



Western Health

COMMUNITY HEALTH NEEDS AND RESOURCES ASSESSMENT

Deer Lake/White Bay South

2012-13

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Your input and participation in determining health needs and priorities is appreciated. Thank you for your commitment to quality care.

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EXECUTIVE SUMMARY

The Community Health Needs and Resources Assessment was developed and implemented through a partnership between Health Promotion and Primary Health Care, Population Health Branch, and Planning and Research, Quality Management and Research Branch, to assess community health needs and resources to support planning within Western Health. The Community Health Needs and Resources Assessment examines needs in the Primary Health Care areas through the region and provides information to determine organizational priorities and identify unique concerns, using a population health approach.

A policy was developed outlining the Community Health Needs and Resources Assessment process (Appendix A), including the data to be collected, the methods, and timeframes. The four categories of information in the Community Health Needs and Resources Assessment included health status (statistics), community assets (profile), health needs identified by community (survey), and public feedback (key informants, focus groups, consultation with community advisory committee). Data collection included household telephone surveys (Appendix B), focus groups, Statistics Canada data, Canadian Institute for Health Information indicators and community resource listings. This report identifies the information gathered in the Deer Lake/White Bay South Primary Health Care area.

Overall, the findings of this needs assessment indicate that unhealthy eating habits and chronic disease (particularly, cancer and diabetes) are the top health concerns in the Deer Lake/White Bay area. These issues were identified in the telephone survey and were supported through in-depth focus group discussion. These issues are further evidenced by health status data indicating higher incidence of overweight and obesity and other related health behaviors/risk factors as compared to both the Western Region and Newfoundland and Labrador. In addition to these issues, survey respondents reported being less satisfied with shopping, recycling, physician services, wellness/illness prevention and emergency health services.

Progress in addressing these issues will require a dedicated Primary Health Care approach that includes various stakeholders at the community level, working together to address the complexity of factors that contribute to these health related issues. In this regard, the findings outlined in this document will be instrumental as the Deer Lake/White Bay South Primary Health Care Team develops action plans to address the unique needs of the local area.

REGIONAL OVERVIEW

The Deer Lake/White Bay South Primary Health Care geographical area includes the following communities:

- Deer Lake, including St. Judes
- Howley
- Reidville
- Cormack
- Jack Ladder, Bonne Bay Big Pond
- Hampden, including surrounding communities of Beaches, George's Cove, Fox Point, and Rooms
- Pollards Point
- Sop's Arm
- Jackson's Arm
- Pasadena



The Town of **Deer Lake** is the largest and busiest town in the Deer Lake/White Bay area. Located at the intersection of the Trans-Canada Highway and the Viking Trail on Newfoundland and Labrador's west coast, this regional service town has shopping, restaurants, banking, medical and recreational services, in addition to Deer Lake Regional Airport, the main airport in the region. Deer Lake Medical Clinic has three fee-for service General Practitioners, one salaried General Practitioner, a Nurse Practitioner, a Dental Office with two dentists, as well as Laboratory and X-Ray services. Clinics operate each weekday with Western Memorial Regional Hospital in Corner Brook (52 km from Deer Lake) providing coverage for evening and weekend emergencies. At the Farm Road Office, in close proximity to the clinic, Western Health also offers services such as: Mental Health and Addictions Services, Public Health Nursing, Behavioral and Child Management, Home Care and Wound/Dressing Care. These primary health care services are supported by two pharmacies, physiotherapy, dentist, chiropractic, and optometry services, and an ambulance service. Many services, including Medical, Education, Child Care and Learning, Churches and Police are provided from Deer Lake to its surrounding communities:

- Primarily a farming community, **Cormack** is located at the base of the Great Northern Peninsula, and is 19 kilometers from Deer Lake.
- **Reidville** is a small town located along the Humber River directly across from the Deer Lake Regional Airport and seven kilometres from the Town.
- **Howley** is located on Route 401 off the Trans-Canada Highway, approximately 46 kilometers away.
- **Pollard's Point** and its neighboring community of **Sop's Arm** are located in White Bay, on the east side of Newfoundland's Northern Peninsula. They are located 95 and 100 kilometres from Deer Lake, respectively. Also located in the White Bay area are the communities of **Jackson's Arm** (113 kilometres from Deer Lake) and Hampden (68 kilometres from Deer Lake).

The second largest town in the Deer Lake/White Bay PHC area, **Pasadena**, is a growing community, close to a full range of services in nearby Corner Brook (30 km) and Deer Lake (24 km). This community is well known as an attractive town with a rural lifestyle.

A Primary Health Care Management Team monitors and supports the development of Primary Health Care in the Deer Lake/White Bay South area. A multidisciplinary Primary Health Care Team works together to maintain and improve the services provided to residents in the area, adhering to the Principles of Primary Health Care and incorporating the determinants of health. In partnership with these teams, a Community Advisory Committee provides support and assistance in planning, implementing and evaluating Primary Health Care initiatives to improve the health and well-being of residents in the Deer Lake/White Bay area.

NOTE: for additional community details please see the Community Resources Listings, beginning on page 33 of this report.

HEALTH NEEDS IDENTIFIED BY COMMUNITY (TELEPHONE SURVEY)

Survey Overview

During the policy development, it was agreed that Western Health's Primary Health Care Managers would conduct the Community Health Needs and Resources Assessments as a means to obtaining information and learning about the areas under their jurisdictions. The Regional Manager of Research and Evaluation provided education on how to administer telephone surveys and consulted with the managers throughout the process to provide guidance and support and to address issues or concerns.

The telephone surveys collected both quantitative and qualitative data that described the households' perceptions of health beliefs and practices, satisfaction with health and community services, major community problems and concerns, and utilization of selected health services. The surveys were categorized according to the households' awareness of the availability of health and community services workers, satisfaction with community services, satisfaction with health and community services, utilization of health services, awareness of self-help groups, influence of community groups and community concerns.

The Primary Health Care Managers submitted the surveys to the Regional Manager Research and Evaluation, who coordinated entry of survey data into *Statistical Package for Social Sciences (SPSSx)* and collation and summary of survey results. The "yes," "no," "don't know," and "not available" scale was analyzed by calculating the frequencies and percentages of responses for each survey question. When identifying the top three and lowest three community services and health related community services, community groups, and community concerns, the "don't know" and "not available" and "no response" categories were excluded. The "don't know" responses could have been a result of either the survey respondents needing specific programs and services but not being aware of them or not needing the specific programs or services and therefore not being aware of them. The "don't know" and "not available" responses were considered when recommendations were identified. Qualitative data from the participants' surveys were transcribed and analyzed for common and recurring themes.

The following is a summary of the information collected in the Deer Lake/White Bay area surveys.



Survey Results

Demographics

A total of 95 telephone surveys were conducted in the Deer Lake/White Bay area (confidence level of 95% and confidence interval of 10%). Given that the surveys were only one means of collecting data on the communities and additional information would be collected, it was agreed that this number would be appropriate.

Of the 95 surveys collected, 74.7% of the respondents were female, 23.2% of the respondents were male, and 2.2% did not have the gender included on the survey response sheet. The average age of the respondents were 56.47 and the average years living in that community was 38.82.

Community Services

Survey respondents were asked to report on whether they were satisfied with a list of community services (Table 1). Of those community services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses), respondents reported being more satisfied with: fire protection, libraries, and postal services. When all of the responses were considered, the three community services with the higher percentages of satisfaction included fire protection, postal services, and garbage collection and disposal. Of those community services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses) respondents reported being less satisfied with: shopping, child care/day care and children and youth programs. When all of the responses were considered, the three community services with the lower percentages of satisfaction included shopping, recycling and children and youth programs.

Respondents frequently commented on the lack of preschool programs, childcare/day care, after school programs, children/youth programs, and seniors programs. Community services such as recycling, water and sewage, and hazardous waste disposal require improvements; the recycling program should include more material and curb side pickup; the water lines are old and water is undrinkable; and the hazardous waste program requires enhanced awareness. Infrastructure such as community planning, telephone and police service and grocery shopping was reported to be lacking.

Respondents indicated that programs required in their communities included a fitness facility, shelter for abused women, services for seniors, high speed internet, and a single parents group.

Table 1. Percent Satisfied with Community Services

Community Services	Yes	No	Don't Know	Not Available	No Response
Preschool Programs	33.7% (32)	9.5% (9)	50.5% (48)	6.3% (6)	
University/College	42.1% (40)	4.2% (4)	31.6% (30)	22.1% (21)	
Schools	57.9% (55)	14.7% (14)	24.2% (23)	3.2% (3)	
Child Care/Day Care	15.8% (15)	22.1% (21)	37.9% (36)	24.2% (23)	
After School Programs	28.4% (27)	16.8% (16)	44.2% (42)	10.5% (10)	
Children/Youth Programs	29.5% (28)	24.2% (23)	40.0% (38)	6.3% (6)	
Seniors Programs (55+)	35.8% (34)	23.2% (22)	33.7% (32)	7.4% (7)	
Recycling	56.8% (54)	33.7% (32)	3.2% (3)	6.3% (6)	
Water and Sewage	83.2% (79)	12.6% (12)	1.1% (1)	3.2% (3)	
Garbage Collection and Disposal	91.6% (87)	7.4% (7)			1.1% (1)
Hazardous Waste Disposal	28.4% (27)	22.1% (21)	32.6% (31)	16.8% (16)	
Community Planning (Town Council)	57.9% (55)	23.2% (22)	13.7% (13)	4.2% (4)	1.1% (1)
Telephone	75.8% (72)	24.2% (23)			
Fire Protection	97.9% (93)	2.1% (2)			
Police	77.9% (74)	17.9% (17)	4.2% (4)		
Libraries	81.1% (77)	4.2% (4)	7.4% (7)	7.4% (7)	
Postal Services	94.7% (90)	5.3% (5)			
Banking	68.4% (65)	5.3% (5)	1.1% (1)	25.3% (24)	
Grocery Stores	78.9% (75)	17.9% (17)		3.2% (3)	
Shopping	26.3% (25)	48.4% (46)	1.1% (1)	24.2% (23)	
Public Transportation (e.g., buses, taxis)	34.7% (33)	14.7% (14)	13.7% (13)	36.8% (35)	
Recreation Programs	56.8% (54)	18.9% (18)	14.7% (14)	9.5% (9)	
Recreation Facilities	60.0% (57)	12.6% (12)	9.5% (9)	17.9% (17)	
Career Development Services	29.5% (28)	17.9% (17)	37.9% (36)	14.7% (14)	
Literacy Support	32.6% (31)	9.5% (9)	38.9% (37)	17.9% (17)	1.1% (1)
Food Bank	53.7% (51)	6.3% (6)	6.3% (6)	32.6% (31)	1.1% (1)

Health Related Community Services

Respondents were asked to indicate whether they were satisfied with a number of health related community services (Table 2). The respondents indicated that most services were not available in their areas and that they had to travel to Corner Brook to access these services. Of those health related community services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses), respondents reported being more satisfied with: ambulance services, telehealth services, and services for new mothers/babies. When all of the responses were considered, the three health related community services with the higher percentages of satisfaction included ambulance services, pharmacy services and immunization services. Of those health related community services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses), respondents reported being less satisfied with: services for victims of physical or sexual abuse, adult day programs, and wellness/illness prevention. When all of the responses were considered, the three health related community services with the lower percentages of satisfaction included physician services, wellness/illness prevention and emergency health services.

Some commented that there was abuse of income support services while others reported that there was not enough money given to individuals on income support. Some respondents indicated that there were not enough workers to provide home support services and that since criteria were very stringent, some do not qualify. Respondents commonly commented on the excellent services provided at Tree House Family Resource Centre for pregnant women and new mothers and babies. Respondents also frequently reported that there were not enough wellness/illness prevention, services for people with disabilities, services for seniors, health inspection services, and child protection services. Positive comments were made about the nurse practitioner services, while most felt that access to physician services needs improvement. Enhanced awareness of telehealth services and cervical screening are required. When asked about emergency preparedness, many of the respondents reported that there was nothing in place in their areas.

Respondents were also asked to report on barriers to access service and the most common responses were travel and the cost associated with this travel, and lack of awareness of services.

Table 2. Percent Satisfied with Health Related Community Services

Health Related Community Services	Yes	No	Don't Know	Not Available	No Response
Mental Health Services	22.1% (21)	18.9% (18)	36.8% (35)	22.1% (21)	
Addiction Services	12.6% (12)	15.8% (15)	44.2% (42)	27.4% (26)	
Drug Addiction Services	8.4% (8)	13.7% (13)	49.5% (47)	28.4% (27)	
Alcohol Addiction Services	9.5% (9)	13.7% (13)	48.4% (46)	28.4% (27)	
Gambling Addiction Services	7.4% (7)	13.7% (13)	49.5% (47)	29.5% (28)	
Addiction Treatment Centres	8.4% (8)	8.4% (8)	43.2% (41)	40.0% (38)	
Counselling Services	10.5% (10)	10.5% (10)	49.5% (47)	29.5% (28)	
Family Planning	23.2% (22)	2.1% (2)	52.6% (50)	22.1% (21)	
Sex Education	22.1% (21)	9.5% (9)	52.6% (50)	14.7% (14)	1.1% (1)
Ambulance Services	90.5% (86)	2.1% (2)	1.1% (1)	6.3% (6)	
Emergency Health Services	49.5% (47)	40.0% (38)	4.2% (4)	6.3% (6)	
Income Support Services	36.8% (35)	15.8% (15)	37.9% (36)	9.5% (9)	
Home Support Services	48.4% (46)	23.2% (22)	26.3% (25)	2.1% (2)	
Respite Care Services	42.1% (40)	16.8% (16)	37.9% (36)	3.2% (3)	
Supportive Housing (e.g. personal care home, alternate family care)	35.8% (34)	13.7% (13)	33.7% (32)	16.8% (16)	
Long-Term Care	23.2% (22)	5.3% (5)	10.5% (10)	60.0% (57)	1.1% (1)
Services for Pregnant Women	31.6% (30)	5.3% (5)	47.4% (45)	14.7% (14)	1.1% (1)
Services for New Mothers/Babies	44.2% (42)	2.1% (2)	38.9% (37)	13.7% (13)	1.1% (1)
Services for Seniors (e.g., foot care)	33.7% (32)	27.4% (26)	17.9% (17)	20.0% (19)	1.1% (1)
Services for People with Chronic Diseases Longer than 3 Months (e.g., asthma, diabetes, cancer)	21.1% (20)	31.6% (30)	28.4% (27)	16.8% (16)	2.1% (2)
Wellness/Illness Prevention	23.2% (22)	46.3% (44)	17.9% (17)	11.6% (11)	1.1% (1)
Services for People with Disabilities	23.2% (22)	26.3% (25)	31.6% (30)	17.9% (17)	1.1% (1)
Rehabilitation Services	14.7% (14)	6.3% (6)	49.5% (47)	28.4% (27)	1.1% (1)
Physiotherapy Services	48.4% (46)	4.2% (4)	15.8% (15)	30.5% (29)	1.1% (1)
Services for Victims of Physical or Sexual Abuse	5.3% (5)	20.0% (19)	42.1% (40)	31.6% (30)	1.1% (1)

Adult Day Programs	3.2% (3)	6.3% (6)	13.7% (13)	75.8% (72)	1.1% (1)
Meals on Wheels Type Services	2.1% (2)		11.6% (11)	85.3% (81)	1.1% (1)
Dental Health Services	51.6% (49)	13.7% (13)	5.3% (5)	28.4% (27)	1.1% (1)
Health Inspection Services	30.5% (29)	15.8% (15)	36.8% (35)	15.8% (15)	1.1% (1)
Pharmacy Services	80.0% (76)	9.5% (9)	1.1% (1)	9.5% (9)	
Immunization Services	80.0% (76)	6.3% (6)	6.3% (6)	6.3% (6)	1.1% (1)
Health Education Services	18.9% (18)	13.7% (13)	56.8% (54)	9.5% (9)	1.1% (1)
School Health Services	30.5% (29)	4.2% (4)	60.0% (57)	4.2% (4)	1.1% (1)
Occupational Therapy	14.7% (14)	4.2% (4)	54.7% (52)	25.3% (24)	1.1% (1)
Physician Services	44.2% (42)	50.5% (48)	1.1% (1)	3.2% (3)	1.1% (1)
Nurse Practitioner Services	54.7% (52)	7.4% (7)	26.3% (25)	10.5% (10)	1.1% (1)
Diabetes Programs	16.8% (16)	12.6% (12)	46.3% (44)	23.2% (22)	1.1% (1)
Chronic Disease Self-Management	6.3% (6)	3.2% (3)	68.4% (65)	21.1% (20)	1.1% (1)
Primary Health Care Teams	23.2% (22)	2.1% (2)	65.3% (62)	8.4% (8)	1.1% (1)
Services for Young Offenders	6.3% (6)	27.4% (26)	45.3% (43)	20.0% (19)	1.1% (1)
Diagnostic Services	69.5% (66)	10.5% (10)	3.2% (3)	15.8% (15)	1.1% (1)
Child Protection Services	28.4% (27)	13.7% (13)	40.0% (38)	16.8% (16)	1.1% (1)
Adoption Services	13.7% (13)	8.4% (8)	58.9% (56)	17.9% (17)	1.1% (1)
Health Line	70.5% (67)	6.3% (6)	21.1% (20)	2.1% (2)	
Telehealth Services	28.4% (27)	1.1% (1)	60.0% (57)	10.5% (10)	
Cervical Screening	54.7% (52)	8.4% (8)	29.5% (28)	6.3% (6)	1.1% (1)
Nutrition Services	21.1% (20)	4.2% (4)	49.5% (47)	23.2% (22)	2.1% (2)
Dietitian Services	29.5% (28)	6.3% (6)	41.1% (39)	22.1% (21)	1.1% (1)
Respiratory Services	9.5% (9)		69.5% (66)	20.0% (19)	1.1% (1)
Emergency Preparedness	40.0% (38)	4.2% (4)	49.5% (47)	5.3% (5)	1.1% (1)
Speech and Hearing Services	18.9% (18)	4.2% (4)	46.3% (44)	29.5% (28)	1.1% (1)

Vision Services	56.8% (54)	8.4% (8)	9.5% (9)	24.2% (23)	1.1% (1)
Foot Care	12.6% (12)	17.9% (17)	25.3% (24)	44.2% (42)	

Community Groups

Respondents were asked to report on whether they were satisfied with community groups listed (Table 3). There were not many comments related to specific community groups; however, there were several positive comments regarding church groups. Also, comments regarding some health related groups indicated that they were constantly doing fundraising, however, the community does not benefit. Some also made positive comments about activities that were initiated by the Community Advisory Committee.

When respondents were asked how the community supports their efforts to stay healthy, some examples included:

- Community Garden Committee.
- Church groups.
- Having school gym available for older people to walk provides socialization and physical activity.
- Children’s Wish Foundation.
- TOPS: healthy eating, education and support in weight loss.
- Winterfest, Santa Claus parade, Kids Live Well Marathon, Strawberry Festival, fall and spring fairs, and memorial tournaments.
- Sea Cadets.
- Public Health Nurse
- Recreation groups like snowmobile groups.

Some examples of other community groups that respondents felt influenced their efforts to be healthy included the provision of activities such as the recreation complex, soccer, swimming, skating, Kids Eat Smart, Kids Live Well Marathon, the Public Health Nurse, Church Youth Group, and exercise classes.

Table 3. Percent Satisfied with Community Groups

Community Groups	Yes	No	Don't Know	Not Available	No Response
Self Help/Support Groups	34.7% (33)	2.1% (2)	14.7% (14)	47.4% (45)	1.1% (1)
Town Councils	58.9% (56)	17.9% (17)	15.8% (15)	7.4% (7)	
Service Organizations (e.g., Kinsmen, Knights of Columbus, Lion's Club)	57.9% (55)	6.3% (6)	9.5% (9)	25.3% (24)	1.1% (1)
Churches	77.9% (74)	11.6% (11)	6.3% (6)	4.2% (4)	
Sports Clubs (e.g., minor hockey, softball)	66.3% (63)	2.1% (2)	6.3% (6)	24.2% (23)	1.1% (1)
Recreation Clubs (e.g., Girl Guides, Cadets)	54.7% (52)	1.1% (1)	12.6% (12)	30.5% (29)	1.1% (1)
School Council	43.2% (41)	9.5% (9)	38.9% (37)	7.4% (7)	1.1% (1)
Health Related Groups (e.g., Cancer Society, Lung Association, Seniors Wellness)	36.8% (35)	15.8% (15)	20.0% (19)	26.3% (25)	1.1% (1)
Advocacy Groups (e.g., Status of Women, Tobacco Free Network)	23.2% (22)	4.2% (4)	43.2% (41)	27.4% (26)	2.1% (2)
Family Resource Center (e.g., Healthy Baby Clubs)	60.0% (57)	1.1% (1)	16.8% (16)	21.1% (20)	1.1% (1)
Hospital Foundations and Auxiliary	41.1% (39)	2.1% (2)	32.6% (31)	23.2% (22)	1.1% (1)
Western Health Community Advisory Committee	43.2% (41)		47.4% (45)	8.4% (8)	1.1% (1)

Community Concerns

Of those community concerns that respondents knew about (excluding the “don’t know”, “not available”, and “no response” categories), respondents reported being more concerned with: unhealthy eating habits, cancer, and diabetes. When all of the responses were considered, the three community concerns with the higher percentages remained the same.

The following other community concerns were noted by respondents (Table 4):

- the youth and their use of cell phones while driving
- alcohol abuse across all age groups
- issues for the elderly including loneliness, lack of home care workers, finances and no one to care for them
- lack of awareness regarding mental illness and the lack of services
- illegal drug use across all ages
- social assistance program and employment insurance abuse
- smoking in all age groups, but particularly teenagers
- physical inactivity across all age groups
- concern with diseases such as high blood pressure and heart disease
- access to health services

Table 4. Community Concerns

Community Concerns	Yes	No	Don't Know	Not Available	No Response
Drinking and Driving	62.1% (59)	33.7% (32)	4.2% (4)		
Distracted Driving	66.3% (63)	28.4% (27)	5.3% (5)		
Alcohol Abuse	45.3% (43)	41.1% (39)	13.7% (13)		
Loneliness	70.5% (67)	20.0% (19)	9.5% (9)		
Suicide	4.2% (4)	25.3% (24)	5.3% (5)		65.3% (62)
Age Friendly/Senior Friendly	12.6% (12)	86.3% (82)			1.1% (1)
Care of the Older Person	14.7% (14)	82.1% (78)	3.2% (3)		
Care of People with Disabilities	11.6% (11)	72.6% (69)	14.7% (14)		1.1% (1)
Mental Health Problems	41.1% (39)	37.9% (36)	20.0% (19)		1.1% (1)
Unhealthy Eating Habits	88.4% (84)	6.3% (6)	4.2% (4)		1.1% (1)
Elder Abuse	8.4% (8)	81.1% (77)	9.5% (9)		1.1% (1)
Illegal Drug Use	66.3% (63)	18.9% (18)	13.7% (13)		1.1% (1)
Abuse of Prescription Drugs	42.1% (40)	31.6% (30)	25.3% (24)		1.1% (1)
Abuse of Over the Counter Drugs	31.6% (30)	37.9% (36)	29.5% (28)		1.1% (1)
Unemployment	52.6% (50)	37.9% (36)	8.4% (8)		1.1% (1)
Smoking	71.6% (68)	20.0% (19)	7.4% (7)		1.1% (1)
Physical Inactivity	73.7% (70)	16.8% (16)	8.4% (8)		1.1% (1)
Poverty	31.6% (30)	60.0% (57)	7.4% (7)		1.1% (1)
Gambling	42.1% (40)	38.9% (37)	17.9% (17)		1.1% (1)
Illiteracy	25.3% (24)	58.9% (56)	14.7% (14)		1.1% (1)
Garbage Disposal	5.3% (5)	92.6% (88)	1.1% (1)		1.1% (1)
Water Pollution	5.3% (5)	93.7% (89)			1.1% (1)
Noise Pollution	4.2% (4)	94.7% (90)			1.1% (1)
Road Accidents	10.5% (10)	85.3% (81)	2.1% (2)		2.2% (2)

Housing Conditions	7.4% (7)	89.5% (85)	1.1% (1)		2.1% (2)
Homelessness (e.g., couch surfing)	1.1% (1)	95.8% (91)	2.1% (2)		1.1% (1)
Crime	24.2% (23)	73.7% (70)	1.1% (1)		1.1% (1)
Vandalism	34.7% (33)	64.2% (61)			1.1% (1)
Bullying	45.3% (43)	41.1% (39)	12.6% (12)		1.1% (1)
Violence in the Home	22.1% (21)	49.5% (47)	27.4% (26)		1.1% (1)
Violence in the Community	8.4% (8)	78.9% (75)	11.6% (11)		1.1% (1)
Child Abuse/Neglect	26.3% (25)	61.1% (58)	11.6% (11)		1.1% (1)
Sexual Abuse	17.9% (17)	55.8% (53)	25.3% (24)		1.1% (1)
Personal Safety	1.1% (1)	97.9% (93)			1.1% (1)
On the Job Risks for Injury	12.6% (12)	82.1% (78)	4.2% (4)		1.1% (1)
Parenting Difficulties	44.2% (42)	41.1% (39)	13.7% (13)		1.1% (1)
Teenage Pregnancy	32.6% (31)	54.7% (52)	11.6% (11)		1.1% (1)
Young People in Trouble With the Law	42.1% (40)	48.4% (46)	8.4% (8)		1.1% (1)
Unplanned Pregnancy	15.8% (15)	66.3% (63)	16.8% (16)		1.1% (1)
Abortion Counselling	4.2% (4)	55.8% (53)	36.8% (35)	1.1% (1)	2.2% (2)
Education System Concerns	15.8% (15)	55.8% (53)	26.3% (25)	1.1% (1)	1.1% (1)
Day Care Problems for Children	27.4% (26)	27.4% (26)	28.4% (27)	15.8% (15)	1.1% (1)
Dental Health	11.6% (11)	69.5% (66)	16.8% (16)	1.1% (1)	1.1% (1)
High Blood Pressure	71.6% (68)	16.8% (16)	11.6% (11)		
Stroke	40.0% (38)	47.4% (45)	12.6% (12)		
Heart Disease	69.5% (66)	22.1% (21)	8.4% (8)		
Circulatory Problems	36.8% (35)	42.1% (40)	21.1% (20)		
Cancer	90.5% (86)	7.4% (7)	2.1% (2)		
Diabetes	88.4% (84)	10.5% (10)	1.1% (1)		
Eating Disorders	22.1% (21)	64.2% (61)	12.6% (12)		1.1% (1)

Hepatitis (or other liver disease)	4.2% (4)	78.9% (75)	15.8% (15)		1.1% (1)
Sexually Transmitted Infections	13.7% (13)	61.1% (58)	24.2% (23)		1.1% (1)
HIV/AIDS	4.2% (4)	69.5% (66)	25.3% (24)		1.1% (1)
Lung Disease	38.9% (37)	47.4% (45)	12.6% (12)		1.1% (1)
Kidney Disease	24.2% (23)	61.1% (58)	13.7% (13)		1.1% (1)
Outmigration	82.1% (78)	14.7% (14)	3.2% (3)		
Access to Health Services	65.3% (62)	34.7% (33)			
Littering	34.7% (33)	62.1% (59)	1.1% (1)	2.1% (2)	
Access for People with Disabilities	20.0% (19)	73.7% (70)	4.2% (4)		2.1% (2)

Other

When respondents were asked where they get their health information, most indicated that they received it from the doctor or pharmacist. Just over 47% of the participants reported that they did not know Western Health had a website and 49.4% reported that they would use the site if it had relevant health information.

When asked about the strengths of their communities, the comments included that their communities were beautiful, safe, friendly, and had a great sense of community spirit.

FOCUS GROUP OVERVIEW

A focus group is a carefully planned series of discussions designed to obtain perceptions on a defined area of interest in a non-threatening environment.

Focus groups can provide important information that often cannot be accessed with traditional quantitative approaches, including information about needs, beliefs, attitudes and values, and insights into new or complex public issues.

Throughout the Primary Health Care areas within Western Health, focus groups were held to delve further into the top issues identified in the telephone surveys. A list of specific questions was generated by the Quality Management and Research Department to guide discussion in these priority areas.

In Deer Lake/White Bay, there were two focus groups held to address the topics of cancer and unhealthy eating habits. The groups were comprised of a variety of local health professionals, community partners and community members from throughout the catchment area and were selected based on consultation with the Deer Lake/White Bay

Community Advisory Committee. The Primary Health Care Manager organized both groups and invited participants by telephone call, in order to ensure that the times and locations proposed were convenient for the participants.



The following is a summary of the discussion from these focus groups.

FOCUS GROUP RESULTS

Cancer

A Cancer Focus Group discussion was held on January 29, 2013 from 1:30 to 3:15 p.m. at the Boardroom, Farm Road Office, Deer Lake. A total of seven individuals attended and contributed their feedback.



Life in their Communities

Participants were asked to identify what it is like to live in their community when they have either been diagnosed with or are supporting someone who has been diagnosed with a chronic disease such as cancer. They noted that from the community perspective, there is often a lot of support and that this is typically associated with knowing people in small communities.

It was mentioned that there have been significant improvements over the years with easier access to caregivers and supplies (e.g., Home Care Nurses) and improved programming through the introduction of positions such as the End of Life Coordinator, Palliative Care Team and Cancer Care Navigator. However, while there are programs available, participants felt that most people in the community do not know what is available and how to access it, and that the information needs to be shared with clients early on in their diagnosis, and not at the exact point in time when it is needed. It was felt that most community people are not aware of the End of Life Coordinator, Palliative Care Team, Cancer Care Navigator positions and what services/supports they offer and that more awareness is needed. As well, the process of preparing financial information that is required for supports was described as cumbersome and stressful, particularly during what is a very emotional and stressful time.

Although this was not everyone's experience, some participants expressed that it is still very difficult to get palliative care supports in their communities due to perceived strict regulations, inability of Nurse Practitioners to refer to palliative care and availability of physician at the time of need.

“Being Healthy” with Cancer

When asked, participants indicated that once they or a family member have been diagnosed with cancer, “being healthy” takes on a whole new meaning. As one participant noted, “Life with cancer is like being on a roller coaster, like having the rug pulled right out from under you. Being healthy then becomes a matter of learning how to face the diagnosis with a sense of reality.” Another noted that “Being healthy with cancer entails trying to get control of your life when so many things are totally out of your control.” Another recalled that for

their loved one, being healthy entailed achieving anger management, because every step in coming to terms with and managing the diagnosis involves anger to some degree.

Community Strengths in Coping with and Managing Cancer

When requested to identify strengths in the community that help individuals, families and clients cope with/manage cancer, the following were referenced:

- The Cancer Clinic at Western Memorial Regional Hospital is a great resource, a wealth of information.
- The *Improving Health My Way* program would be a great resource if it were up and running in this area.
- Cancer Care Navigator.
- End of Life Coordinator.
- Home Care Nursing Care, Coordinator, IV Therapy – all for better management at home.
- Availability of tele-oncology consults.
- Ambulance services have greatly improved, particularly in Deer Lake, where clients can now call trained emergency professionals directly, rather than having to call a doctor first. Participants felt that this has greatly improved response times.

What is needed at the Community Level

Participants were asked to consider what kinds of things need to happen at a community level to help themselves, their families and others stay healthy when living with cancer. At this point the financial burden that individuals and families face when accessing treatment and care was acknowledged. They noted that support groups are needed in other communities, similar to “Ruby’s Rat Pack” – a cancer support and fundraising group in Pasadena. Groups like these would potentially help facilitate support and fundraising efforts that stay within the local community and help local families, rather than going to “outside agencies.”

Participants also commented that creative ways are needed to increase availability and affordability of fruits and vegetables and to promote initiatives such as community kitchens and community gardens and the Kids Live Well Marathon. They expressed that municipalities should take a leadership role in supporting community activities that promote healthy eating and physical activity, making programs more affordable to low income families who have barriers to accessing these programs and developing tools to let people know what is available in their community.

What is needed at the Health Care Level

Focus group attendees discussed what they believe needs to happen at the health care level to support themselves, their family members or clients in managing cancer. The following were offered as suggestions by the group:

- Additional Family Physicians, so that clients with chronic conditions can have access to continuity of care and quality care. Trying to get a Family Doctor is very stressful, a major issue for many people.
- Faster diagnosis. It was expressed that waiting times to see a physician, for appointments for screening, and to receive results - all while the condition worsens - creates mental anguish clients experience while they are waiting. Participants felt that faster diagnosis is a very important issue.
- Access to physicians beyond regular day hours.
- Improved communication. The impact of cancelled appointments was discussed in this regard. For example, one participant shared that a family member had travelled to St. John's on three occasions for cancer surgery, only having it cancelled each time, while she coped with the financial burden and the emotional stress of preparing for a surgery that did not happen.
- Increased awareness of types of cancer and acceptable assessment and treatment time frames. Without education, a lack of consistency in time frames for treatment creates a perception of unfair or preferred treatment.
- Increased access to specialty services. Gaps in specialist services noted included: Ear/Nose/Throat, Respiriology, Psychiatry and Pediatricians.
- New hospital planning. It was noted that if radiation treatments were available through the new hospital, it would alleviate a great deal of financial hardship for clients with cancer and their families.

Challenges Facing Providers/Caregivers/Family Members

Noted challenges facing providers/caregivers/family members who are trying to support individuals with cancer included:

- Access to medical services – Family Physicians and appropriate specialists.
- Mental Health supports. There is a perceived lack of recognition that cancer devastates EVERY aspect of your life.
- Lack of awareness of services and supports available. It was suggested that more creative ways are needed to “get the word out there”, as not everyone is comfortable asking questions.
- There is a perception that clients are not always explained the financial aspects of supports available to them.

Suggested Priorities for Western Health

Participants were asked to comment on the priorities and issues facing them that they would like to see addressed by Western Health. The top priority expressed by all participants was the availability of Family Physicians throughout the region. As well, it was expressed that additional preventative care services are needed in rural locations, as distance is currently a barrier to “preventative services” in some areas such as Hampden, where videoconference is unavailable (e.g., diabetes counselling, dietitian consults). It was also suggested that Western Health needs to partner more with community agencies in looking at all potential avenues to get health messaging out (Town Council communiqués, for example). As well, participants felt that Western Health needs one “go-to person” or “go-to place” for information and that revision is needed to the current website so that information is clearer and more direct.

Personal Roles

The cancer focus group discussion ended with reflections on what participants themselves can do to address what needs to be done to improve the health of their communities, and particularly those living with cancer. Their responses included:

- Keep talking, participating, sharing.
- Communicate what you know.
- Take control of your health and lead by example.
- Lead groups.
- Give information.
- Seek out grants and services for your communities.

FOCUS GROUP RESULTS

Healthy Eating

A Healthy Eating Focus Group discussion was held on March 26, 2013 from 1:30 to 3:00 p.m. at the Boardroom, Farm Road Office, Deer Lake. A total of eight individuals attended in person. Due to unanticipated circumstances, one other was unable to attend in person and offered their feedback in written format. Comments were added to notes from the overall discussion, for a total of nine participants.



Life in their Communities: Trying to Eat Healthy

Attendees at the focus group indicated that when trying to eat healthy in their communities, they often face difficulty in accessing healthy choices, as selection is limited, items are not always fresh and are often very expensive. In particular, the cost of milk was noted as very high. There are too many prepared foods available, which are high in salt and fat. Participants from outlying communities noted that most of their shopping is done in larger centres, so more planning is required. When they run out of groceries, shopping locally at smaller stores often means making less healthy choices, due to the selection available.

With respect to healthy beverages, the safety of the local water supply was discussed. Participants noted that information on boil orders is not always timely or available at all.

What “Being Healthy” Means

Focus group members expressed that with respect to healthy eating, “being healthy” means following Canada’s Food Guide to Healthy Eating, eating a variety of fruits and vegetables, whole grains, low fat options, home cooked meals, and “other foods” in moderation.

Community Strengths in Relation to Healthy Eating

Participants were asked to reflect on their community and the surrounding area in terms of what supports are available to themselves, their families, or clients in terms of eating healthy. Their responses included:

- Access to larger grocery stores, within a relatively reasonable driving distance, that carry common healthy foods.
- Access to locally grown berries and vegetables.
- Kids Eat Smart Program available in most local schools.
- School Food Guidelines to support children in making healthy choices.

- Grants available for community programs, such as Western Health's funding of the Kids in the Community Kitchen Program and the Food and Fun Camps in 2013.
- Family Resource Centre educational programming.

What is needed at the Community Level

Participants also reflected on what is needed at their community level, to support both them and their families, as well as others, in eating healthy. It was generally felt that achieving healthy eating has to be a community effort in order for real progress to be attained. As an example, the growing number of fast food outlets in Deer Lake was discussed. "We will be known as heart attack alley", noted one participant. Another noted how Pharmacies, partners in providing care, promote the sale of soft drinks and other junk foods on a regular basis. Nearly all participants commented on the number and type of deep fried foods at the local recreational facilities and a lack of healthier options there. The challenges of the costs associated with providing healthy snacks at daycares and other programs were also referenced. To summarize, the group felt that municipalities must play a strong role in leading by example, and creating supportive environments for healthy eating. Suggestions included limiting the number of fast food outlet permits granted, ensuring that healthy menu options are available at local recreational venues and offering healthy treats and incentives at town-sponsored events.

As well, it was noted that in many communities, a lack of programming exists for youth/teens. Opportunities should be sought out to provide educational after-school programming to this group that includes aspects of healthy eating and active living.

What is needed at the Health Care Level

The group was asked to reflect on what needs to happen at the health care level, to support individuals, families and clients in eating healthy. Some of the suggestions included:

- More active involvement of staff in terms of availability to offer education in daycares, schools, etc., coupled with support from "the system" for the time it takes to offer such educational programs.
- More personnel. It was noted that a half-time dietitian may not be sufficient to address the healthy eating issues in the Deer Lake area.
- Additional programming for seniors, particularly in the White Bay area, where there are many seniors, coping with challenges such as diabetes and cooking for one.
- Transportation to educational events for seniors and low income individuals/families.
- More community gardens.
- More involvement in community education (e.g., grocery store tours, label reading).

- More community-based educational events, particularly those that focus on basic, hands-on information such as Canada’s Food Guide to Healthy Eating, portion sizes, etc.
- Education has to start with children.
- More dedicated prevention efforts and less emphasis on intervention. Participants stated that “the current system is stretched too thin to do justice to prevention work.”

Challenges Facing Providers/Caregivers/Family Members

The group considered the types of barriers facing themselves as providers, caregivers and family members, in supporting others in making healthy food choices. The challenges discussed included: the cost of food, easy access to fast food, limited choices, selection and expense.

As well, it was noted that with many fathers working outside the province, many moms are living alone, in addition to other single moms in the community, who face the challenges of meal planning when working and raising children alone. Similarly, the challenges related to seniors living alone were discussed.

Another challenge raised was the ability to meet the School Food Guidelines, considering low fat and nut-free options, with limited availability at some local stores.

It was noted that healthy eating is often costly and a large majority of the local population will have difficulty with it. It was expressed that although the culture is shifting somewhat, they live in a society where vegetables are only eaten on Sundays, where children are often eating in school and daycares and convenience foods are on the rise as a result of busy lifestyles. As a result of these factors, it is often difficult to change the mindset of people when it comes to healthy eating.

Suggested Priorities for Western Health

Participants felt that Western Health needs to place greater emphasis on dedicating resources to community education. Some of the priority areas identified included:

- Seniors’ Nutrition: Cooking for One, “Supper Club”, simple recipes.
- Busy Families: Meal Planning and Healthy Eating on a Limited Budget
- How to Deal with Picky Eaters.
- Shopping: Making Healthy Choices at the Grocery Store, How to Read Labels – Interpreting the Information and Putting it into Practice.
- Sports Nutrition – Western Health should seek out opportunities to educate both coaches and parents, to motivate them to encourage their young athletes to eat healthy and make healthy choices for optimal sports performance.

Priorities for Communities

When asked to reflect on what needs to be done to improve the eating habits in their communities, participants reiterated the points outlined earlier – to limit fast food outlets, to encourage healthy eating at stadiums, to support more education, and to serve as an example, by implementing guidelines similar to the School Food Guidelines, and municipal meetings and events.

Educational efforts are needed to reach children in schools and daycares, as well as their teachers and caregivers. More community kitchens and healthy eating information sessions should be offered to help families set realistic goals when it comes to healthy eating.

Personal Roles

Members of the focus group also discussed what they saw as their own personal roles in improving healthy eating in their communities. Their feedback was as follows:

- Be a positive example by making the effort to eat healthy ourselves.
- Take the time to be involved in groups and initiatives that promote healthy eating – volunteer when you can.
- Encourage adults and seniors to create environments for children that support healthy eating.
- Identify and support opportunities to educate others.

STATISTICAL DATA OVERVIEW (HEALTH STATUS)

Health status measurement involves gathering and analyzing information on the factors known to influence health (i.e., the determinants of health). The regular measurement and reporting of health status data can be used to:

- Track patterns and trends in regional health indicators.
- Prioritize diseases, health and social conditions, and public health issues most in need of attention and develop strategies to improve health.
- Target efforts to areas and populations most affected by poor health status.
- Demonstrate the need to allocate resources toward regional health improvement.
- Use the best evidence available at all stages of policy and program development.

The following information was attained from Community Accounts, Government of Newfoundland and Labrador, and is based on a variety of recent data sources (www.communityaccounts.ca). Additional internal data was provided by Western Health staff.



Population and Age Groupings

The population for the Deer Lake/White Bay Primary Health Care catchment area was 11,320 in 2011, a decrease of 0.5 per cent since 2006.

2011 Population by Age Group

	Total	0-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-79 years	80+ years
Deer Lake/White Bay	11,320*	1,655	1,235	990	1,465	1,880	2,035	1,620	415

* Figures may not add to total due to random rounding; Community Accounts.

Migration

Net migration using the residual method is calculated by subtracting the current population from the population in the previous year and then removing the affect that births and deaths has on the population. By doing so, the remainder/residual is the number of people who migrated into or out of the area.

Area	Residual Net Migration in 2011
Deer Lake/White Bay	0.43% (50 individuals)
Western Health	0.18% (145 individuals)
Newfoundland and Labrador	0.51% (2605 individuals)
Canada	0.49% (158365 individuals)

Birth Rates

Area	Number of Births in 2011	Change Since 2010	Birth Rate (the ratio of live births to the population expressed per 1,000)
Deer Lake/White Bay	100	9.09% decrease	8.6
Western Health	615	5.4% decrease	7.7
Newfoundland and Labrador	4,465	8.1% decrease	8.8

Mortality Rates

Area	Number of Deaths in 2011	Change since 2010	Death Rate
Deer Lake/White Bay	95	11.8% increase	8.16 per 1000
Western Health	780	0.6% increase	9.71
Newfoundland and Labrador	4,475	0.9% increase	8.79

Overall School Enrolment Year 2012-13

	Deer Lake/White Bay	Western Health	Western School District
Total Students	1548	9986	11331

Income

	Deer Lake/White Bay	Western Health	NL	Canada
Personal Income Per Capita (2009)	\$24,742	\$24,400	\$27,700	\$31,000
Average Couple Family Income (2009)	\$71,402	\$71,300	\$82,500	\$94,900
Incidence of Low Income: All Families (2008)	12.7%	N/A	15.3%	N/A

Employment

	Deer Lake/White Bay	Western Health	NL	Canada
Employment Rate, 18 to 64 years of age (2005)	77.2%	76.0%	78.9%	NA
Employment Insurance Incidence (2011)	35.1%	39.1%	31.3%	N/A
Income Support Assistance Incidence (2011)	9.36%	11.7%	9.6%	N/A

Education

	Deer Lake/White Bay	Western Health	NL	Canada
Percentage of population with a certificate, diploma or degree, 18 to 64 years of age (2006)	73.3%	70.4%	74.9%	84.2%
Percentage of population with a Bachelor's Degree or Higher, 25 to 54 years of age (2006)	10.7%	11.9%	15.1%	24.2%

Well-being and Self-Assessment of Health

Indicators	Deer Lake/White Bay	Western Health	NL	Canada
Percentage of population with excellent or very good self-assessed health status	48.2% +/- 9.6%	54.1% +/- 3.4%	60.1% +/- 1.6%	60.2% +/- 0.3%
Percentage of population with a very strong or somewhat strong sense of belonging to a community	86.0% +/- 6.7%	81.8% +/- 2.7%	80.3% +/- 1.3%	65.3% +/- 0.3%
Percentage of population that are very satisfied or satisfied with life in general	90.3% +/- 5.7%	88.1% +/- 2.3%	87.7% +/- 1.1%	87.1% +/- 0.2%
Percentage of population with life stress as extremely or quite a bit	..	13.2% +/- 2.4%	14.0% +/- 1.2%	22.9% +/- 0.2%

E denotes a high sampling variability associated with the estimate. The coefficient of variation for these estimates is equal to or falls between 16.6% and 33.3%. Please use with caution.

Health Behaviors

	Deer Lake/White Bay	Western Health	NL	Canada
Percentage of population who smoke daily, aged 12+ (2009-10)	11.7% +/- 6.2% E	21.9% +/- 2.9%	18.6% +/- 1.3%	15.5% +/- 0.2%
Percentage who are heavy drinkers (5 or more drinks on one occasion, 12 or more times a year), age 12+. (2009-10)	39.0% +/- 10.8%	28.4% +/- 3.7%	32.9% +/- 1.8%	22.8% +/- 0.3%
Percentage of population, excluding pregnant women, with BMI 25 or greater, age 18+ (2009-10)	66.7% +/- 9.6%	63.4% +/- 3.6%	64.7% +/- 1.7%	52.1% +/- 30.7%
Percentage of population who are physically inactive, age 12+ (2011)	NA	46.2%	50.1%	46.2%

E denotes a high sampling variability associated with the estimate. The coefficient of variation for these estimates is equal to or falls between 16.6% and 33.3%. Please use with caution.

Daily Consumption of Fruits and Vegetables (Canadian Community Health Survey 2009-2010)

Gender	Geography	Daily consumption - total fruits and vegetables					
		LESS THAN 5 SERVINGS PER DAY		5 - 10 SERVINGS PER DAY		MORE THAN 10 SERVINGS PER DAY	
		Percent	(+/-)	Percent	(+/-)	Percent	(+/-)
MALE	Deer Lake/White Bay	76.9%	12.2%				
	Western Health	68.6%	5.1%	27.0%	4.9%	4.5%	2.3%
	NL	77.1%	2.1%	20.9%	2.0%	2.0%	0.7%
FEMALE	Deer Lake/White Bay	68.2%	12.1%				
	Western Health	57.6%	4.5%	39.0%	4.5%	3.4%	1.7%
	NL	64.0%	2.1%	33.3%	2.1%	2.6%	0.7%
TOTAL	Deer Lake/White Bay	72.1%	8.7%				
	Western Health	62.8%	3.4%	33.3%	3.3%	3.9%	1.4%
	NL	70.3%	1.5%	27.4%	1.5%	2.3%	0.5%

Notes: Cells highlighted in yellow denote a high sampling variability associated with the estimate. The coefficient of variation for these estimates is equal to or falls between 16.6% and 33.3%. Please use with caution.

Persons living on Indian Reserves or Crown lands, those residing in institutions, full-time members of the Canadian Forces and residents of certain remote regions are excluded from this survey.

Source: Compiled by the Community Accounts Unit based on information from the Canadian Community Health Survey (CCHS), 2009-2010, Statistics Canada.

Health Practices

Cervical Screening

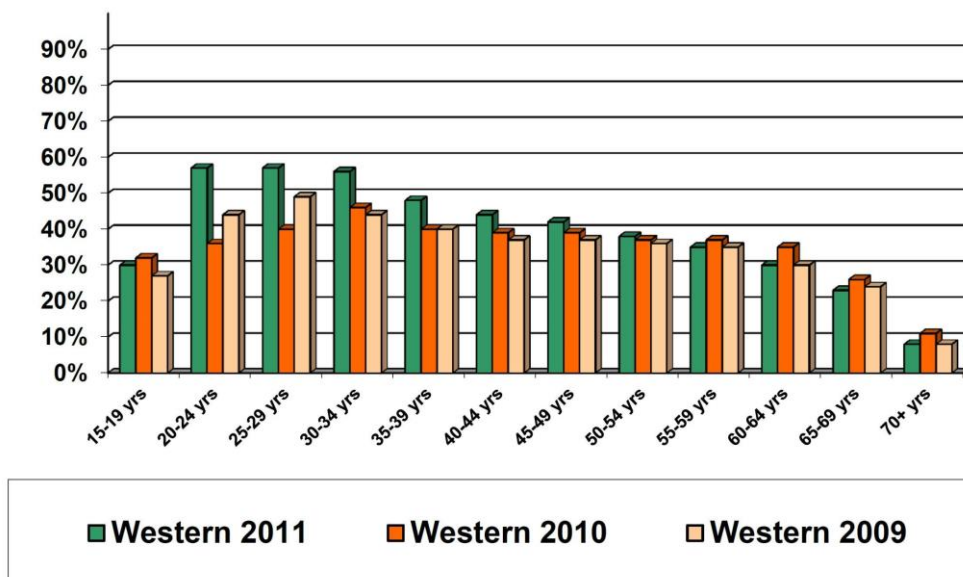
Annual Cervical Screening Participation Rates 2009–11: Deer Lake/White Bay

Deer Lake/White Bay	Percentage of Women Screened Total Annual Average		
	2009	2010	2011 (20 – 69)
	1384/5028 = 27.5%	1447/5028 = 28.7%	1272/4098=31%

Note: Denominator for 2009 and 2010 based on 2006 Census and 2012 based on 2011 Census Data.
Data Source: Cervical Screening Initiatives

Western Region Pap Participation Comparison of Rates by Age Group: 2009-2011

Percentage of eligible women in the target population (20-69) with at least one screen in three years (2009-2011):



Note:

Cervical Screening Guidelines changed in 2011 for the interval between screenings. As of 2011, women in NL are recommended to have one test every three years if there have been three consecutive annual negative tests and no abnormal history. As well, women are recommended to start pap testing at age 20 if sexually active.

Based on 2009-2011 Data:

- Provincial Participation Rate: 72%
- Western Region Participation Rate: 69%
- Deer Lake/White Bay Participation Rate: 63.9%

Breastfeeding

Deer Lake/White Bay	Western Region	NL
Not available	61.4%	68%

HPV

In 2011, 95% of the eligible girls in the Western Health region received the HPV vaccination, compared to 85% in 2010 and 87% in 2009.

Specifically in the Deer Lake/White Bay area, in 2012-13, according to Western Health data reported as of March 31, 2013:

- 39 girls received dose 1 of the vaccine
- 37 girls received dose 2
- 0 had received dose 3, and
- 3 had refused.

Child Immunization

For the school year 2012-13, Western Health data reported in January 2013 indicates that by kindergarten, in Area C (which includes Deer Lake, White Bay and North), between 96% and 98% of children had received the required immunizations.

Breast Screening Rates: Mammography

Health Practice - Breast Screening Rates: Mammography	Deer Lake/White Bay	Western Health	NL	Canada
Have you ever had a mammogram? Yes	73.1%+/-13.3%	69.1% +/- 4.8%	69.7%+/- 2.4%	72.3%+/- 0.4%
Last time you had a mammogram? < 6 months	..	30.4% +/- 5.7%	27.2%+/- 2.7%	22.3%+/- 1.0%
Last time you had a mammogram? 6 months to < 1 year	34.8%+/-15.8% E	36.4% +/- 5.9%	31.4%+/- 2.8%	28.8%+/- 1.1%
Last time you had a mammogram? 1 year to < 2 years	26.7% +/- 14.6% E	16.9% +/- 4.6%	20.4% +/- 2.5%	23.4% +/- 1.0%
Last time you had a mammogram? 2 years to < 5 years	..	10.3% +/- 3.7% E	12.1% +/- 2.0%	14.0% +/- 0.8%
Last time you had a mammogram? 5 years or more	..	5.9% +/-2.9% E	9.0%+/- 1.7%	11.6%+/- 0.8%

E denotes a high sampling variability associated with the estimate. The coefficient of variation for these estimates is equal to or falls between 16.6% and 33.3%. Please use with caution.

Flu Vaccine Uptake

Health Practice	Deer Lake/White Bay	Western Health	NL	Canada
Have you ever had a flu shot? Yes	44.0% +/- 9.6%	43.0% +/- 3.5%	41.8% +/- 1.6%	53.2% +/- 0.3%
Last time you had a flu shot: <1 Year	63.3% +/- 13.6%	52.7% +/- 5.2%	60.2% +/- 2.4%	54.5% +/- 0.4%
Last time you had a flu shot: 1 to < 2 years ago	..	19.0% +/- 4.0%	14.6% +/- 1.7%	15.3% +/- 0.3%
Last time you had a flu shot: 2 years or more	21.6% +/- 11.6% E	28.4% +/- 4.7%	25.2% +/- 2.1%	30.2% +/- 0.4%

Other (from CDMS 2010-11)

Numbers

	Deer Lake/White Bay	Western Health	NL
Circulatory Diseases	180	615	7071
Respiratory Diseases	85	392	4840
Cardiovascular Disease	Figures for cardiovascular disease are unavailable separately and are included under circulatory disease.		
Cancer (Neoplasms)	80	320	3873
Injuries and Poisoning	65	260	3650

Rates per 1000 people

	Deer Lake/White Bay	Western Health	NL
Circulatory Diseases	15	8	14
Respiratory Diseases	7	5	10
Cardiovascular Disease	Figures for cardiovascular disease are unavailable separately and are included under circulatory disease.		
Cancer (Neoplasms)	7	4	8
Injuries and Poisoning	6	3	7

COMMUNITY RESOURCE LISTINGS

The following lists of community assets, strengths and resources were compiled utilizing local municipality websites and through consultation with the Deer Lake/White Bay Community Advisory Committee. It is recognized that this listing was captured at a particular point in time and may therefore not be all-inclusive.



DEER LAKE

The Town of Deer Lake is the largest and busiest town in the Deer Lake/White Bay area. Located at the intersection of the Trans Canada Highway and the Viking Trail on Newfoundland and Labrador's West Coast, this regional service town has shopping, restaurants, banking, medical and recreational services, in addition to Deer Lake Regional Airport, the main airport in the region.

Health Services

Deer Lake Medical Clinic has three fee-for service General Practitioners, one salaried General Practitioner, a Nurse Practitioner, a Dental Office with two dentists, as well as Laboratory and X-Ray services. Clinics operate each weekday with Western Memorial Regional Hospital in Corner Brook (52 km from Deer Lake) providing coverage for evening and weekend emergencies. At the Farm Road Office, in close proximity to the clinic, Western Health also offers services such as: Mental Health and Addictions Services, Public Health Nursing, Behavioral and Child Management, Home Care Community Support and an Ambulatory Care Clinic (e.g., Wound/Dressing Care).

These primary health care services are supported by two pharmacies, physiotherapy, dentist, chiropractic, and optometry services, and an ambulance service.

Senior Care

Humber Valley Complex consists of a sixty-seven room personal care home known as Deer Lake Manor, six independent retirement cottages and five seniors' apartments.

Fire

Deer Lake Fire Department consists of 32 volunteer firefighters, and is responsible for fire and accident calls in the Town of Deer Lake and surrounding area.

Police

Royal Canadian Mounted Police: Deer Lake Detachment and Traffic Services West.

Education, Child Care and Learning

Elwood Primary
Xavier Junior High
Elwood Regional High
Deer Lake Public Library
Tree House Family Resource Center
JJ's Early Learning and Child Care

Churches

St. Michael and All Angels Anglican Church
Immaculate Conception Parish
Salvation Army Citadel
Emmanuel Pentecostal Church
St. Paul's United Church
Jehovah Witness Kingdom Hall
Humber Valley Baptist Church

Recreational Facilities and Related

Organizations

Hodder Memorial Recreation Complex: ice surface, indoor swimming pool & bowling alley
2 Tennis Courts
3 Playgrounds
2 Soccer Fields
Softball and Baseball Field
Skateboard Park
Groomed Snowmobile Trails
Walking/Hiking Trails
Humber River Golf Course
Gracia Gymnastics
Deer Lake Minor Hockey Association
Deer Lake Figure Skating Club
Deer Lake Gymnastics Club
Minor Soccer
Minor Softball
Senior Ladies Softball League
Senior Men's Softball League
Senior Hockey
Upper Humber Rod and Gun
Youth Bowling Council
High School Hockey
Deer Lake Dolphins Swim Team
Recreational Hockey League

References: <http://www.town.deerlake.nf.ca>; Western Health's Physical Activity Strategy

PASADENA

The second largest town in the Deer Lake/White Bay PHC area, Pasadena is a growing community, close to a full range of services in nearby Corner Brook (30 km) and Deer Lake (24 km). This community is well known as an attractive town with a rural lifestyle.

Health Services

Fee-for service General Practitioner
Public Health Nursing, Western Health
Pasadena Dental Office (also offering orthodontic care)

Education, Child Care and Learning

Pasadena Elementary
Pasadena Academy
Tree House Family Resource Centre
Daycares: Little Wonders Family
Homecare, Busy Days Child Care
Pasadena Public Library

Churches

St. David of Wales Anglican Church
Holy Rosary Parish
Pasadena Pentecostal Church
Humber Valley United Church
Salvation Army Citadel

Police

Royal Canadian Mounted Police: Deer Lake Detachment and Traffic Services West.

Fire

Pasadena Fire Rescue is a volunteer department with a roster of thirty firefighters.

Recreational Facilities and Related Organizations

Recreation Director
Sport Alliance Coordinator
Summer Program Coordinator

Recreational Facilities and Related Organizations (cont'd)

N.W. Bennett Sports Field
Playground
Baseball / softball diamonds
Soccer Field
2 Tennis Courts
Skating Rink (outdoor)
2 Beach Volleyball Courts
Basketball Court
Skateboard Park
Watton's Grove: Playground
Pasadena West: Baseball Field, Playground
Pasadena Fitness Centre
Pasadena Beach
Golf - Pasadena Pitch & Putt
Pasadena Ski & Nature Park
Pasadena Minor Baseball Assoc.
Pasadena Minor Soccer
Cross-Country Skiing
Minor Basketball
Preschool Activities
Summer Camps
Kids Mountain Biking Club
G.I.R.L. Run club
Women's Fitness for Charity
Yoga, Zumba, Body Sculpting Classes
Biggest Loser Challenge
50+ Walking Program
Kinder Kamps
Men's Floor Hockey
Women's Volleyball
Men's & Ladies Dart Leagues
Men's Pool League
Co-Ed Softball League
Table Tennis Club
Youth Hoop-La Program (basketball)
The Little Aces Tennis Program
Interpretation/Walking Trail 14 km (Ski Club)
Green Team Trails (Midland & Main Street)
Western Sno-Riders Trails (Various)
Millennium Trail (Main Street)
Outdoor Fitness Park

References: <http://www.pasadena.ca>; Western Health's Physical Activity Strategy

CORMACK

Primarily a farming community, Cormack is located at the base of the Great Northern Peninsula, and is 19 kilometers from Deer Lake. Many services, including Medical, Education, Child Care and Police are provided from Deer Lake.

Education, Child Care and Learning

Cormack Public Library & Cormack Public Library Board

Churches

Cormack Pentecostal Church

St. George of England Anglican Church

Police

Royal Canadian Mounted Police: Deer Lake Detachment and Traffic Services West

Fire

Cormack Volunteer Fire Department

Recreational Facilities and Related Organizations

Fitness Park

Children's Summer Recreation Program

Cormack Resource Development Centre

Cormack Recreation Commission

Cormack 50+ Club

Multi-Purpose Playing Field

References: <http://www.townofcormack.ca>; Western Health's Physical Activity Strategy

REIDVILLE

Reidville is a small town located along the Humber River directly across from the Deer Lake Regional Airport and seven kilometres from the Town of Deer Lake. Many services, including Medical, Education, Child Care and Learning, Churches and Police are provided from Deer Lake.

Fire

Reidville Volunteer Fire Department

Recreational Facilities and Related Organizations

Reidville Community Hall

Reidville Walking Group

Community Walking Trail

Reidville Recreation Committee

Children's Playground and sports field

References: Western Health's Physical Activity Strategy

HAMPDEN

Located in White Bay, Hampden is 68 kilometres from Deer Lake.

Health Services

Hampden Medical Clinic (Family Physician, Public Health Nurse)

Education, Child Care and Learning

Hampden Academy

Tree House Family Resource Centre (with satellite services to Jackson's Arm and Pollard's Point/Sop's Arm)

Churches

Salvation Army Citadel

Hampden Pentecostal Church

Anglican Church of the Epiphany

Fire

Hampden Fire Department

Police

Royal Canadian Mounted Police: Deer Lake Detachment and Traffic Services West

Recreational Facilities and Related Organizations

Hampden Community Hall

Dove Memorial Recreation Centre

Walking and Weight Room at the School

Community Walking Trail

Softball Field

References: Western Health's Physical Activity Strategy

JACKSON'S ARM

Jackson's Arm is located in White Bay, 113 kilometres from Deer Lake.

Health Services

Jackson's Arm Medical Clinic (Family Physician)

Churches

St. Bartholomew's Anglican Church

Police

Royal Canadian Mounted Police: Deer Lake Detachment and Traffic Services West

Fire

Jackson's Arm Fire Department

Recreational Facilities and Related Organizations

Jackson's Arm Recreation Centre

References: Western Health's Physical Activity Strategy

POLLARD'S POINT/SOP'S ARM

Pollard's Point and its neighbouring community of Sop's Arm are located in White Bay, on the east side of Newfoundland's Northern Peninsula. They are located 95 and 100 kilometres from Deer Lake, respectively.

Health Services

Pollard's Point Medical Clinic (Family Physician, visiting Public Health Nurse)

Education, Child Care and Learning

Main River Academy

Sop's Arm Public Library

Churches

St. Michael's and All Angels Anglican Church (Pollard's Point)

Anglican Church of the Transfiguration (Sop's Arm)

Pentecostal Assembly

Fire

Pollard's Point Fire Department

Police

Royal Canadian Mounted Police: Deer Lake Detachment and Traffic Services West

Recreational Facilities and Related Organizations

Pollard's Point Community Recreation Centre

Seniors' Walking at the School

References: Western Health's Physical Activity Strategy

HOWLEY

Howley is located on Route 401 off the Trans-Canada Highway, approximately 46 kilometers from Deer Lake. Many services, including Medical, Education, Child Care and Learning, and Police are provided from Deer Lake.

Churches

Mount Carmel Pentecostal Church

Howley United Church

Church of the Ascension (Anglican)

Fire

Howley Volunteer Fire Dept

Recreational Facilities and Related Organizations

Howley Community Hall

Snowshoeing and Cross Country Skiing (railway tracks)

Community Walking Trail

Cross Canada Trail passes through the centre of town

Children's playground and miles of sandy beaches

Moose Picnic Park, Howley Tourist Lodge, Campgrounds and R.V. Park

Mixed Dart League

Women's Dart League

References: <http://www.howleynewfoundland.com> and Western Health's Physical Activity Strategy

STRENGTHS

Throughout the Community Health and Resources Needs Assessment process, participants identified much strength in the Deer Lake/White Bay area. They noted that their communities were beautiful, safe, friendly, and had a great sense of spirit. They noted that there is often a lot of support, particularly when dealing with chronic disease, and that this is typically associated with knowing people in smaller communities.

Examples of how the community supports their efforts to stay healthy were shared. Some of these included access to locally grown fruits and vegetables, as well as activities organized through church groups, recreation groups, fitness groups and other municipal events.

Partnerships were also highlighted. Some respondents made positive comments about activities initiated by the Deer Lake/White Bay Community Advisory Committee. The Kids Eat Smart Program was recognized for its role in promoting healthy eating in schools. They noted the excellent services provided at Tree House Family Resource Centre for pregnant women and new mothers and babies and commented on the Nurse Practitioner and Public Health Nursing Services offered by Western Health.

It was also mentioned that there have been significant improvements over the years with easier access to caregivers and supplies (e.g., Home Care Nurses) and improved programming through the introduction of positions such as the End of Life Coordinator, Palliative Care Team and Cancer Care Navigator. Other services highlighted included the Cancer Care Clinic at Western Memorial Regional Hospital, the *Improving Health My Way* program and the availability of telehealth. Improvements to the private ambulance service in Deer Lake were also discussed. Grants available for community programs, such as Western Health's funding of the Kids in the Community Kitchen Program and the Food and Fun Camps in 2013, were also noted.

The strengths identified illustrate that there are strong foundations to build upon, as efforts continue to improve services and strengthen well-being throughout communities within the Deer Lake/White Bay area.



RECOMMENDATIONS

- Share and utilize the information presented in this report to develop strategies that consider the determinants of health, with an overall goal of enhancing both individual and community health in the Deer Lake/White Bay area.
- Enhance service delivery, particularly relating to cancer and diabetes, in keeping with the chronic disease prevention and management model.
- Explore creative opportunities to address challenges related to healthy eating, as identified as a priority during this needs assessment.
- Explore partnerships and opportunities to increase awareness of programming, education and supports available to individuals and families, particularly those living with cancer.
- Enhance health promotion by continuing to work with community stakeholders, including municipalities, schools, daycares, family resource centres and other agencies and groups, to promote the development of community environments that support healthy eating and physical activity across the lifespan and with vulnerable populations.
- Work with internal and external stakeholders to create awareness of Western Health programs and services, particularly those available in communities throughout the Deer Lake/White Bay area. This may include enhancements to and promotion of information available on the Western Health website.
- Improve access to Western Health's programs and services, through various means such as Telehealth.



APPENDIX A

Community Health Needs and Resources Assessment Policy

CATEGORY:	ORGANIZATONAL - CLIENT/COMMUNITY RELATIONS
SUB-CATEGORY:	COMMUNITY RELATIONS WITH WESTERN HEALTH
GROUP:	
DISTRIBUTION:	ALL STAFF
TITLE:	COMMUNITY HEALTH NEEDS AND RESOURCES ASSESSMENT

PURPOSE

To identify the processes used in assessing community health needs and resources to support planning within Western Health.

POLICY

The Community Health Needs and Resources Assessment (CHNRA) must be completed every three years. The CHNRA will be used for organizational strategic planning and primary health care team planning

Primary Health Care Managers must:

1. Utilize the Community Health Needs and Resources Assessment Template (Appendix A) to complete the team area report.
2. Consult with the Regional Manager of Research and Evaluation.
3. Forward the Community Health Needs and Resources Assessment team area reports to the Regional Director of Health Promotion and Primary Health Care.

The Regional Director of Health Promotion and Primary Health Care (PHC) must:

1. Forward Community Health Needs and Resources Assessment team area reports to the Regional PHC Management Team for feedback.
2. Once feedback is received, forward team area reports to VP Population Health and VP Quality Management and Research for approval.
3. Once approved, forward approved team area reports to Regional Manager of Research and Evaluation.

The Regional Manager of Research and Evaluation must:

1. Provide expertise on data collection and analysis.

2. In the third year, complete the Community Health Needs and Resources Assessment, which includes a synthesis of the team area reports and the annual Western Health Environmental Scan.
3. Place the Community Health Needs and Resources Assessment on the Planning and Research Intranet site.

REFERENCES

Western Health (2009). A Summary Report on the Community Health Needs and Resources Assessment Study of the Western Region.

The New Brunswick Health and Wellness (2002). The New Brunswick Community Health Needs Assessment. Author.

KEYWORDS

Community Health Needs and Resources Assessment, CHNRA, Primary Health Care, Primary Health Care Managers, Needs Assessment, Needs Assessments

Approved By: Chief Executive Officer	Maintained By: Regional Director of Health Promotion and Primary Health Care
Effective Date: 06/August/2010	<input type="checkbox"/> Reviewed: <input type="checkbox"/> Revised: <i>(Date of most recent changes to the policy)</i>
Review Date: 06/August/2013	<input type="checkbox"/> Replaces: <i>(Indicates name and number of policy being replaced) OR</i> <input checked="" type="checkbox"/> New

APPENDIX A

Community Health Needs and Resources Assessment Template

Four categories of information in a Community Health Needs and Resources Assessment:

1. Health Status (statistics)
2. Community Assets (profile)
3. Health needs identified by community (survey)
4. Public feedback (key informants, focus groups, consultation with community advisory committee)

	Data to be Collected	Source	Timeframe
1. Collect data for health status (statistics)			Every 3 years commencing January 2012
	Population	Community accounts	
	Age groupings	Community accounts	
	Communities in area	Organizational Data	
	Migration	Community accounts	
	Birth rates	Newfoundland and Labrador Centre for Health Information	
	Mortality rates	Newfoundland and Labrador Centre for Health Information	
	Overall school enrolment	Community accounts	
	Income	Community accounts	
	Employment	Community accounts	
	Education	Community accounts	
	Well being	Canadian Community Health Survey	
	Self assessment of health	Canadian Community Health Survey	
	Tobacco use	Canadian Tobacco Use Monitoring Survey	
	Alcohol use	Canadian Community Health Survey	

	Data to be Collected	Source	Timeframe
	Obesity	Canadian Community Health Survey	
	Physical activity	Canadian Community Health Survey	
	Cervical Screening	CSI Coordinator	
	Breast Screening rates	Canadian Community Health Survey	
	Consumption of fruits and veggies	Canadian Community Health Survey	
	Breastfeeding		
	Flu vaccine uptake	Canadian Community Health Survey Organizational Data	
	HPV	Organizational Data	
	Child immunization	Organizational Data	
	Circulatory diseases	Health Indicators Report	
	Respiratory diseases	Health Indicators Report	
	Cardiovascular disease	Health Indicators Report	
	Cancer	Health Indicators Report	
	Other (unintentional injury data)	Health Indicators Report	
2. Community assets		Community Advisory Committee, staff of Western Health, community key stakeholders/members	January to December every three years commencing January 2012
	Churches		
	Daycares		
	Public facilities		
	Health facilities		
	Recreational facilities		
	Community agencies and Volunteer organizations		

	Data to be Collected	Source	Timeframe
	Business and private sector		
	Environment		
	Libraries		
	Schools		
	Fire halls		
	Police		
3. Health needs identified by survey		Standardized Survey	Develop survey between September 2011 and December 2011
			Conduct survey every three years commencing January 2012
	School Assessments	Public Health Nurses	
4. Public feedback		Key informants, focus groups based on survey findings	Conduct focus groups or key informant interviews every three years commencing September 2012. Prepare final report by April every three years commencing April 2013

Final Community Health Needs and Resources Assessment team area reports to be forwarded to the Regional Manager Research and Evaluation every three years commencing April 2013.

The Community Health Needs and Resources Assessment will be completed every three years commencing August 2013.

Appendix B

Community Health Needs and Resources Assessment Survey

Community Health Needs and Resources Assessment Survey

Demographics:

Questionnaire completed by: male _____ or female _____

Age: _____

Years living in the community: _____

Are you satisfied with the following community services?

Community Services	Yes	No	Don't know	Not Available
1. Preschool programs	1	2	3	4
2. Schools	1	2	3	4
3. University / College	1	2	3	4
4. Child Care/day care	1	2	3	4
5. After school programs	1	2	3	4
6. Children/Youth programs	1	2	3	4
7. Seniors programs (55+)	1	2	3	4
8. Recycling	1	2	3	4
9. Water and sewage	1	2	3	4
10. Garbage collection and disposal	1	2	3	4
11. Hazardous waste disposal	1	2	3	4
12. Community planning (Town Council)	1	2	3	4
13. Telephone	1	2	3	4
14. Fire protection	1	2	3	4
15. Police	1	2	3	4
16. Libraries	1	2	3	4
17. Postal services	1	2	3	4
18. Banking	1	2	3	4
19. Grocery stores	1	2	3	4
20. Shopping	1	2	3	4
21. Public transportation (Ex. buses, taxis)	1	2	3	4
22. Recreation programs	1	2	3	4
23. Recreation facilities	1	2	3	4

24. Career development services	1	2	3	4
25. Literacy support	1	2	3	4
26. Food bank	1	2	3	4
Are there other community services that were not in this list that you would like to add?				

Are you satisfied with the following health related community services?

Health Related Community Services	Yes	No	Don't know	Not Available
27. Mental health services	1	2	3	4
28. Addiction services	1	2	3	4
29. Drug addiction services	1	2	3	4
30. Alcohol addiction services	1	2	3	4
31. Gambling addiction services	1	2	3	4
32. Addiction treatment centres	1	2	3	4
33. Counselling services	1	2	3	4
34. Family planning	1	2	3	4
35. Sex education	1	2	3	4
36. Ambulance services	1	2	3	4
37. Emergency health services	1	2	3	4
38. Income support services	1	2	3	4
39. Home support services	1	2	3	4
40. Respite care services	1	2	3	4
41. Supportive housing (e.g. personal care home, alternate family care)	1	2	3	4
42. Long term care	1	2	3	4
43. Services for pregnant women	1	2	3	4
44. Services for new mothers/babies	1	2	3	4
45. Services for seniors (e.g. foot care)	1	2	3	4
46. Services for people with chronic diseases (disease longer than 3 months - for example,	1	2	3	4

asthma, diabetes, cancer)				
47. Wellness/Illness prevention	1	2	3	4
48. Services for people with disabilities	1	2	3	4
49. Rehabilitation services	1	2	3	4
50. Physiotherapy services	1	2	3	4
51. Services for victims of physical or sexual abuse	1	2	3	4
52. Adult day programs	1	2	3	4
53. Meals on wheels type services	1	2	3	4
54. Dental health services	1	2	3	4
55. Health inspection services	1	2	3	4
56. Pharmacy services	1	2	3	4
57. Immunization services	1	2	3	4
58. Health education services	1	2	3	4
59. School health services	1	2	3	4
60. Occupational therapy	1	2	3	4
61. Physician services	1	2	3	4
62. Nurse practitioner services	1	2	3	4
63. Diabetes programs	1	2	3	4
64. Chronic disease self-management program	1	2	3	4
65. Primary Health Care Teams	1	2	3	4
66. Services for Young Offenders	1	2	3	4
67. Diagnostic Services	1	2	3	4
68. Child Protection Services	1	2	3	4
69. Adoption Services	1	2	3	4
70. Health Line	1	2	3	4
71. Telehealth Services	1	2	3	4
72. Cervical Screening	1	2	3	4
73. Nutrition Services	1	2	3	4
74. Dietitian Services	1	2	3	4
75. Respiratory Services	1	2	3	4

76. Emergency Preparedness	1	2	3	4
77. Speech and Hearing Services	1	2	3	4
78. Vision Services	1	2	3	4
79. Foot Care	1	2	3	4
Are there other health related community services that were not in this list that you would like to comment on? (Please explain reasons if you are not satisfied with these services)				
Are there barriers to accessing any of these services?				

Do you think that any of the following community groups improve the health of your community?

Community Groups	Yes	No	Don't Know	Not Available
80. Self Help/Support Groups	1	2	3	4
81. Town Councils	1	2	3	4
82. Service Organizations (e.g. Kinsmen, Knights of Columbus, Lion's Club)	1	2	3	4
83. Churches	1	2	3	4
84. Sports Clubs (e.g. minor hockey, softball)	1	2	3	4
85. Recreation Clubs (e.g. Girl Guides, Cadets)	1	2	3	4
86. School Council	1	2	3	4
87. Health Related Groups (e.g. Cancer Society, Association, Seniors Wellness)	1	2	3	4
88. Advocacy Groups (e.g. Status of Women, Tobacco Free Network)	1	2	3	4
89. Family Resource Center (e.g. Healthy Baby Clubs)	1	2	3	4
90. Hospital Foundations and Auxiliary Groups	1	2	3	4
91. Western Health Community Advisory Committee	1	2	3	4
Are there other community groups that are not in this list that you would like to comment on who influence the health of your community?				
Please provide examples of how your community supports your efforts to be healthy.				

Do you feel any of the following are problems in your community?

Please include age group of those you are concerned about?

Community Concerns	Yes	No	Don't Know	Not Available
92. Drinking and driving	1	2	3	4
93. Distracted driving	1	2	3	4
94. Alcohol abuse	1	2	3	4
95. Loneliness	1	2	3	4
96. Suicide	1	2	3	4
97. Age Friendly/Senior Friendly	1	2	3	4
98. Care of the older person	1	2	3	4
99. Care of People with disabilities	1	2	3	4
100. Mental health problems	1	2	3	4
101. Unhealthy eating habits	1	2	3	4
102. Elder abuse	1	2	3	4
103. Illegal drug use	1	2	3	4
104. Abuse of prescription drugs	1	2	3	4
105. Abuse of over the counter drugs	1	2	3	4
106. Unemployment	1	2	3	4
107. Smoking	1	2	3	4
108. Physical inactivity	1	2	3	4
109. Poverty	1	2	3	4
110. Gambling	1	2	3	4
111. Illiteracy	1	2	3	4
112. Garbage disposal	1	2	3	4
113. Water pollution	1	2	3	4
114. Noise pollution	1	2	3	4
115. Road accidents	1	2	3	4
116. Housing conditions	1	2	3	4
117. Homelessness (e.g. couch surfing)	1	2	3	4
118. Crime	1	2	3	4
119. Vandalism	1	2	3	4
120. Bullying	1	2	3	4

121. Violence in the home	1	2	3	4
122. Violence in the community	1	2	3	4
123. Child abuse/Neglect	1	2	3	4
124. Sexual abuse	1	2	3	4
125. Personal safety	1	2	3	4
126. On the job risks for injury	1	2	3	4
127. Parenting difficulties	1	2	3	4
128. Teenage pregnancy	1	2	3	4
129. Young people in trouble with the law	1	2	3	4
130. Unplanned pregnancy	1	2	3	4
131. Abortion counselling	1	2	3	4
132. Education system concerns	1	2	3	4
133. Day care problems for children	1	2	3	4
134. Dental health	1	2	3	4
135. High blood pressure	1	2	3	4
136. Stroke	1	2	3	4
137. Heart disease	1	2	3	4
138. Circulatory problems	1	2	3	4
139. Cancer	1	2	3	4
140. Diabetes	1	2	3	4
141. Eating disorders	1	2	3	4
142. Hepatitis (or other liver disease)	1	2	3	4
143. Sexually transmitted infections	1	2	3	4
144. HIV/AIDS	1	2	3	4
145. Lung disease	1	2	3	4
146. Kidney disease	1	2	3	4
147. Out migration	1	2	3	4
148. Access to health services	1	2	3	4
149. Littering	1	2	3	4
150. Access for people with disabilities	1	2	3	4

Please list other concerns in your community:

Are there other community concerns not listed that you would like to comment on?

Where or how do you get your health information?

What are some of the strengths of your community?

Thank you for your time.

Based on the responses of the survey, we will be hosting small group discussions about some of the main issues, would you be interested in participating?

If you have any questions or concerns about this survey, please contact.....



For additional information, contact:

Primary Health Care Office
Deer Lake/White Bay South
Western Health
20 Farm Road, Deer Lake, NL
A8A 1J3

Tel: (709) 635-7856
Fax: (709) 635-5211