



# Community Health Needs and Resources

---

Survey Summary: Bay St. George Area

Tracey Bennett

Community Health Manager

11/8/2016



## Table of Contents

Introduction.....	3
Methodology.....	4
Demographics .....	5
Community Services.....	6
Health Services .....	10
Health Information.....	13
Overall Comments .....	14
Conclusion .....	14
Appendix A.....	16

## 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 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) for the Bay St. George (BSG) area, 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.

The following report includes a summary of responses for the BSG Primary Health Care Area. This includes the following communities: Barachois Brook, Flat Bay, Journois, St. George's, St. Teresa, McKay's, Heatherton, Highlands, Jeffrey's, Robinsons, St. David's, St. Fintan's, Black Duck, Cold Brook, Fox Island, Kippens, Mattis Point, Noel's Pond, Point au Mal, Port au Port East, Spruce Brook, Stephenville, Stephenville Crossing and the Port au Port Peninsula.

## 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 years 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). The Communications, Information and Quality, and Population Health departments 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 Health'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. 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 of 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 of the BSG 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, the 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 and so on). A PHC Summary Report was prepared for the BSG PHC area. As well, 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 summary of the BSG CHNRA surveys completed.

## Demographics

A total of 122 surveys were completed in the BSG PHC Area. Respondents reported being from the following communities: Barachois Brook, BSG, , 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, and Three Rock Cove.

Of the 122 surveys completed, 86.1% of the respondents were female, 13.1% were male, 0% were transgender, and .8% did not report their gender. When respondents were asked to indicate their race or ethnicity, 70.5% of respondents were white/Caucasian, 24.6% were aboriginal, 1.6% were Indigenous/European, and 3.3% did not report their race or ethnicity. The majority of respondents indicated English as their primary language (92.6%), followed by French (5.7%) and then bilingual (1.6%). When asked how long they lived in the community, 3.3% reported less than one year, 13.1% reported 1-5 years, 29.5% reported 6-20 years, 53.3% reported over 20 years and .8% did not report. The majority of respondents were from the 56 – 60 age group (13.1%). 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	3
21-25	.8	1
26-30	9	11
31-35	8.2	10
36-40	11.5	14
41-45	12.3	15
46-50	12.3	15
51-55	11.5	14
56-60	13.1	16
61-65	9.8	12
66-70	4.1	5
71-75	3.3	4
76+	1.6	2
Did not report	0	0

## Community Services

Respondents were provided with a list of community services. They were asked to indicate whether they were satisfied or not satisfied with the services that they used or required. See table 2 for those who responded that they were satisfied or not satisfied with each community service. Respondents were most satisfied with Education (82.9%) and least satisfied with Seniors Programs (69.1%).

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

Community Service	Satisfied % (N)	Not satisfied % (N)
Education	82.9 (68)	17.1 (14)
Child care/day care	52.2(24)	47.8 (22)
Children/youth programs	38.1(24)	61.9 (39)
Seniors programs (65+)	30.9 (17)	69.1(38)
Grocery stores	79.5 (93)	20.5 (24)
Public transportation (e.g., buses, taxis)	51.8 (44)	48.2 (41)
Recreation programs (e.g., soccer, hockey, walking trails, darts)	70.3 (71)	29.7 (30)
Food bank	52.6 (30)	47.4 (27)
Environmental services (e.g., recycling, water, sewer)	55.6 (60)	44.4 (48)
Emergency services (e.g., police, fire department, emergency preparedness)	79.1 (87)	20.9 (23)

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

- Great services for a small community, accessible and available.
- Variety of recreational services and food/produce selection at grocery stores.
- Accessible community based activities.
- Variety of recreation and sport for our children and youth.
- Community Youth Network in the area.
- A lot of programming available at the YMCA and the pool.
- Seniors clubs that offer a variety of social activities.
- Multiple taxi companies.
- Great fire department staff and ambulance service.
- Great recycling service and potable water service in Cape St. George.
- Excellent schools and staff.
- Accessible postsecondary education.
- French schools in the area.

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

- Food Bank in Stephenville does not service all areas. Also the service can only be accessed every 8 weeks.
- Lack of grocery stores in some communities.
- Lack of fresh produce/fruits/vegetables.
- Cost of healthy food is high. Food prices overall are too high.
- Limited children and youth programs available.
- Lack of subsidies for all children to attend preschool.
- Child care expensive and difficult to access. Also lack of drop in child care.
- Lack of police presence in certain communities.
- Ambulance and fire services too far away from some communities.
- Lack of taxi service in some communities.
- Lack of public transportation. Lack of transportation that is wheelchair accessible.
- No roadside pick-up for recycling. No composting.
- No water, sewer or recycling in some communities.
- Lack of seniors programs and affordable programs.
- Lack of support for seniors living at home.
- Long emergency room waits at the hospital.
- Lack of family doctors and nurse practitioners.
- Lack of group services for mental health issues.
- Cost of post-secondary education.
- Lack of services in French for the French population.
- Lack of cell service in certain areas.

Survey respondents were also asked to indicate if there were any community services that they had/have trouble getting and 43.4% reported yes and 56.6% reported no. The community services that respondents reported having trouble getting were:

- A family doctor.
- Emergency room physician (wait times make it difficult to access).
- Specialists (without significant travel).
- Counselling services.
- Mental health services.
- Child/youth programming.
- Child care.
- Curbside recycling, community composting, disposal/removal of large household waste/furniture.
- Public transportation.
- Food Bank.

Respondents were asked what prevented them from getting these services and were provided with a list of options including an “other” option. There were 16.3% of respondents reported that they did not know the service was available, 14.3% reported transportation related issues, 40.8% reported wait time for service, 20.4% reported that the service was too difficult to arrange, and 0% reported that they were not ready or

prepared to get this service. There were 36.7% who reported “other” and the following categories were identified: no doctor available, service not available for a period of time, distance and lack of funding.

Survey respondents were asked to report the top three problems in their communities. The top three problems identified were alcohol and/or drug abuse (44.3%) followed by unemployment (27%) and care of the older person and crime (including vandalism) were rated the same at 20.5%. Table 3 provides a complete listing of community problems and the frequencies and percentages of respondents who reported them to be community problems.

Table 3. Frequencies and Percentages of Respondent Reported Community Problems

<b>Community Problems</b>	<b>Percentage (%)</b>	<b>Frequency</b>
Absence of an age/senior friendly environment	9.8	12
Alcohol and/or drug abuse	44.3	54
Bullying	9.8	12
Care of people with disabilities	7.4	9
Care of the older person	20.5	25
Child abuse/neglect	6.6	8
Crime (including vandalism)	20.5	25
Distracted driving	11.5	14
Drinking and driving	18.0	22
Environment	5.7	7
Gambling	6.6	8
Homelessness (e.g., couch surfing)	5.7	7
Illiteracy	4.9	6
Issues with Day care	4.1	5
Issues with the Education system	6.6	8
Lack of access for people with disabilities (e.g., accessible buildings, wheelchair ramps, sidewalks in disrepair)	9.0	11
Loneliness	3.3	4
Outmigration	8.2	10
Poor housing conditions	3.3	4
Poor parenting skills	10.7	13
Poverty	3.3	4
Risks for injury on the job	.8	1
Suicide	4.9	6
Unemployment	27.0	33
Unplanned pregnancy	.8	1
Violence in the community	3.3	4
Violence in the home	.8	1
Young people in trouble with the law	7.4	9
Other	9.0	11

In the “other” category, respondents reported: access to health care, mental health services and lack of youth programming.



When asked how the community helps deal with these challenges, comments included supports at both the community and health services levels. Community supports mentioned were volunteer community groups, support groups such as Al-Anon and Consumers' Health Awareness Network Newfoundland and Labrador (CHANNAL), senior's clubs and food banks. Community services such as the BSG Women's Centre, RCMP, schools, Community Educations Network, housing support and Skills Link were all mentioned as positives. Health services included Mental Health and Addictions and the Youth Outreach worker.

## 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. See table 4 for those who responded that they were satisfied or not satisfied with each community service. Respondents were most satisfied with Immunization Services (100%) and least satisfied with Specialist Services (71.4%).

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)	42 (21)	58 (29)
Ambulance services	93.8 (61)	6.2 (4)
Emergency department services	49.5 (46)	50.5(47)
Dental care services	89.2 (99)	10.8 (12)
Pharmacy services	99.1 (107)	.9 (1)
Immunization services	100.0 (86)	0 (0)
Family doctor services	33.6 (39)	66.4 (77)
Specialist services (e.g., surgeon, internists)	28.6 (24)	71.4 (60)
Nurse practitioner services	78.3 (65)	21.7 (18)
Nutrition services (e.g., dietitians)	48.0 (24)	52.0 (26)
Respiratory services	63.9 (23)	36.1 (13)
Rehabilitation services (e.g., physiotherapy, occupational therapy, speech and language, and social work)	51.0 (26)	49.0 (25)
Diagnostic services (e.g., x-ray, blood collection)	88.1 (74)	11.9 (10)
Vision services	85.6 (83)	14.4 (14)
Women's wellness (e.g., cervical screening, breast screening)	60.9 (42)	39.1 (27)
Home support services/Home care	53.7 (22)	46.3 (19)
Respite services (e.g., adult day support programs, children's respite services)	51.4 (18)	48.6 (17)
Meals on wheels type services	66.7 (20)	33.3 (10)
Supportive housing (e.g., personal care homes, alternate family care)	62.5 (20)	37.5 (12)
Long term care	50.0 (17)	50.0 (17)
Services for pregnant mothers/new mothers/babies	72.5 (29)	27.5 (11)
Services for people with chronic diseases (disease longer than 3 months, e.g., asthma, diabetes, cancer)	35.9 (14)	64.1 (25)
Intervention services (including services for people with developmental and physical disabilities and autism)	45.2 (14)	54.8 (17)
Community supports (services for seniors and adults with intellectual and physical disabilities)	39.5 (15)	60.5 (23)
HealthLine	87.9 (51)	12.1 (7)

<b>Health Related Community Service</b>	<b>Satisfied % (N)</b>	<b>Not satisfied % (N)</b>
Telehealth services	86.8 (33)	13.2 (5)
School health services (e.g., school health nurses, immunization, sexually transmitted infections, stress management, health promotion)	42 (21)	19.6 (11)

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

- Acceptable wait times and access for services, including improved wait times in the emergency room
- Excellent services provided by ambulance, pharmacy, dental, vision, public health, nurse practitioner
- Healthline and community support services is allowing people to stay in their homes longer.

Survey respondents were asked to provide comments as to why they were not satisfied with the health services listed. The comments were themed and the following themes were identified from the comments: lack of specialist services in the area means travel to Corner Brook and St. John’s, not enough family doctors and nurse practitioners available and long wait times, doctors who are foreign and difficult to understand and no walk in clinics available. A lack of female providers for women’s wellness/cervical screening was reported, as well as long waitlists for many services (e.g., Speech Language Services). Some respondents indicated a desire for more services and resources in French, more mental health services/crisis intervention services, more seniors activities such as exercise and social programs and increased information on community support services available.

Survey respondents were also asked to indicate if there were any health services that they had/have trouble getting and 55.4% reported yes and 44.6% reported no. The health services that respondents reported having trouble getting were: access to a doctor, either no doctor or long wait times to see one, specialist appointments, access to mental health services, access to speech language services, immunizations for travel and vision care.

Respondents were asked what prevented them from getting these services and were provided with a list of options including an “other” option. 1.8% of respondents reported that they did not know the service was available, 12.5% reported transportation related issues, 73.2% reported wait time for service, 10.7% reported that the service was too difficult to arrange, and 0% reported that they were not ready or prepared to get this service. There were 25% who reported “other” and the following categories were identified: lack of services/doctor available, transportation and wait times for service and program discontinued.

Survey respondents were asked to report the top three health problems in their communities. The top three problems identified were mental health (50%), followed by cancer (47.5%) and third was addictions (35.2%). See table 5 for list of potential health problems and percentages and frequencies of respondents who indicated that they were most concerned about them.

Table 5. Frequencies and Percentages of Health Problems

<b>Health Problems</b>	<b>Percentage (%)</b>	<b>Frequency</b>
Addictions	35.2	43
Arthritis	8.2	10
Cancer	47.5	58
Chronic pain	5.7	7
Diabetes	17.2	21
Eating disorders	1.6	2
Heart disease	15.6	19
High blood pressure	9.8	12
HIV/Aids	.8	1
Kidney disease	3.3	4
Lack of physical activity	18.0	22
Lung disease	.8	1
Mental health	50.0	61
Overweight/obesity	21.3	26
Sexually transmitted infections	3.3	4
Smoking	8.2	10
Stroke	2.5	3
Suicide	9.8	12
Unhealthy eating habits	17.2	21
Other	2.4	3

In the “other” category, respondents reported: all of them, lack of self-care and liver disease.

When asked how the community helps deal with these challenges, comments indicated that community groups provide support such as the BSG Women’s Centre, Community Education Network, Canadian Mental Health Association and CHANNAL. Also exercise and classes at the YMCA are very good as well as parks and playgrounds. The community health nurses making home visits was reported as very positive as well as having a nurse at the hospital offering diabetes services.

The final question in this section was “Where do you go for routine healthcare?” and included a list of options: 76.2% reported family physician, 20.5% reported hospital emergency department/health centre, 12.3% reported nurse practitioner, 11.5% reported I do not receive routine healthcare, and 4.9% reported other. Respondents reported the following in the “other” category: no family doctor available.

## Health Information

Survey respondents were asked where they get their health related information. The top three sources were internet (77.9%), physicians (56.6%), and pharmacy (48.4%). See table 6 for percentages and frequencies of sources selected. Respondents could report other sources in the “other” category. The only response included workplace.

Table 6. Percentages and Frequencies of Sources Selected

Sources	Percentage (%)	Frequency
Internet	77.9	95
Facebook or Twitter	2.5	3
Other social media	3.3	4
Physicians	56.6	69
Community Health Nurse (e.g., Public health nurse or community support nursing)	28.7	35
Nurse practitioner	25.4	31
Pharmacy	48.4	59
Friends/Family	32.0	39
Library	3.3	4
Newspaper/magazine	4.9	6
Radio/television	9.0	11
Church group	0	0
School/university/college	5.7	7
Healthline	18.0	22
Other	.1	1

When respondents were asked to report if the Western Health website provides the health related information that they need, 17.8% responded yes, 22.9% responded no, 22.0% responded that they did not know that Western Health had a website, and 37.3% 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: Information on how to access services/family doctor, wait times and addresses to specialists and directions on how to get there as well as a listing of emergency numbers and an up-to-date listing of services available. Also suggestions to include basic information on different types of medical conditions (including addictions) and information targeting prevention (e.g., nutrition information, cancer prevention , high blood pressure prevention). It was also identified that links to credible websites for health information would be helpful along with more information on prevention and management of chronic disease. Respondents indicated that they would like to have pdf links available in both French and English.

## Overall Comments

Respondents were also asked to provide other comments related to community health needs and resources in the community. The comments were themed and the following themes were identified from the comments: the need for timely access to health care services, in particular physicians/nurse practitioners and mental health and addiction services, access to a primary care clinic that provides a full range of services as well as more information available on prevention and increased utilization of social media. Also consideration should be given for those accessing services that have mobility issues and physical disabilities.

All identifying information was deleted (e.g., names, specific situations that could identify the person, reference to specific people and so on).

## Conclusion

In summary, there were 122 electronic surveys completed for the BSG area with mostly females responding. Most respondents identified themselves as English speaking (113), and there were some French (7) and bilingual (2) identified as well. The area is viewed as having many services but mostly available in Stephenville only. This can mean an hour drive each way for those living as far as Mainland on the Port au Port Peninsula or from the Jeffrey's area. Survey respondents were from most geographical areas of BSG with most of them being in the 36 – 60 years age range. Highlights of the survey include:

### Community Services:

- Respondents were very satisfied with education, access to postsecondary and French schools.
- They identified a variety of grocery stores in the Stephenville area but limited in the surrounding communities with a lack of fresh produce/fruits/vegetables and very high prices.
- They were also very pleased with emergency services but again, those in outlying communities felt these services are too far away.
- Respondents identified a lack of public transportation and curbside recycling as well as child care being difficult to access or too expensive.
- Respondents were least satisfied with seniors programs which from the comments seemed to indicate in those communities outside of the Stephenville area.
- It is important to note 41 respondents indicated they were not satisfied with public transportation and 48 indicated they were not satisfied with environmental services. This is significant even though this was not the highest percentage of dissatisfaction.

### Community Problems:

- Respondents are most concerned with alcohol and/or drug abuse in the BSG area.
- Respondents are also concerned about unemployment in the area, care of the older person and crime.

### Health Services:

- Respondents are most satisfied with immunization services and least satisfied with specialist services. It is important to note there were 60 respondents who identified they were dissatisfied with specialist services and 77 respondents dissatisfied with family doctor services even though specialist services had the highest percentage.
- Comments indicated satisfaction was based on acceptable wait times and access to these services. Comments related to dissatisfaction mostly indicated no access to specialists, family doctors or nurse practitioners in the BSG area. Also long wait times and no availability of walk in clinics led to dissatisfaction as well.
- Respondents were also concerned about access to mental health services and long wait times.

#### Health Problems:

- Respondents reported their top three health concerns to be:
  1. Mental Health
  2. Cancer
  3. Addictions
- Overweight/obesity was also identified as the fourth concern.

#### Health Information:

The majority of respondents get their health information from the internet. They rely on physicians and pharmacists as well for this information. When respondents were asked about Western Health's website, the majority (59%) had not visited the website or didn't know there was a Western Health website.

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 piece 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