



# Community Health Needs and Resources

---

Survey Summary: Western Region

**Mariel Parcon, M.Sc. (Kin)**  
**Regional Manager Research and Evaluation**  
**11/8/2016**

## Table of Contents

Introduction.....	2
Methodology .....	3
Demographics .....	4
Community Services .....	6
Health Services .....	9
Health Information.....	14
Overall Comments .....	16
Conclusion .....	17
Appendix A.....	19
Appendix B.....	29

## Introduction

A community health needs and resource assessment (CHNRA) is a method to identify key health needs, community issues and assets through collecting and analyzing information about communities and the people that live in them. Western Health uses CHNRAs to help prioritize, plan and act on unmet community needs to improve the health of residents of the Western Region.

Western Health's CHNRA process uses a mixed methods approach to compile data on the community health needs and resources of the Western region of Newfoundland and Labrador which includes the collection of quantitative and qualitative data. There are four components of the CHNRA: the *health needs* of the region are determined through the dissemination of the CHNRA survey; *public feedback* is obtained through focus groups; the *health status* of Western region community residents is assessed through data from various statistical sources and relevant regional reports; and finally, a list of community assets is compiled in consultation with Community Advisory Committees (CACs), Western Health staff, key stakeholders and community members. The CHNRA process is an ongoing process that is completed over a six year cycle. Information obtained in each component is used by Western Health in service planning on an ongoing basis.

The following report is a summary of the CHNRA survey (Appendix A), which is the first component of the CHNRA process. The survey was used to collect quantitative and qualitative data from residents of the region about their perceptions of health and community services, available resources, barriers to accessing these services, identification of top health and community concerns, how communities help deal with these concerns, where individuals go for routine health care, where they obtain health information, information on the Western Health website, and other comments about community health needs and resources.

## Methodology

The survey tool and method of administration were modified over the last two CHNRA processes based on the needs of stakeholders and the 2013 CHNRA evaluation. In the current CHNRA cycle, surveys were made available on the Western Health website for electronic completion between January 1 and February 29, 2016. The target audience for surveys was individuals residing in the Western region, aged 18 and older. (Information from individuals under the age of 18 is obtained through student health surveys completed as a part of the comprehensive school health assessment). Communications, Information and Quality, and Population Health developed a detailed communication plan to disseminate the availability of the CHNRA survey. The communication plan included articles in the Western Health newsletters, posters, tweets through Western's twitter account, the Western Health website, local newspapers, radio announcements, local bulletins (e.g., church), interviews with the media, and the distribution of survey information sheets throughout the Primary Health Care (PHC) areas. To enhance collaboration with the Qalipu Mi'kmaq population, the Manager of Health Services with the Qalipu Mi'kmaq First Nation Band was contacted and the survey link was provided for distribution to members. In addition, a partnership with the Francophone Association on the Port Au Port Peninsula resulted in the translation of the CHNRA survey to French. The French survey was made available electronically and uploaded to the Western Health website site. Members of the francophone population were emailed to communicate the availability of the survey in French and provided with the survey link.

To ensure that each PHC area was represented, the Community Health Managers received a weekly update on respondent demographics. Efforts were made to enhance the number of participants in low response PHC areas.

Feedback from community representatives indicated concern with lack of accessibility for some individuals as the survey was only available online. As a result, members of the Regional Primary Health Care Management Committee agreed that the online survey should be available in paper format for those who requested a paper survey. On February 1, 2016, Western Health provided a media release to the public indicating that paper surveys were available and who to contact for the surveys. The availability of the survey in paper was also tweeted through Western Health's Twitter account.

Following the survey completion deadline of February 29, 2016, the Regional Manager Research and Evaluation compiled all of the data from Google Forms and transferred it to a 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 results and output of each PHC area was forwarded to the appropriate Community Health Manager. To analyze the qualitative data, each Community Health Manager reviewed question comments and identified themes. All identifying information was deleted (e.g., names, specific situations that could identify the person, reference to specific people etc.). A Summary Report was prepared by the appropriate Community Health Manager for each of the seven PHC areas. The Regional Manager Research and Evaluation reviewed the survey results on a regional basis and the individual PHC area reports to complete a summary report for the overall Western region. The following sections provide a regional summary of the CHNRA surveys completed.

## Demographics

A total of 712 surveys were completed in the Western region (645 completed electronically, and 67 completed on paper). The Western region includes communities from Port aux Basques, southeast to Francois, northwest to Bartlett's Harbour, and on the eastern boundary north to Jackson's Arm. The Western region is divided into PHC areas and the number of respondents from each area is as follows:

- Corner Brook/Bay of Islands- 218
- Deer Lake/White Bay- 106
- Port aux Basques- 71
- Burgeo/Ramea- 24
- Bay St. George- 122
- Bonne Bay- 98
- Port Saunders- 45
- Outside the Western Health region- 3

Respondents reported being from the following communities: Bellburns, Bonne Bay South, Cow Head, Curzon Village, GBS, Norris Point, Parsons Pond, Portland Creek, Rocky Harbour, Sally's Cove, Trout River, Winterhouse Brook, Woody Point, Barachois Brook, Bay St. George, Cape St. George, Jeffrey's, Kippens, La Grand' Terre, Lourdes, Mainland, Noels Pond, Piccadilly, Port au Port, Port au Port East, Stephenville, Ship Cove, St. George's, Stephenville Crossing, Three Rock Cove, Burgeo, Ramea, Benoit's Cove, Boom Siding, Corner Brook, Cox's Cove, Curling, Hughes Brook, Humber Valley, Irishtown, Johns Beach, Little Rapids, Massey Drive, McIver's, Meadows, Mount Moriah, North Shore, Steady Brook, Summerside, York Harbour, Cormack, Deer Lake, Hampden, Howley, Jackson's Arm, Pasadena, Pollard Point, Port aux Basques, Codroy Valley, Doyles, Margaree, Rose Blanche, Hawkes Bay, Northern Peninsula, Port au Choix, Port Saunders and River of Ponds.

Of the 712 surveys completed, 78.8% of the respondents were female, 18.7% were male, .1% were transgender, .1% were neither, and 2.2% did not report their gender. When respondents were asked to indicate their race or ethnicity, 87.1% of respondents were White/Caucasian, 10.1% were Aboriginal, .8% were other (includes Indigenous/European, Filipino, European, North American Latin, White/Aboriginal, and Mixed French), and 2% did not report their race or ethnicity. The majority of respondents reported English as their primary language (96.8%), followed by French (1.4%), bilingual (.3%), and 1.5% did not report. When asked how long they lived in the community, 2.2% reported less than one year, 14.7% reported 1-5 years, 28.4% reported 6-20 years, 52.9% reported over 20 years and 1.7% did not report. The majority of respondents were from the 51-55 age group (13.3%). See Table 1 for age groups, percentages, and frequencies of respondents.

Table 1. Respondent Age Groups, Percentages, and Frequencies

<b>Age Group</b>	<b>Percentage (%)</b>	<b>Frequency</b>
16-20	2.5	18
21-25	4.1	29
26-30	6.0	43
31-35	10.5	75
36-40	12.4	88
41-45	11.9	85
46-50	9.4	67
51-55	13.3	95
56-60	8.8	63
61-65	9.0	64
66-70	5.5	39
71-75	2.8	20
76+	2.9	21
Did not report	0.7	5

## Community Services

Respondents were provided with a list of community services and they were asked to indicate whether they were satisfied or not satisfied with the services that they used or required. Respondents were most satisfied with emergency services (82.1%) and least satisfied with child care/day care (54.4%). See Table 2 for those who responded that they were satisfied or not satisfied with each community service.

The highest percentages of satisfaction throughout all PHC areas, with the exception of Port aux Basques, were emergency services and education. In Port aux Basques, the highest percentage of satisfaction was with recreation programs. The PHC areas were more diverse in reporting the highest percentage of respondents that were not satisfied with community services. The services reported were food banks, child care, seniors programming, and public transportation. See Table 7 in Appendix B for a list of the PHC areas and their reported high satisfied and not satisfied community services.

Table 2. Percentage and Frequency of Satisfied and Not Satisfied with each Community Service

Community Service	Satisfied % (N)	Not satisfied % (N)
Education	80 (351)	20 (88)
Child care/day care	45.6 (120)	54.4 (143)
Children/youth programs	48.6 (170)	51.4 (180)
Seniors programs (65+)	51 (152)	49 (146)
Grocery stores	67.8 (450)	32.2 (214)
Public transportation (e.g., buses, taxis)	50.7 (224)	49.3 (218)
Recreation programs (e.g., soccer, hockey, walking trails, darts)	69.6 (408)	30.4 (178)
Food bank	54.2 (143)	45.8 (121)
Environmental services (e.g., recycling, water, sewer)	59.7 (362)	40.3 (244)
Emergency services (e.g., police, fire department, emergency preparedness)	82.1 (499)	17.9 (109)

Survey respondents were asked to provide comments as to why they were satisfied with the community services listed. The following themes were identified from the comments:

### *Supportive Communities*

Respondents' comments indicate they feel they live in supportive communities- in terms of variety, quality, number, accessibility and availability of community services. Respondents described feeling satisfied and content living in their respective communities.

### *Recreational Activities*

Respondents' indicated they are satisfied with the number of recreational activities available in their communities such as walking/hiking trails, local recreation facilities, and local programming for seniors and youth.

### *Volunteerism*

The survey respondents indicated they are satisfied with the number of volunteers in their communities such as in schools and community organizations. They describe volunteers as well-trained and committed, especially in the local volunteer fire departments, search and rescue, and other emergency services.

Survey respondents were asked to provide comments as to why they were not satisfied with the community services listed. The following themes were identified from the comments:

### *Food Security*

Survey respondents indicated they are not satisfied with food choices in the region. Many comments indicated there is a limited variety of food, lack of fresh produce, the cost of food is high, grocery stores are limited, and there is a lack of or inconsistency of food banks.

### *Child Care*

A major theme to emerge is the limited access to child care. Many respondents feel child care is limited in availability or too expensive.

### *Recycling Services*

Respondents' comments indicate they are not satisfied with recycling services in the region such as a lack of recycling facilities, no roadside pick-up, and no composting.

Survey respondents were also asked to indicate if there were any community services that they had/have trouble getting and 39.8% reported yes and 60.2% reported no. The most common community services that respondents reported having trouble getting were: physician related services such as family doctors and specialists, as well as mental health and addictions services.

Respondents were asked what prevented them from getting these services and were provided with a list of options including an "other" option. Nearly 13% of respondents reported that they did not know the service was available, 12.7% reported transportation related issues, 36.5% reported wait time for service, 11.5% reported that the service was too difficult to arrange, and 1.2% reported that they were not ready or prepared to get this service. Almost 42% reported "other" and the most common categories identified were: service not available, distance to service, and cost of service.

Survey respondents were asked to report the top three problems in their communities. The top three problems identified were alcohol and/or drug abuse (39%), unemployment (23.9%), and care of the older person (21.8%). Table 3 provides a complete listing of community problems and the frequencies and percentages of respondents who reported them to be community problems.

Alcohol/drug concerns were in the top three community problems reported in all PHC areas. Other top community problems as reported by the PHC areas included unemployment and care of the older person. For data on the top three community problems by PHC area, refer to Table 8 in Appendix B.



Table 3. Frequencies and Percentages of Respondent Reported Community Problems

Community Problems	Percentage (%)	Frequency
Absence of an age/senior friendly environment	10	71
Alcohol and/or drug abuse	39	278
Bullying	13.6	97
Care of people with disabilities	7.9	56
Care of the older person	21.8	155
Child abuse/neglect	4.4	31
Crime (including vandalism)	12.6	90
Distracted driving	14.7	105
Drinking and driving	16.4	117
Environment	6.7	48
Gambling	3.7	26
Homelessness (e.g., couch surfing)	3.9	28
Illiteracy	2.5	18
Issues with day care	9.6	68
Issues with the Education system	7.4	53
Lack of access for people with disabilities (e.g., accessibility buildings, wheelchair ramps, sidewalks in disrepair)	9.6	68
Loneliness	4.9	35
Outmigration	12.1	86
Poor housing conditions	2.9	21
Poor parenting skills	7.0	50
Poverty	5.3	38
Risks for injury on the job	.7	5
Suicide	6.0	43
Unemployment	23.9	170
Unplanned pregnancy	1.1	8
Violence in the community	1.4	10
Violence in the home	1.3	9
Young people in trouble with the law	7.0	50
Other	8.8	63

In the “other” category, the most common responses reported were: access to health care services/providers, youth programming, and healthy lifestyles.

Respondents were asked how the community deals with these challenges. The following theme was identified from the comments related to how the community helps deal with the community concerns:

*Sense of Community*

Respondents feel there is a strong sense of community. There are numerous and a variety of community group/organizations/services that help deal with these challenges. Examples of supportive community groups include volunteer community groups, support groups, schools, not for profit organizations, and churches.

It is important to note that when asked how the community helps deal with these challenges, many respondents used this question to express that they feel there is a lack of awareness of community services and supports taking place within the region. Respondents indicated that there is not only a lack of awareness but respondents themselves commented they are not aware of what takes place in their respective communities to address challenges.

## Health Services

Respondents were provided with a list of health services. They were asked to indicate whether they were satisfied or not satisfied with the services that they used or required. Respondents were most satisfied with immunization services (100%) and least satisfied with specialist services (69.9%). See Table 4 for those who responded that they were satisfied or not satisfied with each community service.

All of the PHC areas reported immunization services as the highest percentage of respondents satisfied with that service (all 100%). The Burgeo/Ramea PHC area reported emergency department services and immunization services as 100% of respondents satisfied. The Port aux Basques and Port Saunders PHC areas reported pharmacy services and immunization services as 100% respondent satisfaction. The health services with the highest percentage of respondents that were not satisfied were more diverse. The services reported were meals on wheels, specialist services, and mental health services. See Table 9 in Appendix B for a list of the PHC areas and their reported high satisfied and not satisfied health services.

Table 4. Percentage and Frequency of Satisfied and Not Satisfied with each Health Service

<b>Health Related Community Service</b>	<b>Satisfied % (N)</b>	<b>Not satisfied % (N)</b>
Mental health and addiction services (including counseling services)	40.8 (117)	59.2 (170)
Ambulance services	77.7 (296)	22.3 (85)
Emergency department services	57.9 (276)	42.1 (201)
Dental care services	77.3 (422)	22.7 (124)
Pharmacy services	91.1 (556)	8.9 (54)
Immunization services	100 (484)	0 (0)
Family doctor services	51.9 (342)	48.1 (317)
Specialist services (e.g., surgeon, internists)	30.1 (128)	69.9 (297)
Nurse practitioner services	73.5 (286)	26.5 (103)
Nutrition services (e.g., dietitians)	60.9 (171)	39.1 (110)
Respiratory services	54.8 (103)	45.2 (85)
Rehabilitation services (e.g., physiotherapy, occupational therapy, speech and language, and social work)	46.9 (149)	53.1 (169)
Diagnostic services (e.g., x-ray, blood collection)	80.1 (383)	19.9 (95)
Vision services	76.0 (345)	24.0 (109)
Women's wellness (e.g., cervical screening, breast screening)	69.3 (271)	30.7 (126)
Home support services/Home care	58.9 (126)	41.1 (88)
Respite services (e.g., adult day support programs, children's respite services)	43.3 (65)	56.7 (85)
Meals on wheels type services	33.1 (44)	66.9 (89)
Supportive housing (e.g., personal care homes, alternate family care)	38.9 (61)	61.1 (96)
Long term care	41.3 (78)	58.7 (111)

<b>Health Related Community Service</b>	<b>Satisfied % (N)</b>	<b>Not satisfied % (N)</b>
Services for pregnant mothers/new mothers/babies	75.9 (164)	24.1 (52)
Services for people with chronic diseases (disease longer than 3 months, e.g., asthma, diabetes, cancer)	42.9 (91)	57.1 (121)
Intervention services (including services for people with developmental and physical disabilities and autism)	42.2 (68)	57.8 (96)
Community supports (services for seniors and adults with intellectual and physical disabilities)	42.2 (70)	57.8 (96)
HealthLine	86.9 (252)	13.1 (38)
Telehealth services	85.6 (161)	14.4 (27)
School health services (e.g., school health nurses, immunization, sexually transmitted infections, stress management, health promotion)	80.7 (242)	19.3 (58)

Survey respondents were asked to provide comments as to why they were satisfied with the health services listed. The following theme was identified from the comments:

*Quality Services*

The most common theme is that the Western region has good quality services. Many respondents indicated they have positive experiences and services are reliable and accessible.

Survey respondents were asked to provide comments as to why they were not satisfied with the health services listed. The following themes were identified from the comments:

*Access to Health Services*

A major theme identified is the limited access to health services. Services that were identified include family doctors, specialists, nurse practitioners, and physiotherapists. Issues that were identified include services not being available, distance required to travel to access service, wait times, and physician turnover.

*Mental Health and Addictions*

Respondents indicated they are not satisfied mental health/addictions services. There were numerous comments that stated there are limited services available, and they are difficult to access.

Survey respondents were also asked to indicate if there were any health services that they had/have trouble getting and 50.6% reported yes and 49.4% reported no. The health services that respondents reported having trouble getting were: family doctors, specialist physicians, mental health services, and rehab services such as physiotherapy, occupations therapy, audiology, and speech language pathology.

Respondents were asked what prevented them from getting these services and were provided with a list of options including an “other” option. Just under 5% of respondents reported that they did not know the service was available, 8.9% reported transportation related issues, 53.7% reported wait time for service, 12.5% reported that the service was too difficult to arrange, and .3% reported that they were not ready or prepared to get this service. Just over 36% reported “other” and the most common categories identified were: physician not available or services were not available.

Survey respondents were asked to report the top three health problems in their communities. The top three problems identified were cancer (43.3%), mental health (37.9%), and addictions (30.9%). See Table 5 for list of potential health problems and percentages and frequencies of respondents who indicated that they were most concerned about them.

All of the PHC areas reported their top three health concerns to be cancer, mental health, addictions, and diabetes. Other health problems that were reported included high blood pressure, overweight/obesity, and arthritis. For more information on the top three health problems by PHC area, refer to Table 10 in Appendix B.

Table 5. Frequencies and Percentages of Health Problems

<b>Health Problems</b>	<b>Percentage (%)</b>	<b>Frequency</b>
Addictions	30.9	220
Arthritis	7.6	54
Cancer	43.3	308
Chronic pain	6.2	44
Diabetes	19.9	142
Eating disorders	3.5	25
Heart disease	15.3	109
High blood pressure	8.4	60
HIV/AIDS	.3	2
Kidney disease	2.0	14
Lack of physical activity	19.4	138
Lung disease	1.5	11
Mental health	37.9	270
Overweight/obesity	25.0	178
Sexually transmitted infections	4.2	30
Smoking	12.1	86
Stroke	2.5	18
Suicide	8.1	58
Unhealthy eating habits	19.8	141
Other	2.8	20

In the “other” category, respondents reported: concerned for all of the health problems listed and other diseases such as Parkinson’s, ALS, immune disorders, and irritable bowel syndrome.

When asked how the community helps deal with these challenges, the following themes were identified from the comments:

*Community Support*

There is a lot of community support. There are a number and variety of community groups that offer support and focus on promoting health lifestyles through healthy eating and physical activity.

### *Health Promotion*

Another theme that emerged indicated respondents feel that there are many health promotion related initiatives that help deal with the health challenges. Examples of initiatives include smoke-free buildings, physical activity at local recreation facilities, walking trails, and overall prevention practices.

The final question in this section was “Where do you go for routine healthcare?” and included a list of options. Almost 77% reported family physician, 14.9% reported hospital emergency department/health center, 12.1% reported nurse practitioner, 9.1% reported I do not receive routine healthcare, and 6.2% reported other. Respondents reported traveling out of area to get routine healthcare as the most common “other” option. Across the PHC areas, the majority of respondents reported going to family physician for routine health care. It is important to note however, in the Port Saunders PHC area, more respondents reported going to a nurse practitioner (46.7%) for routine healthcare than a family physician (40%). Refer to Table 11 in Appendix B for additional comparisons between PHC areas.

## Health Information

Survey respondents were asked where they get their health related information. The top three sources were: internet (71.6%), physicians (67.3%), and pharmacy (43.3%). Respondents could report other sources in the “other” category and the most common response was health related research and literature such as peer reviewed journals. See Table 6 for percentages and frequencies of sources selected.

The PHC areas were similar in their reporting of top three sources of health information since all areas reported internet, physicians, or pharmacy as being in the top three sources. The Burgeo/Ramea and Port Saunders PHC areas also reported community health nurse and nurse practitioner as sources for health information respectively. For more information on health information source by PHC area, refer to Table 12 in Appendix B.

Table 6. Percentages and Frequencies of Sources Selected

Sources	Percentage (%)	Frequency
Internet	71.6	510
Facebook or Twitter	9.0	64
Other social media	5.3	38
Physicians	67.3	479
Community Health Nurse (e.g., Public health nurse or community support nursing)	33.8	241
Nurse practitioner	17.3	123
Pharmacy	43.3	308
Friends/Family	30.6	218
Library	3.7	26
Newspaper/magazine	8.3	59
Radio/television	10.1	72
Church group	.8	6
School/university/college	7.6	54
HealthLine	12.2	87
Other	2.5	18

When respondents were asked to report if the Western Health website provides the health related information that they need, 23% responded yes, 20.2% responded no, 19.9% responded that they did not know that Western Health had a website, and 36.8% reported that they have not been to the Western Health website. Respondents indicated that they would like the following information to be on the Western Health website:

### *Health Promotion*

Respondents indicated they would like to see health promotion related information such as healthy lifestyles (physical activity, health eating, etc.) and health promotion materials and resources.

### *Health Services*

Many comments indicated respondents would like to see more information about services and how to access them. This includes a complete listing of physicians and their contact information, a list of

physicians that are accepting new patients, telephone directory of all Western Health services, live updating of emergency wait times, and information on provincial and local support groups.

*General Health Information*

Respondents indicated the website should have more general health information such as basic information on medical conditions, mental health, basic healthcare tips, FAQs, and updates on current diseases and illness relevant to the region.

*Website Navigation*

Other comments also indicated that the website was difficult to navigate.



## Overall Comments

Respondents were also asked to provide other comments related to community health needs and resources in the community. The following themes were identified from the comments:

### *Travel*

A major theme that emerged from the overall comments is the distance respondents reported they have to travel to access health services. Respondents expressed concerns over having to travel through difficult conditions such as adverse weather, poor highway conditions, and long distances, to receive care. Some comments indicated concern with the centralization of services in Corner Brook and some suggested increase use of telehealth to alleviate the need for travel.

### *Access to Health Care*

Another theme to emerge from the overall comments is access to health care. The respondents' comments indicated the need for more timely access to health services due to concerns over long wait times and inconsistent presence of physicians in rural medical clinics. Other comments suggested more effort should be made to increase awareness of the services available.

### *Health Promotion*

Respondents' comments also indicated the need for continued emphasis on health promotion and disease prevention. Many respondents indicated there should be more focus on healthy lifestyles by having access to recreation facilities, and increasing education on healthy eating.

## Conclusion

The CHNRA survey is an important step in determining the needs and resources of the 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. A total of 712 respondents completed the survey and demographic information such as age, gender, and ethnicity were collected. The overall findings of the survey indicated that residents have concerns such as access to health services including mental health and addictions, physicians, specialists, and other necessary services. Themes identified from the comments also indicated they are not satisfied with child care services and the lack of affordable healthy food. However, respondents also indicated many positives of living in the Western region such as supportive communities, access to recreational facilities, and quality health services. The following are additional highlights of the results:

### Demographics:

- 712 surveys were completed in the Western region (645 completed electronically, and 67 completed on paper)
- 78.8% of the respondents were female, 18.7% were male, .1% were transgender, .1% were neither, and 2.2% did not report their gender.
- The majority of respondents were from the 51-55 age group (13.3%)

### Community services:

- Respondents were most satisfied with emergency services (82.1%) and least satisfied with child care/day care (54.4%)
- Survey respondents were also asked to indicate if there were any community services that they had/have trouble getting and 39.8% reported yes and 60.2% reported no
- The top three community concerns identified were alcohol and/or drug abuse (39%), unemployment (23.9%), and care of the older person (21.8%)

### Health services:

- Respondents were most satisfied with immunization services (100%) and least satisfied with specialist services (69.9%)
- Survey respondents were also asked to indicate if there were any health services that they had/have trouble getting and 50.6% reported yes and 49.4% reported no
- The top three health concerns identified were cancer (43.3%), mental health (37.9%), and addictions (30.9%)

### Health information:

- Survey respondents were asked where they get their health related information. The top three sources were: internet (71.6%), physicians (67.3%), and pharmacy (43.3%)

- When respondents were asked to report if the Western Health website provides the health related information that they need, 23% responded yes, 20.2 % responded no, 19.9% responded that they did not know that Western Health had a website, and 36.8% reported that they have not been to the Western Health website
- Survey respondents reported the following sources for routine healthcare: family physician (76.7%), hospital emergency department/health center (14.9%), nurse practitioner (12.1%), 9.1% reported I do not receive routine healthcare, and 6.2% reported other

Data obtained from the CHNRA for each PHC area and this regional summary will support planning both at the local PHC level as well as organizational strategic, branch, and program planning. While the CHNRA survey results are only one component of the overall CHNRA process, the 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.

Moving forward, the next step of the CHNRA process will be to conduct focus groups to validate and strengthen survey results.

## **Appendix A**

### Community Health Needs and Resources Assessment Survey

# Community Health Needs and Resources Assessment Survey

Western Health is conducting a survey about the health needs and resources of our communities to help us plan our programs and services. We will be asking for your thoughts about health and community services in your area.

Participation in the survey is voluntary and will not affect your health care. It is anonymous - participants cannot be identified. Any potentially identifying information that you provide will be excluded from the report.

All comments and recommendations will be summarized in a report. This report will be posted on the Western Health website. The survey should take about 15 minutes to complete. The deadline for completing the survey is February 29, 2016.

If you have any questions, or you would like to discuss this survey further, please contact Darlene Welsh (Regional Director Planning and Research) by calling (709) 634-4350 or e-mailing [darlenewelsh@westernhealth.nl.ca](mailto:darlenewelsh@westernhealth.nl.ca).

## Demographics

---

### 1. What is your age?

*Mark only one oval.*

- 16-20
- 21-25
- 26-30
- 31-35
- 36-40
- 41-45
- 46-50
- 51-55
- 56-60
- 61-65
- 66-70
- 71-75
- 76+

### 2. What is your gender?

---

**3. What is your race or ethnicity?**

*Mark only one oval.*

- White/Caucasian
- Aboriginal
- Other: \_\_\_\_\_

**4. What is your primary language?**

*Mark only one oval.*

- English
- French
- Other: \_\_\_\_\_

**5. What community do you live in?**

\_\_\_\_\_

**6. How many years have you lived in this community?**

*Mark only one oval.*

- less than one year
- 1-5 years
- 6-20 years
- 21+ years

## Community Services

---

**7. For each of the following community services that you USE or REQUIRE, please indicate if you are satisfied or not satisfied with that service. If you do not use or require the service, skip and go to the next service.**

*Mark only one oval per row.*

	Satisfied	Not satisfied
Education	<input type="radio"/>	<input type="radio"/>
Child care/day care	<input type="radio"/>	<input type="radio"/>
Children/youth programs	<input type="radio"/>	<input type="radio"/>
Seniors programs (65+)	<input type="radio"/>	<input type="radio"/>
Grocery stores	<input type="radio"/>	<input type="radio"/>
Public transportation (e.g., buses, taxis)	<input type="radio"/>	<input type="radio"/>
Recreation programs (e.g., soccer, hockey, walking trails, darts)	<input type="radio"/>	<input type="radio"/>
Food bank	<input type="radio"/>	<input type="radio"/>
Environmental services (e.g., recycling, water, sewer)	<input type="radio"/>	<input type="radio"/>
Emergency services (e.g., police, fire department, emergency preparedness)	<input type="radio"/>	<input type="radio"/>

8. Please provide comments about why you are satisfied with the community services listed above.

.....  
.....  
.....  
.....  
.....

9. Please provide comments about why you are not satisfied with the community services listed above.

.....  
.....  
.....  
.....  
.....

10. Are there any community services that you had/have trouble getting?

*Mark only one oval.*

- yes
- no

11. What are they?

.....  
.....  
.....  
.....  
.....

12. What prevented you from getting these services?

*Tick all that apply.*

- Did not know if service was available
- Transportation related issues
- Wait time for service
- Too difficult to arrange
- I was not ready or prepared to get this service
- Other: .....

**13. Please select the 3 problems you are most concerned about in your community.**

*Tick all that apply.*

- Absence of an age/senior friendly environment
- Alcohol and/or drug abuse
- Bullying
- Care of people with disabilities
- Care of the older person
- Child abuse/neglect
- Crime (including vandalism)
- Distracted driving
- Drinking and driving
- Environment
- Gambling
- Homelessness (e.g., couch surfing)
- Illiteracy
- Issues with day care
- Issues with the education system
- Lack of access for people with disabilities (e.g., accessible buildings, wheelchair ramps, sidewalks in disrepair)
- Loneliness
- Outmigration
- Poor housing conditions
- Poor parenting skills
- Poverty
- Risks for injury on the job
- Suicide
- Unemployment
- Unplanned pregnancy
- Violence in the community
- Violence in the home
- Young people in trouble with the law
- Other: \_\_\_\_\_

**14. How does your community help deal with these challenges? (e.g., community groups, community belonging)**

.....

.....

.....



15. For each of the following health services that you **USE** or **REQUIRE**, please indicate if you are satisfied or not satisfied with that service. If you do not use or require the service, skip and go to the next service.

Mark only one oval per row.

	Satisfied	Not satisfied
Mental health and addiction services (including counselling services)	<input type="radio"/>	<input type="radio"/>
Ambulance services	<input type="radio"/>	<input type="radio"/>
Emergency department services	<input type="radio"/>	<input type="radio"/>
Dental care services	<input type="radio"/>	<input type="radio"/>
Pharmacy services	<input type="radio"/>	<input type="radio"/>
Immunization services	<input type="radio"/>	<input type="radio"/>
Family doctor services	<input type="radio"/>	<input type="radio"/>
Specialist services (e.g., surgeon, internists)	<input type="radio"/>	<input type="radio"/>
Nurse practitioner services	<input type="radio"/>	<input type="radio"/>
Nutrition services (e.g., dietitians)	<input type="radio"/>	<input type="radio"/>
Respiratory services	<input type="radio"/>	<input type="radio"/>
Rehabilitation services (e.g., physiotherapy, occupational therapy, speech/language, and social work)	<input type="radio"/>	<input type="radio"/>
Diagnostic services (e.g., x-ray, blood collection)	<input type="radio"/>	<input type="radio"/>
Vision services	<input type="radio"/>	<input type="radio"/>
Women's wellness (e.g., cervical screening, breast screening)	<input type="radio"/>	<input type="radio"/>
Home support services/Home care	<input type="radio"/>	<input type="radio"/>
Respite services (e.g., adult day support programs, children's respite services)	<input type="radio"/>	<input type="radio"/>
Meals on wheels type services	<input type="radio"/>	<input type="radio"/>
Supportive housing (e.g., personal care homes, alternate family care)	<input type="radio"/>	<input type="radio"/>
Long term care	<input type="radio"/>	<input type="radio"/>
Services for pregnant mothers/new mothers/babies	<input type="radio"/>	<input type="radio"/>
Services for people with chronic diseases (disease longer than 3 months, e.g., asthma, diabetes, cancer)	<input type="radio"/>	<input type="radio"/>
Intervention services (including services for people with developmental and physical disabilities and autism)	<input type="radio"/>	<input type="radio"/>
Community supports (services for seniors and adults with intellectual and physical disabilities)	<input type="radio"/>	<input type="radio"/>
HealthLine	<input type="radio"/>	<input type="radio"/>
Telehealth services	<input type="radio"/>	<input type="radio"/>
School health services (e.g., public health nurses, immunization, sexually transmitted infections, stress management, health promotion)	<input type="radio"/>	<input type="radio"/>

16. Please provide comments about why you are satisfied with the health services listed above.

---

---

---

---

---

17. Please provide comments about why you are not satisfied with the health services listed above.

---

---

---

---

---

18. Are there any health services that you had/have trouble getting?

*Mark only one oval.*

- Yes  
 No

19. What are they?

---

---

---

---

---

20. What prevented you from getting these services?

*Tick all that apply.*

- Did not know if service was available  
 Transportation related issues  
 Wait time for service  
 Too difficult to arrange  
 I was not ready or prepared to get this service  
 Other: \_\_\_\_\_

21. Please select the 3 health problems you are most concerned about in your community.

*Tick all that apply.*

- Addictions
- Arthritis
- Cancer
- Chronic pain
- Diabetes
- Eating disorders
- Heart disease
- High blood pressure
- HIV/AIDS
- Kidney disease
- Lack of physical activity
- Lung disease
- Mental health
- Overweight/obesity
- Sexually transmitted infections
- Smoking
- Stroke
- Suicide
- Unhealthy eating habits
- Other: \_\_\_\_\_

22. How does your community help deal with these health challenges? (e.g., community groups, community belonging)

-----  
-----  
-----  
-----  
-----

23. Where do you go for routine healthcare?

*Tick all that apply.*

- Family physician
- Hospital emergency department/health centre
- Nurse practitioner
- I do not receive routine healthcare
- Other: \_\_\_\_\_

**24. Where do you get your health related information?**

*Tick all that apply.*

- Internet
- Facebook or Twitter
- Other social media
- Physicians
- Community health nurse (e.g., public health nurse or community support nurse)
- Nurse practitioner
- Pharmacy
- Friends/family
- Library
- Newspaper/magazine
- Radio/television
- Church group
- School/university/college
- Healthline
- Other: \_\_\_\_\_

**25. Does the Western Health website provide you with the health related information that you need?**

*Mark only one oval.*

- Yes
- No
- I did not know that Western Health had a website
- I have not been to the Western Health website

**26. What types of information would you like to see on the Western Health website?**

-----  
-----  
-----  
-----  
-----

**Overall Comments**


---

27. Please provide any other comments that relate to community health needs and resources in your community.

-----  
-----  
-----  
-----  
-----

**Thank you.**

---

Powered by  
 Google Forms

## **Appendix B**

### Primary Health Care Area Comparison Tables

Table 7. Community Services with Highest and Lowest Level Satisfaction by PHC Area

PHC Area	Satisfied (%)	Not Satisfied (%)
<b>Burgeo/Ramea</b>	Emergency services (100%) Education (100%)	Food banks (66.7%)
<b>Port aux Basques</b>	Recreation programs (85.1%)	Child care (76.7%)
<b>Bay St. George</b>	Education (82.9%)	Seniors programs (69.1%)
<b>Corner Brook/Bay of Islands</b>	Emergency services (89.2%)	Public transportation (48.7%)
<b>Deer Lake/White Bay</b>	Emergency services (91.2%)	Public transportation (56.7%)
<b>Bonne Bay</b>	Education (61.7%)	Food banks (92.7%)
<b>Port Saunders</b>	Emergency services (97.4%)	Food banks (77.8%)
<b>Overall</b>	Emergency services (82.1%)	Child care (54.4%)

Table 8. Top Three Community Problems by PHC Area

PHC Area	Top Three Community Problems		
<b>Burgeo/Ramea</b>	Unemployment (54.2%)	Outmigration (41.7%)	Alcohol/drugs and bullying (both 20.8%)
<b>Port aux Basques</b>	Alcohol/drugs (49.4%)	Unemployment (26.8%)	Care of the older person (22.5%)
<b>Bay St. George</b>	Alcohol/drugs (44.3%)	Unemployment (27%)	Care of the older person and crime (both 20.5%)
<b>Corner Brook/Bay of Islands</b>	Alcohol/drugs (26.6%)	Care of the older person (23.4%)	Unemployment (20.2%)
<b>Deer Lake/White Bay</b>	Alcohol/drugs (48.6%)	Distracted driving (24.3%)	Crime (20.6%)
<b>Bonne Bay</b>	Alcohol/drugs (40.8%)	Drinking and driving (28.6%)	Care of the older person (28.6%)
<b>Port Saunders</b>	Alcohol/drugs (55.6%)	Unemployment (33.3%)	Outmigration (28.9%)
<b>Overall</b>	Alcohol/drugs (39%)	Unemployment (23.9%)	Care of the older person (21.8%)

Table 9. Health Services with Highest and Lowest Satisfaction by PHC Area

<b>PHC Area</b>	<b>Satisfied (%)</b>	<b>Not Satisfied (%)</b>
<b>Burgeo/Ramea</b>	Emergency department and immunization (both 100%)	Meals on wheels (100%)
<b>Port aux Basques</b>	Pharmacy and immunization (both 100%)	Meals and on wheels (89.5%)
<b>Bay St. George</b>	Immunization (100%)	Specialist services (71.4%)
<b>Corner Brook/Bay of Islands</b>	Immunization (100%)	Specialist services (67.4%)
<b>Deer Lake/White Bay</b>	Immunization (100%)	Mental health services (64.7%)
<b>Bonne Bay</b>	Immunization (100%)	Meals on wheels (95.2%)
<b>Port Saunders</b>	Pharmacy and immunization (both 100%)	Meals on wheels (85.7%)
<b>Overall</b>	Immunization (100%)	Specialist services (69.9%)

Table 10. Top Three Health Problems by PHC Area

<b>PHC Area</b>	<b>Top Three Health Problems</b>		
<b>Burgeo/Ramea</b>	Cancer (70.8%)	Diabetes (33.3%)	High blood pressure (16.7%)
<b>Port aux Basques</b>	Mental health (50.7%)	Diabetes (33.8%)	Addictions (35.2%)
<b>Bay St. George</b>	Mental health (50%)	Cancer (47.5%)	Addictions (35.2%)
<b>Corner Brook/Bay of Islands</b>	Mental health (39.4%)	Cancer (34.9%)	Overweight/obesity (34.4%)
<b>Deer Lake/White Bay</b>	Addictions (44.3%)	Cancer (40.6%)	Mental health (38.7%)
<b>Bonne Bay</b>	Cancer (44.9%)	Addictions (25.5%)	Mental health and diabetes (23.5%)
<b>Port Saunders</b>	Cancer (60.6%)	Addictions (37.8%)	Arthritis (24.4%)
<b>Overall</b>	Cancer (43.3%)	Mental health (37.9%)	Addictions (30.9%)



Table 11. Top Three Sources for Health Information by PHC Area

<b>PHC Area</b>	<b>Top Three Sources of Health Information</b>		
<b>Burgeo/Ramea</b>	Internet (79.2%)	Community health nurse (54.2%)	Physicians (50%)
<b>Port aux Basques</b>	Physicians (84.5%)	Internet (64.8%)	Pharmacy (47.9%)
<b>Bay St. George</b>	Internet (77.9%)	Physician (56.6%)	Pharmacy (48.4%)
<b>Corner Brook/Bay of Islands</b>	Internet (79.4%)	Physicians (72.5%)	Pharmacy (44.5%)
<b>Deer Lake/White Bay</b>	Physicians (72.6%)	Internet (62.5%)	Pharmacy (42.5%)
<b>Bonne Bay</b>	Physicians (62.2%)	Internet (60.2%)	Pharmacy (34.7%)
<b>Port Saunders</b>	Internet (68.9%)	Physicians (51.1%)	Nurse practitioner (48.9%)
<b>Overall</b>	Internet (71.6%)	Physicians (67.3%)	Pharmacy (43.3%)

Table 12. Sources of Routine Healthcare by PHC Area

<b>PHC Area</b>	<b>Source of Routine Healthcare (%)</b>				
	<i>Family physician</i>	<i>Hospital emergency department</i>	<i>Nurse practitioner</i>	<i>I do not receive routine healthcare</i>	<i>Other</i>
Burgeo/Ramea	83.3	12.5	16.7	4.2	0.0
Port aux Basques	90.1	7.0	28.2	1.4	1.4
Bay St. George	76.2	20.5	12.3	11.5	4.9
Corner Brook/Bay of Islands	78.0	17.9	3.2	10.1	3.7
Deer Lake/White Bay	86.8	5.7	5.7	7.5	0.0
Bonne Bay	68.4	14.3	11.2	11.2	25.5
Port Saunders	40.0	17.8	46.7	13.3	6.6
<b>Overall</b>	<b>76.7</b>	<b>14.9</b>	<b>12.1</b>	<b>9.1</b>	<b>6.2</b>