



# Community Health Assessment Survey

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Port aux Basques Area

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## Introduction

A Community Health Assessment (CHA) is a dynamic and on-going process undertaken to identify the strengths and needs of a community, and to establish its health and wellness priorities. CHAs provide information about local areas as well as contribute to a broader understanding of health and wellness in Newfoundland and Labrador. Western Health uses CHAs to help prioritize, plan and act on unmet community needs to improve the health of residents of the Western region.

The CHA process involves:

- Gathering information about health and wellness (facts and opinions)
- Collecting information about health and community resources (assets)
- Evaluating the information to determine strengths, needs, and the community's priorities
- Building partnerships and strategizing together to address health and wellness needs using assets and resources within the community.

In keeping with provincial direction, Western Health followed the *Community Health Assessment Guidelines*- a draft provincial framework for conducting CHAs. In the past, CHAs in Newfoundland and Labrador were conducted according to the unique policies and practices of each regional health authority (RHA). In a partnered effort to standardize the CHA process, the RHAs, the Newfoundland and Labrador Centre for Health Information (NLCHI), and the Department of Health and Community Services (HCS) have agreed on CHA guidelines. This includes common indicators, methodology, data sources, and 39 unique and defined geographic regions across the province.

## **Methodology**

The Western Health CHA survey was used to collect quantitative and qualitative data from residents of the region about where they find health-related information, where they go for care, satisfaction with health care services, community concerns, satisfaction with health and wellness resources, and health behaviors. The survey was available for completion between May 1 and June 30, 2019 and the target audience was individuals residing in the Western region, aged 18 and older.

A robust communication plan was developed to disseminate survey information and promote uptake. To encourage survey completion, Western Health's community partners were provided the survey information and asked to share within their networks and on social media. In addition, Western Health tweeted the survey link multiple times, a public service announcement was issued, the survey link was posted on the Western Health website, and Community Health staff distributed survey information at various events and community programs across the region. To promote uptake among Western Health staff, an article was included in the @Western Health newsletter, an email was sent to all staff, and the survey information was posted on the internal intranet site. A survey information poster was also developed and posted across the region in waiting rooms, community organizations, public areas, and Western Health facilities. To ensure all residents were able to complete the survey, both paper and electronic versions of the survey were provided.

Survey goal response rates were calculated based on each of Western Health's seven Primary Health Care (PHC) area's population, and a sample size based on an 85% confidence level was determined. A survey implementation team was established, and the team met weekly to review the response rates for the region and each PHC area. The implementation team worked together to ensure all PHC areas met the target response rates and address any survey concerns.

Following the survey completion deadline, the survey data was compiled from the Get Feedback survey program and transferred it to Statistical Package for Social Sciences (SPSS) data file. SPSS was then used to analyze the data frequencies by PHC area and the overall region. The following results section highlights the main themes and areas of interest for the Port aux Basques PHC Area as identified by the CHA survey. Port aux Basques is a town at the extreme southwestern tip of the island of Newfoundland. It is the largest town and is the main service center for surrounding areas including Codroy Valley, Burnt

Islands, Rose Blanche, Isle Aux Morts and LaPoile. Port aux Basques is recognized as the Gateway to Newfoundland with the Marine Atlantic ferry being one of the main modes of transportation to the mainland. Unless otherwise note, tables do not include missing data. To view full detailed results, refer to Appendix A. A copy of the CHA survey can be found in Appendix B.

## Results

### *Demographics*

A total of 147 surveys were completed throughout the Port aux Basques PHC Area which includes the communities of LaPoile, Rose Blanche, Burnt Islands, Isle Aux Morts, Grand Bay West, Grand Bay East, Codroy Valley, Doyles and Port Aux Basques. The following is a profile of survey respondents from the Port aux Basques PHC Area. The majority of survey respondents were from the Port aux Basques community (65.3%):

- Lived in their community for more than 20 years 61.9 (%)
- Were in the 36-45 age group (22.7%)
- Identify as (female) (84.7%)
- Reported their highest level of education completed as technical, vocational, or community college program (34%)
- Were employed full time (employment status) (50%)
- Reported a household income between \$75,000 and \$99,999 (20.5%)

### *Primary Health Care (Family Doctor, Nurse Practitioner and Routine Care)*

The first section of the CHA survey focused on questions related to access to PHC and level of satisfaction with the quality of services received. According to the survey results, when respondents are looking for health-related information, the majority:

1. Family Doctor (79.6%)
2. Nurse Practitioner (39.5%)
3. Pharmacist (45.6%)

Respondents were asked if they currently have a family doctor or nurse practitioner and their level of satisfaction with their provider. Results indicate:

- 99.3% have a family doctor or nurse practitioner. Of the 99.3 %,
  - 85.4% reported being satisfied or very satisfied with their family doctor or nurse practitioner

- 4.9% reported being dissatisfied or very dissatisfied with their family doctor or nurse practitioner and indicated the following reasons:
  - Wait time in the clinic/facility is too long (4.8%)
  - Hours of service are inconvenient (3.4%)
  - Communication barrier (2.7%)
  - Wait list for an appointment too long (1.4%)
  - Health Care Provider does not explain things in a way that is easy to understand (1.4%)
  - Facility and/or equipment quality is poor (1.4%)
- 0.7% do not have a family doctor or nurse practitioner

The last time respondents needed care for a minor health problem (e.g., fever or unexplained rash), the majority went to:

1. Family Doctor/Nurse Practitioner (69.2%)
2. Hospital emergency department (19.9%)
3. Walk-in clinic (4.1%)

When asked if they were able to get same or next day care for a minor health problem, 70.7% reported yes, and 27.3% reported no.

### *Health Care*

The health care system includes physical and mental health care services provided by Western Health and private health care providers (e.g., pharmacy, family practice/dental/vision clinics). Survey respondents were asked about access to the health care system and satisfaction with the quality of services received. According to survey results, the majority of respondents (84.4%) were satisfied with the health care services they have used in the past 12 months, while 7.5% of respondents were dissatisfied. The respondents that indicated they were dissatisfied or very dissatisfied with the health care services they used in the past 12 months, were asked to indicate the reasons why, and to indicate which services they were unable to access. The following are the top three reasons and the most common services respondents were dissatisfied with:

1. Wait time in the clinic/facility was too long (1.6%)

Services:

- 1.1 Emergency Room (ER)/OutPatient Department
- 1.2 General Practitioner
- 1.3 Ophthalmologist

2. Wait list for an appointment was too long (1.5%)

Services:

- 2.1 Specialist
- 2.2 Procedures/Testing (colonoscopy, endoscopy, stress test)
- 2.3 Emergency Room

3. Health care provide(s) did not treat you with respect (0.8%)

Services:

- 3.1 Frontline and nursing staff
- 3.2 Emergency Room Department
- 3.3 Physician

When asked about accessing health care services, the majority of participants (64.5%) indicated they were able to access services when they were required, while 35.5% respondents indicated they were not able to access services when they were required. The 35.5% of respondents that indicated they were not able to access a required health service were asked to indicate reasons why there weren't able to access a required health service, and to indicate which services they were unable to access. The following are the top three reasons respondents were unable to access a required health service, and the most common services they were unable to access:

1. Wait time for service was too long (58.1%)

Services:

- 1.1 Specialist
- 1.2 Procedures/Testing
- 1.3 Family Physician

2. Unable to get referral (16.3%)

Services:



- 2.1 Services in province or out of province
- 2.2 Process of sending, receiving and confirming
- 2.3 Dermatologist
- 3. Too far to travel (13.9%)
  - Services:
    - 1.1 Services in St. John's
    - 1.2 Ear, Nose and Throat Specialist
    - 1.3 Dermatology

### *Community Health and Wellness*

Survey respondents were asked questions about the health and wellness of their community as well as their satisfaction with the resources and services available within their community. Respondents were provided a list of various areas/issues and were asked to indicate which ones they were most concerned about in their community. The most commonly selected areas/issues were:

1. Road Quality (53.7%)
2. Chronic Disease (49%)
3. Addictions (45.6%)
4. Distracted Driving of any vehicle (42.2%)
5. Impaired driving of any vehicle (40.8%)

Of the issues/areas that respondents selected, they were then asked to rank their top three areas/issues they are most concerned about. The top three ranked answers were:

1. Chronic Disease (23.1%)
2. Addictions (22.4 %)
3. Cost of living (20.4%)

There are many different groups and resources that aim to improve the health and wellness of a community. These include Western Health, private health clinics, churches, schools, town councils, resource centers, Community Advisory Committees, and other community groups. Respondents were asked to rate their level of satisfaction with the resources available to help deal with the health and

wellness challenges in their communities. The majority of respondents (82.3%) who answered this question, were neither satisfied nor dissatisfied with the resources available, while 33% were satisfied or very satisfied, and 20.6% were dissatisfied or very dissatisfied. Respondents who indicated they were either dissatisfied or very dissatisfied were asked to explain which aspects of the health and wellness resources they are dissatisfied with. The following were the most common responses:

1. Wait times in the emergency department
2. Lack of and wait time for mental health services
3. Lack of resources pertaining to physicians, staff, and programs
4. Access to primary care physicians

### *Health Status*

The following section of the CHA survey asked questions to determine the health of respondents who completed the survey. The majority of respondents reported that their physical health was excellent or very good/good (51.7 % and 32.5% respectively). The majority of respondents also reported that their mental health was excellent or very good/good (49.1% and 35.8% respectively).

Survey respondents were asked what they feel they should do to improve their physical and/or mental health and what are the barriers to making the change. The following are the top three responses and the most common barriers to making the change:

1. Start /increase exercise, sports or physical activity (93%)
  - a. I am too busy (41.5%)
  - b. Lack of will power/self-discipline (37.4%)
  - c. Too costly (18.4%)
2. Reduce stress (83%)
  - a. I am too busy (24.5%)
  - b. Unsure how to make this improvement (22.4%)
  - c. I am too stressed (13.6%)
3. Eat healthier/eat more fruits and vegetables (81%)
  - a. Too costly (45.6%)

- b. Lack of will power/self-discipline (17%)
- c. Not enough resources in the community (16.3%)

### *Health Care Planning*

Western Health is currently in the process of developing its Strategic Plan for 2020-2023. The plan will outline the main priorities and focus areas for Western Health over the next three years. To seek public feedback on potential priorities of the strategic plan, the CHA survey asked respondents to report the one thing Western Health could do to make a difference in their care. The most common responses were:

1. Easier access and improved wait time for specialists
2. Increased services in local area
3. Hire more staff

### *Concluding Remarks*

To conclude the survey, respondents were asked if there was anything else, they would like to add. The most common responses were:

- Great job so far

## **Successes and Limitations**

The CHA survey implementation team experienced success in promotion and uptake of the survey with a 107% increase in survey completion from the previous CHA survey cycle implemented in 2016. In addition, each PHC area met their target response rate. This was the first time a provincially standardized survey tool was used.

Despite these successes, there were some limitations to note. While the implementation team made efforts to promote the survey to all residents, the characteristics of the survey participants were not always found to be representative of the population of the region for all characteristics (ex. Income level, education). For example, the majority of respondents both in the region (80%) and in the Port Aux Basque area (84.7%) identified as female. To mitigate this in the future, specific strategies should be included in the survey communication plan to target survey completion among male residents as well. Initial feedback on the survey from the public indicated the survey was too long, especially if it was completed in the paper format. Other feedback suggested that some of the questions were structured and worded in a way that was confusing and unclear to respondents. To avoid this in the future, the survey could be developed in partnership with the public (e.g. Advisors) to create more reader-friendly questions.

## **Conclusion**

The CHA survey is an important step in determining the needs and resources of residents in the Western region. The survey included qualitative and quantitative questions, providing residents with an opportunity to express their views of the health and community services offered in the region. Overall for the Port aux Basques PHC Area findings from the survey indicated those residents have concerns about chronic disease, addictions and cost of living. The survey also demonstrated positive feedback including a high percentage of respondents indicated they have a family physician or nurse practitioner, and they were satisfied with their health care provider and the health care services they used in the past twelve months.

Data obtained from the CHA for the region and each PHC area will support planning at the local PHC area level as well as organizational strategic, branch, and program planning. Survey results will be used by service providers/programs, community advisory committees and primary health care teams to determine key priorities and to inform planning. Results will also be shared with relevant community partners to inform their planning and service delivery processes.

## Appendix A: Full Survey Results

*Question 1. If you needed to find health-related information for yourself or someone else today, how would you get that information (select all that apply)?*

Information Source	Percentage (%)	Frequency (n)
Ask a family doctor	79.6	117
Ask a nurse practitioner	39.5	58
Ask a pharmacist	45.6	67
Ask a social worker	9.5	14
Call a hospital/clinic	25.9	38
Ask a community or public health nurse	30.6	45
Search the internet (e.g. WebMD, Google search)	60.5	89
Western Health website	8.8	13
Social media (e.g., Facebook, Twitter)	15.6	23
Use 811 HealthLine	24.5	36
Contact a not-for-profit agency (e.g., Cancer Society, Mental Health Association) or a community or church group	4.1	6
Ask a friend or family member	37.4	55
Other	Most common responses: <ul style="list-style-type: none"> <li>• Other health professionals such as registered massage therapists, yoga meditation teacher, naturopathic physician</li> <li>• Family members that are health professionals (e.g. nurses, pharmacists)</li> </ul>	

*Question 2. Do you currently have a regular family doctor or nurse practitioner?*

Response	Percentage (%)	Frequency (n)
Yes	99.3	145
No	0.7	1

Question 3. Overall, how satisfied are you with your family doctor/nurse practitioner?

Level of Satisfaction	Percentage (%)	Frequency (n)
Very satisfied	43.4	62
Satisfied	42	60
Neither satisfied nor dissatisfied	9.8	14
Dissatisfied	3.5	5
Very dissatisfied	1.4	2

Question 4. Why are you dissatisfied with your family doctor/nurse practitioner (select all that apply)?

Reason	Percentage (%)	Frequency (n)
Wait list for an appointment is too long	1.4	2
Wait time in clinic/facility is too long	4.8	7
Too far to travel	0	0
Hours of service are inconvenient	3.4	5
Communication barrier	2.7	4
Facility and/or equipment quality is poor	1.4	2
Health care provider (s) do not give you a chance to ask questions	1	0.7
You do not have trust and confidence in your health care provider (s)	1	0.7
Health care provider (s) do not treat you with respect	0	0
Health care provider (s) do not explain things in a way that is easy to understand	2	1.4
Health care provider (s) do not involve you in decisions about your care	1	0.7
Other	Most common responses: <ul style="list-style-type: none"> <li>• Appointments are rushed</li> </ul>	

Question 5. The last time you needed care for a minor health problem (e.g., fever or unexplained rash), where did you go?

Location	Percentage (%)	Frequency (n)
Family doctor/nurse practitioner	69.2	101
Walk-in clinic	4.1	6
Hospital emergency department	19.9	29
Pharmacist	2.7	4
HealthLine 811	0.7	1
I do not have a place to get care for a minor health problem	0.7	1
Other	Most common responses:	

	<ul style="list-style-type: none"> <li>• Family are health professionals</li> <li>• Take care of myself</li> <li>• Do not seek treatment</li> </ul>
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*Question 6. The last time you needed care for a minor health problem (e.g., fever or unexplained rash), were you able to get same day or next day care?*

Response	Percentage (%)	Frequency (n)
Yes	72.7	104
No	27.3	39

*Question 7. Overall, how satisfied were you with the health care services that you used during the past 12 months?*

Level of Satisfaction	Percentage (%)	Frequency (n)
Very satisfied	25.9	38
Satisfied	58.5	86
Neither satisfied nor dissatisfied	8.2	12
Dissatisfied	6.1	9
Very dissatisfied	1.4	2
I have not used any health care services	0	0

*Question 8. Why were you dissatisfied with the health care services that you used during the past 12 months (select all that apply)? For each reason selected, please list the services you were dissatisfied with.*

Reason	% (n)	Services
<input type="checkbox"/> Wait list for an appointment was too long	1.6 (11)	Specialist (6)-Cardiologist, Internist, Dermatologist Procedures Family doctor
<input type="checkbox"/> Wait time in the clinic/facility was too long	1.5 (12)	Emergency Room/Out Patient Department (4) Specialist (1)
<input type="checkbox"/> Too far to travel	0.5 (4)	
<input type="checkbox"/> Hours of service were inconvenient	0.1 (1)	



Reason	% (n)	Services
<input type="checkbox"/> Cost of service	0.5 (4)	
<input type="checkbox"/> Communication barrier (24)	0.3 (2)	
<input type="checkbox"/> Facility and/or equipment quality was poor	0.4 (3)	
<input type="checkbox"/> Health care provider(s) did not give you a chance to ask questions	0.5 (4)	
<input type="checkbox"/> You did not have trust and confidence in your health care provider(s)	0.5 (4)	
<input type="checkbox"/> Health care provider(s) did not treat you with respect	0.8 (6)	
<input type="checkbox"/> Health care provider(s) did not explain things in a way that was easy to understand (20)	0.5 (4)	
<input type="checkbox"/> Health care provider(s) did not involve you in decisions about your care (18)	0.3 (2)	
<input type="checkbox"/> Other reason not listed above (please specify): _____		Services: Ambulance transportation cancelled

*Question 9. Sometimes we require health care services but are unable to access them. Have you required any health care services that you were unable to access during the past 12 months?*

Response	Percentage (%)	Frequency (n)
Yes	35.5	43
No	53.1	78

*Question 10. Why were you unable to access services that you required during the past 12 months (select all that apply)? For each reason selected, please list the services you required but were unable to access.*

<b>Reason</b>	<b>% (n)</b>	<b>Services</b>
<input type="checkbox"/> Wait time for service was too long	58.1 (25)	Ultrasound /Magnetic Resonance Imaging (MRI)/Colonoscopy (5) Family Doctor(4) Ear, Nose and Throat Specialist (3) Dermatologist (2) Surgeon (1) Audiology (1) Mental Health (1)
<input type="checkbox"/> Cost of service	6.9 (3)	Social Worker/Psychologist (1)
<input type="checkbox"/> Transportation issues	6.9 (3)	Specialist (2)
<input type="checkbox"/> Too far to travel	13.9 (6)	Ear, Nose and Throat Specialist (2) Dermatologist (1)
<input type="checkbox"/> Unable to leave house due to health problems	4.6 (2)	None
<input type="checkbox"/> Unable to access the services during scheduled time/hours of service	4.6 (2)	None
<input type="checkbox"/> Unable to get referral	16.3 (7)	Dermatologist (1)
<input type="checkbox"/> Could not contact service	6.9 (3)	Ear, Nose, Throat Specialist (1)
<input type="checkbox"/> Communication barrier	2.3 (1)	None
<input type="checkbox"/> Did not know service was available	2.3 (1)	None

Reason	% (n)	Services
<input type="checkbox"/> Service not available	4.6 (2)	Family Doctor (2)
<input type="checkbox"/> Other reason not listed above (please specify):		No show by provider (1)

*Question 11. Please select the areas/issues that you are most concerned about in your community (select all that apply).*

Issue/Area	Percentage (%)	Frequency (n)
I am not concerned about the health and wellness of my community	7.5	11
Addictions (e.g., alcohol and/or drug abuse, gambling, etc.)	45.6	67
Bullying	42.9	63
Childcare (including affordability, lack of accessibility)	28.6	42
Chronic diseases (e.g., prevalence of diabetes, high blood pressure, cancer, etc.)	49	72
Crime and violence	11.6	17
Cost of living	40.1	59
Clean water supply	16.3	24
Distracted driving of any vehicle (e.g. texting or talking on cell phone while driving car, motorcycle, ATV, snowmobile, etc.)	42.2	62
Drug/alcohol impaired driving of any vehicle (e.g. car, motorcycle, ATV, snowmobile, etc.)	40.8	60
Education system	21.1	31
Emergency services	17.7	26
Environmental issues (e.g., contaminants in the air, water and soil)	15	22
Food security (access to sufficient, affordable, nutritious food)	23.1	34
Homelessness (including couch surfing)	8.2	12
Housing conditions	5.4	8
Illiteracy	4.8	7
Mental health of community residents	39.5	58
Outmigration	18.4	27
Physical health of community residents	22.4	33
Poverty	12.2	18

<b>Issue/Area</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
Public transportation (including affordability, lack of accessibility)	19	28
Recreational programs/spaces	26.5	39
Resources for people with disabilities (e.g., accessible buildings)	21.8	32
Road quality	53.7	79
Seniors' resources/programs	23.1	34
Sexual health (including unplanned pregnancy, Sexually Transmitted Infections)	10.2	15
Social isolation and lack of community involvement	16.3	24
Suicide	20.4	30
Tobacco use/smoking	19	28
Unemployment	28.6	42
Violence in the home (e.g., child abuse/neglect, domestic)	16.3	24
Working conditions (e.g., risks for injury on the job)	0	0
Other- most common responses: <ul style="list-style-type: none"> <li>• Bullying</li> <li>• Road conditions</li> </ul>		

*Question 12. Of the issues you selected in question 11, please select up to 3 areas/issues that you are most concerned about in your community.*

<b>Issue/Area</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
1. Chronic Disease	23.1	34
2. Addictions	22.4	33
3. Cost of Living	20.4	30

*Question 13. Overall, how satisfied are you with the resources available to help deal with the health and wellness challenges in your community?*

<b>Level of Satisfaction</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
Very satisfied	6.6	8
Satisfied	26.4	32
Neither satisfied nor dissatisfied	46.3	56
Dissatisfied	14.0	17
Very dissatisfied	6.6	8

*Question 14. What aspects of the health and wellness resources are you dissatisfied with?*

Overall themes:

1. Wait times in the emergency department
2. Lack of and wait times for mental health services
3. Lack of resources pertaining to physicians, staff, and programs
4. Access to primary care physicians

*Question 15. In general, would you say your physical health is...?*

<b>Rating</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
Excellent	7.5	9
Very good	44.2	53
Good	32.5	39
Fair	11.7	14
Poor	4.2	5

*Question 16. In general, would you say your mental health is...?*

<b>Rating</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
Excellent	13.3	16
Very good	35.8	43
Good	35.8	43
Fair	13.3	16
Poor	1.7	2

Question 17. What do you feel you should do to improve your physical and/or mental health (select all that apply)? For each health behavior selected, please tell us what is stopping you from making this change.

Health Behavior	Barrier to Making Change % (n)											
	Not applicable to me	Unsure how to make this improvement	Not enough resources in the community	Community resources are not effective	I am too busy	I am too stressed	Addiction	Too costly	Disability	Transportation problems	Lack of will power/self-discipline	Other
Start/increase exercise, sports or physical activity	4.8 (7)	7.5 (11)	12.9 (19)	1.4 (2)	41.5 (61)	10.2 (15)	0 (0)	18.4 (27)	8.8 (13)	4.8 (7)	37.4 (55)	<i>*see below for most common responses</i>
Eat healthier/eat more fruits and vegetables	12.9 (19)	4.1 (6)	16.3 (24)	3.4 (5)	10.9 (16)	2.7 (4)	0(0)	45.6 (67)	0.7 (1)	3.4 (5)	17 (25)	
Drink less alcohol	58.5 (86)	0.7 (1)	0.7 (1)	0 (0)	0.7 (1)	1.4 (2)	0 (0)	0 (0)	0 (0)	0 (0)	3.4 (5)	
Reduce smoking (not including cannabis)	58.5 (86)	2 (3)	0.7 (1)	0 (0)	0 (0)	2 (3)	2 (3)	0 (0)	0 (0)	0 (0)	5.4 (3)	
Reduce vaping (not including cannabis)	63.9 (94)	0.7 (1)	0.7 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	

Health Behavior	Barrier to Making Change % (n)											
	Not applicable to me	Unsure how to make this improvement	Not enough resources in the community	Community resources are not effective	I am too busy	I am too stressed	Addiction	Too costly	Disability	Transportation problems	Lack of will power/self-discipline	Other
Reduce cannabis use (in any form)	61.2 (90)	0.7 (1)	0.7 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0.7 (1)	0 (0)	0.7 (1)	<i>*see below for most common responses</i>
Reduce illegal drug use	63.3 (93)	0.7 (1)	0.7 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	
Reduce prescription drug misuse	59.9 (88)	2 (3)	0.7 (1)	0 (0)	0 (0)	0.7 (1)	0 (0)	0 (0)	2.7 (4)	0 (0)	0.7 (1)	
Gamble less	63.3 (93)	1.4 (2)	0.7 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	
Reduce stress	11.6 (17)	22.4 (33)	8.8 (13)	4.1 (6)	24.5 (36)	13.6 (20)	0.7 (1)	6.1 (9)	6.1 (9)	2.0 (3)	8.2 (12)	

Health Behavior	Barrier to Making Change % (n)											
	Not applicable to me	Unsure how to make this improvement	Not enough resources in the community	Community resources are not effective	I am too busy	I am too stressed	Addiction	Too costly	Disability	Transportation problems	Lack of will power/ self-discipline	Other
Reduce screen time	34.7 (51)	10.9 (16)	1.4 (2)	0 (0)	2.7 (4)	1.4 (2)	6.4 (10)	1.4 (2)	2 (3)	1.4 (2)	16.3 (24)	
Get flu shot	46.9 (69)	0.7 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0.7 (1)	2 (3)	0.7 (1)	2.7 (4)	<i>*see below for most common responses</i>
Seek physical or mental health treatment	24.5 (36)	10.2 (15)	12.9 (19)	8.2 (12)	8.2 (12)	3.4 (5)	2.7 (4)	6.8 (10)	2.7 (4)	4.1 (6)	8.2 (12)	
Connect more with family, friends or community	20.4 (30)	8.8 (13)	1.4 (2)	2.7 (4)	27.2 (40)	3.4 (5)	0 (0)	6.8 (10)	2.7 (4)	3.4 (5)	2.7 (4)	
Other	<i>*see below for most common responses</i>											



\*" Other" most common responses to barriers to making behavior change:

Start/increase exercise, sports, or physical activity

- n/a

Eat healthier/eat more fruits and vegetables

- too costly

Drink less alcohol

- n/a

Reduce smoking (not including cannabis)

- n/a

Reduce vaping (not including cannabis)

- n/a

Reduce cannabis use (in any form)

- n/a

Reduce illegal drug use

- n/a

Reduce prescription drug misuse

- n/a

Gamble less

- n/a

Reduce stress

- work related stress
- Family dynamics and responsibilities

Reduce screen time

- Employment requires us if screens

Get flu shot

- Lack of confidence in the vaccine

Seek physical or mental health treatment

- Stigma
- Confidentiality related to living in rural community

Connect more with family, friends or community

- Too busy

Other health behaviors that would improve physical and/or mental health and most common reported barriers to making change:

- n/a

*Question 18. What is the one thing Western Health can do to make a difference in your care?*

Overall themes:

1. Easier access and improved wait times for specialists
2. Increased services in local area
3. Hire more staff

*Question 19. Respondents by PHC area*

<b>PHC Area</b>	<b>Percentage (%)</b>	<b># Responses</b>
Port aux Basques	100	147

*Question 20: Identified respondent communities*

Port aux Basques, Margaree, Cape Ray, Codroy Valley, Woodville, Searston, Burnt Islands, Doyles, Cape Anguille, Isle aux Morts, Rose Blanche, South Branch, O'Regan's,

*Question 21. Respondent years lived in community*

<b>Years</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
Less than 2 years	2.8	4
2-5 years	7.6	11
6-10 years	13.1	19
11-20 years	13.8	20
More than 20 years	62.8	91

*Question 22. Respondent age groups*

<b>Age Group</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
18-25	5.0	7
26-35	12.8	18
36-45	12.8	18
46-55	19.1	27
56-65	22.7	32
66-75	21.2	30
76+	6.4	9

*Question 23. Respondent reported gender*

<b>Gender</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
Male	14.6	21
Female	84.7	122
Transgender male	0	0
Transgender female	0	0
Non-binary	0.7	1
Prefer not to say	0	0

*Question 24. Respondent highest level of education completed*

<b>Education</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
Did not complete high school	8.3	12
Completed high school	19.4	28
Started university or college	7.6	11
Completed a technical, vocational, or community college program	34.0	449
Completed a bachelor's degree	20.1	29
Completed a graduate or professional degree	10.4	15

*Question 25. Respondent employment status*

<b>Employment Status</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
Employed full time	50.0	72
Employed part time	9.0	13
Seasonal worker	4.2	6
Commuting/rotational worker	2.1	3
Student	3.5	5
Unemployed and looking for work	4.2	6
Unable to work due to a long-term sickness or disability	4.9	7

Looking after my home/family	2.8	4
Retired from paid work	19.4	28

*Question 26. Respondent household income*

<b>Income</b>	<b>Percentage (%)</b>	<b>Frequency (n)</b>
Under \$15,000	14.3	16
Between \$15,000 and \$29,999	18.8	21
Between \$30,000 and \$49,999	18.8	21
Between \$50,000 and \$74,999	0	0
Between \$75,000 and \$99,999	20.5	23
Between \$100,000 and \$150,000	17.0	19
Over \$150,000	10.7	12

*Question 27. Is there anything else you would like to add?*

Overall themes:

Great job so far

## Appendix B: Western Health Community Health Assessment Survey

### Western Health Community Health Assessment Survey

Western Health is seeking your input. Your participation in our **2019 Community Health Assessment Survey** will provide us with valuable information that will help us understand and focus on the health-related needs of our communities. This information will also be used to inform future health-care planning.

- This survey is for people living in the Western Health region who are **18 years or older**.
- This survey will take about **10-15 minutes** to complete.
- This survey is **voluntary**.
- Your **privacy is very important**. Your answers will be **anonymous** and **confidential**. Survey responses will be analyzed and reported at the regional or primary health care service area level. It will be impossible to identify individuals.
- Please only complete the survey **once**.
- If you have any questions or concerns, please contact Mariel Parcon, Regional Manager Research and Evaluation at [marielparcon@westernhealth.nl.ca](mailto:marielparcon@westernhealth.nl.ca) or (709) 784-6806.

#### Primary Health Care

The following questions ask about your **access** to primary health care (family doctor, nurse practitioner, and routine care) and your satisfaction with the **quality of services** received.

**1. If you needed to find health-related information for yourself or someone else today, how would you get that information (select all that apply)?**

- Ask a family doctor
- Ask a nurse practitioner
- Ask a pharmacist
- Ask a social worker
- Call a hospital/clinic
- Ask a community or public health nurse
- Search the internet (e.g., WebMD, Google search)
- Western Health website
- Social media (e.g., Facebook, Twitter)

- Use 811 HealthLine
- Contact a not-for-profit agency (e.g., Cancer Society, Mental Health Association) or a community or church group
- Ask a friend or family member
- Other (please specify): \_\_\_\_\_

**2. Do you currently have a regular family doctor or nurse practitioner?**

- Yes
- No (**SKIP TO QUESTION 5**)

**3. Overall, how satisfied are you with your family doctor/nurse practitioner?**

- Very satisfied (**SKIP TO QUESTION 5**)
- Satisfied (**SKIP TO QUESTION 5**)
- Neither satisfied nor dissatisfied (**SKIP TO QUESTION 5**)
- Dissatisfied
- Very dissatisfied

**4. Why are you dissatisfied with your family doctor/nurse practitioner (select all that apply)?**

- Wait list for an appointment is too long
- Wait time in the clinic/facility is too long
- Too far to travel
- Hours of service are inconvenient
- Communication barrier
- Facility and/or equipment quality is poor
- Health-care provider(s) do not give you a chance to ask questions
- You do not have trust and confidence in your health-care provider(s)
- Health-care provider(s) do not treat you with respect
- Health-care provider(s) do not explain things in a way that is easy to understand
- Health-care provider(s) do not involve you in decisions about your care
- Other (please specify): \_\_\_\_\_

**5. The last time you needed care for a minor health problem (e.g., fever or unexplained rash), where did you go?**

- Family doctor/nurse practitioner
- Walk-in clinic
- Hospital emergency department
- Pharmacist
- HEALTHLINE 811
- I do not have a place to get care for a minor health problem
- Other (please specify): \_\_\_\_\_

**6. The last time you needed care for a minor health problem (e.g., fever or unexplained rash), were you able to get same day or next day care?**

- Yes
- No

### Health Care

The health care system includes physical and mental health care services provided by Western Health and private health care providers (e.g., pharmacy, family practice/dental/vision clinics). The following questions ask about your **access** to the health care system and your satisfaction with the **quality of services** received.

**7. Overall, how satisfied were you with the health-care services that you used during the past 12 months?**

- Very satisfied (**SKIP TO QUESTION 9**)
- Satisfied (**SKIP TO QUESTION 9**)
- Neither satisfied nor dissatisfied (**SKIP TO QUESTION 9**)
- Dissatisfied
- Very dissatisfied
- I have not used any health care services (**SKIP TO QUESTION 9**)

8. Why were you dissatisfied with the health care services that you used during the past 12 months (select all that apply)? For each reason selected, please list the services you were dissatisfied with.

Reason	Services
<input type="checkbox"/> Wait list for an appointment was too long	
<input type="checkbox"/> Wait time in the clinic/facility was too long	
<input type="checkbox"/> Too far to travel	
<input type="checkbox"/> Hours of service were inconvenient	
<input type="checkbox"/> Cost of service	
<input type="checkbox"/> Communication barrier	
<input type="checkbox"/> Facility and/or equipment quality was poor	
<input type="checkbox"/> Health care provider(s) did not give you a chance to ask questions	
<input type="checkbox"/> You did not have trust and confidence in your health care provider(s)	
<input type="checkbox"/> Health care provider(s) did not treat you with respect	
<input type="checkbox"/> Health care provider(s) did not explain things in a way that was easy to understand	
<input type="checkbox"/> Health care provider(s) did not involve you in decisions about your care	



Reason	Services
<input type="checkbox"/> Other reason not listed above (please specify):  	

9. Sometimes we require health care services but are unable to access them. Have you required any health-care service that you were unable to access during the past 12 months?

- Yes
- No (SKIP TO QUESTION 11)

10. Why were you unable to access services that you required during the past 12 months (select all that apply)? For each reason selected, please list the services you required but were unable to access.

Reason	Services
<input type="checkbox"/> Wait time for service was too long	
<input type="checkbox"/> Cost of service	
<input type="checkbox"/> Transportation issues	
<input type="checkbox"/> Too far to travel	
<input type="checkbox"/> Unable to leave to house due to health problems	
<input type="checkbox"/> Unable to access the services during scheduled time/hours of service	
<input type="checkbox"/> Unable to get a referral	

Reason	Services
<input type="checkbox"/> Could not contact the service	
<input type="checkbox"/> Communication barrier	
<input type="checkbox"/> Did not know the service was available	
<input type="checkbox"/> Service not available	
<input type="checkbox"/> Other reason not listed above (please specify): _____	

### Community Health and Wellness

The following questions ask about the **health and wellness** of your community, as well as your satisfaction with the **resources and services available within your community.**

**11. Please select the areas/issues that you are concerned about in your community (select all that apply).**

- I am not concerned about the health and wellness of my community (SKIP TO QUESTION 13)**
- Addictions (e.g., alcohol and/or drug abuse, gambling, etc.)
- Bullying
- Childcare (including affordability, lack of accessibility)
- Chronic diseases (e.g., prevalence of diabetes, high blood pressure, cancer, etc.)
- Crime and violence
- Cost of living
- Clean water supply
- Distracted driving of any vehicle (e.g. texting or talking on cell phone while driving car, motorcycle, ATV, snowmobile, etc.)
- Drug/alcohol impaired driving of any vehicle (e.g. car, motorcycle, ATV, snowmobile, etc.)
- Education system

- Emergency services
- Environmental issues (e.g., contaminants in the air, water and soil)
- Food security (access to sufficient, affordable, nutritious food)
- Homelessness (including couch surfing)
- Housing conditions
- Illiteracy
- Mental health of community residents
- Outmigration
- Physical health of community residents
- Poverty
- Public transportation (including affordability, lack of accessibility)
- Recreational programs/spaces
- Resources for people with disabilities (e.g., accessible buildings)
- Road quality
- Seniors' resources/programs
- Sexual health (including unplanned pregnancy, Sexually Transmitted Infections)
- Social isolation and lack of community involvement
- Suicide
- Tobacco use/smoking
- Unemployment
- Violence in the home (e.g., child abuse/neglect, domestic)
- Working conditions (e.g., risks for injury on the job)
- Other (please specify): \_\_\_\_\_

**12. Of the issues you selected in question 11, please select up to 3 areas/issues that you are **MOST** concerned about in your community.**

1. \_\_\_\_\_
2. \_\_\_\_\_

3. \_\_\_\_\_

There are many different groups and resources that aim to improve the health and wellness of a community. These include Western Health, private health clinics, churches, schools, town councils, resource centers, Community Advisory Committees, and other community groups.

**13. Overall, how satisfied are you with the resources available to help deal with the health and wellness challenges in your community?**

- Very satisfied (SKIP TO QUESTION 15)
- Satisfied (SKIP TO QUESTION 15)
- Neither satisfied nor dissatisfied (SKIP TO QUESTION 15)
- Dissatisfied
- Very dissatisfied

**14. What aspects of the health and wellness resources are you dissatisfied with?**

**Health Status**

This section will help us describe the health of the population who completed the survey.

**15. In general, would you say your physical health is...?**

- Excellent
- Very good
- Good
- Fair

- Poor

**16. In general, would you say your mental health is...?**

- Excellent
- Very good
- Good
- Fair
- Poor

**17. What do you feel you should do to improve your physical and/or mental health (select all that apply)? For each health behavior selected, please tell us what is stopping you from making this change.**

Health Behavior	What is stopping you from making this change?
<input type="checkbox"/> I do not think there is anything else I should do	
<input type="checkbox"/> Start/increase exercise, sports or physical activity	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): <hr style="width: 20%; margin-left: 0;"/>

Health Behavior	What is stopping you from making this change?
<input type="checkbox"/> Eat healthier/eat more fruits and vegetables	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Drink less alcohol	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Reduce smoking ( <b>not</b> including cannabis)	<input type="checkbox"/> Unsure how to make this improvement

Health Behavior	What is stopping you from making this change?
	<input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Reduce vaping ( <b>not</b> including cannabis)	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Reduce cannabis use (of any form)	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community

Health Behavior	What is stopping you from making this change?
	<input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): <hr/>
<input type="checkbox"/> Reduce illegal drug use (e.g., cocaine, ecstasy, etc.)	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): <hr/>
<input type="checkbox"/> Reduce prescription drug misuse (e.g. opioids)	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective



Health Behavior	What is stopping you from making this change?
	<input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Gamble less	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Reduce stress	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule)

Health Behavior	What is stopping you from making this change?
	<input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Reduce screen time (computer, cell phone, TV)	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Get the flu shot (influenza immunization)	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed

Health Behavior	What is stopping you from making this change?
	<input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Seek physical or mental health treatment	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Get more sleep	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction

Health Behavior	What is stopping you from making this change?
	<input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Connect more with family, friends or community	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints <input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Unsure how to make this improvement <input type="checkbox"/> Not enough resources available in the community <input type="checkbox"/> Community resources are not effective <input type="checkbox"/> I am too busy (e.g., family responsibilities, work schedule) <input type="checkbox"/> I am too stressed <input type="checkbox"/> Addiction <input type="checkbox"/> Too costly/financial constraints

Health Behavior	What is stopping you from making this change?
	<input type="checkbox"/> Disability/health condition <input type="checkbox"/> Transportation problems <input type="checkbox"/> Lack of will power/self-discipline <input type="checkbox"/> Other (please specify): _____

Health Care Planning

Western Health is in the process of developing its **Strategic Plan for 2020-2023**. The plan will outline the **main priorities and focus areas for Western Health** over the next three years.

**18.** What is the one thing Western Health can do to make a difference in your care?

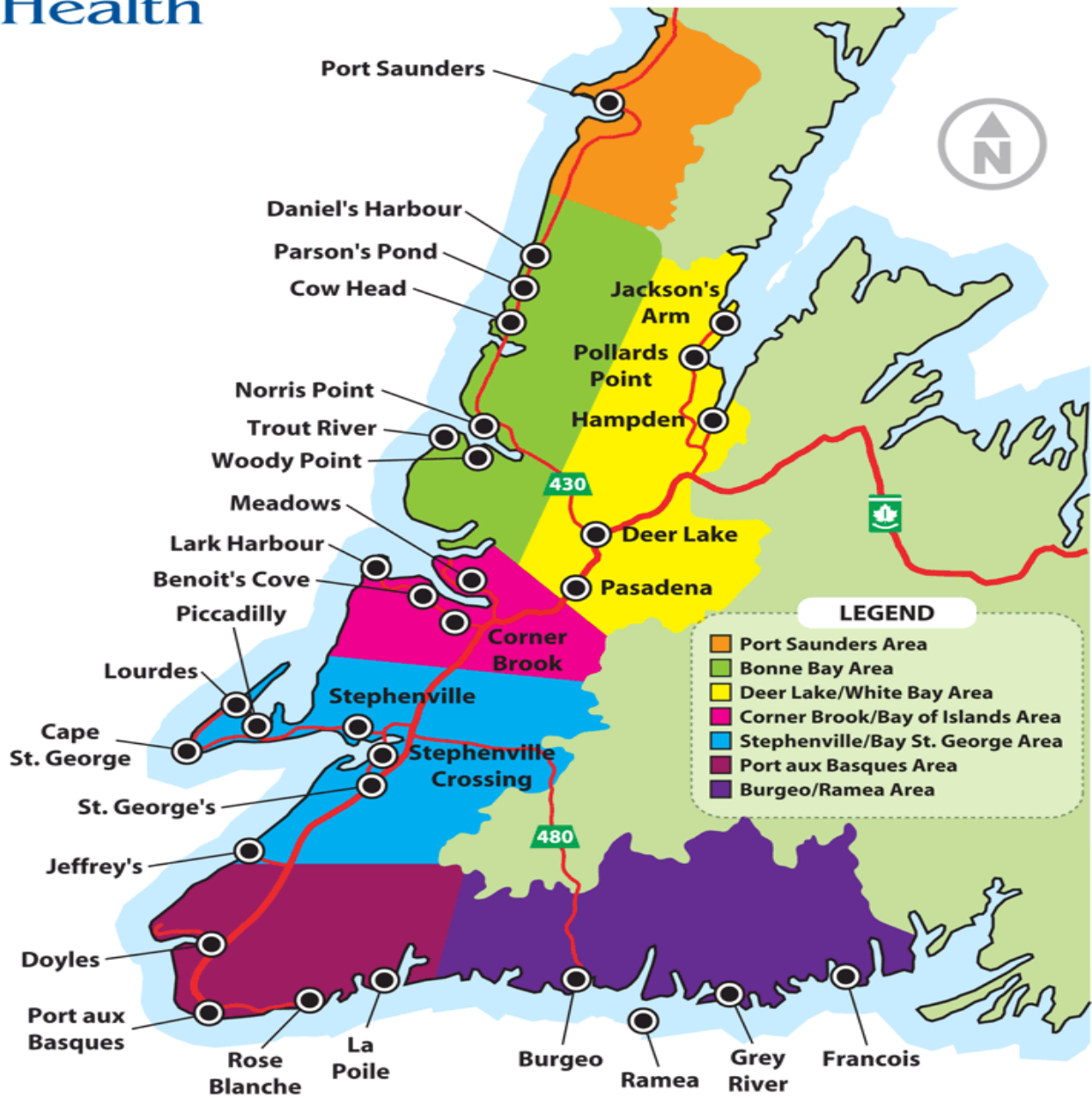
## Community

The Western Health region is divided into 7 primary health-care service areas. These areas are indicated on the map below.



# Western Health Regional Map

## Primary Health Care Team Areas



updated July 2013

**19. In which of the following areas do you live?**

- Burgeo/Ramea Area
- Port aux Basques Area
- Stephenville/Bay St. George Area
- Corner Brook/Bay of Islands Area
- Deer Lake/White Bay Area
- Bonne Bay Area
- Port Saunders Area

**20. What is the name of your community?**

---

**21. How long have you lived in your current community?**

- Less than 2 years
- 2 - 5 years
- 6 - 10 years
- 11 - 20 years
- More than 20 years

Demographics

This section will help us **describe the population who completed the survey**. You can skip any question you do not wish to answer.

**22. What year were you born?**

---

**23. What gender do you most identify with?**

- Male
- Female
- Transgender male
- Transgender female

- Gender Variant/Non-conforming
- Non-Binary
- Not listed
- Prefer not to say

**24. What is the highest level of education you have completed?**

- Did not complete secondary school or high school
- Completed secondary school or high school
- Started university or college education but did not complete it
- Completed a technical, vocational or community college program
- Completed a bachelor's degree
- Completed a graduate or professional degree

**25. Which of the following describes your employment status?**

- Employed full time (including self-employed or on a work training program)
- Employed part time (including self-employed or on a work training program)
- Seasonal worker
- Commuting/rotational worker
- Student
- Unemployed and looking for work
- Unemployed and not looking for work
- Unable to work due to a long-term sickness or disability
- Looking after my home/family
  - Retired from paid work

**26. What is your household income?**

- Under \$15,000
- Between \$15,000 and \$29,999
- Between \$30,000 and \$49,999



- Between \$50,000 and \$74,999
- Between \$75,000 and \$99,999
- Between \$100,000 and \$150,000
- Over \$150,000

**27. Is there anything else that you would like to add?**