Community Health Needs and Resources Assessment

Corner Brook Area

2013

Western Health

Community Health Needs and Resources Assessment

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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 Corner Brook area. Overall, the findings of this needs assessment indicate that distracted driving, unhealthy eating habits, diabetes, physical activity, cancer, and diabetes are among the top community concerns in the Corner Brook area. In addition, survey respondents reported being less satisfied with home support services, respite care services, emergency health services, services for people with disabilities, and physician 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 Corner Brook Primary Health Care Team develops action plans to address the unique needs of the local area.

Community Health Needs and Resources Assessment

Overview

The Community Health Needs and Resources Assessment process was developed and implemented through a partnership between the Health Promotion and Primary Health Care, Population Health Branch, and Planning and Research, Quality Management and Research Branch. The purpose was to assess community health needs and resources to support planning within Western Health. The Community Health Needs and Resources Assessment competed in 2009 took a regional approach to identifying community health needs. This Community Health Needs and Resources Assessment will assess health needs in the Primary Health Care areas through the region. The information obtained will be valuable in determining organizational priorities and identifying whether the Primary Health Care areas have unique concerns, using a population health approach.

A policy was developed outlining the Community Health Needs and Resources Assessment process (Appendix A). The four categories of information in a Community Health Needs and Resources Assessment includes health status (statistics), community assets (profile), health needs identified by community (survey), and public feedback (key informants, focus groups, consultation with community advisory committee). This policy outlines the data to be collected, the methods, and timeframes. Data collection includes household telephone surveys (See Appendix B), focus groups, Statistics Canada data, Canadian Institute for Health Information indicators, community resource listing, and School Health Assessments. After the community health needs and resources assessment process is complete, a thorough evaluation of the process will be conducted.

Survey Overview

During the policy development, it was agreed that the 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 Research and Evaluation provided education on how to administer telephone surveys and consulted with the managers throughout the process to address issues or concerns.

The 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, either electronically or manually. The Regional Manager Research and Evaluation coordinated a student to enter the survey data into *Statistical Package for Social Sciences (SPSSx)* and collated and summarized the 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 or 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 report provides a summary of the information collected in the Corner Brook area surveys.

Survey Results

Demographics

A total of 95 surveys were conducted in the Corner Brook 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, 63.2% of the respondents were female, 29.5% of the respondents were male, and 7.4% did not have the gender included on the survey response sheet. The average age of the respondents were 52.41 and the average years living in that community was 33.68.

Community Services

Survey respondents were asked to report on whether they were satisfied with a list of community services (See 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: university/college, banking, fire protection, and libraries. When all of the responses were considered, the three community services with the higher percentages of satisfaction included banking, telephone, and fire protection. 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: child care/day care, after school programs, recycling, and shopping. When all of the responses were considered, the three community services with the lower percentages of satisfaction included recycling, community planning and shopping.

Respondents frequently commented that the following community services require improvements:

- recycling program should include more material and curb side pickup
- sewage treatment is needed
- the hazardous waste program needs to occur more frequently
- public transportation should be available more frequently and be accessible for those with disabilities.

Table 1. Percent Satisfied with Community Services

Community Services	Yes	No	Don’t know	Not available	No response
1. Preschool programs	37.9% (36)	2.1% (2)	56.8% (54)	1.1% (1)	2.1% (2)
2. University / College	61.1% (58)		35.8% (34)	1.1% (1)	2.1% (2)
3. Schools	53.7% (51)	7.4% (7)	36.8% (35)	2.1% (2)	
4. Child Care/day care	20.0%	18.9%	56.8%	2.1%	2.1%

	(19)	(18)	(54)	(2)	(2)
5. After school programs	20.0% (19)	16.8% (16)	61.1% (58)	2.1% (2)	
6. Children/Youth programs	26.3% (25)	14.7% (14)	56.8% (54)	2.1% (2)	
7. Seniors programs (55+)	30.5% (29)	16.8% (16)	50.5% (48)	1.1% (1)	1.1% (1)
8. Recycling	50.5% (48)	40.0% (38)	6.3% (6)	3.2% (3)	
9. Water and sewage	65.3% (62)	22.1% (21)	7.4% (7)	5.3% (5)	
10. Garbage collection and disposal	82.1% (78)	13.7% (13)	3.2% (3)	1.1% (1)	
11. Hazardous waste disposal	61.1% (58)	17.9% (17)	17.9% (17)	3.2% (3)	
12. Community planning (Town Council)	53.7% (51)	25.3% (24)	18.9% (18)	2.1% (2)	
13. Telephone	94.7% (90)	5.3% (5)			
14. Fire protection	93.7% (89)	3.2% (3)	3.2% (3)		
15. Police	53.2% (79)	7.4% (7)	5.3% (5)	4.2% (4)	
16. Libraries	77.9% (74)	2.1% (2)	15.8% (15)	4.2% (4)	
17. Postal services	89.5% (85)	8.4% (8)		2.1% (2)	
18. Banking	94.7% (90)			5.3% (5)	
19. Grocery stores	90.5% (86)	6.3% (6)		3.2% (3)	
20. Shopping	70.5% (67)	23.2% (22)	2.1% (2)	4.2% (4)	
21. Public transportation (Ex. buses, taxis)	43.2% (41)	21.1% (20)	26.3% (25)	9.5% (9)	
22. Recreation programs	66.3% (63)	12.6% (12)	20.0% (19)	1.1% (1)	
23. Recreation facilities	65.3% (62)	15.8% (15)	15.8% (15)	3.2% (3)	
24. Career development	43.2%	8.4%	41.1%	7.4%	

services	(41)	(8)	(39)	(7)	
25. Literacy support	40.0% (38)	7.4% (7)	45.3% (43)	7.4% (7)	1.1% (1)
26. Food bank	58.9% (56)	5.3% (5)	29.5% (28)	6.3% (6)	

Health Related Community Services

Respondents were asked to indicate whether they were satisfied with a number of health related community services (See Table 2). 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: the health line, immunization services , and respiratory services. When all of the responses were considered, the three health related community services with the higher percentages of satisfaction included pharmacy services, ambulance services, and vision 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: home support services, respite care services, emergency health services, and services for people with disabilities. When all of the responses were considered, the three health related community services with the lower percentages of satisfaction included physician services, emergency health services and home support.

Some respondents commented that addiction related and counselling services need to be expanded, specifically in terms of facilities and staff. Respondents frequently commented on long wait times for emergency health services and speech and hearing services, lack of home support and respite services, shortage of physicians, and a need for an expansion of long term care services. Lack of

accessibility was commented on by respondents in terms of sidewalks, bussing, and parking. Some also commented on the expense of physiotherapy services and dental services.

When respondents were asked if there were other health related community services they would like to comment on, many reiterated what they had already reported and others indicated that increased awareness of services was necessary. Respondents also commented that lack of awareness of available services is a barrier to access.

Table 2. Percent Satisfied with Health Related Community Services

Health related Community Services	Yes	No	Don't know	Not available	No response
1. Mental health services	32.6% (31)	24.2% (23)	41.1% (39)	2.1% (2)	
2. Addiction services	32.6% (31)	22.1% (21)	42.1% (40)	3.2% (3)	
3. Drug addiction services	29.5% (28)	20.0% (19)	46.3% (44)	3.2% (3)	1.1% (1)
4. Alcohol addiction services	33.7% (32)	21.1% (20)	42.1% (40)	3.2% (3)	
5. Gambling addiction services	27.4% (26)	18.9% (18)	50.5% (48)	3.2% (3)	
6. Addiction treatment centres	28.4% (27)	22.1% (21)	45.3% (43)	4.2% (4)	
7. Counselling services	33.7% (32)	25.3% (24)	38.9% (37)	2.1% (2)	
8. Family planning	29.5% (28)	11.6% (11)	58.9% (56)		
9. Sex education	31.6% (30)	13.7% (13)	53.7% (51)		1.1 (1)
10. Ambulance services	83.2% (79)	7.4% (7)	9.5% (9)		
11. Emergency health services	50.5% (48)	42.1% (40)	7.4% (7)		
12. Income support services	36.8% (35)	21.1% (20)	42.1% (40)		

13. Home support services	29.5% (28)	34.7% (33)	33.7% (32)	1.1% (1)	1.1% (1)
14. Respite care services	20.0% (19)	22.1% (21)	55.8% (53)	1.1% (1)	
15. Supportive housing (e.g. personal alternate family care)	29.5% (28)	20.0% (19)	49.5% (47)		1.1% (1)
16. Long term care	29.5% (28)	15.8% (15)	54.7% (52)		
17. Services for pregnant women	34.7% (33)	5.3% (5)	58.9% (56)		1.1% (1)
18. Services for new mothers/babies	32.6% (31)	5.3% (5)	60.0% (57)		2.1% (2)
19. Services for seniors (e.g. foot care)	33.7% (32)	15.8% (15)	50.5% (48)		
20. Services for people with chronic diseases (disease longer than 3 months for example, asthma, diabetes, cancer	25.3% (24)	15.8% (15)	58.9% (56)		
21. Wellness/Illness prevention	36.8% (35)	22.1% (21)	41.1% (39)		
22. Services for people with disabilities	35.8% (34)	29.5% (28)	34.7% (33)		
23. Rehabilitation services	40.0% (38)	17.9% (17)	41.1% (39)		1.1% (1)
24. Physiotherapy services	60.0% (57)	20.0% (19)	20.0% (19)		
25. Services for victims of physical or sexual abuse	24.2% (23)	11.6% (11)	64.2% (61)		
26. Adult day programs	28.4% (27)	16.8% (16)	52.6% (50)	2.1% (2)	1.1% (1)
27. Meals on wheels type services	30.5% (29)	8.4% (8)	56.8% (54)	4.2% (4)	
28. Dental health services	75.8% (72)	12.6% (12)	7.4% (7)	3.2% (3)	1.1% (1)
29. Health inspection services	41.1% (39)	10.5% (10)	46.3% (44)	2.1% (2)	
30. Pharmacy services	88.4% (84)	5.3% (5)	4.2% (4)	2.1% (2)	
31. Immunization services	74.7% (71)	3.2% (3)	22.1% (21)		
32. Health education services	50.5%	8.4%	41.1%		

	(48)	(8)	(39)		
33. School health services	47.4% (45)	6.3% (6)	45.3% (43)		1.1% (1)
34. Occupational therapy	41.1% (39)	9.5% (9)	47.4% (45)	1.1% (1)	1.1% (1)
35. Physician services	54.7% (52)	42.1% (40)	2.1% (2)	1.1% (1)	
36. Nurse practitioner services	28.4% (27)	14.7% (14)	53.7% (51)	1.1% (1)	2.1% (2)
37. Diabetes programs	35.8% (34)	10.5% (10)	50.5% (48)	1.1% (1)	2.1% (2)
38. Chronic disease self-management program	22.1% (21)	9.5% (9)	66.3% (63)		2.1% (2)
39. Primary Health Care Teams	17.9% (17)	7.4% (7)	71.6% (68)		3.2% (3)
40. Services for Young Offenders	17.9% (17)	12.6% (12)	61.1% (58)	4.2% (4)	4.2% (4)
41. Diagnostic Services	70.5% (67)	15.8% (15)	10.5% (10)		3.2% (3)
42. Child Protection Services	31.6% (30)	13.7% (13)	51.6% (49)		3.2% (3)
43. Adoption Services	23.2% (22)	7.4% (7)	66.3% (63)		3.2% (3)
44. Health Line	63.2% (60)	2.1% (2)	32.6% (31)		2.1% (2)
45. Telehealth Services	46.3% (44)	3.2% (3)	47.4% (45)		3.2% (3)
46. Cervical Screening	69.5% (66)	5.3% (5)	22.1% (21)	1.1% (1)	2.1% (2)
47. Nutrition Services	51.6% (49)	11.6% (11)	34.7% (33)		2.1% (2)
48. Dietitian Services	64.2% (61)	7.4% (7)	26.3% (25)	1.1% (1)	1.1% (1)
49. Respiratory Services	46.3% (44)	2.1% (2)	47.4% (45)	3.2% (3)	1.1% (1)
50. Emergency Preparedness	35.8% (34)	3.2% (3)	58.9% (56)		2.1% (2)
51. Speech and Hearing Services	47.4% (45)	14.7% (14)	33.7% (32)	1.1% (1)	3.2% (3)
52. Vision Services	78.9%	6.3%	11.6%		3.2%

	(75)	(6)	(11)		(3)
53. Foot Care	51.6% (49)	5.3% (5)	37.9% (36)		5.3% (5)

Community Groups

Respondents were asked to report on whether they were satisfied with community groups listed (See Table 3). There were not many comments related to specific community groups, however, some indicated that health related groups fundraise, but benefits from the money collected are not seen in the community.

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

- Search and Rescue
- Lunch time nutrition program
- People in the community
- The Corner Brook Trail System
- Lack of stroke services and other supports such as counsellors and public accessible transportation
- Community garden committee
- Church groups
- Availability of school gym for walking promotes socialization and physical activity
- Children's Wish Foundation
- Take Off Pounds Sensibly(TOPS)
- Local events such as Winterfest, Santa Claus parade, Kids Marathon group, Strawberry Festival, fall and spring fairs, and memorial tournaments

- Sea cadets
- Public health nurse
- Recreation groups such as snowmobile groups

Some examples of other community groups that respondents felt influenced their efforts to be healthy included the Age Friendly Seniors Program at the WestRock Community Centre, literacy organizations, Corner Brook Running Club, Western Environment Centre and community gardens, Employee Assistance Programs at Western Health and volunteer groups such as the ski patrol and volunteer fire departments.

Table 3. Percent Satisfied with Community Groups

Community Groups	Yes	No	Don't know	Not available	No response
1. Self Help/Support Groups	73.7% (70)	3.2% (3)	18.9% (18)	1.1% (1)	3.2% (3)
2. Town Councils	42.1% (40)	38.9% (37)	14.7% (14)	1.1% (1)	3.2% (3)
3. Service Organizations (e.g. Kinsmen, Knights of Columbus, Lion's Club)	81.1% (77)	2.1% (2)	12.6% (12)	1.1% (1)	3.2% (3)
4. Churches	80.0% (76)	8.4% (8)	8.4% (8)		3.2% (3)
5. Sports Clubs (e.g. minor hockey, softball)	76.8% (73)	6.3% (6)	7.4% (7)	6.3% (6)	3.2% (3)
6. Recreation Clubs (e.g. Girl Guides, Cadets)	81.1% (77)	3.2% (3)	10.5% (10)	2.1% (2)	3.2% (3)
7. School Council	69.5% (66)	6.3% (6)	20.0% (19)	1.1% (1)	3.2% (3)
8. Health Related Groups (e.g. Cancer Society, Lung Association, Seniors Wellness)	78.9% (75)	6.3% (6)	8.4% (8)	3.2% (3)	3.2% (3)
9. Advocacy Groups (e.g. Status of Women, Tobacco Free Network)	73.7% (70)	3.2% (3)	15.8% (15)	4.2% (4)	3.2% (3)

10. Family Resource Center (e.g. Healthy Baby Clubs)	72.6% (69)	1.1% (1)	21.1% (20)	2.1% (2)	3.2% (3)
11. Hospital Foundations and Auxiliary Groups	74.7% (71)	4.2% (4)	15.8% (15)	2.1% (2)	3.2% (3)
12. Western Health Community Advisory Committee	51.6% (49)	1.1% (1)	43.2% (41)		4.2% (4)

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: distracted driving, unhealthy eating habits, and diabetes. When all of the responses were considered, the three community concerns with the higher percentages included distracted driving, unhealthy eating habits, and physical activity, followed by cancer and diabetes (See Table 4). The following other community concerns were noted by respondents:

- issues for the elderly including loneliness and lack of home support
- accessibility for those with disabilities
- unhealthy eating in all age groups; expense of fresh fruit and vegetables, many obese people
- physical inactivity in youth
- affordability of housing and the lack of upkeep on rental properties
- bullying in schools
- lack of discipline and respect for others among youth
- lack of childcare
- expense of dental health care and physiotherapy

- lack of services for individuals who have had a stroke
- out migration among youth
- lack of physicians and specialists and long wait times
- enhanced recycling service

Table 4. Community Concerns

Community Concerns	Yes	No	Don't know	Not available	No response
1. Drinking and driving	78.9% (75)	12.6% (12)	8.4% (8)		
2. Distracted driving	98.9% (94)	1.1% (1)			
3. Alcohol abuse	75.8% (72)	12.6% (12)	11.6% (11)		
4. Loneliness	69.5% (66)	8.4% (8)	22.1% (21)		
5. Suicide	14.7% (14)	5.3% (5)	2.1% (2)		77.9% (74)
6. Age Friendly/Senior Friendly	55.8% (53)	32.6% (31)	11.6% (11)		
7. Care of the older person	66.3% (63)	21.1% (20)	12.6% (12)		
8. Care of People with disabilities	60.0% (57)	26.3% (25)	12.6% (12)		1.1% (1)
9. Mental health problems	67.4% (64)	15.8% (15)	16.8% (16)		
10. Unhealthy eating habits	88.4% (84)	3.2% (3)	8.4% (8)		
11. Elder Abuse	53.7% (51)	16.8% (16)	29.5% (28)		
12. Illegal drug use	76.8% (73)	5.3% (5)	17.9% (17)		
13. Abuse of prescription drugs	72.6% (69)	7.4% (7)	20.0% (19)		
14. Abuse of over the counter drugs	68.4% (65)	6.3% (6)	25.3% (24)		
15. Unemployment	77.9% (74)	15.8% (15)	6.3% (6)		

16. Smoking	85.3% (81)	7.4% (7)	7.4% (7)		
17. Physical inactivity	87.4% (83)	9.5% (9)	3.2% (3)		
18. Poverty	69.5% (66)	20.0% (19)	10.5% (10)		
19. Gambling	74.7% (71)	14.7% (14)	10.5% (10)		
20. Illiteracy	50.5% (48)	24.2% (23)	25.3% (24)		
21. Garbage disposal	36.8% (35)	45.3% (43)	17.9% (17)		
22. Water pollution	47.4% (45)	33.7% (32)	18.9% (18)		
23. Noise pollution	24.2% (23)	68.4% (65)	7.4% (7)		
24. Road accidents	33.7% (32	52.6% (50)	13.7% (13)		
25. Housing conditions	50.5% (48)	33.7% (32)	14.7% (14)	1.1% (1)	
26. Homelessness (e.g. couch surfing)	32.6% (31)	40.0% (38)	27.4% (26)		
27. Crime	52.6% (50)	42.1% (40)	5.3% (5)		
28. Vandalism	60.0% (57)	33.7% (32)	6.3% (6)		
29. Bullying	67.4% (64)	14.7% (14)	17.9% (17)		
30. Violence in the home	49.5% (47)	20.0% (19)	30.5% (29)		
31. Violence in the community	45.3% (43)	30.5% (29)	24.2% (23)		
32. Child abuse/Neglect	44.2% (42)	25.3% (24)	30.5% (29)		
33. Sexual abuse	43.2% (41)	20.0% (19)	35.8% (34)		1.1% (1)
34. Personal safety	28.4% (27)	54.7% (52)	14.7% (14)		2.1% (2)
35. On the job risks for injury	36.8% (35)	32.6% (31)	29.5% (28)		1.1% (1)

36. Parenting difficulties	60.0% (57)	18.9% (18)	20.0% (19)		1.1% (1)
37. Teenage pregnancy	55.8% (53)	17.9% (17)	25.3% (24)		1.1% (1)
38. Young people in trouble with the law	65.3% (62)	14.7% (14)	18.9% (18)		1.1% (1)
39. Unplanned pregnancy	54.7% (52)	14.7% (14)	27.4% (26)		3.2% (3)
40. Abortion counselling	23.2% (22)	15.8% (15)	56.8% (54)	1.1% (1)	3.2% (3)
41. Education system concerns	33.7% (32)	31.6% (30)	31.6% (30)		3.2% (3)
42. Day care problems for children	45.3% (43)	17.9% (17)	32.6% (31)	2.1% (2)	2.1% (2)
43. Dental health	42.1% (40)	37.9% (36)	20.0% (19)		
44. High blood pressure	82.1% (78)	4.2% (4)	13.7% (13)		
45. Stoke	71.6% (68)	11.6% (11)	16.8% (16)		
46. Heart disease	83.2% (79)	4.2% (4)	12.6% (12)		
47. Circulatory problems	64.2% (61)	7.4% (7)	28.4% (27)		
48. Cancer	86.3% (82)	4.2% (4)	9.5% (9)		
49. Diabetes	85.3% (81)	3.2% (3)	11.6% (11)		
50. Eating disorders	61.1% (58)	13.7% (13)	25.3% (24)		
51. Hepatitis (or other liver disease)	37.9% (36)	16.8% (16)	45.3% (43)		
52. Sexually transmitted infections	45.3% (43)	15.8% (15)	38.9% (37)		
53. HIV/AIDS	45.3% (43)	18.9% (18)	34.7% (33)		1.1% (1)
54. Lung disease	63.2% (60)	10.5% (10)	24.2% (23)		2.1% (2)
55. Kidney disease	58.9% (56)	11.6% (11)	26.3% (25)		3.2% (3)

56. Out migration	77.9% (74)	16.8% (16)	5.3% (5)		
57. Access to health services	68.4% (65)	29.5% (28)	2.1% (2)		
58. Littering	81.1% (77)	15.8% (15)	3.2% (3)		
59. Access for people with disabilities	62.1% (59)	33.7% (32)	4.2% (4)		

Other

When respondents were asked where they get their health information, most indicated that they got it from their doctor or the internet. Respondents reported that there are many strengths to living in their respective communities. Comments indicated that the respondents' communities are safe, beautiful and clean, friendly, active, and foster outdoor activities.

Focus Group Overview

The purpose of the focus group process of the Community Health Needs and Resources Assessment was to validate information collected in the telephone surveys and learn more about particular issues. Information obtained from focus group participants provides further insight into experiences, values, beliefs, and needs. Focus groups were held on two specific issues; diabetes and aboriginal health issues. Diabetes was one of the top community concerns and a focus group was conducted to obtain a better understanding of this health issue. The Corner Brook – Bay of Islands area has a large aboriginal population and therefore, it is important to determine health issues of this population.

The following is an overview of the focus groups conducted in the Corner Brook – Bay of Islands area.

Diabetes Focus Group Results

Survey results indicated that diabetes was one of the top community concerns within the population of the Corner Brook – Bay of Islands area. To acquire a better understanding of the concerns related to diabetes a focus group was conducted with individuals impacted by diabetes. A total of ten individuals with diabetes and five individuals representing caregivers attended the focus group. The focus group questions are presented in Appendix D.

All focus group participants perceive diabetes as an illness that is controllable with complications preventable if the illness is managed properly. People with diabetes need to maintain their health through healthy eating and regular physical activity. Weight control is also perceived as a priority to maintain health even though

many Focus group participants perceive this to be a challenge. Ensuring proper nail and foot care is also essential for optimum health.

All focus group participants define healthy eating for diabetics as not only knowing the proper foods to eat but also having knowledge of food portion sizes. Portion control is identified as a knowledge gap for individuals with diabetes. Even though there is a perceived knowledge gap regarding food portion sizes it is identified that resources are available to address this gap. Resources include diabetes education through dietitians and nurses.

All focus group participants discussed the need for individuals with diabetes to maintain regular physical activity to ensure optimal health and to prevent complications. Identified activities to maintain physical wellbeing includes walking and dancing. It is recommended that physical activity programs be easy and simple to implement due to the physical restrictions of some individuals who have more complex health needs and are restricted physically from participating in some programs. A walking program is perceived as a good approach to physical activity due to most individuals being able to participate in this type of activity. A formalized program is also perceived as being better due to individuals not having self-discipline to do physical activity on their own.

Many focus group participants identified the strengths / resources within the community that can assist individuals with diabetes to maintain their health. These include: Canadian Diabetes Association, Western Health's Diabetes Services, internet, Physicians, Schools and Community Nurses. Even though services / resources are identified it is perceived that access to these resources is restricted due to lack of awareness of resources by some individuals.

Overall focus group participants, both individuals with diabetes and caregivers of diabetics, perceive optimal health for diabetics being achieved through healthy eating and physical activity thus the focus of services must be on such. It is also perceived that community resources are available to address the health needs of diabetics but lack of awareness impacts access.

Aboriginal Focus Groups Results

Due to the large aboriginal population within the western region and specifically within the Corner Brook – Bay of Islands area, a focus group was conducted to assess the health needs of and resources available to this population and to explore possible collaborative opportunities between Western Health and the aboriginal community. The aboriginal population within the western region are of Mi'kmaq descent and are members of the Qalipu Band. Invitations were sent to the Aboriginal Health Navigator, Band Chief, Band Council Members, Executive Director of the Qalipu Band, Newfoundland Aboriginal Women's Network members, and representation from Qalipu community members. Four members of the Qalipu band attended the focus group. The focus group questions are presented in Appendix D.

Participants in the aboriginal focus group identified health issues of the aboriginal population as consistent with health issues for the population at large with the greatest health concerns reported as: diabetes, alcoholism, obesity, drug abuse, sexual abuse, physical abuse, and mental health issues including depression, anxiety, and suicide. Diabetes was perceived as the dominant health issue for the aboriginal population even though participants were not aware of statistics specific to this issue. Participants reported that low income impacts the health issues of the aboriginal

population thus contributing to their inability to purchase healthy foods such as fruits and vegetables. Participants questioned if these health issues are more predominant within the aboriginal population than the population at large and if statistics are available for such. Participants identified a need for a Health Needs Assessment specific for the aboriginal population; however, participants were not aware that the Newfoundland Federation of Indians completed such in July 2010 for off-reserve Mi'kmaq.

To address these health concerns it is considered imperative that service at the community level be available and accessible. Accessibility to services will be enhanced through promotion of services and ensuring that there is knowledge of all services within a community. Wait times for some services was reported as an issue. Community services must include prevention and education. Participants reported that individuals within the aboriginal population do not accept an active role with addressing their health issues thus engagement at the individual level is required to ensure success in addressing these issues. They recommended that engagement should start with the children and youth populations. This engagement is presently in place within the school system with many school based programs already focused on healthy living, healthy eating and physical activity. Participants indicated that this health promotion focus within schools should continue and schools must also be aware and sensitive to aboriginal traditions. Participants reported that parents with children enrolled in sports programs can also be targeted for healthy eating programs. Participants felt that another vulnerable population was the seniors population thus programs must also be available for this group. Increased health benefits for medications is also an identified need. Participants reported that services for victims

of abuse and access to physicians must also be increased at the community level and that all programs and services must be evidence based.

The use of traditional health practices was reported to be increasing within the aboriginal population especially with the use of healing circles, talking circles, smudging, and traditional medicines. Participants felt that there is a need for the aboriginal population to increase their knowledge of these practices and to also have a venue to use these traditional practices. An issue for the aboriginal population is that these practices are not recognized by Health Canada nor is transportation to avail of these practices provided within government programs. The participants recommended that Health Fairs / Health Promotion events include presentation of these traditional practices.

Focus group participants recommended that partnerships with Western Health be enhanced and promoted. Western Health's service providers must be educated on aboriginal issues and traditions and such can be provided through cultural sensitivity workshops. These workshops are available through the aboriginal community and can be tailored to meet the needs of staff. It is also recommended that health services be more focused on the spiritual needs of an individual.

Statistical Data Overview

Statistical Data Overview of Corner Brook – Bay of Islands area

A population health approach to health care services requires an analysis of the determinants of health for the population of the specific geographic area being assessed. The following is an overview of the statistical data for the Corner Brook – Bay of Islands area including demographics, well-being indicators, health practices and health outcomes. Some of the data is limited to 2006 statistics whereas other data is available from the 2011 census information. Additionally, some health data is not available specifically for the Corner Brook – Bay of Islands area and thus data presented is for the western region of Newfoundland.

Communities within Primary Health Care area of Corner Brook – Bay of Islands

The Primary Health Care area of Corner Brook – Bay of Islands is inclusive of the city of Corner Brook, the towns of Massey Drive, Gallants, Little Rapids, Humber Village, and Steady Brook, and all communities along the north and south shores of the Bay of Islands. Communities along the north shore of the Bay of Islands include: Hughes Brook, Irishtown – Summerside, Meadows, Gilliams, McIvers, and Cox's Cove. Communities along the south shore of the Bay of Islands include: Mt. Moriah, Benoit's Cove, Halfway Point, Frenchmans Cove, York Harbour, Lark Harbour and John's Beach. All communities within this Primary Health Care area are within the Corner Brook – Rocky Harbour Rural Secretariat and the Humber Economic Development Board, Zone 8. The Humber Economic Development Board also includes the town of Pasadena; this community is not within the geographic area for this Community Health Needs and Resource Assessment.

Corner Brook, being the largest municipality in this Primary Health Care area, is the regional center for services and businesses. The distance between Corner Brook and the farthest community on the north shore of the Bay of Islands is 38.8 km whereas the distance between Corner Brook and the farthest community on the south shore of the Bay of Islands is 47 km. The distance between Corner Brook and Gallants is 52.2 km. The majority of residents of this Primary Health Care area travel to Corner Brook for the majority of their service needs.

Demographic Profile of Area

The population of the Corner Brook – Bay of Islands area, according to the Statistics Canada 2011 census, is 29,980; an increase of 110 since the 2010. The population of Corner Brook, the largest municipality, declined from 20,083 to 19,886 thus the overall increase in the population of this primary health care area is due to increases in the population in the various communities in the Bay of Islands areas that are outside of the city of Corner Brook.

Of particular note is the large aboriginal population in the area belonging to the Qalipu Mi'kmaq band of which approximately 6000 members reside in the Corner Brook – Bay of Islands area.

An overview of the distribution of ages within this primary health care area is presented in the Table below:

Table 5. Population Distribution

Age range	*Total Population*
0-4	*1275*

5-9	*1270*
10 -14	*1440*
15 – 19	*1680*
20 – 24	*1525*
25 – 29	*1370*
30 – 34	*2055*
35 – 39	*1585*
40 – 44	*1805*
45 – 49	*2170*
50 – 54	*2345*
55 – 59	*2260*
60 – 64	*2050*
65 – 69	*1535*
70 – 74	*1170*
75 – 79	*940*
80 – 84	*680*
85 +	*560*

Migration

Migration rates are calculated using the residual method: subtracting the current population from the population in the previous year and then removing the effect that births and deaths on the population, thus, leaving the remainder as the number of people who migrated into or out of the area (Community Accounts). The residual net migration for the Corner Brook – Bay of Islands area was .47% (total of

140 individuals in 2011). The provincial residual net migration rate was .51%. These migrants are movers, who on census day, were residing in a different census subdivision five years earlier or who were living outside Canada five years earlier.

Birth Rates

According to the Statistics Canada 2011 Census data the birth rate for the Corner Brook – Bay of Islands area rose from 265 in 2009 – 2010 to 275 in 2010 – 2011.

Mortality Rate

According to the Statistics Canada 2011 Census data there were 306 deaths in 2009- 2010 in the Corner Brook – Bay of Islands area compared to 301 in 2010 – 2011. The median age of death was 75 for both census years.

Overall School Enrolment

The Western Newfoundland and Labrador School District operates eleven schools in the Corner Brook – Bay of Islands area with a total enrolment of 3905 (WNLSD Annual Report 2011 – 2012). There is one school situated on the north shore of the Bay of Islands, Templeton Collegiate in Meadows (K-12), and two schools situated on the south shore of the Bay of Islands, St. James All Grade in Lark Harbour (K-12) and St. Peter's Academy in Benoits Cove (K-9). In the Corner Brook area there are five elementary schools, C.C. Loughlin, Humber Elementary, J.J. Curling, St. Gerards Elementary, and Sacred Heart Elementary, two junior high

schools, Presentation and G.C. Rowe, and one regional high school, Corner Brook Regional High.

Corner Brook also has one privately funded school, Immaculate Heart of Mary, providing programs from kindergarten to level one.

Income

According to census data, the personal income per capita for the Corner Brook – Bay of islands area is $24,650. Personal income per capita for Corner Brook is $27,600 and for the province as a whole is $27,700. The median income for a couple family in Corner Brook – Bay of islands is $62,550 compared to a lone parent family of $28,500. The provincial median income for couple and lone parent families is $67,600 and $29,800 respectively. When compared these rates are slightly higher for the Corner Brook area verses the Bay of Islands area; $69,800 for couple families and $30,000 for lone parent families. An overview of incomes in the Corner Brook – Bay of Islands area is presented in the following Table:

Table 6. Overview of Income

	Corner Brook	**Corner Brook – Bay of Islands**	**Newfoundland**
Personal income per capita	$27,600	$28,017	$28,852
Median income couple family	$69.800	$62,550	$67,600
Median income lone family	$30,000	$28,500	$29,800

A community's self- reliance ratio is a measure of the community's dependency on government transfers such as Canada Pension Plan, Old Age Security, Employment Insurance, Income Support Assistance, etc.; a higher ratio indicates a lower dependency. The provincial self – reliance ratio is reported as 79.5%. The Corner Brook – Bay of Islands area is reported as having a self – reliance ratio of 72.7 %, however the city of Corner Brook's self – reliance ratio is a much higher rate of 80.4% (Community Accounts). Communities along the north and south shores of the Bay of Islands have self - reliance ratios ranging from 58.1 % to 60.8 %.

Employment

The employment rate for the Corner Brook – Bay of Islands area in 2009 was 75.1% for individuals between the ages of 18 and 64 years; an increase of 6.8% within the previous five years. In 2009 16,520 individuals between the ages of 18 and 64 years of age residing in this area reported earnings from employment in tax records. Such was an increase from 14,720 in 1999. The provincial employment rate was 76.7% in 2009. (Data obtained from Community Accounts)

In 2011 there were 2855 (8.8%) residents of the Corner Brook – Bay of Islands area in receipt of Income Support; down from 4090 in 1992. The average amount of time in receipt of Income Support was nine months. The provincial rate of individuals in receipt of Income Support was 9.6% in 2011.

In 2011 there were 4765 (41.5%) individuals residing in the Corner Brook – Bay of Islands area who received Employment Insurance benefits for some period of time during the year. This number was down from 7805 in 1992. The provincial rate

of individuals in receipt of Employment Insurance benefits for a period of time in 2011 was 31.3%. The Table below provides an overview of employment statistics.

Table 7. Employment Statistics

	Corner Brook – Bay of Islands	Newfoundland
Employment rate (18 – 64 yrs of age) (2009 data)	75.1%	76.7%
Individuals in receipt of Income Support (2011 data)	8.8%	9.6%
Individuals in receipt of Employment Insurance (2011 data)	41.5%	31.3%

Education

According to the 2006 census, 30.5 % of residents of the Corner Brook – Bay of Islands area between the ages of 18 – 64 years do not have a high school diploma and for those between the ages of 25 – 54 years 25.7 % do not have a high school diploma. The provincial rates for these age groupings are 25.1 % and 22 % respectively. The percentage of residents of this area between 18 – 64 years of age who have a Bachelor degree is 10.2 % compared to 12.3 % of residents between 25 – 54 years of age who have a Bachelor degree.

Table 8 Education levels

Level of Education	Corner Brook – Bay of Islands	Newfoundland
No high School diploma 18 – 64 yrs of age 25 – 54 yrs of age	 30.5% 25.7%	 25.1% 22.0%
High School Diploma or higher 18 – 64 yrs 25 – 54 yrs	 69.5% 74.3%	 78% 78%
Bachelor Degree or higher 18 – 64 yrs 25 – 54 yrs	 10.2% 12.3%	 13.3% 15.1%

Well-being indicators

An individual's overall sense of wellbeing is impacted by their sense of community belonging, stress level, and overall satisfaction with their life. Community belonging is defined as the rate of giving, volunteering, and participating in one's community. The following Tables provide an over view of these ratings.

Table 9. Percentage of individuals rating

Their Sense of Community Belonging

Geographic Area	Sense of Community Belonging
Corner Brook – Bay of Islands	81%
Western region	82 %
Newfoundland	80.1 %
Canada	60.3 %

The reported sense of community belonging in 2011for residents of the western region had decreased from 83.5 % in 2010.

Table 10. Percentage of Individuals reporting

"Having quite a lot" of stress

Geographic Area	Reported "quite a lot" of stress
Corner Brook – Bay of Islands	16.9%
Western region	13.7%
Newfoundland	14.2%
Canada	23.4%

Table 11. Percentage of

Individuals reporting

Being satisfied or very satisfied with life

Geographic Area	Percentage of respondents
Corner Brook – Bay of Islands	91.5%
Western region	91.6%
Newfoundland	91.7%
Canada	92.1%

Self-Assessment of Health

Rating of one's own health is an indicator of well-being. In the western region the percentage of individuals who rate their health as very good or excellent is 53.5% (Canadian Community Health Survey, 2011). A comparison of rates, as per the Canadian Community Health Survey 2011, for the Corner Brook – Bay of Islands area, Western Region, Newfoundland and Canada is presented below:

Table 12. Percentage of Individuals Rating

Their health as Very Good or Excellent

Geography Area	*Percentage*
Corner Brook – Bay of Islands	52.1%
Western Region	53.5%
Newfoundland	60.3%
Canada	60.3%

The Canadian Community Health Survey also surveyed an individual's rating of their mental health; such is presented below:

Table 13. Percentage of Individuals Rating Their Mental Health as Very Good or Excellent

Geographic Area	*Percentage*
Western Region	2011 - 71.8%
Newfoundland	2011 – 75%
Canada	2011 – 73.9%

Tobacco Use

Tobacco use is known to have an impact on an individual's health and well-being thus many wellness initiatives have been focused on reducing smoking behavior. Tobacco useage rates are presented below:

Table 14. Percentage of Non-Smokers

Age	Percentage of Non-Smokers
Corner Brook – Bay of Islands	79.5%
Western Region	74.7%
Newfoundland	76.7%

Alcohol Use

Alcohol usage contributes to an individual's overall health and wellbeing particularly if the individual is considered to be a heavy drinker which is defined as consuming five or more drinks on one occasion at least once per month during the past year (Statistics Canada).Alcohol usage rates for 2011 for the segment of the population considered to be a heavy drinker, as per the Statistics Canada definition, are as follows:

Table 15. Percentage of Population defined as Heavy Drinkers

Geographic area	Percentage of Population
Corner Brook – Bay of Islands	18.7%
Western Region	21.5 %
Provincial	24.5 %
Canada	17.3 %

Obesity

The rates of individuals within the population who are assessed as being overweight or obese has been increasing and such impacts the individual's health status. An individual who is overweight has a Body Mass Index between 25.0 and 29.9 whereas an individual who is obese has a Body Mass Index over 30.0. The

following is an overview of the percentage of the population who are defined as being overweight or obese:

Table 16. Percentage of the Adult (18+) Population Assessed

As being overweight or obese

Geographic Area	Percentage of Pop. Overweight and Obese
Corner Brook – Bay of Islands	56.7%
Western Region	63.7 %
Newfoundland	63.9 %
Canada	52 %

Physical Activity

Optimal health status is impacted and achieved through regular physical activity therefore it is imperative to assess and promote physical activity levels within the population. The following is an overview of self-reported activity levels:

Table 17. Estimated Percentage of Population

12 years of age and over who are

Physically Active or Moderately Physical Active

Geography Area	2010 rates	2011 rates
Western region	56.3	53.5
Newfoundland	47.8	47.4
Canada	52.1	52.3

It should be noted that even though residents of the western region report being more active they also report higher rates of being overweight or obese.

Cervical Screening

It is now recommended that cervical screening occur annually until there are three consecutive negative results and then every three years. Using these guidelines cervical screening is now analysed in three year periods. The Western Health screening rate for women aged 20 – 69 from 2009 – 2011 was 69% compared to the provincial rate of 72%. Available data for the Corner Brook – Bay of Islands area indicates the rate for that area to be 77% (Cervical Screening Coordinator Stats).

Breast Screening Rates

The Provincial Breast Screening Program is offered at the Western Memorial Health Clinic in Corner Brook and in 2010 - 2011 60% of women in the western region between the ages of 50 – 69 years of age availed of this service; an increase from 58% in 2009 – 2010 (Western Health's Environmental scan 2011 – 2012).These percentages do not include mammograms within acute care facilities within the region. The percentage of women residing in the Corner Brook – Bay of Islands who have ever had a mammogram is 65.6%.

Consumption of Fruits and Vegetables

A healthy life style and optimal health includes proper nutrition especially the consumption of fruits and vegetables. The following is an overview of the percentage

of the population, 12 years of age and over, who consume 5 – 10 servings of fruit and vegetables per day:

Table 18. Percentage of population 12 years of age and over who consume 5 – 10 servings of fruits and vegetables per day

Geography Area	2011 rates
Corner Brook – Bay of Islands	30.4%
Western region	37.5%
Newfoundland	29.0%
Canada	44.2%

Breastfeeding Rates

Breastfeeding is promoted for healthy childhood development and as a strategy to address the incidences of obesity and diabetes. Western Health's Health Promotion Strategic Plan also has a focus on promoting and increasing breastfeeding rates. Breastfeeding rates for western Newfoundland are presented as follows:

Table 19. Breastfeeding initiation rates

Geographic Area	2010 rate	2011 rate
Western region	59.9 %	62.5%
Newfoundland	65.6%	66.7%

Flu vaccine uptake

Western Health continues to implement a promotional campaign regarding influenza vaccinations; however, rates of vaccine uptake continue to be an issue. The percentage of individuals who received a flu vaccine within the past year is presented below:

Table 20, Individuals receiving a flu vaccine within past year

Geographic Area	Percentage of Population
Corner Brook – Bay of Islands	50.2%
Western Region	52.7%
Newfoundland	60.2%

HPV

For the prevention of cervical cancer, HPV vaccinations are offered through Western Health's services and for 2011 95% of eligible girls received such. According to Western Health's Environmental Scan 2011 – 2012) this rate increased from 85 % in 2010 and 87 % in 2009.

Respiratory Diseases

One of the leading causes of death in the province of Newfoundland is that of diseases of the respiratory system. The rate of respiratory diseases per 1000 individuals is presented as follows:

Table 21, Respiratory Disease Rates

Geographic Area	Rate per 1000 individuals
Corner Brook – Bay of Islands area	11
Western region	10
Newfoundland	10

Cancer

Cancer continues to be a leading cause of death in the province of Newfoundland and many initiatives has been implemented for the prevention of this disease. Cancer rates are presented as follows:

Table 22, Cancer Rates

Geographic area	Cancer rate per 1000 individuals
Corner Brook – Bay of Islands	7
Western Region	8
Newfoundland	7

Circulatory System Diseases

In addition to diseases of the respiratory system and cancer, diseases of the circulatory system is another leading cause of death in Newfoundland. Circulatory disease rates are presented as follows:

Table 23, Circulatory System Disease rates

Geographic Area	Circulatory System Disease rate per 1000 individuals
Corner Brook – Bay of Islands	16
Western Region	16
Newfoundland	14

Other: Unintentional Injury data

A priority of the Provincial Wellness Plan for improvement of health and well-being is injury prevention. Injury rates per 1000 individuals is presented in the following Table:

Table 24 Injury and Poisoning Rates

Geographic area	**Rates per 1000 individuals**
Corner Brook – Bay of Islands	8
Western region	8
Newfoundland	7

Overview of Statistical Data

The Primary Health Care area of Corner Brook – Bay of Islands encompasses the city of Corner Brook, several communities just outside of the city, and all communities along the north and south shores of the Bay of Islands. The city of Corner Brook is not only the regional center for this Primary Health Care area but also for the western region of the province.

The population of the Corner Brook – Bay of Islands Primary Health Care area is 29,980, a slight increase between the 2006 and 2011 census dates. Of particular note is that this population increase was due to increases in the population in the outlying communities; the population of the city of Corner Brook actually decreased between these census years. It should also be noted that in the Corner Brook – Bay of Islands area there is now a recognized aboriginal population belonging to the Qalipu Mi'kmaq Band. The Corner Brook – Bay of Islands area has an employment rate of 75.1% and a self-reliant rate of 72.7%. The employment rate has increased within the past five years and the number of individuals in receipt of Income Support and Employment Insurance has decreased within this time frame. The personal income per capita for the Corner Brook – Bay of Islands area is $24,650. The percentage of the individuals residing in the Corner Brook – Bay of Islands area between 18 – 64 years of age who do not have a high school diploma is 30.5% and for individuals between 25 – 54 years of age the percentage is 25.7.

To assess the health of a population it is necessary to review the well-being indicators, health practices, and health outcomes of the population. Well-being indicators include one's sense of community belonging, self - reported stress level, one's satisfaction with life, and one's self-report of their own health status. Residents of the Corner Brook – Bay of Islands area self-report high levels of satisfaction with life and a high sense of community belonging. They also report low stress levels and fairly good health including mental health.

To address the health issues of the Primary Health Care area of Corner Brook – Bay of Islands health promotion must continue to be a priority within the area to promote the health practices that prevent illnesses and diseases especially chronic illness that impacts one's quality of life. All health promotion programs must be developed and delivered with cognizance of literacy and income levels within the area. With an adherence to this approach, a Population Health approach to health services is supported and will enhance the health outcomes of the area.

Community Resource Listing Overview

Influencing and contributing to the health of a community are the health services, physical environment, and social environment within the community thus it is imperative that resources within the community are available for optimal health. Corner Brook, being the main service area for the Primary Health Care area of Corner Brook – Bay of Islands, is considered the service area and within this location are the regional resources accessible to residents within the entire Bay of Islands area. Communities within the Bay of Islands are spread throughout the north and south shores with distances from Corner Brook 38.8 km and 47 km respectively. Residents residing on both the north and south shores travel to Corner Brook for the majority of their services including most health services, recreational, business, government services, etc. The city of Corner Brook, being the largest municipal area of the western region, is also the regional business area and location for provincial and federal government office locations serving, not only the Corner Brook – Bay of Islands area, but the entire western region.

Health Services

Provision of health care services for residents of the Corner Brook – Bay of Islands area is mandated through Western Health and encompasses acute care services, long term care services, and community based services. Western Memorial Regional Hospital, situated in Corner Brook, is the regional hospital for the western region providing comprehensive in-patient / out-patient services. Also within Corner Brook is a Long Term Care facility and Protective Care Residences for individuals requiring level three and four nursing care. Also located within Corner Brook is the

Humberwood Center, an in-patient addictions treatment center. Western Health also offers various community based services through other clinics and locations including: Western Memorial Health Clinic, O'Connell Drive Clinic, Benoit's Cove Clinic, Meadows Clinic, the Hammond Building, Boones Road, and the Noton Building. Community based health services are structured through the following program areas:

- Mental Health and Addictions
- Community Health and Family Services
- Community Supports
- Health Promotion and Primary Health Care

All health care services offered through Western Health are based on a population health approach to health services including health promotion, prevention, and intervention across the continuum.

Also offered throughout this primary health care area is an array of private health services that are fee for service, except for Physician services. These health services include:

- Physician
- Dental (4 clinics)
- Chiropractor (2 clinics)
- Physiotherapist
- Optometrists
- Massage therapy (6 clinics)
- Hearing Assessment (1 clinic)

- Home Support (3Agencies)
- Pharmacists (8 pharmacies)
- Acupuncture (1 clinic)
- Dietician (1 clinic)
- Occupational Therapy (1 clinic)
- Personal Care Homes (7 in area)

Financial coverage for some of these health services may be possible through various Government Programs and Western Health Programs pending financial assessment.

Other Services

One's sense of community belonging and supports within their community also contributes to the overall health and wellbeing of all residents of the community. Community belonging is supported and enhanced through the resource base of the community specifically the supportive services available to residents. The Corner Brook – Bay of Islands area offers such supportive services through community agencies, volunteer organizations, day care facilities, church affiliation, and recreational facilities. Other community resources and assets that contribute to the health and wellbeing of all residents include; schools, libraries, fire services, police services, and environmental services. A complete listing of the community resources and assets within the Corner Brook – Bay of Islands area are listed in Appendix C.

Access to government programs also impacts the well- being of a community and residents of the Corner Brook – Bay of Islands area access these programs

through regional locations of government departments in Corner Brook. Regional provincial and federal government offices located in Corner Brook include:

- Child and Family Services
- Service Newfoundland and Labrador
- Justice
- Advanced Education and Skills
- Labour
- Newfoundland and Labrador Housing Corporation
- Service Canada
- Veteran's Affairs

Accessibility to these government programs is enhanced through office locations in Corner Brook.

Discussion and Recommendations

Primary Health Care is defined as the first level of contact with people taking action to improve their health and the health of their community. Primary Health Care is essential health care made accessible at a cost which the country and community can afford with methods that are practical, scientifically sound, and socially acceptable. The World Health Organization defines health as a complete state of physical, emotional, mental, and social well-being; not just an absence of disease. Many factors impact an individual's health and are referred to as "Determinants of Health". These include: income / social status, education, social supports, employment / working conditions, social / physical environment, personal health practices, healthy child development, biology / genetic environment, health services, gender, and culture. Health services to address the needs of a population are based on a Population Health Approach; programs and services across the continuum of health promotion, prevention, and treatment / rehabilitation services. Primary Health Care incorporates five principles to ensure a holistic approach to health services. These include:

Access: reasonable access to the right service at the right time by the right provider.

Public participation: working with people to build on their strengths and abilities to improve the overall health and wellbeing of the community and to give individuals an active role in decisions about their health care.

Health Promotion and Wellness: helping people to improve their health by realizing that many things affect their health.

Technology and Communication: using technology and other means to make sure that the equipment we use and the treatments provided are the most appropriate and that communication is open and clear.

Collaboration: people and health care teams working together to make changes that matter and to help people and the community stay healthy.

The Health Promotion & Primary Health Care Program of Western Health addresses the primary health care needs of communities within the western region through this approach to health care services.

Optimum health for a community can only be achieved through a thorough assessment and understanding of the determinants of health for the population of that community. It is also imperative to assess health status, health needs, strengths and challenges within the community to ensure that the right health services are provided within the community. Utilizing this approach to health services, the Community Health Needs and Resource Assessment (CHNRA) for the Corner Brook – Bay of Islands Primary Health Care area was completed and will set the foundation for strategic planning and primary health care planning for health services in this geographic area.

Strategic planning, inclusive of community capacity building, within the health care system includes an assessment of the strengths within communities and a focus on building on these strengths. An overview of the strengths within the Corner Brook – Bay of Islands area and recommendations will be presented.

Overview of community strengths

The community strengths presented by survey respondents and focus group participants focused on health services and community groups / organizations. The Corner Brook – Bay of Islands Primary health Care area includes the largest municipality within the western region, therefore, many regional services are located within this area. Survey respondents and focus group participants reported satisfaction with health services including; Health Line, immunization, respiratory, ambulance, pharmacy and vision. Survey respondents and focus group participants identified many community groups / organizations as positive contributors to the health of the community including; self help groups, service organizations, churches, sport clubs, recreation clubs, health related groups, Community Advisory Committees, Hospital Foundation, and Family Resource Centers. The participants of the aboriginal focus group specifically identified schools as a resource for health promotion programming. These participants also advised of the availability of cultural sensitivity workshops for health care providers to ensure a cultural understanding of our aboriginal population.

The residents of this Primary Health Care area also report a strong sense of community belonging, satisfaction with life and low stress levels. This also contributes to the overall health of the community.

Recommendations

1. Continue to update and maintain Western Health's Internet site to promote health information.
2. Continue to promote the Provincial Health Line to enhance access to programs and services.
3. Continue to explore issues related to respite and home support and accessibility issues for individuals with disabilities.
4. Explore**,** in partnership with the aboriginal community, the potential for delivery of cultural sensitivity workshops to health care providers.
5. Consider opportunities to improve collaboration with the Aboriginal community, to enhance assessment, planning and/or service provision.
6. Enhance service delivery, particularly in regards to diabetes and cancer, through the Western Health's Chronic Disease Prevention and Management Model. Health promotion and prevention of chronic disease must continue to be a priority.
7. Ensure that the community concerns related to distracted driving are included in Western Health's work on injury prevention.
8. Continue to explore issues related to community services (for example, childcare/day care and after school programs) and health care services (for example, emergency health services and physician services).
9. Continue to collaborate with community partners in health promotion activities and events related to healthy eating, and physical activity.

Conclusion

The CHNRA for Corner Brook – Bay of Islands provides an overview of the demographics of the area, health needs of the area as identified by residents of the area, and health status of the area's residents. The CHNRA also presents an overview of the community resources and assets within the geographic area that contribute to the health of the community. This information was obtained from surveys of area residents, focus groups specific to the issues presented within the surveys, a statistic overview of demographics and health status of the area, and a comprehensive assessment of the community resources within the area.

Achieving optimum health for the residents of this Primary Health Care area will be successful after careful review of the information and recommendations presented within this report and utilizing such in future planning of our health care services. Building on the strengths within our health care system and within our communities, in addition to, overcoming the presenting challenges will increase the health status of our residents. This will not only allow for sustainability within the health care system but also enhance the quality of life for our population.

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

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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	☐ Reviewed: ☐ Revised: *(Date of most recent changes to the policy)*
Review Date: 06/August/2013	☐ Replaces: *(Indicates name and number of policy being replaced) OR* ☑ 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

Telephone Surveys

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 Counc	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, tax	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				
40. Respite care services	1	2	3	4
41. Supportive housing (e.g. personal	1	2	3	4
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	1	2	3	4
diseases (disease longer than 3 months	1	2	3	4
for example, asthma, diabetes, cancer)	1	2	3	4
47. Wellness/Illness prevention	1	2	3	4
48. Services for people with	1	2	3	4
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 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. Kinsm	1	2	3	4
Knights of Columbus, Lion's Club)	1	2	3	4
83. Churches	1	2	3	4
84. Sports Clubs (e.g. minor hockey,	1	2	3	4
softball)	1	2	3	4
85. Recreation Clubs (e.g. Girl Guides	1	2	3	4
Cadets)	1	2	3	4
86. School Council	1	2	3	4
87. Health Related Groups (e.g. Canc	1	2	3	4
Society, Lung Association, Seniors	1	2	3	4
Wellness)	1	2	3	4
88. Advocacy Groups (e.g. Status of	1	2	3	4
Women, Tobacco Free Network)	1	2	3	4
89. Family Resource Center (e.g. Hea	1	2	3	4
Baby Clubs)	1	2	3	4
90. Hospital Foundations and Auxilia	1	2	3	4
Groups	1	2	3	4
91. Western Health Community Advisory				
Committee				

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
1. Drinking and driving	1	2	3	4
2. Distracted driving	1	2	3	4
3. Alcohol abuse	1	2	3	4
4. Loneliness	1	2	3	4
5. Suicide	1	2	3	4
6. Age Friendly/Senior Friendly	1	2	3	4
7. Care of the older person	1	2	3	4
8. Care of People with disabilities	1	2	3	4
9. Mental health problems	1	2	3	4
10. Unhealthy eating habits	1	2	3	4
11. Elder abuse	1	2	3	4
12. Illegal drug use	1	2	3	4
13. Abuse of prescription drugs	1	2	3	4
14. Abuse of over the counter drugs	1	2	3	4
15. Unemployment	1	2	3	4
16. Smoking	1	2	3	4
17. Physical inactivity	1	2	3	4
18. Poverty	1	2	3	4
19. Gambling	1	2	3	4
20. Illiteracy	1	2	3	4
21. Garbage disposal	1	2	3	4
22. Water pollution	1	2	3	4
23. Noise pollution	1	2	3	4

24. Road accidents	1	2	3	4
25. Housing conditions	1	2	3	4
26. Homelessness (e.g. couch surfing)	1	2	3	4
27. Crime	1	2	3	4
28. Vandalism	1	2	3	4
29. Bullying	1	2	3	4
30. Violence in the home	1	2	3	4
31. Violence in the community	1	2	3	4
32. Child abuse/Neglect	1	2	3	4
33. Sexual abuse	1	2	3	4
34. Personal safety	1	2	3	4
35. On the job risks for injury	1	2	3	4
36. Parenting difficulties	1	2	3	4
37. Teenage pregnancy	1	2	3	4
38. Young people in trouble with the law	1	2	3	4
39. Unplanned pregnancy	1	2	3	4
40. Abortion counselling	1	2	3	4
41. Education system concerns	1	2	3	4
42. Day care problems for children	1	2	3	4
43. Dental health	1	2	3	4
44. High blood pressure	1	2	3	4
45. Stoke	1	2	3	4
46. Heart disease	1	2	3	4
47. Circulatory problems	1	2	3	4
48. Cancer	1	2	3	4
49. Diabetes	1	2	3	4
50. Eating disorders	1	2	3	4
51. Hepatitis (or other liver disease)	1	2	3	4
52. Sexually transmitted infections				

53. HIV/AIDS	1	2	3	4
54. Lung disease	1	2	3	4
55. Kidney disease	1	2	3	4
56. Out migration	1	2	3	4
57. Access to health services	1	2	3	4
58. Littering	1	2	3	4
59. 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……

Appendix C

Community Assets

Corner Brook – Bay of Islands

Community Assets – Corner Brook / Bay of Islands

Churches	**Corner Brook**	
	Anglican	Anglican Church Synod
		All Saints
		St. John the Evangelist
		St. Mary's
		St. Michaels
	Apostolic	Apostolic Faith
	Baptist	Ambassador Baptist
		Baptist Church
	Jehovah Witness	Corner Brook Kingdom Hall
	Later Day Saints	Later day Saints Church
	Non-Denomination	Gospel Hall
		Sunrise Ministries
	Pentecostal	First Pentecostal Church
		Pentecostal Tabernacle
	Roman Catholic	Cathedral Parish
		All Hallows Parish
		Sacred Heart Parish
	Salvation Army	Salvation Army Citadel

		Salvation Army Temple
		Salvation Army Mt. Moriah
	Seventh Day Adventist	Seventh day Adventist Church
	United Church	First United
		Humber United
		Memorial United Church
		Oakland United Church
	Benoits Cove	
	Anglican	St Ambrose Anglican
	Roman Catholic	Our Lady Star of the Sea
	Cox Cove	
	Pentecostal	Pentecostal Church
	Irishtown / Summerside	
	Roman Catholic	St. Brendan R.C. Parish
	Lark Harbour	
	Anglican	St James Anglican

Day Cares	**Corner Brook**	Fisher Day Care
		Creative Beginnings
		Humpty Dumpty
		Stepping Stones

Health Facilities / Clinics / Offices	**Corner Brook**	WMRH
		Humberwood
		Corner Brook Long Term Care
		Mountainview Estates Personal Care Home
		Lhones Personal Care Home
		Brakes Personal Care Home
		Xavier House Personal Care Home
		Protective Care Residence, Wheelers Road
		Community Supports Office, Hammond Bld.
		Blomidon , Noton Bld.
		CHFS, O'Connell Drive Clinic
	Irishtown - Summerside	Northshore Manor Personal Care Home
	Meadows	CHFS Clinic
		Mountainview House Personal Care Home
	Benoits Cove	CHFS Clinic
	Lark Harbour	Guardian Angel Personal Care Home

Recreational Facilities	**Corner Brook**	Pepsi Center
		Corner Brook Curling Club
		Corner Brook Center Bowl
		Forever Young Fitness Center
		Arts & Culture Swimming Pool
		Grenfell Campus Swimming Pool
		Pace Fitness for Women
		Dance Studio West
		Humber Community YMCA
		Blomidon Golf Club
		Blomidon Cross Country Ski Park
		Family Adventure Park
		Bay of Islands Yacht Club
		Margaret Bowater Park
		Baseball Fields (3)
		Soccer Fields (4)
		Playgrounds (8)

Community Agencies & Volunteer Organizations	**Corner Brook**	Women's Center
		Victorian Order of Nurses
		Humber Valley Corporative Living Corporation
		Humber Valley Supportive Employment Corporation
		Canadian Cancer Society
		Transition House
		Community Mental Health Initiative
		Family Outreach Resource Center / South Shore Family Outreach / North Shore Early Childhood Association
		West Rock Community Center
		ALS Society of NL
		Alzheimer's Society
		Children's Wish Foundation
		Arthritis Society
		CNIB
		Committee on Family Violence
		Canadian Red Cross
		Canadian Paraplegic

		Association
		Alcoholics Anonymous
		Heart and Stroke Foundation
		Humber Literacy Council
		MADD
		Senior Citizens Echo Club
		Western Regional Coalition to End Violence
		SPAWN
		St. John Ambulance
		John Howard Society
		Food Bank
		Employment Preparation Center
		Corner Brook Status of Women
		Lions Club
		Kinsmen Club
		Community Youth Network
		Corner Brook Winter Carnival
		Laubach Literacy
		Corner Brook Shrine Club

		Corner Brook Minor Hockey
		Corner Brook Soccer Association
		Corner Brook baseball Association
		Easter Seals of NL
		Federation of Newfoundland Indians
		Corner Brook Triathlon
		SPCA
		Corner Brook Stream Development
		Silver Blades Skating Club

Environmental	**Corner Brook**	Nova Recycling
		West Lane Recycling

Libraries	**Corner Brook**	Corner Brook Public Library
	Lark Harbour	Lark Harbour Public Library

Schools	**Corner Brook**	
	Post-Secondary	Grenfell Campus, MUN
		College of the North Atlantic
		Academy Canada
	Secondary	Corner Brook Regional High
		G.C. Rowe Junior High
		Presentation Junior High
		J.J. Curling Elementary
		C.C. Loughlin Elementary
		Humber Elementary
		St. Gerard Elementary
		Sacred Heart Elementary
		Immaculate Heart of Mary Private School
	Meadows	Templeton All Grade
	Lark Harbour	St. James All Grade
	Benoits Cove	St. Peters Academy

Fire Halls	**Corner Brook**	Corner Brook Regional Fire Hall
	Irishtown / Summerside	HIS Fire Department
	Lark Harbour / York Harbour	Lark Harbour / York Harbour Fire Department
	Meadows	Meadows Fire Hall
	Massey Drive	Massey Drive Fire Hall
	Steady Brook	Steady Brook Fire Hall

Police	**Corner Brook**	RNC
	Bay of Islands	RCMP

Appendix D

Focus Group Questions

Diabetic Focus Group Questions:

1. What is it like to live in your community after you have been diagnosed with diabetes? What does being healthy mean to you as a diabetic?

2. What are the challenges facing you as an individual / caregiver in managing diabetes?

3. What kinds of things need to happen at the community level to help individuals with diabetes stay healthy?

4. What are the strengths in the community that help you cope / manage your Illness?

5. What are the issues facing diabetics that you would like addressed by Western Health? What are the priorities?

6. Is there any other information / issues that were not covered in the questions that need to be addressed?

Aboriginal Focus Group Questions:

1. What is it like to live in your community as a Mi'kmaq? What does healthy mean to you as a Mi'kmaq?

2. What needs to happen at the community level to help you and your family stay healthy

3. What are the health issues facing you and your family that you would like Western Health to address?

4. What role do you see for yourself and your family in addressing needs to be done to improve the health of your aboriginal community?

5. How can Western Health and the Mi'kmaq communities collaborate to improve services?

6. Are there particular cultural differences that Western Health should be aware of when working with Mi'kmaq people to ensure cultural safety?

7. Can you tell us about your use of or interest in traditional forms of medicine or practices to health and wellbeing?

8. Is there any other information / issues that were not covered in the questions that need to be added?

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