level. A lot of good work being done, share programs out there
- thinks there is an issue with finding family doctors and too many people going to emerge for minor things; initiatives to reduce emerge use
- more walk in clinics needed
- pharmacists can do more
- lose continuity with walk in clinics (as a comment on the above listed one)
- Wait times too long on specialty equipment (ex. MRIs)
- framework of the medical system should be reviewed and improved
- gov't should be having higher level of communication with associations
- reiteration of young adult (18-25) focus for support as this age group is vulnerable
- disabled young adults are also lacking support in this province
- fees related to health services should be lowered or have more support form community or province
- Main thing for me...my advocacy piece is about school counselors and prevention piece. All departments need more coordination of services. I'm focused more on mental health as part of overall health. Just the idea of coordinating is important.
- What are businesses doing to contribute to the health care system? Ex.businesses providing a breakfast program to seniors in the community, or free skates provided to children covered by a business.

- Perceptions with people need to shift, culture needs to progress/change, especially in rural areas
- Increase the number of walk in clinics provided by health authorities (or private clinics) to relieve stress on emergency departments.
- Long-term care patients could go home if the correct measures were put in place. In Ontario, 80% of long term care does go home. This needs to be explored
- In addition to chronic management - self-help - support and education needed through awareness of resources available.
- Access to services after office hours.
- dental program is not working for those in most need
- we are either paying for dental care currently or cardio disease at the end
- a lot of time spent advocating for dental services (better use of time)
- navigator could at as a advocate and free up front line service providers
- Education is key to a healthy population. Educate the young in good health practices to improve the health of the population. They will live what they learn.
- Research in the field of Epilepsy (London, ON) has shown that by educating patients in what is and isn't a medical emergency has reduced visits to hospitals/ doctors, etc because the patients themselves are able to better determine their specific needs.
- Communication between professionals within the same group and better coordinating groups must improve. It has to be a team effort.
- Ensure that health professionals are used to their maximum scope, ie. Nurse practitioners.
- Mental illness and other physical illnesses are often linked.
- Go back to basics, traditional foods, local crops, better foods, etc.
- The government needs to regulate midwifery. It is moving but it needs to be completed. The program will essentially pay for itself. Alberta looked at costs before midwifery was regulated and funded; there was a saving to the government. Will also reduce rates of caesarean section.
- there's no doubt there's room for efficiencies - we need a government that's willing to take the heat to find them
- need a clear mandate and shared vision
- Poverty Reduction Strategy has a good model for ensuring action because there are regular reports and consultation throughout - this could be used for health to ensure this Summit results in visible action.
- Consistent monitoring and reporting is important for the public.
- create a multi-disciplinary council to promote coordination and implement outcomes discussed today

- Population health scorecard - allows for reporting that is non-partisan, won't be affected by change of government. Also good for personal accountability for a patient.
- add healthy living//healthy community analysis to every policy (rural lens and gender analysis are used in Cabinet papers, add a "health" analysis component - like the speaker said, every policy should have a health component
- Maximize the investment and avoid further cutting - spend the existing resources more efficiently. utilize existing resources better, more creatively
- support front line community organizations to do work - government support the on the ground organizations who have the knowledge and awareness of the real problems
- Minimal intervention will get minimal results. Invest money and time to get the best bang for your buck.
- Look at real change. Don't just do something because that's what you have always done. we need full change: money supports, staff and proper resources for staff
- fundamental social and community changes are necessary
- we don't need more pilots - we can look at what's has worked elsewhere and take that evidence to support changes
- need to come up with goals and develop measurable indicators
- departments all need to collaborate and work together
- the money belongs to the people of newfoundland and Labrador - not individual departments
- We're going to have many more seniors and no long term care beds – seniors are clogging the hospitals and there's nowhere for them to go. Nobody is leaving the hospital now - how are we going to address the issue in ten years when we have double the amount of seniors?
- give families supports to take care of the elderly - it will cost a lot less than keeping them in hospital
- if a family can be reimbursed to take care of elderly parents they would have close to 24 hour care (particularly for dementia)
- Dementia patients are often well advanced before they are detected. Early interventions are critical to keep patients at a level that families can manage.
- There is no strategy for the elderly - need one - homecare - long term care beds - resources are already maxed and it's going to get worse.
- Issue is not emergency room waiting room times- the issue is largely long term care beds that are clogging the emergency rooms.
- we have everything we need but we have to connect the dots - all the indicators of health - maximizing the people and supports we have - we don't need more money or Band-Aids - need a systemic solution - need leadership to glue it together

- The SK speaker - good to have an exemplar. NL is unique, but we can learn a lot from other provinces, esp. SK
- no need to invent
- health is holistic and multi-dimensional - don't need one person for each different ailment
- so much pressure on a physician - a multi-disciplinary approach would be better
- we don't know other ways to do it
- like smoking - education happened - media, anecdotal accounts, community - different means of transmission of knowledge
- a shift in the way society looks at health
- has been a paternalistic approach - changing with this generation
- inconsistent approach in NL - eg for breast cancer screening, walk in clinics
- need knowledge that services are available - public education
- Providers need to be able to provide help to those who need it most desperately - eg addicts likely to commit crime - whom to call? can't look like queue jumping
- 16 year olds can do what they like - can't be kept at Waterford unless they agree
- whatever system change we do, what we have never done well is measure what we have done before and if it is working or no
- Mental Health care patients need immediate assistance. However, we can't always cry wolf - must avoid calling everything urgent.
- If everything is urgent, nothing is urgent.
- Create more community events to encourage people to collaborate and go outside; such as winter carnivals
- eating organic is important - it causes health issues that we are dealing with
- More nurse practitioners - midwives.
- No licensed midwives. Should be something added and worked on within government/healthcare.
- Less prenatal issues with people who use midwives.
- Nurse practitioners can admit and discharge in Ontario and five other provinces.
- physician assistants are being used in other provinces but not here.
- Kinesiologist - getting them and how they work in a team.
- Divide 10% for prevention, 90% hospital care (should be more for prevention not for acute care).
- As long as we keep being reactive them we won't get further.
- Physicians are very easy to moderate their behavior. Professional and patient satisfaction is increased when there are teams...when physicians are working within teams and they are getting what they need.
- Cabinet - talk about oil and prices and that was before the summit. How are they going to get money to do any of this? They have to identify efficiencies.

- Looking to save money somewhere to help in another place (Health/mental health)
- Acute care is going to have to be more efficient and they know where cuts are going to take place. Drugs are not on the table...generic drugs have brought down prices and what is being spent.
- prescription drug costs is a concern; especially for senior citizens
- Transitioning into adult care in mental health and addictions is key.
- Linking health services to outcome. How do we know what we are doing is actually effective?
- We have to think about looking at things long-term, this isn't going to happen overnight, particularly with prevention and health promotion and collect the data.
- Creation of a review system.
- Focus on human outcomes.
- Outcomes are as important as creating new programs
- We don't have to reinvent the wheel. Look at what has worked and start focusing on it.
- Primary health care is a long-term measure.
- E-health--force electronic records to be mandatory.
- Train nurse practitioners and midwife and pay them in an adequate measure to retain them.
- Housing shouldn't just be affordable and it should sensible.
- Coordinate existing services and build on them. Use what we have and publicize that they exist.
- School programs for changing culture
- Important to engage the business community to build buy in and uncover innovations (ie: social enterprises)
- money issue- although people think that you do not want to pay more in taxes, there is in fact a high percent of people who are willing to raise taxes in order to help provide better health care
- expected to get into weeds of the health system... these types of sessions that address tree top level issues happen over and over again... hear the same complaints now as 20 years ago, same problems, no solutions yet
- what is greatly needed is to get into the weeds and find real solutions with detail about operations
- would have like to have seen specific discussions
- recommend inviting the same group back to generate ideas about solving problems identified today and/or generate ideas about how to implement suggested solutions at the operational level... i.e. HOW do we reduce wait times, okay, how do we increase the number of practitioners in current economic climate, how to we schedule and run mobile health care teams, okay, what if that doesn't work? etc.

- utilizing current resources
- Canada does have a 2 tier system really because those with insurance or more money get better care or access to care options and treatments
- NL requires a life span approach to Health care

Q11. What did you like or dislike about today's summit? What could be done better?

- Excellent discussions, the diversity of the table really contributed to quality discussion.
- Very well organized. Exceeded my expectations.
- Excellent facilitation.
- Mix of people very good, liked assigned seating.
- Loved the mixed group and the discussion. HUGE topic that requires different perspectives. We all work in our own silos.
- Great opportunity, nice group of people.
- Good facilitator and recorder.
- Not enough discussion about integrated care, more holistic approach.
- Great cross-section of people at the table.
- Liked the small groups – good facilitators and note taker technology was great!
- Bringing everyone together from different backgrounds was fantastic to get different perspectives. The powers should listen to the people on the front lines.
- I liked the people that were chosen that could make a lot of difference.
- Good cross-section of individuals, liked being able to hear so many other perspectives.
- Interactive "clickers" were good.
- I liked the whole networking aspect of it. Real cross section of community agencies and government. That was great.
- As much as I liked the round table, it was sometimes difficult to hear.
- Parking.
- It was nice to hear possible solutions from one another at the table.
- Non-aggressive discussion. Everyone expressed themselves well and we generally were in agreement.
- Need more of an opportunity to discuss issues in detail.
- It was good to recognize what we are doing RIGHT in today's health care system.
- It was organized very well. The day as FLOWN by. I had my exit strategy planned to sneak out but it was very well organized so I stayed.
- Good mix of people.

- Liked designated note takers and facilitators, glad delegates did not have to perform these roles.
- Very well organized considering the large number of participants.
- Time to discuss wasn't always long enough.
- Today was a good start, but we're still at the stage of identifying key issues.
- Increased private environment, increased community, increased educational (university) involvement.
- Tremendous day, table got along well, may have had more intense discussion.
- Commends province, doesn't seem to be a political lens.
- Learned a lot, very helpful starting point.
- Structure of presentation and facilitator and recorder.
- Lot of good ideas generated and good discussion.
- Not sure what the next steps are going to be.
- There's been a lot of good discussion, the format was good.
- Fear that we are re-doing work that has already been done. Doesn't want to see it fizzle. Would like to see concrete results.
- Broad range of speakers and people at the tables. Love honesty and openness. Loved how everyone at the tables was mixed and not all from the same group.
- Fairly good day. In a year, sit down again. See where we're too. What we've done and where we need to go. See the return on the investment we made today.
- Not exactly worth the cost to talk about problems that are obvious with extremely difficult issues, money could have been spent elsewhere.
- We want to continue to be involved and consulted, but need to see action now, not just talk.
- Being given an opportunity to participate and identify the issues and address them has been very worthwhile, hopefully it's not just a political exercise.
- Great cross section of individuals. Good ideas - I hope the powers do something with this. Don't just increase 40% of budget to 50% - its bigger than that.
- Bold venture for Government, excited and hopeful that an action plan will come from this day.
- Always beneficial to have many people with different backgrounds around a table. You cannot underestimate the value of that input. There is a connectedness that is very, very important.
- The negative: these groups do not lend themselves to objective active sheets. At the end of the day we cannot make a list of things that we can do differently tomorrow.
- The facilitator and reporter were inhibited by how some of the technology. ex. not being able to go back and see submitted comments.
- Surprised that only 300+ people attended the public forum.

- A concern that after this there will still be a lot of inertia and things will not go forward.
- Mental health forum at st peters jr high and after that i was a little apprehensive as that was very directive and not open communication. That being said it did capture what we said.
- Today format was very valuable, other viewpoints were very valuable.
- The framing was less preferable, but the discussion ended up being really good. Wish they were more visionary.
- I enjoyed it. Regardless of our disagreements, we were respectful. I enjoyed hearing the comments from different people. I think it was well worth the investment of my time. I was apprehensive. But it was well worth it. I'm very glad I came.
- Surprised by Dr. Hutchison's evaluation of how we do preventive maintenance. Thought we might have done better.
- Would like to keep it moving, regardless of the government in power.
- Not enough youth invited to attend. Opinions by only adults.
- Liked to see similar themes came up from other tables, not specific to our table.
- Indicates people are not here with specific agendas.
- The invitations and session information should have been sent to participants earlier, especially given Christmas.
- Hopefully the outcomes of this session will not be disregarded.
- Extremely well-facilitated. Managed very well. Everyone seems to be heard of their opinion.
- Likes the videos used to focus people, very useful.
- The second speaker was excellent. He is doing what we are talking about.
- Not a bad idea at all, but people talk a lot and it’s difficult to get a consensus on solutions that are extremely difficult to answer with a dwindling financial situation.
- Parking was terrible.
- It was very well managed.
- Seems that no matter what backgrounds people have there was consensus on themes.
- Don't want this to be a political issue that is only promoted by one party. This should be carried through by the next government. While this government is leading today, the voices here are non-political. Citizens views are represented by organizations, whatever. Government should continue this forward.
- Liked the presenter at the front as well as the small discussions. Good mix of feedback provided.
- Positive reflection of government.
- Hopeful for involvement in the outcomes from today - we need closure.

- On a go-forward basis government should continue to talk to front line workers - they have the ideas to make small changes with big difference
- Try in some way to evaluate whether the changes that we make are working. Without a lot of paperwork.
- I'm glad we were put into different tables. I liked the timing of the day. Great effort.
- There was enough focus within the questions but they were not too narrow.
- Need to become creative about health care, the fact we are dialoguing, going to communities, getting info from people, is good. Need to talk the info and get good outcomes.
- Questions were kind of a repeat of what the public response was. There wasn't enough on the potential solutions.
- I'd like to see something like this broken down so we focus on one core issue. I'm half afraid people will take this back to the system and tweak little things. The whole emphasis has to be to start with the community-based, team-based solution. And build out from that.
- Should this larger group now be taken down into smaller focus groups?
- Pre-assigned mix of sectors at table, which is good.
- This was really good given the number of people. Parking could have been better...a bus and ride from Confed. Blg. might have been better.
- Having an assigned facilitator and note taker at each table was great for focusing the discussions and not wasting time.
- Diverse group at table which was very valuable for example this issue of downloading was common among us.
- Certain amount of commonality re: clients you are helping are the students in our school.
- Don't be afraid that some issues will ruffle feathers. Needs to be passionate and well-intended. Cannot please everybody but still need to have those hard conversations.
- Diversity was appreciated. What government does from here on out will tell us about their level of commitment.
- HCS needs to provide good direction to RHAs to ensure that ideas do not die.
- Very well-crafted and put together.
- Couldn't see much that could be changed. Successful day.
- Slightly concerned about the apparent low degree of rural representation at the event.
- Good effort and good use of tech i.e. instant feedback was good.
- Great organization and got back on track regarding time.
- The discussion was good and a lot of valid points were brought up, but the proof is in the pudding.

- Because this was built on previous sessions this one felt farther ahead because of the ground work that was laid out.
- Mobilizing people around one idea, big amount of health care system is engaged...good start to improvements.
- The health forum was obviously needed based on the turnout.
- Liked the format; it's more likely that our comments will be included and seen; the way the answers are recorded and immediately fed back was very useful.
- There was great value in this exercise. As long as there is action after today!
- It's what happens afterwards and if the issues are effectively addressed.
- Very well organized - enjoyed this session very much - very good content. Polling clickers used in previous were not as effective as they were today.
- Certain degree of comfort with a system that is partially broken, need to have the will and desire to approach and talk about change.
- How long does it take to get cancer care, and can that time be shortened?
- The previous consultation project that formed the basis for this, reaching so many people across so many sectors, and the fact we get to mix to chat is really valuable. I fear all of this will go nowhere, because that happens too. I'm really keen to see what kind of follow-up. I encourage everyone to kick for follow-up.
- Many voices. That's what I like about this. Validate some of what's already been done in some of the regions. A lot of preparatory work done and individuals asked what they wanted to stay. And how us as stakeholders discussing what they had to say. What's achievable and what will take us through a strategic plan to get beyond that? At some point, there will be an ability to move forward.
- A very positive day. Nice to sit down and share opinions and hope that they will be integrated.
- Tweaking won’t change the system - need a fundamental change in our approach that can be implemented incrementally with a long term vision. Don’t reinvent the wheel - there are models out there that have been evaluated.
- Disadvantage - the first people not being here, aware there was nothing that could be done about that.
- Second speaker was excellent.
- Always good to get together and pool ideas together.
- These types of summits need to be done more often so the issues are being brought up more frequently so people are constantly aware of what is going on and making active steps to change things.
- A lot of issues were covered today; government acknowledged the issues.
- The proof is in the pudding. What is going to happen with this information? Don't want just talk, there has to be movement that comes out of this. We are all on the same page (more or less). Need back to back leadership to put things in place.

- The technology that enables us to see the results and themes immediately is fantastic.
- As a citizen, 'we' are looking at what is the next step? Great to be able to participate but want to know where the info is going? Let's keep going.
- All different stages of life but we need to address them all.
- I wonder how with this # of people how it would work. But very pleasantly surprised was great opportunity to have a good dialogue.
- Diverse group/valuable.
- Comments and direction seems to be in line, everyone is different but the value of a common good is very similar. We all agree on what a common good is (better access, better services, etc.) but we do not agree on how to get there.
- Very sincere session.
- Liked the assigned seating plan - rather than one group heavy in one sector.
- Have the opportunity to have cross section discussion. Many ways to contribute. App, etc.
- The main facilitator did a great job of keeping it going to keep everyone engaged.
- Communicate back to the people engaged...don't let that slip...we are willing to work.
- Action Plan. How do we move forward?
- I liked that everyone had lots of opportunity to speak. The support of the meeting was excellent. Well formatted. Real time reporting was really good.
- This was a great day - good format and good cross section of people.
- We really hope that in the coming years we will hear the great impact that this day had through government commitment to actions.
- Forums leading up to this were important.
- Liked the process, where themes were set up to be discussed before participants arrived. Allowed to more in depth and use the resources in the room.
- Talking is one thing, but it is not worth it if no solutions come out of the discussion being made here.
- Move or change tables at least once to get different perspectives.
- Would like to have seen more speakers/ researchers from the NL.
- Ryan Meili's talk was useful and relevant; valuable and interesting; the fact that we looked at social determinants of health is a paradigm shift in how we view the health care system.
- Liked the discussion on the lack of awareness of how much better health care costs. Not many people know.
- Glad I didn't know anyone when I sat down at the table. We're in a situation where we can easily, financially, be put on the shelf. Action costs money. Whether we have it or not, right now, this has been an excellent process and we need to work on keeping it going. When we're seeing our MHAs, having meetings, keep this

conversation going. Hopefully we'll weather this financial storm, we always do, and then the work is done. Time for action.

- Outcomes of change will be long and hard, and may take resources and investments.
- Another reason for low attendance during the fora could have been a sense that nothing would be done with the information.
- We want to see action items to come out of this meeting. Things that are real.
- Our facilitator and recorder were AWESOME.
- Disappointed if we are attendees didn't hear back from Gov't on outcomes from today - s/t or l/t plan.
- The theme team summary was extremely useful.
- Great networking opportunity. Hopefully the discussions will result in good decision making.
- It is astonishing that the document on "what we heard" barely mentioned anything about persons with disabilities.
- Continue dialogue is necessary, and we want to see feedback. How are initiatives working, are they working? Want to stay involved in the process. Glad to see that everyone is one the same page.
- Pleased the event built upon the fora.
- Cross section of expertise is very good to discuss things that are based on knowledgeable education.
- Public has been engaged as part of the process, from the beginning. All too often, the Public is often not informed until the decision has been made.
- Provides perspective about how strained frontline healthcare workers are/can be. Hope for continuity of policy and objectives even if there is no continuity of the governing party.
- Diversity around the table gave different perspective.
- Physical setup was good including the mix at the table and pre-assigned seating.
- Table facilitators and note takers were excellent format lead facilitator was great.
- We talk about connecting and collaboration this is what we did today.
- Apprehensive coming in but it work and everyone was very open.
- Great day but it has to turn into action.
- Use of technology was very impressive, overall a positive experience.
- Nice to see all different political parties engaged.
- Open discussion.
- Spent a lot of time talking about what we are doing wrong, would like to see what we have done right and how we achieved that... celebrate our successes and learn from them.
- Everything went as well as it could have.

- Great questions; got us thinking.
- Events like this summit could be a great way to encourage participatory democracy and develop policy solutions. Should not be a one-time event, similar sessions should be conducted more frequently and more systematically.
- This is an apolitical issue. The department has to keep this alive regardless of who is in power.
- Facilitator and Recorder very well chosen to do task.
- I appreciated that physicians were here today. Oftentimes, the challenge is that many of them are not able to speak because there is a direct client impact. There are fee for service physicians here. They had to make that extra commitment.
- There has to be direct consultations with those on the ground.
- Disappointed if engagement stops. Gov't started something meaningful in the recent dialogue.
- Narrow down things that the government is going to focus on from this summit. Produce two or three key things that show the value of this meeting. Prioritize.
- Good balance of presentations and group discussions.
- It would be nice to recognize some of the good outcomes in our current system; not just focusing on the challenges, but also highlighting some of the positives would have been nice.
- Invite more public.
- Good that the themes repeated throughout so we could touch on everything and be sure to get our full message across.
- A lot of good ideas and discussion going to be hard to implement in an election year.
- We could have had a little more time set aside for discussion for each issue. (This was part of an overwhelmingly positive review of the session).
- The first presentation did not add value to the day. I totally zoned out. The technology piece, it was very hard to get engaged.
- Location had restricted parking available.
- Good interdisciplinary dialogue.
- We learned something - the wide range of professionals was really beneficial to the conversation.
- Would like to have some more time - actual discussions were really short, all you could do is touch the surface because of the size of the groups and the amount of time given - have some follow up to get on the details of the issues - consultations to find solutions based on this info.
- Should call upon all three parties to endorse these issues.
- Important to be willing to go through short term woes for long term gains.
- Disappointed that there was not more people from rural areas (over 70% of people are from local areas).

- Glad of the mix.
- Glad to see educators here.
- Format was excellent.
- Build on what we have.
- Smooth out potholes.
- Can be done with savings if we are intelligent about it and work together.
- We need to see this turn something out though has to be more than dialogue.
- Liked these polling questions better than the polling questions at the community sessions (specifically, Mount Pearl).
- Polling technology was great.
- Table seating pre-assigned was good to mix up the discussion / promote networking.
- Table resources were strong and helpful (recorder and note takers).
- Second speaker was good (broader context).
- Good to highlight mental illness directly.
- More partners should have been here (business, education, corrections, etc).
- Parking.
- No hand sanitizer.
- A lot of sitting for long hours.
- Impression that our health system is broken, would like to see more about what we are doing well and how to keep or expand.
- Also evaluation of performance region by region.
- What are our metrics to measure success or progress?
- Cannot be political - not intuitive to be political.
- Solution focused - needs more time and effort than what we have had today.
- Mixed feelings going into these things, sometimes painful - had a great group here around this table - good format - has been a worthwhile day.
- Hope that when govt through this realize will take collaboration between justice, health, education, AES to make our health issues happen.
- No good to have a new Waterford or prison - just a new box - have to do things differently - people working across silos, working together.
- Genuine authenticity, good sharing, good comments around the table, openness, a good day.
- All political parties here today, the issues are not going away.
- Good to hear people talk about the determinants of health - nice to see.
- Great opportunity, great engagement, respect.
- Felt part of the larger discussion, not only the table.
- Would like to see what action will result from this brain power.
- Respectful attitude throughout.
- Would like to see the participant list and to see where participants came from.

- Different dynamics at tables rural/St. John's.
- It was good for a physician speaking, it gives an extra sense of partnership and engagement.
- Structure, format and agenda were good. Great table! We did as much as we could given the nature of the format. What do we do next is the most important part of all of this.
- Food was good.
- Every person should have a management person to speak about process.
- Good diverse group of individuals.
- Small table discussions - good for expressing views.
- Good presentation this afternoon.
- Liked how facilitator and note taker reiterated points and sought clarification when necessary on discussion points.
- Positive attitude in the room.
- Positive people look for practical solutions.
- Format works well.
- Didn't like the first presentation - wasn't insightful or dynamic - could have been time better spent and wasn't impressed with the content of the presentation.
- Geography is a major issue. Number of facilities alone is enormous. Challenge going forward.
- Broader survey across the province to catch the people not motivated to go to sessions.
- The same things came up today as in the regional for a.
- Government should rush to implement these ideas in a test area. Pick a peninsula, and establish a community-based, team-based, one-stop-shop that is staffed affordably with RNs and uses technology to link patients to the professionals they need. Try it, see how it goes, ASAP.
- Felt sometimes it was difficult to balance a discussion to get everyone's view out
- Did not talk enough about sustainability.
- Hopefully today results in pressure to take action.
- Aging population cannot build long-term care beds to accommodate.
- Networking opportunity was great.
- I liked first presentation, set the tone, liked the data, we could see where NL was in comparison to other provinces/countries. Technology was a deterrent though.
- Wanted to talk more about team based care - Who makes up the team? How do we assemble that? What should it look like?
- Could have integrated more polling when putting up synthesis of results to prioritize the items and attempt to generate further consensus.
- PCA's need to be professional.

- Evidence based decision making, move away from political will/agenda.
- Need to be bringing in less people from management positions and more people who are the frontline workers.
- The definition of primary health care wasn't understood by some participants at community sessions and they had things they wanted to talk about that they couldn't until the end.
- Appreciation for enthusiasm. Would like to see this taking the next step and some sort of group to evaluate the effects of today.
- Winter might be an issue for people driving, getting here for the summit.
- Respectful day all opinions were heard.
- Long day but really rewarding.
- Need to see policy change as a result from this dialogue.
- Need to work in our own environments and have these same conversations.
- PCA's need to include sub-specializations, increase funding.
- Feels that a lot of short term and long term ideas were brought forward.
- Organizers should seek permission to distribute the contact information of participants to foster networking.
- Good that discussion was productive and less "blaming" and overly focused on negatives. Focus on solutions was helpful.
- Better location: place that is a little bit better for parking, cheaper to rent, etc.
- Would like to know what the next steps are.
- Implementation and evaluation is crucial to judging the success of this gathering. If this is done again, we should eliminate the presentations. They were interesting, but we have a very limited time frame and discussion was of the upmost importance.
- Masters/GP/Practitioners should have apprentices and/or assistants.
- Screens should be throughout the room not just at front.
- Meeting new people was great - connecting with coworkers good also.
- Two or three Actionable items need to come out of this session - no more feel good sessions please.
- Participants want to know what the plan will be after this session
- Will the information given today be used?
- Who will be included in developing the plan?
- Cross section of individuals at tables was excellent.
- Environment was good.
- Just enough breaks to keep discussion going.
- Structure of the day was good...how they came from the themes of the regional reports. Awesome job!
- Made some really good connections here today I was apprehensive about the format (large number of people) but feel my time was very well spent. I am so glad I came.

- Appreciate the opportunity to contribute to the approach for a solution because the town hall approach generally has a more negative environment.
- Many solutions discussed at our table were not massive projects or large expenditures. System tweaks and practical solutions were the primary focus.
- Liked Bruce.
- It will be interesting to see where the 'framework' goes.
- Would be nice to see the premier around for a while to see this through.
- Good cross section of people that can help identify what the issues are.
- Impress - whoever is responsible for the logistics of today's event did a fantastic job...the tech/how to call for help/present/set up did a fantastic job!!!
- It was respectful. People listened to each other.
- Interesting to get other points of view. You can get tunnel vision and you can get others views (great).
- Less interesting at regional: there was more leading questions and polls. This one more interesting.
- Someone interested in why Dwight Ball wasn't here. Would be interested for him to have someone talk to him. What would he say to the media about what happened today at the summit? What would happen if liberals got in...would they do this again? They want to see continuity. Want to see 6 months down the road that some of the talk today and suggestions actually take roots.
- Parking is the only big issue so far suggested.
- Screen at the back to that people facing back can see without having to suggest.
- Very impressed again with logistics.
- More focus and work to bring you back to the actions. A little smaller and a little less noisy.
- Focus on action/what happens next/come up with a framework and an action plan.
- Portion of people from out of town was very small. Not really represented by the outside communities.
- Like: assigned sitting so you had a variety of professionals at the table. Made for a good cross-section of professionals.
- Impressed with the day itself but with the fact that the minister and Premier stuck around and was engaged.
- Representation in the room was really strong.
- Facilitator/note taker system worked very well.
- Being assigned a table.
- Smooth process overall, registration
- Dr. Meili's presentation offered a very insightful interpretation of health care.
- Good that there was only two speakers. the richness was in the conversation.

- Compensation for health providers rather than a focus on drs as some of the response seemed to indicate.
- Why was juice offered?
- Technical issue was very difficult in terms of the speaker who was not in the room and the topic was complex so it didn't work.
- Maybe we could get people form within our own province to speak at the conference instead of bringing in people.
- Both talks were physician focused.
- Things to be done in the future.
- Same symposium style for mental health and addictions would be very valuable.
- Don’t force people into primary health care--learn lesson from the past.
- Dialogue piece was great, broad participation was great.
- Would have liked to switch tables between discussions.
- Liked that materials were received in advance.
- Format was excellent for the forum.
- Would like to see follow up and what are the next steps?
- Dialogue was great.
- Diversity of participation was great.
- Improvements cost MONEY! So what will this really do for the health care system?
- ACTION is needed - not more talking.
- Forum format was great.
- Would be nice to do this again after a plan is developed so people can have input on concrete ideas for change.
- Public feedback should be at all points along the framework building process not just up front.
- Well organized forum.
- Moderator was great.
- The location was appropriate, a lot of provincial agencies and government in St. John's. Cheaper to fly to St. John's from Labrador.
- There is a need to ensure that there is more patients are being heard during this policy process.
- Communications in rural areas need to be enhanced to ensure the messages are received to all that require same.
- Liked to be assigned tables and have a mix of people. All group highlighted that the table mix was very well coordinated and well planned.
- Enjoyed meeting people.
- We collaborated to talk about collaborative care.
- Like to have follow up to see the ACTION,
- Liked that it was very well organized. Large number.

- Very interactive.
- Liked the technology.
- Very respectful table and process.
- Very happy to have a facilitator and a recorder.
- Second speaker was veyr good and challenged peoples thinking. Good choice.
- Liked the videos and a good change interjected in the meeting.
- This has been one of the better forums I have attended in a long time.
- Venue needs to be bigger but recognized that this is the biggest venue in town.
- We say "what can government do for us" we could have more emphasis on what can we do for ourselves.
- Screens more strategically placed would have been helpful.
- Would like to involved a little more in the problem solving piece and making some recommendations with a little bit of time.
- Liked the polling...a lot.
- Designated note takers and facilitators are huge asset.
- We have the right people to make these changes now.
- Compliments to our table facilitator for keeping us on track and focused and hearing what we had to say (note taker too).
- Bruce Gilbert did a fantastic job.
- Municipalities should be included.
- Some of the evaluation poll questions could have been asked before and after the event to see if it affected participants' opinions.
- 8:30 to 4:30 is a long time to basically sit in one seat, making the event a bit shorter would have been nice (perhaps drop one speaker, esp given all the political and MC speaks already in the agenda).