

Community Health Needs and Resources Assessment

Bonne Bay and Port Saunders Area

2013



**Western
Health**

Report Prepared By:

Erica Parsons M.Sc. RD

Primary Health Care Manager

Bonne Bay and Port Saunders Area

***“People acknowledge that when they are involved
in making decisions affecting their future,
they develop a sense of ownership and commitment
to carrying out those decisions”***

-John Burbridge, Beyond Prince and Merchant

Acknowledgements

I would like to take this opportunity to acknowledge the work of the following individuals who were involved in supporting the Community Health Needs and Resources Assessment process as well as various aspects of data collection and computation:

Renee Martin, Wellness Facilitator as the Focus Group Recorder

Sandee Thomas, Temporary Primary Health Care Manager for conducting the telephone surveys

Rebecca Nippard, Western Regional School of Nursing Student for Data Entry

Darlene Welsh, Regional Manager of Research and Evaluation for statistical report preparation

Survey and Focus Group participants and Interviewees for providing important information and expanding on our knowledge of community issues and concerns.

The support and hard work of these individuals have made the completion of the Community Health Needs and Resources Assessment for the Bonne Bay and Port Saunders Area possible.

Thank-you

Erica Parsons

Table of Contents

| | |
|-----------------------------------------------|----|
| Definitions----- | 6 |
| Executive Summary----- | 7 |
| Survey Overview----- | 8 |
| Survey Results----- | 9 |
| Demographics ----- | 9 |
| Community Services ----- | 9 |
| Health Related Community Services----- | 12 |
| Community Groups----- | 18 |
| Community Concerns----- | 20 |
| Other----- | 23 |
| Focus Group Overview----- | 24 |
| Focus Group Results----- | 25 |
| Statistical Data Overview----- | 31 |
| Statistical Data----- | 31 |
| Demographics----- | 31 |
| Income, Consumption and Leisure----- | 34 |
| Employment and Working Conditions ----- | 35 |
| Health and Well-being----- | 37 |
| Health Behaviours----- | 38 |
| Health Practices----- | 41 |
| Chronic Disease----- | 43 |
| Education, Literacy, Skills and Training----- | 47 |

| | |
|------------------------------------------|----|
| Community Resource Listing Overview----- | 51 |
| Bonne Bay Area----- | 51 |
| Port Saunders Area----- | 57 |
| Strengths ----- | 61 |
| Recommendations----- | 62 |
| References----- | 83 |

List of Appendices

| | |
|-------------------------------------------------------------------------|----|
| Appendix A: Map of PHC Team Areas ----- | 65 |
| Appendix B: Community Health Needs and Resources Assessment Policy----- | 66 |
| Appendix C: Telephone Survey ----- | 71 |
| Appendix D: Focus Group Guide ----- | 77 |
| Appendix E: Informed Consent Forms----- | 79 |
| Appendix F: Enrolment for Individual Schools----- | 80 |

Definitions

Bonne Bay Area – Refers to the following geographic area which is serviced by the Bonne Bay Health Center and 5 Rural Medical Clinics. This area includes communities located in Local Area 70 and 75 (see definition below). The population of the Bonne Bay area is 4545 according to the 2011 Census¹.

Port Saunders Area – Refers to the following geographic area which is serviced by the Rufus Guinchard Health Center. This area includes communities from Local Area 74. The population of the Port Saunders area is approximately 2151 according to the 2011 Census².

Local Area 70: Bonne Bay Area Profile – This is a grouping of communities used within the Community Accounts Database (Glenburnie-Birchy Head-Shoal Brook, Trout River, Woody Point, Wiltondale, Big Bonne Bay Pond, Norris Point, Rocky Harbour and Sally’s Cove).

Local Area 75: Daniel’s Harbour Area Profile – This is a grouping of communities used within the Community Accounts Database (St. Pauls, Parsons Pond, Cow Head, Three Mile Rock, Portland Creek, Daniels Harbour and Bellburns).

Local Area 74: Hawke’s Bay – Port au Choix Area Profile – This is a grouping of communities used within the Community Accounts Database (River of Ponds, Hawkes Bay, Port Saunders, Port au Choix, Eddies Cove West, and Barr’d Harbour). Please note that the following communities are not included in this subset: Castor River North, Castor River South and Bartlett’s Harbour. It is felt that due to the small population of these communities (population for Bartlett’s Harbour is 130 according to the 2011 Census and there is no Census data available for Castor River North and South) the information gathered for the Local Area 74 will provide a fairly accurate representation of the entire Port Saunders Area.

¹ The information presented for the Bonne Bay Area was obtained by adding the numbers for Local Area 70 and Local Area 75 as defined by the Community Accounts and Statistics Canada CCS 9A and CCS 9H data. It is important to note that prior to 2011, the geography for Local Area 70 did not include data for Wiltondale-Bonne Bay Big Pond.

² The information presented for the Port Saunders Area is equivalent to Local Area 74 from Community Accounts and Statistics Canada CCS 9G data

Executive Summary

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 and assess the health needs in each of the Primary Health Care (PHC) team areas to support local planning and program delivery (refer to Appendix A to view the map of PHC team areas).

An organizational policy was developed outlining the Community Health Needs and Resources Assessment process (refer to Appendix B). The four categories of information in the needs assessment include: health status (statistics), community assets (profile), health needs identified by the community (survey), and public feedback (focus groups). Data collection methods include household telephone surveys (refer to Appendix C), focus groups on priority issues (refer to Appendix D to view the Focus Group Guide), statistics, as well as community resource listings.

Overall, the findings of this Community Health Needs and Resources Assessment indicate that there are community issues related to access, availability and coordination of various health and community services such as physiotherapy, speech and hearing, vision care, dental care, diabetes and cancer care, support groups, child care, limited recreation opportunities for children and youth, and programs and services for seniors. Challenges were also highlighted pertaining to the impact of weather, geography and travel, limited community resources, and system navigation.

Some of the strengths that were identified throughout the needs assessment process include a strong sense of community wellbeing and community pride, many community partnerships between churches, schools, volunteers and community groups, and informal community supports for those who are in need.

The information obtained in the Community Health Needs and Resources Assessment will be valuable in determining organizational and local priorities and addressing unique issues and community concerns throughout the Bonne Bay and Port Saunders Area utilizing a primary health care and population health approach.

Survey Overview

During the policy development phase, it was agreed that the Primary Health Care (PHC) Managers would administer the Community Health Needs and Resources Assessment surveys as a means of enhancing their knowledge and understanding of the areas under their jurisdiction. The Regional Manager for Research and Evaluation provided education on how to administer telephone surveys and consulted with the managers throughout the process to address any issues or concerns.

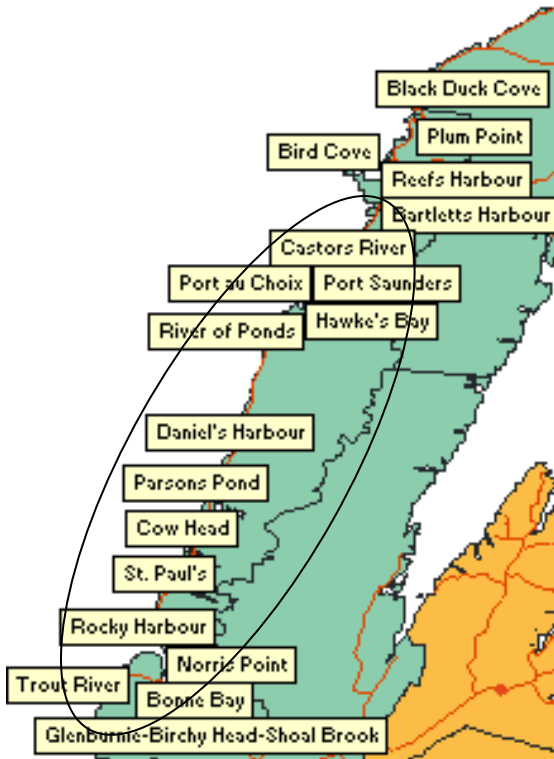
The survey was developed in consultation with the PHC Managers, the Regional Director of Health Promotion and PHC and the Manager for Research and Evaluation. The survey was validated with the Community Advisory Committees in each PHC team area prior to its administration. The surveys collected both 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 health and community services, utilization of health services, awareness of self-help groups, influence of community groups and community concerns.

The PHC Managers submitted the surveys to the Regional Manager for Research and Evaluation, either electronically or manually. The Regional Manager for Research and Evaluation coordinated a student to enter the survey data into the *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 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 section provides a summary of the information collected from the telephone surveys administered throughout the Bonne Bay and Port Saunders Area.

Survey Results

Demographics

Figure 1.1 – Map of the Bonne Bay and Port Saunders Area



A total of 95 surveys were conducted throughout the Bonne Bay and Port Saunders area (for a 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. Refer to Figure 1.1 to view a map of the Bonne Bay and Port Saunders Area.

Of the 95 surveys collected, 84.2% of the respondents were female, 14.7% were male, and 1.1% did not have the gender included on the survey response sheet. The average age of the survey respondents was 55 years old and the average length of time living in that community was 36 years. It is important to note that 60% of the telephone surveys conducted came from the Bonne Bay area and the remaining 40% from the

Port Saunders area. It is also of interest to note that the average age of participants from the Bonne Bay area (63 years old) was much greater than that of the Port Saunders area (43 years old).

Community Services

Survey respondents were asked to report on whether they were satisfied with a list of community services (please refer to 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: schools, fire protection, and postal services. When all of the responses were considered, the three community services with the higher percentages of satisfaction included fire protection, postal services and telephone.

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, recreation programs, and hazardous waste disposal. Other programs included senior

(55+) programs and children and youth programs. When all of the responses were considered, the three community services with the lower percentages of satisfaction included shopping, recycling and recreation programs. It is important to note that while hazardous waste disposal showed a low satisfaction rating this service is not available in the Bonne Bay and Port Saunders area. The low number of respondents reporting a dissatisfaction of Hazardous Waste Disposal services (6 survey respondents dissatisfied; 5 satisfied) would indicate that this service is of little relevance when we consider the high number of respondents (78) who reported that the service was not available in the area. Public hazardous waste disposal services are managed out of larger urban centres throughout the Province.

Most respondents reported that there were no child care/day care programs in the area. Many people rely on family and friends to care for their children or they are unable to return to the work force. The lack of regulated child care/day care programs in the Bonne Bay and Port Saunders area is a concern for many young families.

It was also reported that there are very few children and youth programs in the area especially during the summer months when children are out of school. During the school year there is some opportunity for children and youth to participate in after school programs; however the availability of afterschool programs varies from school to school and relies heavily on what resources are available at the time. There is limited opportunity available to participate in organized sport programs throughout the Bonne Bay and Port Saunders Area; and many of the programs that are available are seasonal (i.e. hockey in the winter months³ and swimming lessons in July and August only⁴).

Many respondents felt that seniors programs were lacking in the area. There are some very active seniors groups throughout the Bonne Bay and Port Saunders area however there are many communities in which there are no formal seniors groups and the existing seniors groups are struggling to recruit new members to support their initiatives. Some survey respondents reported that they were unable to support their local seniors groups and attend events held during the week because they were too busy providing child care to their grandchildren.

The Bonne Bay and Port Saunders area encompasses a broad geography from Trout River north to Bartlett's Harbour; this is approximately a 3 hours 40 minutes' drive from end to end in optimal driving conditions. There are many small communities located within this area and the services that

³ Arenas are located in Rocky Harbor and Port au Choix

⁴ Pool located in Rocky Harbor

are available vary greatly from community to community. There are some communities that have more services and resources available to them than others. Services such as grocery stores, schools, and recreation programs and facilities tend to be located in the more densely populated areas such as Woody Point, Rocky Harbour and Port Saunders/Port au Choix. Some respondents reported that access to grocery stores to buy healthy foods and having access to public transportation (i.e. bus service or taxi) were of concern to them. Please refer to Table 1 below for more details around survey respondent's level of satisfaction with community services.

Table 1 – Survey Respondents Satisfaction with Community Services

| Community Services | Yes | No | Don't know | Not available | No response |
|---------------------------------------|---------------|---------------|---------------|---------------|-------------|
| 1. Preschool programs | 40.0% (38) | 4.2% (4) | 46.3% (44) | 9.5% (9) | |
| 2. University / College | | | | 100% (95) | |
| 3. Schools | 68.4% (65) | 1.1% (1) | 22.1% (21) | 8.4% (8) | |
| 4. Child Care/day care | 6.3% (6) | 28.4% (27) | 37.9% (36) | 27.4% (26) | |
| 5. After school programs | 20.0% (19) | 6.3% (6) | 53.7% (51) | 20.0% (19) | |
| 6. Children/Youth programs | 20.0% (19) | 10.5% (10) | 54.7% (52) | 14.7% (14) | |
| 7. Seniors programs (55+) | 45.3% (43) | 24.2% (23) | 23.2% (22) | 7.4% (7) | |
| 8. Recycling | 71.6% (68) | 10.5% (10) | 1.1% (1) | 16.8% (16) | |
| 9. Water and sewage | 85.3% (81) | 8.4% (8) | 1.1% (1) | 5.3% (5) | |
| 10. Garbage collection and disposal | 93.7% (89) | 3.2% (3) | | 3.2% (3) | |
| 11. Hazardous waste disposal | 5.3% (5) | 6.3% (6) | 6.3% (6) | 82.1% (78) | |
| 12. Community planning (Town Council) | 62.1% (59) | 21.1% (20) | 9.5% (9) | 7.4% (7) | |
| 13. Telephone | 94.7% (90) | 5.3% (5) | | | |
| 14. Fire protection | 96.8% (92) | 2.1% (2) | | 1.1% (1) | |
| 15. Police | 90.5% (86) | 3.2% (3) | 1.1% (1) | 5.3% (5) | |

Table 1 continued on the next page ...

| | | | | | |
|-------------------------------------------------|---------------|---------------|---------------|---------------|--|
| 16. Libraries | 73.7% (70) | 3.2% (3) | 10.5% (10) | 12.6% (12) | |
| 17. Postal services | 94.7% (90) | 2.1% (2) | | 3.2% (3) | |
| 18. Banking | 56.8% (54) | 9.5% (9) | | 33.7% (32) | |
| 19. Grocery stores | 80.0% (76) | 13.7% (13) | | 6.3% (6) | |
| 20. Shopping | 29.5% (28) | 7.4% (7) | 3.2% (3) | 60.0% (57) | |
| 21. Public transportation (Ex. buses, taxis) | 46.3% (44) | 5.3% (5) | 3.2% (3) | 45.3% (43) | |
| 22. Recreation programs | 33.7% (32) | 42.1% (40) | 9.5% (9) | 14.7% (14) | |
| 23. Recreation facilities | 57.9% (55) | 24.2% (23) | 4.2% (4) | 13.7% (13) | |
| 24. Career development services | 48.4% (46) | 2.1% (2) | 16.8% (16) | 32.6% (31) | |
| 25. Literacy support | 26.3% (25) | 3.2% (3) | 32.6% (31) | 37.9% (36) | |
| 26. Food bank | 11.6% (11) | 5.3% (5) | 20.0% (19) | 63.2% (60) | |

Health Related Community Services

Respondents were asked to indicate whether they were satisfied with a number of health-related community services (please refer to 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: immunization services, services for pregnant women, and services for new mothers/babies. Other services included mental health services, counseling services, family planning, sex education, rehabilitation services, health education services, school health services, occupational therapy, chronic disease self- management program, services for young offenders, diagnostic services, adoption services, and respiratory services. When all of the responses were considered, the three health related community services with the higher percentages of satisfaction included ambulance services, emergency health services and home support services.

While it appears as though there is a high level of satisfaction for the previously mentioned services within the Bonne Bay and Port Saunders area if you consider the number of respondents who replied don’t know or not available, there is actually a unawareness of these services and their availability within the community. This is important to note as it speaks to the need for increasing

awareness of these services throughout the Bonne Bay and Port Saunders area. The one service that stands out with a high level of satisfaction and awareness within the community is immunization services with 80 out of 95 survey respondents reporting satisfaction with this program.

Although most respondents reported being satisfied with physiotherapy services, some commented that they had a physiotherapy aid and not a physiotherapist. This is primarily an issue in the Port Saunders area as there is no physiotherapist on site but a traveling clinic to the area 1-2 days a month and a part time physiotherapy aid at Rufus Guinchard Health Center (RGHC). There are adequate resources in the Norris Point area as there is a physiotherapist at the Bonne Bay Health Center (BBHC) with a full time physiotherapy aid and another private physiotherapist in the community.

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: vision services, adult day programs, and speech and hearing services. Another service with lower satisfaction was meals on wheels type services. When all of the responses were considered, the three health related community services with the lower percentages of satisfaction included vision services, speech and hearing services, and dental health services. In reference to the services with the highest level of dissatisfaction (lowest satisfaction rating); the level of dissatisfaction seems to be largely based on the fact that these services are not offered in the area and require much time in travel and cost to access these services. In some instances, there are traveling clinics to the area however poor weather conditions can sometimes result in the cancellation of clinics. The nearest place to access vision services is Deer Lake and Corner Brook for specialty services. Corner Brook is the nearest place to access speech and hearing services⁵ however there is a traveling clinic for audiology twice a year to the BBHC and a traveling clinic twice a year for speech language pathology to the Bonne Bay and Port Saunders area. There is a dental clinic in Norris Point and several in the Deer Lake area. Access to dental health services appears to be more of an issue for communities further up the coast towards the Port Saunders area. It should be noted that since the completion of the survey, monthly dental clinics are now being offered in Port Saunders.

Seniors support programs are lacking in the area specifically in relation to adult day programs, which are currently only available in Stephenville and Port aux Basques, and Meals on Wheels programs. While there are no organized Meals on Wheels programs in the Bonne Bay or Port Saunders

⁵ Speech and hearing services are actually two separate services comprised of Speech Language Pathology and Audiology.

area there are community volunteers/groups that will at times provide a similar type of service to seniors in the community; this is a very community specific service and usually occurs around the holidays.

Many survey respondents suggested that there is an inconsistency in physician services provided to the area as the physicians did not seem to stay. The turnover in physician positions often lead to a gap in service and affects continuity of care especially for those individuals who do not have a family doctor.

Table 2 – Survey Respondents Satisfaction with Health Related Community Services

| Health related Community Services | Yes | No | Don't know | Not available | No response |
|----------------------------------------------|---------------|-------------|-------------------|----------------------|--------------------|
| 27. Mental health services | 36.8% (35) | | 30.5% (29) | 32.6% (31) | |
| 28. Addiction services | 37.9% (36) | 2.1% (2) | 28.4% (27) | 31.6% (30) | |
| 29. Drug addiction services | 36.8% (35) | 2.1% (2) | 28.4% (27) | 32.6% (31) | |
| 30. Alcohol addiction services | 33.7% (32) | 2.1% (2) | 30.5% (29) | 32.6% (31) | 1.1% (1) |
| 31. Gambling addiction services | 32.6% (31) | 2.1% (2) | 32.6% (31) | 32.6% (31) | |
| 32. Addiction treatment centres ⁶ | 13.7% (13) | 1.1% (1) | 15.8% (15) | 69.5% (66) | |
| 33. Counselling services | 32.6% (31) | | 24.2% (23) | 43.2% (41) | |
| 34. Family planning | 27.4% (26) | | 41.1% (39) | 31.6% (30) | |

Table 2 continued on the next page ...

⁶ There are no addiction treatment centers located within the Bonne Bay and Port Saunders area. The only addiction treatment center in the Province is Humberwood which is located in Corner Brook.

| | | | | | |
|--------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------|---------------|-------------|
| 35. Sex education | 22.1% (21) | | 58.9% (56) | 18.9% (18) | |
| 36. Ambulance services | 86.3% (82) | 6.3% (6) | 5.3% (5) | 1.1% (1) | 1.1% (1) |
| 37. Emergency health services | 86.3% (82) | 10.5% (10) | 2.1% (2) | 1.1% (1) | |
| 38. Income support services | 76.8% (73) | 3.2% (3) | 17.9% (17) | 2.1% (2) | |
| 39. Home support services | 85.3% (81) | 3.2% (3) | 8.4% (8) | 3.2% (3) | |
| 40. Respite care services | 27.4% (26) | 2.1% (2) | 24.2% (23) | 46.3% (44) | |
| 41. Supportive housing (e.g. Personal care home, alternate family care) | 63.2% (60) | 7.4% (7) | 9.5% (9) | 20.0% (19) | |
| 42. Long term care | 53.7% (51) | 3.2% (3) | 7.4% (7) | 34.7% (33) | 1.1% (1) |
| 43. Services for pregnant women | 50.5% (48) | | 35.8% (34) | 13.7% (13) | |
| 44. Services for new mothers/ babies | 47.4% (45) | | 38.9% (37) | 13.7% (13) | |
| 45. Services for seniors (e.g. foot care) | 41.1% (39) | 2.1% (2) | 33.7% (32) | 23.2% (22) | |
| 46. Services for people with chronic diseases (disease longer than 3 months for example, asthma, diabetes, cancer) | 16.8% (16) | 1.1% (1) | 46.3% (44) | 35.8% (34) | |
| 47. Wellness/Illness prevention | 9.5% (9) | 2.1% (2) | 52.6% (50) | 35.8% (34) | |
| 48. Services for people with disabilities | 20.0% (19) | 4.2% (4) | 31.6% (30) | 44.2% (42) | |
| 49. Rehabilitation services | 11.6% (11) | | 16.8% (16) | 71.6% (68) | |
| 50. Physiotherapy services | 38.9% (37) | 5.3% (5) | 16.8% (16) | 38.9% (37) | |
| 51. Services for victims of physical or sexual abuse | 9.5% (9) | 1.1% (1) | 42.1% (40) | 47.4% (45) | |
| 52. Adult day programs | 1.1% (1) | 3.2% (3) | 27.4% (26) | 68.4% (65) | |
| 53. Meals on wheels type services | 2.1% (2) | 4.2% (4) | 21.1% (20) | 72.6% (69) | |
| 54. Dental health services | 18.9% (18) | 20.0% (19) | 8.4% (8) | 52.6% (50) | |
| 55. Health inspection services | 6.3% (6) | 1.1% (1) | 18.9% (18) | 73.7% (70) | |
| 56. Pharmacy services | 67.4% (64) | 3.2% (3) | 2.1% (2) | 27.4% (26) | |
| 57. Immunization services | 84.2% (80) | | 8.4% (8) | 7.4% (7) | |

Table 2 continued on the next page ...

| | | | | | |
|---------------------------------------------|---------------|---------------|---------------|---------------|--|
| 58. Health education services | 38.9% (37) | | 45.3% (43) | 15.8% (15) | |
| 59. School health services | 45.3% (43) | | 36.8% (35) | 17.9% (17) | |
| 60. Occupational therapy | 13.7% (13) | | 29.5% (28) | 56.8% (54) | |
| 61. Physician services | 76.8% (73) | 12.6% (12) | 3.2% (3) | 7.4% (7) | |
| 62. Nurse practitioner services | 73.7% (70) | 6.3% (6) | 2.1% (2) | 17.9% (17) | |
| 63. Diabetes programs | 18.9% (18) | 1.1% (1) | 49.5% (47) | 30.5% (29) | |
| 64. Chronic disease self-management program | 13.7% (13) | | 52.6% (50) | 33.7% (32) | |
| 65. Primary Health Care Teams | 35.8% (34) | | 45.3% (43) | 18.9% (18) | |
| 66. Services for Young Offenders | 17.9% (17) | | 46.3% (44) | 35.8% (34) | |
| 67. Diagnostic Services | 34.7% (33) | | 24.2% (23) | 41.1% (39) | |
| 68. Child Protection Services | 28.4% (27) | 2.1% (2) | 31.6% (30) | 37.9% (36) | |
| 69. Adoption Services | 8.4% (8) | | 37.9% (36) | 53.7% (51) | |
| 70. Health Line | 69.5% (66) | 1.1% (1) | 25.3% (24) | 4.2% (4) | |
| 71. Telehealth Services | 17.9% (17) | 2.1% (2) | 49.5% (47) | 30.5% (29) | |
| 72. Cervical Screening | 68.4% (65) | 3.2% (3) | 18.9% (18) | 9.5% (9) | |
| 73. Nutrition Services | 55.8% (53) | 1.1% (1) | 21.1% (20) | 22.1% (21) | |
| 74. Dietitian Services | 55.8% (53) | 4.2% (4) | 16.8% (16) | 23.2% (22) | |
| 75. Respiratory Services | 15.8% (15) | | 31.6% (30) | 52.6% (50) | |
| 76. Emergency Preparedness | 42.1% (40) | 3.2% (3) | 35.8% (34) | 18.9% (18) | |
| 77. Speech and Hearing Services | 9.5% (9) | 24.2% (23) | 16.8% (16) | 49.5% (47) | |
| 78. Vision Services | 4.2% (4) | 43.2% (41) | 5.3% (5) | 47.4% (45) | |
| 79. Foot Care | 34.7% (33) | 7.4% (7) | 16.8% (16) | 41.1% (39) | |

When survey respondents were asked if there were other health related community services or barriers to access they would like to comment on, some of the following were reported: the need for more travelling clinics for services not available in communities such as dental⁷, vision, speech and hearing, and physiotherapy⁸ services; and a lack of youth programs, especially during the summer when children/youth are out of school. Common barriers include travel, cost, limited public transportation, and weather. Table 3 below outlines the travel time and distance to access health care services.

Table 3 – Travel Distances by community to access primary health care services

| Bonne Bay Area Community | Distance (kms)to BBHC / travel time (hh:mm) | Distance (kms) to Medical Clinic/travel time (hh:mm) | Distance (kms) to WMRH/ travel time (hh:mm) | Distance (kms) to Physician Clinic ⁹ / travel time (hh:mm) | Public transportation (Bus or Taxi) |
|------------------------------------|---------------------------------------------|------------------------------------------------------|---------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|
| Trout River | 91 km 1:19 | 0 km (medical clinic) | 134 km 1:45 | 91 km 1:19 | Taxi |
| Woody Point | 74 km 1:04 | 0 km (medical clinic) | 117 1:30 | 74 1:04 | Taxi |
| Glenburnie/Birchy Head/Shoal Brook | 66 km 0:53 | 9 km 0:12 | 108 km 1:19 | 66 km 0:53 | Taxi |
| Wiltondale | 40 km 0:30 | 34 km 0:34 | 83 km 0:56 | 40 km 0:30 | Taxi |
| Rocky Harbour | 9 km 0:10 | NA | 120 km 1:22 | 9 km 0:10 | Taxi |
| Norris Point | 0 (BBHC) | NA | 123 km 1:26 | 0 | Taxi |
| Sally's Cove | 28 km 0:22 | NA | 138 km 1:33 | 28 km 0:22 | No |
| St. Pauls | 47 km 0:35 | 10 km 0:09 | 157 km 1:47 | 47 km 0:35 | No |
| Cow Head | 57 km 0:44 | 0 km (medical clinic) | 167 km 1:55 | 57 km 0:44 | No |
| Three Mile Rock | 66 km 0:49 | 3 km 0:04 | 176 km 2:00 | 66 km 0:49 | No |
| Parsons Pond | 69 km 0:51 | 0 km (medical clinic) | 179 km 2:02 | 69 km 0:51 | No |
| Portland Creek | 86 km 1:03 | 10 km 0:08 | 196 km 2:14 | 86 km 1:03 | No |
| Daniel's Harbour | 95km 1:11 | 0 km (medical clinic) | 205 km 2:22 | 95 km 1:11 | No |
| Bellburns | 107 km 1:19 | 12 km 0:12 | 217 km 2:30 | 107 km 1:19 | No |

Table 3 continued on the next page ...

⁷ For Port Saunders Area only

⁸ For Port Saunders Area only

⁹ Physician Clinic located in Norris Point; important to note all residents residing within the Bonne Bay area attend this physician clinic; many residents rely on salaried physicians at the BBHC or Rural Health Clinics

| Port Saunders Area Community | Distance (kms) to RGHC/ travel time (hh:mm) | No Medical Clinics | Distance (kms) to WMRH/ travel time (hh:mm) | Distance (km) to Physician Clinic ¹⁰ / travel time (hh:mm) | Public transportation (Bus or Taxi) |
|------------------------------|---------------------------------------------|--------------------|---------------------------------------------|-----------------------------------------------------------------------|-------------------------------------|
| River of Ponds | 33 km 0:27 | NA | 242 km 2:47 | 42 km 0:36 | Taxi |
| Hawk's Bay | 14 km 0:12 | NA | 262 km 3:01 | 22 km 0:21 | Taxi |
| Port Saunders | 0 km | NA | 276 km 3:13 | 9 km 0:09 | Taxi |
| Port au Choix | 9 km 0:09 | NA | 284 km 3:22 | 0 km | Taxi |
| Eddies Cove West | 18 km 0:13 | NA | 283 km 3:18 | 19 km 0:15 | Taxi |
| Castors River South | 44 km 0:31 | NA | 309 km 3:35 | 44 km 0:32 | No |
| Castors River North | 52 km 0:38 | NA | 316 km 3:42 | 52 km 0:40 | No |
| Bartlett's Harbour | 53 km 0:42 | NA | 318 km 3:46 | 54 km 0:43 | No |

Community Groups

Respondents were asked to report on whether they were satisfied with a list of community groups (Refer to Table 4). Of those community groups that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses), all respondents reported that they were satisfied with the following community services: sports clubs (e.g. Minor Hockey), school council, advocacy groups, Family Resource Center/Healthy Baby Club, Community Advisory Committee, churches, Hospital Foundation/Auxiliary, recreation clubs (e.g. Girl Guides, Cadets, etc.) and service organizations (e.g. Kinsmen, Knights of Columbus, Lion’s Club, etc.).

While it appears as though there is a high level of satisfaction with these services within the Bonne Bay and Port Saunders area if you consider the number of respondents who replied don’t know or not available, there appears to be an unawareness of many of these services. This is important to note as it speaks to the need for increasing awareness of these groups and the programs and services they provide.

While there are a limited number of sports clubs in the area, hockey during the winter months is very popular and appeals to a large audience throughout the Bonne Bay and Port Saunders area. The hockey programs at the arena in Rocky Harbour and Port au Choix are very active with members of all age groups and genders. The majority of respondents who were satisfied with sports clubs (e.g.

¹⁰ Physician Clinic in Port au Choix; important to note all residents residing within the Port Saunders area attend this physician clinic; some individuals rely on physicians at the RGHC

hockey) came from the Port Saunders area (33 out of 38 respondents were satisfied), which is not surprising if you consider the average age of respondents from that area was 43 years old and more likely to have children who are involved in this sport, as opposed to the average age of survey respondents in the Bonne Bay area which was 63 years old and majority female. Hockey remains one of the largest organized sports throughout the Bonne Bay and Port Saunders Area.

The survey indicated a high level of satisfaction with local Advocacy Groups; it is important to place the level of satisfaction in context with the number of respondents who reported Not available or Don't Know (57% and 26% respectively). When we look at the whole picture it implies that while there are a small number of individuals who are aware of and satisfied with advocacy groups in the area, the majority of respondents were not aware of their existence. It is important in this case to ensure an increased awareness of local advocacy groups throughout the Bonne Bay and Port Saunders Area.

The one service that stands out with a very high level of satisfaction and awareness within the community are churches with 93 out of 95 survey respondents reporting satisfaction with this service. Churches continue to play an important role in the overall health and well-being in this area.

The group with the lowest level of satisfaction was Town Councils (78% satisfied). There were specific comments around the need for Town Councils to have recreation committees and support more sports and recreation programs in the area. Please refer to Table 4 on the next page for more detail around the level of satisfaction with community groups.

When respondents were asked how the community supports their efforts to stay healthy some respondents replied: social type events such as darts, bingo, dances, quilting and scrapbooking clubs; small, safe, supportive community; recreation such as seniors groups, walking groups, hiking trails; Family Resource Centres/Healthy Baby Clubs for new moms; community kitchens and recipe sharing; and community gardens.

Table 4 – Survey Respondents’ satisfaction with Community Groups

| Community Groups | Yes | No | Don’t know | Not available | No response |
|----------------------------------------------------------------------------|---------------|---------------|-------------------|----------------------|--------------------|
| 80. Self Help/Support Groups | 46.3% (44) | 4.2% (4) | 12.6% (12) | 36.8% (35) | |
| 81. Town Councils | 67.4% (64) | 18.9% (18) | 4.2% (4) | 9.5% (9) | |
| 82. Service Organizations (e.g. Kinsmen, Knights of Columbus, Lion’s Club) | 64.2% (61) | 2.1% (2) | 5.3% (5) | 28.4% (27) | |
| 83. Churches | 97.9% (93) | 1.1% (1) | | 1.1% (1) | |
| 84. Sports Clubs (e.g. minor hockey, Softball) | 56.8% (54) | | 9.5% (9) | 33.7% (32) | |
| 85. Recreation Clubs (e.g. Girl Guides, Cadets) | 61.1% (58) | 2.1% (2) | 9.5% (9) | 26.3% (25) | 1.1% (1) |
| 86. School Council | 58.9% (56) | | 21.1% (20) | 20.0% (19) | |
| 87. Health Related Groups (e.g. Cancer Society, Lung Association) | 33.7% (32) | 4.2% (4) | 21.1% (20) | 41.1% (39) | |
| 88. Advocacy Groups (e.g. Status of Women, Tobacco Free Network) | 16.8% (16) | | 26.3% (25) | 56.8% (54) | |
| 89. Family Resource Center (e.g. Healthy Baby Clubs) | 54.7% (52) | | 21.1% (20) | 23.2% (22) | 1.1% (1) |
| 90. Hospital Foundations and Auxiliary Groups | 47.4% (45) | 1.1% (1) | 20.0% (19) | 31.6% (30) | |
| 91. Western Health Community Advisory Committee (CAC) | 55.8% (53) | | 22.1% (21) | 22.1% (21) | |

Community Concerns

Respondents were asked to indicate whether a list of potential community concerns were actually concerns for their communities (refer to Table 5). 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: cancer, diabetes and outmigration. When all of the responses were considered, the three community concerns with the higher percentages remained the same. To gain a better understanding of these concerns 3 focus groups were held throughout the Bonne Bay and Port Saunders area (Service provider focus group, Diabetes Focus Group and Cancer Focus Group). The next section of this report will outline in detail the process and outcome of each of the 3 focus groups.

A focus group was not held to explore the issue of out migration as it was felt that the ability of Western Health to address this issue was limited. However, it is clear that this is a community concern as many people are leaving the area to find employment, as well as the number of transient workers¹¹ has been steadily increasing over the past number of years. This trend is changing the face of many of our rural communities and we will explore this issue in more detail in the demographics section of this report.

In addition to the top 3 community concerns outlined previously, a couple of other community concerns stood out: loneliness, particularly for seniors (many seniors are living alone) and high blood pressure. It is interesting to note, the community concerns which generated a high “Don’t know” response from respondents. They include: violence in the home, child abuse/neglect, sexual abuse, parenting difficulties, teenage pregnancy, unplanned pregnancy, abortion counseling, day care problems for children, hepatitis or other liver diseases, sexually transmitted infections, and HIV/AIDS. We need to ensure is that supports and services are available to assist individuals who are struggling with any of these issues and they are aware of how to access these services. In the previous section of this report it was identified that while there appeared to be a high level of satisfaction with a number of health and community services throughout the Bonne Bay and Port Saunders area, there was actually a lack of awareness of many services among survey respondents. The lack of awareness among survey respondents speaks to the possible need to increase awareness of available services and how to access these services. Please refer to Table 5 on the next page for more details around survey response rates and community concerns.

¹¹ Individuals who maintain their primary residence in the Bonne Bay and Port Saunders area but leave the Province for permanent employment on a work rotation cycle.

Table 5 - Community Concerns identified by Survey Respondents'

| Community Concerns | Yes | No | Don't know | Not available | No response |
|--------------------------------------|---------------|---------------|-------------------|----------------------|--------------------|
| 92. Drinking and driving | 53.7% (51) | 38.9% (37) | 5.3% (5) | 1.1% (1) | 1.1% (1) |
| 93. Distracted driving | 45.3% (43) | 48.4% (46) | 4.2% (4) | 1.1% (1) | 1.1% (1) |
| 94. Alcohol abuse | 52.6% (50) | 40.0% (38) | 5.3% (5) | 1.1% (1) | 1.1% (1) |
| 95. Loneliness | 66.3% (63) | 15.8% (15) | 13.7% (13) | 2.1% (2) | 2.1% (2) |
| 96. Suicide | 1.1% (1) | 3.2% (3) | | | 95.8% (91) |
| 97. Age Friendly/Senior Friendly | 14.7% (14) | 76.8% (73) | 6.3% (6) | 1.1% (1) | 1.1% (1) |
| 98. Care of the older person | 7.4% (7) | 83.2% (79) | 6.3% (6) | 2.1% (2) | 1.1% (1) |
| 99. Care of People with disabilities | 9.5% (9) | 80.0% (76) | 6.3% (6) | 3.2% (3) | 1.1% (1) |
| 100. Mental health problems | 11.6% (11) | 76.8% (73) | 9.5% (9) | 1.1% (1) | 1.1% (1) |
| 101. Unhealthy eating habits | 22.1% (21) | 65.3% (62) | 10.5% (10) | 1.1% (1) | 1.1% (1) |
| 102. Elder Abuse | 11.6% (11) | 69.5% (66) | 16.8% (16) | 1.1% (1) | 1.1% (1) |
| 103. Illegal drug use | 62.1% (59) | 24.2% (23) | 11.6% (11) | 1.1% (1) | 1.1% (1) |
| 104. Abuse of prescription drugs | 32.6% (31) | 53.7% (51) | 11.6% (11) | 1.1% (1) | 1.1% (1) |
| 105. Abuse of over the counter drugs | 30.5% (29) | 53.7% (51) | 13.7% (13) | 1.1% (1) | 1.1% (1) |
| 106. Unemployment | 35.8% (34) | 56.8% (54) | 5.3% (5) | 1.1% (1) | 1.1% (1) |
| 107. Smoking | 48.4% (46) | 40.0% (38) | 9.5% (9) | 1.1% (1) | 1.1% (1) |
| 108. Physical inactivity | 36.8% (35) | 47.4% (45) | 12.6% (12) | 1.1% (1) | 2.2% (2) |
| 109. Poverty | 12.6% (12) | 77.9% (74) | 7.4% (7) | 1.1% (1) | 1.1% (1) |
| 110. Gambling | 40.0% (38) | 45.3% (43) | 11.6% (11) | 2.1% (2) | 1.1% (1) |
| 111. Illiteracy | 16.8% (16) | 64.2% (61) | 15.8% (15) | 1.1% (1) | 2.2% (2) |
| 112. Garbage disposal | 9.5% (9) | 82.1% (78) | 5.3% (5) | 1.1% (1) | 2.1% (2) |
| 113. Water pollution | 15.8% (15) | 76.8% (73) | 4.2% (4) | 1.1% (1) | 2.2% (2) |

Table 5 continued on the next page ...

| | | | | | |
|------------------------------------------|---------------|---------------|---------------|---------------|-------------|
| 114.Noise pollution | 5.3% (5) | 88.4% (84) | 4.2% (4) | 1.1% (1) | 1.1% (1) |
| 115.Road accidents | 5.3% (5) | 88.4% (84) | 4.2% (4) | 1.1% (1) | 1.1% (1) |
| 116.Housing conditions | 9.5% (9) | 82.1% (78) | 5.3% (5) | 1.1% (1) | 2.1% (2) |
| 117.Homelessness (e.g. couch surfing) | 1.1% (1) | 89.5% (85) | 7.4% (7) | 1.1% (1) | 1.1% (1) |
| 118.Crime | 21.1% (20) | 74.7% (71) | 2.1% (2) | 1.1% (1) | 1.1% (1) |
| 119.Vandalism | 24.2% (23) | 70.5% (67) | 3.2% (3) | 1.1% (1) | 1.1% (1) |
| 120.Bullying | 17.9% (17) | 64.2% (61) | 15.8% (15) | 1.1% (1) | 1.1% (1) |
| 121.Violence in the home | 6.3% (6) | 54.7% (52) | 36.8% (35) | 1.1% (1) | 1.1% (1) |
| 122.Violence in the community | 12.6% (12) | 73.7% (70) | 11.6% (11) | 1.1% (1) | 1.1% (1) |
| 123.Child abuse/Neglect | 9.5% (9) | 54.7% (52) | 32.6% (31) | 1.1% (1) | 2.2% (2) |
| 124.Sexual abuse | 7.4% (7) | 60.0% (57) | 30.5% (29) | 1.1% (1) | 1.1% (1) |
| 125.Personal safety | 8.4% (8) | 78.9% (75) | 10.5% (10) | 1.1% (1) | 1.1% (1) |
| 126.On the job risks for injury | 16.8% (16) | 66.3% (63) | 14.7% (14) | 1.1% (1) | 1.1% (1) |
| 127.Parenting difficulties | 11.6% (11) | 46.3% (44) | 40.0% (38) | 1.1% (1) | 1.1% (1) |
| 128.Teenage pregnancy | 10.5% (10) | 54.7% (52) | 31.6% (30) | 1.1% (1) | 2.2% (2) |
| 129.Young people in trouble with the law | 16.8% (16) | 50.5% (48) | 28.4% (27) | 1.1% (1) | 3.2% (3) |
| 130.Unplanned pregnancy | 10.5% (10) | 44.2% (42) | 43.2% (41) | 1.1% (1) | 1.1% (1) |
| 131.Abortion counselling | 3.2% (3) | 37.9% (36) | 49.5% (47) | 7.4% (7) | 2.2% (2) |
| 132.Education system concerns | 6.3% (6) | 48.4% (46) | 43.2% (41) | 1.1% (1) | 1.1% (1) |
| 133.Day care problems for children | 6.3% (6) | 31.6% (30) | 32.6% (31) | 28.4% (27) | 1.1% (1) |
| 134.Dental health | 17.9% (17) | 49.5% (47) | 24.2% (23) | 7.4% (7) | 1.1% (1) |
| 135.High blood pressure | 58.9% (56) | 12.6% (12) | 26.3% (25) | 1.1% (1) | 1.1% (1) |
| 136.Stroke | 41.1% (39) | 40.0% (38) | 16.8% (16) | 1.1% (1) | 1.1% (1) |
| 137.Heart disease | 55.8% (53) | 28.4% (27) | 13.7% (13) | 1.1% (1) | 1.1% (1) |

Table 5 continued on the next page ...

| | | | | | |
|-----------------------------------------|---------------|---------------|---------------|-------------|-------------|
| 138.Circulatory problems | 52.6% (50) | 32.6% (31) | 12.6% (12) | 1.1% (1) | 1.1% (1) |
| 139.Cancer | 86.3% (82) | 5.3% (5) | 5.3% (5) | 1.1% (1) | 2.1% (2) |
| 140.Diabetes | 73.7% (70) | 13.7% (13) | 9.5% (9) | 1.1% (1) | 2.2% (2) |
| 141.Eating disorders | 13.7% (13) | 44.2% (42) | 40.0% (38) | 1.1% (1) | 1.1% (1) |
| 142.Hepatitis (or other liver disease) | 1.1% (1) | 45.3% (43) | 50.5% (48) | 2.1% (2) | 1.1% (1) |
| 143.Sexually transmitted infections | 5.3% (5) | 40.0% (38) | 51.6% (49) | 2.1% (2) | 1.1% (1) |
| 144.HIV/AIDS | | 52.6% (50) | 44.2% (42) | 2.1% (2) | 1.1% (1) |
| 145.Lung disease | 23.2% (22) | 52.6% (50) | 22.1% (21) | 1.1% (1) | 1.1% (1) |
| 146. Kidney disease | 20.0% (19) | 54.7% (52) | 23.2% (22) | 1.1% (1) | 1.1% (1) |
| 147.Out migration | 82.1% (78) | 10.5% (10) | 5.3% (5) | 1.1% (1) | 1.1% (1) |
| 148.Access to health services | 24.2% (23) | 68.4% (65) | 5.3% (5) | 1.1% (1) | 1.1% (1) |
| 149.Littering | 31.6% (30) | 64.2% (61) | 2.1% (2) | 1.1% (1) | 1.1% (1) |
| 150.Access for people with disabilities | 15.8% (15) | 72.6% (69) | 7.4% (7) | 2.1% (2) | 2.1% (2) |

Other

When respondents were asked where they get their health information, most indicated that they got it from the doctor. When asked about the strengths of their communities, the comments indicated that the community was supportive, safe, quiet, and friendly, a nice place to live and everyone knows everyone.

Focus Groups - Overview

There were 3 focus groups conducted throughout the Bonne Bay and Port Saunders area to address the top two community concerns identified by respondents of the telephone surveys - Cancer and Diabetes. The intent of each of the focus groups was to further explore the issues surrounding living with and treating, chronic illness specifically cancer and diabetes in rural communities. Each focus group was approximately an hour and a half in duration and the discussion was informal with a question and answer format. A total of 20 individuals participated in the 3 focus groups (Chronic Disease Focus Group – service providers, Diabetes Focus Group and Cancer Focus Group). Each focus group had a facilitator and a recorder. After each focus group was complete the recorder and the facilitator reviewed the notes to ensure accuracy. The focus group notes were then typed and analysed to identify common themes and ideas, which are outlined in the next section of this report. For a detailed look at the questions and the format of the focus groups please refer to Appendix D to view the Focus Group Guide; and Appendix E to view the Informed Consent Form.

Creating Context

The Bonne Bay and Port Saunders area has a broad costal line rural geography that spans from Trout River North to Bartlett's Harbour (287 kms/3 hr:40 min). There is a vast disparity of supports and services available between the 23 communities that reside within the Bonne Bay and Port Saunders area. The majority of focus group participants reside within the larger communities throughout the area – Rocky Harbour, Norris Point, Port Saunders and Port au Choix and are closer to the Bonne Bay Health Center and the Rufus Guincharde Health Center and the majority of local health services.

The information obtained from the focus group participants paints a vivid picture of what it is like to reside within a rural community when you are living with diabetes or cancer; as well as what it is like to treat clients with these illnesses in a rural setting. Living with a chronic disease in a rural community is a very different experience for many people; it largely depends on – what disease you have, what services are available within or near your community; and what supports you have available to you to help cope with your illness.

There were 3 main themes that emerged from the focus groups: 1. Creating Supportive Environments and Strengthening Community Action; 2. Access and Coordination of Services; and 3. Advocacy and System Navigation. The information in the next section will provide you with a broader explanation of each of these themes as they relate to one's experiences living with, or treating someone with, cancer or diabetes in the Bonne Bay and Port Saunders area.

Focus Groups – Results

The information contained throughout this section of the report has been taken from the focus group transcripts and organized into themes. It is important to keep in mind that every individual brings with them a vast number of life experiences and knowledge that shape their outlook on issues and provides a unique perspective on social interactions, the environment, coping with a chronic disease, access to services and resources within their community, and technology. For this reason, some of the information obtained through the focus group discussions is more specific to cancer or diabetes, a particular community or service, or a specific patient experience, while other information can be applied more broadly toward the health care system and community as a whole.

Creating Supportive Environments and Strengthening Community Action

The overall guiding principle for supportive environments is the need to encourage a shared responsibility - to take care of each other, our communities and our natural environment. Changing patterns of life, work and leisure have a significant impact on health for people. The way society organizes work and utilizes its resources can help create a healthy society and healthy communities¹².

Focus group comments that relate to creating supportive environments and strengthening community action have been categorized into the following subthemes: access to nutritious food, access to physical activity opportunities, personal coping skills, support groups/community support, and community mobilization.

¹² WHO *Ottawa Charter for Health Promotion* (1986)

Access to Nutritious Food

- There are very few grocery stores throughout the area; more convenience stores or small scale grocery stores where you can purchase many basic shelf items; prices tend to be higher than in larger centres like Corner Brook or Deer Lake.
- Hands on approach; making the message matter – “It would be helpful if there was a dietitian in the grocery store to help you when you are trying to make decisions about what foods to buy to be healthier. It is impossible to remember everything you are told during a 1 hour appointment with the dietitian”.

Access to Physical Activity Opportunities

- Physical activity options are limited, especially if you have physical limitations.
- In some communities schools are open in the evening to support physical activity and recreation programs; it is important to know what is happening in your community.

Personal Coping Skills

- Emotional Wellbeing - “It is important to keep a positive attitude, even though at times this is very hard to do. Family and friends are a great help for this by providing encouraging words and thoughts.”
- Motivation - Clients need to be motivated to make changes; how do we motivate individuals? One focus group participant shared this comment – “I’m a diabetic; I feel lazy and do not feel motivated to manage the disease. I have not fully accepted having the disease. I don’t talk about it (diabetes) with others. I feel I should be doing better with my diet and exercising but I have no knowledge about what is available for physical activity besides walking in my community and I don’t like walking”.

Support Groups/Community Support

- There are no support groups in the area for patients with cancer or diabetes or care givers; most people rely on family and friends for support.

- Financial support - Communities come together for fundraising events to help individuals with medical expenses and travel for appointments; financial assistance is also available through various government programs and services to those who are eligible.
- In schools, there is limited support for children with diabetes (i.e. teacher is not always available to watch children dispose of sharps and there is no direct supervision if a child is experiencing high/low blood sugars). This is a huge concern for many parents of children with type 1 diabetes.

Community Mobilization

- We need to partner with existing groups and combine resources; bring the main players around the table and work together to accomplish our goals.

Access/ Coordination of Services

Access means providing the right service, at the right time by the right provider regardless of geographical location or socioeconomic status. There were many different themes that arose during the focus group discussions pertaining to access and coordination of services: geography and transportation, economic impact, interdisciplinary teams, communication, provider approach and technology/telehealth.

Geography/Transportation

- While certain health services are provided within a specific geographical location, for example individuals in Trout River/Woody Point typically access care at the Bonne Bay Health Center , some people choose to go to Deer Lake or Corner Brook because it is more convenient.
- Access to a Gas Station and the cost of gas – there are some communities that do not have a gas station in close proximity so residents have to travel 45 minutes to get gas.
- Transportation – limited availability of public transportation.
- Weather and broad geography are challenging.
- Amount of Travel – frequent trips to Corner Brook and St. John’s. Need to coordinate appointments so clients don’t have to make multiple trips.

Economic Impact

- The cost associated with travel and treatment/disease monitoring (i.e. medications, testing strips for diabetes), as well as time away from work or inability to work, often creates stress and poses a financial burden for individuals and their families with chronic disease, especially those on limited income or without medical insurance.

Interdisciplinary Teams

- Focus group participants felt that there should be an interdisciplinary team that focuses specifically on types of chronic disease case management. One focus group participant had this to say “In our community we (health care professionals) are doing our own little things in isolation of one another. Interdisciplinary case management teams would be an asset when trying to coordinate services and support a comprehensive treatment plan for clients with a chronic disease... We need to place more importance on the client’s condition and help them move along in the acceptance process.”

Communication

- Electronic documentation would help resolve a communication gap between providers within and outside Western Health. For the most part client records are held with individual providers.
- Provider turnover – one client stated “this is hard to do if you have different people all the time; you begin to lose trust in the system”.
- Awareness of support services - It is important that providers are aware of the services that are available and what services they should be referring their clients to for support e.g. Mental Health services.
- Local Expertise – (Diabetes) Limited local expertise among health care providers to support paediatric diabetes clients, especially around insulin pump issues and insulin adjustments. One parent stated “Often you have to rely on another parent in a similar situation for support because you cannot get in touch with anyone else from the hospital or the diabetes education centre in Corner Brook”. Children on insulin pumps create an additional challenge and

worry for parents because they are constantly wondering what they are going to do if something goes wrong.

Access and Coordination of Services

- Long wait times to access to speciality services - e.g. the endocrinologist
- Coordination of local diabetes services – there are gaps in the service presently and it is not working well i.e. coordination of providers schedules is a challenge, position vacancies, and high rate of no shows.
- The health care system is hard to navigate and there is a lot of paperwork; the Patient Cancer Navigator position and the Cancer unit in Corner Brook were identified as strengths.
- Promote and encourage self-management - Support the *Improving Health My Way*¹³ program.

Provider Approach

- Use simple messages – it is important to avoid using health jargon. Make the message understandable to the audience. Allow time for the client to ask questions. Health care providers must be factual and realistic, yet empathic towards the client’s needs.
- Client comprehension and support – One provider shared this comment “Sometimes clients may not fully absorb what is being said around treatment options or short term/long term prognosis if they have just received news of their diagnosis or a negative report....When clients are receiving bad news their ability to comprehend what is said to them after this is limited (they are in a fog) it is important to have supports for your clients and their families and allow time for them to absorb what they have been told (let it sink in).” It is helpful to summarize the conversation briefly at the end of the appointment, encourage them to bring a support person, have another provider (RN) in the room to talk to the client after the appointment and ensure they understand what has been told to them. Refer the client to other services e.g. mental health for coping/support.

¹³ A Chronic Disease Self-Management program. For more information contact Western Health 1-709-637-5000 ext. 6689 or visit www.health.gov.nl.ca/health

- Setting goals - make small, realistic goals that suit the client's needs. Must be client focused and involved. Often patients are making goals that are too large and setting themselves up for failure or discouragement.

Technology/Telehealth

- Telehealth appointments are well utilized in some program areas such as Teleoncology and have a very positive impact on clients as part of their follow-up and case management; however there is room for improvement in the area of diabetes services especially for the type 1 paediatric population.
- Some focus group participants reported that they felt it was very important to have an RN in the room for a telehealth appointment. Clients often have many questions that they either would not ask the specialist or they didn't think to ask because they were overwhelmed with the information being provided to them.
- Client responsiveness - There were various reactions to telehealth; some patients really like it while others are more hesitant; comfort level seems to increase with use frequency.

Advocacy

- It is important for clients to be their own health advocate – “Taking your health into your own hands”. Several clients shared this comment “we need to advocate for more resources for people with chronic disease”. There are limited community and social supports available in rural communities and those that are available are supported by volunteers. This is not sustainable as the volunteer population is becoming overwhelmed and stretched too thin. “The same people are relied on to do everything. People are getting tired”.

Statistical Data Overview

As part of the multi-phase data collection process embedded into the community health needs and resources assessment for the Bonne Bay and Port Saunders area, demographic and statistical health data was collected through a comprehensive environmental scan utilizing a variety of data sources: the Community Accounts Database, Statistics Canada, the Canadian Institute for Health Information, and regional reports such as the Comprehensive School Health Assessment Summary Report and the 2011-2012 Environmental Scan. As part of the data analysis process the numerical and statistical data generated to develop the demographic and health status profiles for the Bonne Bay and Port Saunders areas was compared with regional and provincial data in order to identify areas for improvement, health inequities and community risk issues.

The next section of this report will outline specific demographic and health status information for the targeted areas – Bonne Bay area and Port Saunders Area. Please refer to the definitions section of this report for a detailed explanation of the Bonne Bay area (Local Area 70 and Local Area 75) and Port Saunders Area (Local Area 74). It is also important to note that whenever possible the most recent census and health information data will be used¹⁴.

Statistical Data

Demographics

Census Population

The 2011 Census population for the Bonne Bay Area was 4,545. This represents a population decline of 4.7% since 2006. The Bonne Bay Area has a median age of 46. The 2011 Census population for the Port Saunders Area was 2,151, which represents a population decline of 7.5% since 2006 and a median age of 42. Over the same period the province experienced a population increase of 1.8% and has a median age of 42. Please refer to Table 6 on the next page for details.

¹⁴ As a result of a change within Statistics Canada and the way Census information is generated and collated there are times when the 2011 data will not be available and thus this report will reference the 2006 Census data.

Table 6 – Population Census Information

| | Census 2006 | Census 2011 | % Change¹⁵ | Median Age¹⁶ |
|---------------------------|--------------------|--------------------|------------------------------|--------------------------------|
| Bonne Bay Area | 4,770 | 4,545 | -4.7% | 46 |
| Port Saunders Area | 2,325 | 2,151 | -7.5% | 42 |
| Western Region | 79,460 | NA ¹⁷ | --- | 44 |
| Province | 505,470 | 514,535 | 1.8% | 42 |

Migration

We continue to see an outmigration of individuals from the Bonne Bay and Port Saunders area; this is clearly evident when we consider the Residual Net Migration rates for the area. Please refer to Table 7 below for details. It is important to note that migration out of the area does not translate directly into migration out of the Province, although it is reasonable to conclude that some individuals who migrated out of rural areas did leave the Province.

Table 7 – Residual Net Migration Rates according to the 2011 Census

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|--------------------------------------------|----------------------------|-----------------------------|----------------------------|-----------------------------|
| Residual Net Migration¹⁸ | -1.2% (-50 individuals) | -0.88% (-20 individuals) | 0.32% (260 individuals) | 0.56% (2895 individuals) |

Marital Status

In Newfoundland and Labrador in 2011 there were 231,745 individuals who were legally married (not separated), 30,160 individuals widowed, 28,515 individuals divorced, 10,155 individuals separated, and 213,950 single people (never legally married). The 2011 data for the Western Region, the Bonne Bay Area, and the Port Saunders Area is not yet available. Please refer to Table 8 on the next page to view information from the 2006 Census.

¹⁵ % change is calculated as follows: $((2011 \text{ data} - 2006 \text{ data}) / 2006) \times 100 = \% \text{ change}$

¹⁶ According to 2006 data

¹⁷ 2011 Census data for Western Region is not available at this time

¹⁸ Net migration using the residual method is calculated by subtracting the current population from the population in the previous year and then removing the affect that births and deaths has on the population. By doing so, the remainder/residual is the number of people who migrated into or out of the area.

Table 8 – Marital Status according to the 2006 Census

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|----------------------------------------------|----------------|--------------------|----------------|----------|
| Legally married (not separated) | 2,205 | 1,000 | 36,700 | --- |
| Widowed | 365 | 130 | 5,180 | --- |
| Divorced | 190 | 110 | 4,290 | --- |
| Separated | 80 | 45 | 1,545 | --- |
| Single people (never legally married) | 1,930 | 1,035 | 31,745 | --- |

Births

There continues to be a decline in birth rate across the entire province; it is especially high in the Bonne Bay and Port Saunders Areas. Refer to Table 9 below.

Table 9 – The number of births according to the 2011 Census

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|--------------------------------------|--------------------|--------------------|---------------------|-----------------------|
| Number of births | 25 | 5 | 615 | 4,465 |
| % Change from 2010 | -29% | -67% | -5.4% | -8.1% |
| | (35 births - 2010) | (15 births - 2010) | (650 births - 2010) | (4,860 births - 2010) |
| Total birth rate¹⁹ | 5.6 | 2.2 | 7.7 | 8.8 |

Deaths

The 2011 Census year has shown a decline in the number of deaths for the Bonne Bay and Port Saunders Area. Refer to Table 10 below for details.

Table 10 – The number of deaths according to the 2011 Census

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|-----------------------------------------|--------------------|--------------------|---------------------|-----------------------|
| Number of deaths | 35 | 20 | 780 | 4,475 |
| % Change from 2010 | -30% | -20% | 0.6% | 0.9% |
| | (50 deaths - 2010) | (25 deaths - 2010) | (775 deaths - 2010) | (4,435 deaths - 2010) |
| Median age of death²⁰ | 76 | 73 | 77 | 78 |

¹⁹ The total birth rate is the ratio of live births to the population expressed per 1,000.

²⁰ Median age of death in 2004-2011

Income, Consumption, and Leisure

Refer to Table 11 below for details around the gross and after tax personal income per capita for the Bonne Bay and Port Saunders Area, as well as information related to individual and family income.

Table 11 – Income Statistics for 2009

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|----------------------------------------------------------------------|----------------|--------------------|----------------|------------|
| Gross personal income per capita (2009) | \$21,150 | \$24,000 | \$24,400 | \$27,700 |
| After tax personal income per capita (adjusted for inflation) | \$15,900 | \$17,900 | \$17,900 | \$19,800 |
| Individual – half of males | > \$24,350 | > \$29,000 | > \$28,800 | > \$31,300 |
| Individual – half of females | > \$17,200 | > \$19,700 | > \$18,700 | > \$19,900 |
| Half of couple families | > \$49,600 | > \$58,800 | > \$59,800 | > \$67,600 |
| Half of lone parent families | > \$25,800 | > \$32,800 | > \$28,000 | > \$29,800 |
| Average Couple Income | \$60,100 | \$67,300 | \$71,300 | \$82,500 |

Note: > denotes greater than

Self-Reliance Ratio²¹

The 2009 self-reliance ration for the Bonne Bay Area was 62.7% while the ratio for the Port Saunders Area was 64.4%. The self-reliance ratio for the Western Region and the Province is 73.4% and 79.6% respectively.

Market Income and Sources

Please refer to Table 12 below to view details around market income and sources for the Bonne Bay and Port Saunders Area.

Table 12 – Market Income and Sources for 2009

| #Persons reporting (average income) for: | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|------------------------------------------|---------------------|---------------------|----------------------|-----------------------|
| Employment Income | 2,500 (\$21,250) | 1,410 (\$22,600) | 42,240 (\$28,700) | 285,380 (\$34,000) |
| Investment Income | 540 (\$1,500) | 250 (\$1,600) | 11,420 (\$2,600) | 78,600 (\$3,400) |
| RRSP Income | 20 (\$4,500) | --- | 520 (\$5,200) | 3,600 (\$5,800) |

Table 12 continued on the next page ...

²¹ This is a measure of the community's dependency on government transfers such as: Canada Pension, Old Age Security, Employment Insurance, Income Support Assistance, etc. A higher self-reliance ratio indicates a lower dependency.

| | | | | |
|-------------------------------------------------|--------------------|-------------------|---------------------|----------------------|
| Private Pension | 400 (\$15,950) | 130 (\$13,700) | 8,480 (\$17,300) | 51,880 (\$17,900) |
| Other Income | 230 (\$4,400) | --- | 8,320 (\$4,900) | 57,470 (\$4,700) |
| Old Age Security/Net Federal supplements | 970 (\$9,150) | 350 (\$9,100) | 14,140 (\$8,500) | 78,710 (\$8,400) |
| Canada Pension Plan | 1,290 (\$4,250) | 520 (\$4,400) | 19,200 (\$5,300) | 110,660 (\$5,600) |
| Child Tax Benefit | 520 (\$3,650) | 260 (\$3,100) | 9,310 (\$3,200) | 58,920 (\$3,100) |
| GST Credit | 1,760 (\$400) | 800 (\$400) | 27,240 (\$400) | 157,650 (\$400) |
| Employment Insurance | 1,670 (\$9,550) | 980 (\$11,100) | 19,170 (\$9,900) | 104,740 (\$9,300) |
| Workers' Compensation | 90 (\$9,450) | 50 (\$16,100) | 1,670 (\$10,000) | 11,350 (\$9,200) |
| Income Support Assistance | 265 (\$5,450) | 100 (\$5,400) | 5,785 (\$6,800) | 31,755 (\$6,700) |
| Provincial Tax Credits | 1,680 (\$700) | 710 (\$700) | 25,650 (\$600) | 147,120 (\$500) |

Employment and Working Conditions

Refer to tables below for details.

Table 13 – Percent Change in Employment²² from 1999 to 2009

| % Change in Employment | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|-------------------------------------------|-----------------------|---------------------------|-----------------------|-----------------|
| 5-year change in employment (2009) | -1.1% | -7.8% | 3.4% | 5.6% |
| 5-year change in employment (1999) | -4.9% | 4.6% | --- | --- |

Table 14 – Labour Force Rates According to the 2006 Census²³

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|--------------------------------------------------------------------------------------------|-----------------------|---------------------------|-----------------------|-----------------|
| Employment rate during the reference week²⁴ for those 18-64 years of age | 47.5% | 52.7% | 52.1% | 58.7% |
| Unemployment rate during the reference week for those 18-64 years of age | 34.2% | 30.0% | 23.5% | 18.5% |

²² Reflective of employment opportunity- a positive percentage would indicate industry growth, while a negative percentage is reflective of industry decline and a reduction in employment opportunity.

²³ Information for 2011 is not available at present

²⁴ The reference week is the week running Sunday to Saturday prior to Census Day.

Table 15 – Employment Insurance and Income Support Assistance data from the 2011 Census

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|------------------------------------------------------------------------------------------------|----------------|--------------------|----------------|----------|
| # individuals who collected Employment Insurance at some point during 2011 | 1,745 | 950 | 17,100 | 91,580 |
| Employment Insurance Incidence ²⁵ | 68.6% | 65.1% | 39.1% | 31.3% |
| # individuals who received Income Support Assistance at some point during 2011 | 410 | 135 | 9,345 | 49,090 |
| Total # of children ages 0-17 who were in families receiving Income Support assistance in 2011 | 95 | 30 | 2,430 | 12,720 |
| Average benefits for those collecting Income Support Assistance during 2011 | \$5,500 | \$5,700 | \$7,100 | \$7,100 |
| Average duration (# months) people were collecting Income Support Assistance | 8.4 | 7.8 | 9.1 | 9.3 |
| % of population that received Income Support Assistance at some point during 2011 | 9.1% | 5.9% | 11.7% | 9.6% |

Table 16 – Occupations by gender, 18-64 years of age Census 2006 (based on 2005 reference year)

| Occupation | Bonne Bay Area | | Port Saunders Area | | Western Region | | Province | |
|--------------------------|-----------------|-------------------|--------------------|-------------------|-----------------|-------------------|-----------------|-------------------|
| | Males (% total) | Females (% Total) | Males (% total) | Females (% Total) | Males (% total) | Females (% Total) | Males (% total) | Females (% Total) |
| Health | 20.9% | 79.1% | 18.2% | 81.8% | 19.8% | 80.2% | 21.1% | 78.9% |
| Office and Related | 5% | 95% | --- | 89.5% | 24.9% | 75.1% | 24.9% | 75.1% |
| Sales and Service | 17.1% | 82.9% | 18.2% | 81.8% | 29.5% | 70.5% | 32.7% | 67.3% |
| Education | 52.8% | 47.2% | 53.8% | 46.2% | 43% | 57% | 37.7% | 62.3% |
| Management | 54.5% | 45.5% | 66.7% | 33.3% | 55% | 45% | 58.2% | 41.8% |
| Processing/Manufacturing | 59.1% | 40.9% | 42.9% | 57.1% | 66% | 34% | 59.3% | 40.7% |
| Primary Industries | 80.4% | 19.6% | 82.1% | 17.9% | 78.2% | 21.8% | 80.2% | 19.8% |
| Construction and Related | 84.3% | 15.7% | 85.1% | 14.9% | 93% | 7% | 94.2% | 5.8% |

Table 17 – Average weeks worked by occupation Census 2006

| Occupation | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|--------------------------|----------------------|----------------------|----------------------|----------------------|
| | Average Weeks Worked | Average Weeks Worked | Average Weeks Worked | Average Weeks Worked |
| Health | 28.7 | 40.6 | 45.8 | 46.7 |
| Office and Related | 29.3 | 28.3 | 40.2 | 42.5 |
| Sales and Service | 27.1 | 26.8 | 35.2 | 37.4 |
| Education | 34.1 | 38.1 | 40.2 | 42.0 |
| Management | 40.8 | 44.6 | 45.5 | 46.8 |
| Processing/Manufacturing | 19.9 | 16.4 | 28.2 | 26.7 |
| Primary Industries | 19.0 | 18.7 | 20.4 | 22.1 |
| Construction and Related | 26.6 | 20.8 | 32.7 | 34.1 |

²⁵ The percentage of the Labour Force who collected Employment Insurance at some point in 2011

Dwellings

Refer to Table 18 below for information regarding specific home owner information.

Table 18 – Dwellings Statistics According to the 2006 Census

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|----------------------------------------------|----------------|--------------------|----------------|----------|
| Number of Dwellings ²⁶ | 1900 | 935 | 31,670 | --- |
| % homes owned verses rented | 89.4% | 86.1% | 79.1% | 78.7% |
| Average owner's major payments ²⁷ | \$383 | \$490 | \$560 | \$645 |
| Average rent paid | \$410 | \$605 | \$535 | \$570 |

Health and Well-Being

According to the World Health Organization (2003), Health can be defined as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. This section will look at the results from the 2011 Canadian Community Health Survey to create a better understanding of overall sense of health and well-being within our specified geography.

A major indicator of well-being is how a person rates his or her own health status and perceives the world around them. Refer to Table 19 and 20 to view specific indicators related to how individuals evaluate their health status and overall well-being.

Table 19 – Percentage of individuals age 12 and over who rated their health status as excellent or very good, according to the 2011 Canadian Community Health Survey

| Self-Assessed Health Status ²⁸ | Bonne Bay Area | Economic Zone 7 ²⁹ | Western Region | Province |
|-------------------------------------------|------------------|-------------------------------|-----------------|-----------------|
| Excellent | 18.5% (+/-9.3%) | 18.7% (+/-7.6%) | 15.0% (+/-2.5%) | 16.2% (+/-1.2%) |
| Very Good | 41.5% (+/-11.8%) | 36.4% (+/-9.4%) | 39.1% (+/-3.4%) | 43.9% (+/-1.6%) |

²⁶ Do not include private farm or reserve dwellings

²⁷ Average monthly total of all shelter expenses paid by households that own their dwelling. The owner's major payments include, for example, the mortgage payment and the costs of electricity, heat and municipal services.

²⁸ Self-assessed health refers to the perception of a person's health in general

²⁹ Economic Zone 7 is used as Local Area 74 or Port Saunders Area data is unavailable

Table 20 –2011 Canadian Community Health Survey indicators pertaining to sense of community belonging, life satisfaction and perceived life stress.

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|--------------------|--------------------|
| % individuals age 12 and over who reported they have a very strong or somewhat strong sense of belonging to their community ³⁰ | 91.7% (+/-6.6%) | 96% (+/-6.6%) | 81.8% (+/-2.7%) | 80.3% (+/-1.3%) |
| % individuals 12 and over who reported they are very satisfied or satisfied with life in general ³¹ | 86.7% (+/-8.0%) | 75.2% (+/-14.7%) | 88.1% (+/-2.3%) | 87.7% (+/-1.1%) |
| % individuals 12 and over who reported they felt they were extremely or quite a bit stressed in their life ³² | 13.9% (+/-8.3%) | 16% (+/-12.6%) | 13.2% (+/-2.4%) | 14% (+/-1.2%) |

Health Behaviors

Behaviors such as tobacco use, tobacco exposure, alcohol and drug use, physical activity, diet and helmet use are lifestyle behaviors that have a direct impact on our health and well-being. These modifiable behaviors/risk factors are important to consider as individuals and families have the ability to change these behaviors and have a positive impact on the health and well-being of themselves, their family and the community as a whole. Refer to Table 21 below for details.

Table 21 – Health Behaviors

| | Corner Brook-Rocky Harbour Rural Secretariat Region ³³ | St. Anthony-Port au Choix Rural Secretariat Region ³⁴ | Western Region | Province | Canada |
|-----------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|----------------|----------|--------|
| Smoking Prevalence in those aged | | | | | |
| 15-19 years | --- | --- | --- | 15.1% | 12.2% |
| 20-24 years | --- | --- | --- | 32.9% | 22.1% |
| 25-44 years | --- | --- | --- | 32.9% | 14.1% |
| According to the Canadian Tobacco Use Monitoring Survey (2010) | | | | | |

Table 21 continued on the next page ...

³⁰ Sense of community belonging embodies the social attachment of individuals and reflects social engagement and participation within communities.

³¹ Satisfaction with life is a general measure of individual well-being based on a personal assessment of feeling.

³² Perceived life stress refers to the amount of stress in the person's life, on most days, as perceived by the person.

³³ Corner Brook-Rocky Harbour Rural Secretariat Region was used as Local Area 70 and 75 data is not available for the Bonne Bay Area

³⁴ St. Anthony-Port au Choix Rural Secretariat Region used as Local Area 74 data is not available for the Port Saunders Area

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--------------------|----------------------------------------------------------|--------------------------------------------------------|
| % of smoking (current daily smokers) among those 12 years of age and older | 17% (+/-3.6%) | 27.4% (+/-6.2%) | 21.9% (+/-2.9%) | 18.6% (+/-1.3%) | --- |
| % of individuals who reported they did not smoke According to the Canadian Community Health Survey (2011) | 79.6% (+/-3.9%) | 64.4% (+/-6.6%) | 74.7% (+/-3.0) | 76.7% (+/-1.4%) | --- |
| % children up to 17 years of age who are regularly exposed to tobacco smoke According to the Canadian Tobacco Use Monitoring Survey (2010) | --- | --- | --- | 5.5% - 2010 6.0% - 2009 8.2% - 2008 9.7% - 2007 | 6.2% - 2010 6.7% - 2009 8% - 2008 9.5% - 2007 |
| % of those who drank alcohol in the last year among those 12 years of age and older | 77.8% (+/-4.0%) | 71.9% (+/-6.2%) | 75.6% (+/-3.0%) | 75.8% (+/-1.4%) | --- |
| % of those who reported having 5 or more drinks on one occasion at least once a month According to the Canadian Community Health Survey (2011) | 26.7% (+/-5.0%) | 31.7% (+/-7.9%) | 28.4% (+/-3.7%) | 32.9% (+/-1.8%) | --- |
| % of individuals surveyed who admit to using cannabis in the past year According to the Canadian Alcohol and Drug Use Monitoring Survey (2011) | --- | --- | --- | 10% - 2010 8.4% - 2009 9.8% - 2008 | 9.1% - 2010 |
| % individuals surveyed who report using one or more of these drugs - cannabis, cocaine/crack, methamphetamine/crystal meth, ecstasy, hallucinogens, salvia, inhalants, heroin, pain relievers, stimulants, and/or sedatives to get high | --- | --- | --- | 10.2% - 2010 8.4% - 2009 10.3% - 2008 | 9.9% - 2010 |
| % of population over the age of 12 who report always wearing a helmet when riding a bicycle in the last 12 months According to the Canadian Community Health Survey (2011) | --- | --- | 40.7% | 39.7% | 36.9% |

Healthy Weight

Having a healthy weight is a vital part of a healthy life. People who are a healthy weight feel better, are less likely to develop chronic diseases, and enjoy a better quality of life. On the other hand, an unhealthy weight – being either underweight or overweight or obese – is a serious threat to health and well-being. Obesity has been linked with many chronic diseases, including hypertension, type 2 diabetes, cardiovascular disease, osteoarthritis and certain types of cancer³⁵. Please refer to Table 22 below for details around weight, physical activity and fruit and vegetable consumption.

Table 22 - Personal Behaviors according to the 2011 Canadian Community Health Survey

| | Corner Brook-Rocky Harbour Rural Secretariat Region ³⁶ | St. Anthony-Port au Choix Rural Secretariat Region ³⁷ | Western Region | Province | Canada |
|-----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------|
| Estimated % of adult population (aged 18+) who are overweight (BMI 25.0 – 29.9) (Excludes pregnant women) | 2011 – 36.1% | 2011 -42.3% | 2009-40.2% 2010- 36.0% 2011-37.3% | 2009-37.8% 2010- 34.4% 2011-36.5% | 2009-33.7% 2010- 34.2% 2011-34.0% |
| Estimated % of adult population (aged 18+) who are obese (BMI 30.0 or higher) (Excludes pregnant women) | 2011 – 20.9% | 2011 – 25.2% | 2009-27.1% 2010- 24.8% 2011-25.9% | 2009-26.8% 2010- 28.8% 2011-28.2% | 2009-17.9% 2010- 18.1% 2011-18.1% |
| Estimated % of adult population (aged 18+) who are overweight or obese (BMI 25.0 or higher) (Excludes pregnant women) | 2011 – 57% | 2011 – 67.5% | 2009/10- 63.4% 2011-63.2% | 2009/10- 64.7% 2011-64.7% | 2010-52.1 % 2011-52.1% |
| % individuals age 18 years and older who perceived themselves as overweight (Excludes pregnant women) | 2011 – 40.6% | 2011 – 51.0% | 2011 – 46.1% | 2011 – 49.1% | 2011 – 38.2% |
| Estimated % of adult population (aged 12+) who are physically active or moderately active | --- | --- | 2009-50.6% 2010- 56.3% 2011-53.5% | 2009-47.1% 2010- 47.8% 2011-47.4% | 2009-52.5% 2010- 52.1% 2011-52.3% |
| Population % aged 12 and over, that consume fruits and vegetables 5 to 10 times per day | --- | --- | 2009-37.8% 2010- 37.0% 2011-37.5% | 2009-29.9% 2010- 28.6% 2011-29.0% | 2009-45.6 2010- 43.3 2011-44.2 |

³⁵ Basrur, Sheela. Healthy Weights Healthy Lives. (2004) Chief medical Officer Health Report, Government of Ontario, Canada.

³⁶ Corner Brook-Rocky Harbour Rural Secretariat Region was used as Local Area 70 and 75 data is not available for the Bonne Bay Area

³⁷ St. Anthony-Port au Choix Rural Secretariat Region used as Local Area 74 data is not available for the Port Saunders Area

Health Practices

Among other health practices, cervical screening, mammography, and overall uptake of influenza vaccine continue to be monitored to assess overall health. Table 23 below outlines regional statistics related to health practices as local area data is not available for many of the indicators.

Table 23 - Health Practices

| Health Practices | Data Source | Western Region |
|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| Cervical Screening³⁸ Note: 2009-2011 data denotes a 3 year average for women aged 20-69 who were screened | Western Health | 2008-37% 2009-37% 2010-39% 2009-2011 – 69% |
| | Bonne Bay Area | 2009-2011 – 61.2% |
| | Port Saunders Area | 2009-2011 – 68.35% |
| % eligible girls that received the HPV vaccination | Western Health | 2009 - 87% 2010 - 85% 2011 – 95% |
| Mammography³⁹ | Provincial Breast Screening Program | 2008/09-54.3% 2009/10-58% 2010/11-60% |
| Influenza Vaccination for staff of Western Health who received influenza vaccine through employer | Western Health | 2008-40% 2010-50% 2011-50% 2012 – 54% |
| | Bonne Bay Health Center | 2011 – 58% 2012 – 63% |
| | Rufus Guinchard Health Center | 2011 – 82% 2012 – 83% |
| Influenza Vaccination for Long Term Care residents | Western Health | 2008-85% 2009-88% 2010-88% 2011-88% |
| Population aged 65 and older receiving influenza vaccination | Canadian Community Health Survey | 2008-53.8% 2009-53.8% 2010-56.0% |
| Breastfeeding initiation rates | Western Health | 2010 – 59.9% 2011 - 62.5% |

Cervical Screening Guidelines changed in 2011 for the interval between screenings. As of 2011, women in Newfoundland and Labrador are recommended to have one Pap test every three years, if there are three consecutive negative annual Pap tests and no abnormal history. As well, women are recommended to start Pap testing at age 20 if sexually active. Refer to Figure 23.1 on the next page to

³⁸ Data obtained from the Cervical Screening Initiative

³⁹ It should be noted that some women chose to have breast screening completed in other acute care facilities within the region that were not included in the percentages reported by the Provincial Breast Screening Program

view the participation rates by age group for the Western Region showing the percentage of eligible women in the target population (20-69 years of age) with at least one screen in 3 years (2009-2011). Refer to Tables 24 to view detailed annual cervical screening rates for the Bonne Bay and Port Saunders Areas.

Figure 23.1 - Western Region Pap Participation Comparison of Rates by Age Group: 2009-2011⁴⁰

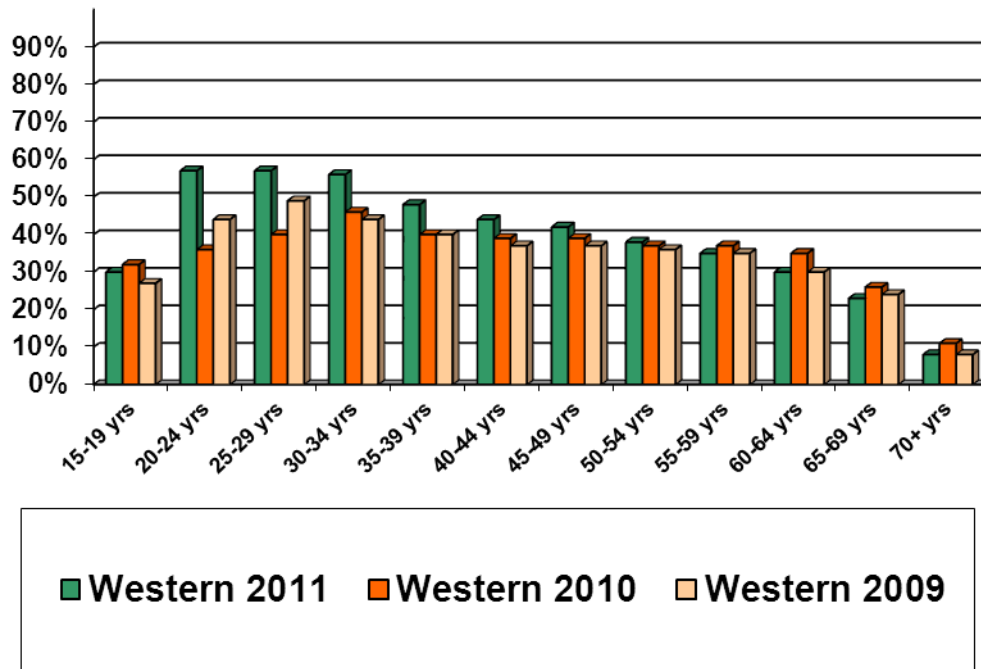


Table 24 – Annual Cervical Screening Participation Rates (2009-2011)⁴¹

| | Percentage of Women Screened Total Annual Average | | |
|---------------------------|------------------------------------------------------|------------------|--------------------|
| | 2009 | 2010 | 2011 (20-69 years) |
| Bonne Bay Area | 530/2153 = 24.6% | 649/2079 = 31.2% | 522/1627 = 32.1% |
| Port Saunders Area | 452/1187 = 38.1% | 437/1171 = 37.3% | 335/765 = 43.8% |

⁴⁰ Data obtained from Cervical Screening initiative; Prepared April 18, 2013

⁴¹ Statistics/2011 Statistics/Pap rates Percentages Bonne Bay Area 2009-2011. Data Source: Cervical Screening initiative.

Chronic Disease

Hospital Morbidity/Separations

The highest percentage of hospital morbidity/separations during the period 2008-2009 for the Bonne Bay Area (14.3%) and the Port Saunders Area (11.6%) was due to diseases of the circulatory system. At the Regional and the Provincial level, diseases of the circulatory system also accounted for the highest percentage at 13.4% and 12.6%. respectively. The average days in hospital for this most common diagnosis was 10 days for the Bonne Bay Area, 7.2 days for the Port Saunders Area, 12.2 days for the Western Region and 10.5 days for the Province. The median age of people with this diagnosis in the Bonne Bay and Port Saunders Area is 72 years, while the median age for the Western Region and the Province is 70 years. Please refer to Table 26 below for details on selected diagnosis for the Bonne Bay and Port Saunders Area.

Table 26 – Hospital Morbidity/Separations 2008-2009

| | Bonne Bay Area Total (%) | Port Saunders Area Total (%) | Western Region Total (%) | Provincial Total (%) |
|------------------------------------------------------|-------------------------------------|-----------------------------------------|-------------------------------------|---------------------------------|
| Hospital Morbidity⁴² | 1260 | 775 | 18,885 | 111,915 |
| Median Age | 60 | 58 | 57 | 53 |
| Days in Hospital (average)⁴³ | 7.8 | 6.2 | 9.5 | 8.0 |
| Selected Diagnosis⁴⁴ | | | | |
| Diseases of the circulatory system | 180 (14.3%) | 90 (11.6%) | 2,535 (13.4%) | 14,145 (12.6%) |
| • Heart Disease | 135 | 60 | 1,975 | 10,660 |
| Diseases of the Digestive System | 140 (11.1%) | 55 (7.1%) | 1,605 (8.5%) | 10,935 (9.8%) |
| • Diseases of the intestine & peritoneum | 60 | 15 | 525 | 3,280 |
| • Diseases of gallbladder | 20 | 5 | 235 | 1,970 |
| • Diseases of esophagus, stomach and duodenum | 15 | 10 | 120 | 1,080 |
| • Ulcer | 0 | 0 | 30 | 360 |

Table 26 continued on the next page ...

⁴² The numbers do not reflect individual cases, as one person with multiple stays for the same condition will be counted multiple times. Figures exclude medical day care and surgical day care cases.

⁴³ Average days in hospital includes only hospital stays that were one year or less.

⁴⁴ The selected diagnoses do not list all disease classifications included in the total hospital morbidity. For this reason, figures do not add to totals.

| | | | | |
|---------------------------------------------|-------------|-------------|----------------|----------------|
| Diseases of the respiratory system | 125 (9.9%) | 65 (8.4%) | 1,605 (8.5%) | 10,130 (9.1%) |
| • Pneumonia | 30 | 15 | 295 | 2,245 |
| • COPD ⁴⁵ , etc. | 50 | 20 | 680 | 4,085 |
| • Asthma | 5 | 5 | 65 | 540 |
| • Diseases of the upper respiratory tract | 15 | 5 | 225 | 1,710 |
| • Chronic diseases tonsils & adenoids | 0 | 0 | 15 | 685 |
| • Acute upper respiratory infections | 5 | 0 | 75 | 545 |
| Diseases of the genitourinary system | 70 (5.6%) | 55 (7.1%) | 1,125 (6.0%) | 6,460 (5.8%) |
| • Diseases female genital organs | 25 | 15 | 345 | 2,010 |
| • Diseases urinary system | 25 | 20 | 395 | 2,080 |
| • Diseases male genital organs | 10 | 5 | 110 | 515 |
| Injury and poisoning | 80 (6.3%) | 70 (9.0%) | 1,250 (6.6%) | 7,295 (6.5%) |
| • Fractures | 45 | 25 | 600 | 3,255 |
| Neoplasms (cancer) | 75 (6.0%) | 40 (5.2%) | 1,295 (6.9%) | 7,590 (6.8%) |
| • Malignant neoplasms | 50 | 35 | 1,040 | 6,150 |
| Other diagnoses | 595 (47.2%) | 400 (51.6%) | 9,475 (50.2%) | 55,365 (49.5%) |
| Age Group (years) | | | | |
| • Less than 20 | 140 (11.1%) | 100 (12.9%) | 2,725 (14.4%) | 19,475 (17.4%) |
| • Age 20 to 34 | 140 (11.1%) | 80 (10.3%) | 2,400 (12.7%) | 16,695 (14.9%) |
| • Age 35 to 54 | 195 (15.5%) | 165 (21.3%) | 3,540 (18.7%) | 21,590 (19.3%) |
| • Age 55+ | 785 (62.3%) | 430 (55.5%) | 10,225 (54.1%) | 54,160 (48.4%) |

Health Outcomes

Research indicates that unhealthy practices are correlated with chronic diseases such as diabetes, heart disease, and various types of cancer. The incidence of chronic diseases produces poorer health outcomes. Higher incidence rates of chronic diseases such as diabetes, high blood pressure, and hospitalized Acute Myocardial Infarction (AMI) and stroke, are evident in Newfoundland and Labrador. Please refer to Table 27 on the next page for details.

⁴⁵ Chronic Obstructive Pulmonary Diseases

Table 27 - Health Outcomes⁴⁶

| Health Outcomes | Data Source | Western Region | NL | Canada |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------|--------------------------------------------------|--------------------------------------------|
| Injury hospitalization (Age standardized rate per 100,000) | Health Indicators National Trauma Registry | 2008/09-587 2009/10-599 2010/11- 631 | 2008/09-539 2009/10-514 2010/11-525 | 2008/09-534 2009/10-517 2010/11-514 |
| Asthma % (Aged 12+) | Canadian Community Health Survey | 2009-8.3 2010- 7.5 2011- 8.1 | 2009-8.7 2010- 8.0 2011- 8.4 | 2009-8.1 2010- 8.5 2011- 8.3 |
| Diabetes % (Aged 12+) | Canadian Community Health Survey | 2009-10.0 2010- 8.8 2011-9.3 | 2009-8.1 2010- 8.3 2011-8.4 | 2009-6.0 2010- 6.4 2011-6.2 |
| High Blood Pressure % (Aged 12+) | Canadian Community Health Survey | 2009-25.5 2010- 23.5 2011-24.5 | 2009-21.6 2010- 24.2 2011-22.9 | 2009-16.9 2010- 17.1 2011-17.0 |
| Hospitalized AMI (rate per 100,000) | Health Indicators CIHI, Discharge Abstract Database | 2008/09-267 2009/10-280 2010/11-267 | 2008/09-347 2009/10-329 2010/11-320 | 2008/09-217 2009/10-209 2010/11-209 |
| Hospitalized Stroke (rate per 100,000) | Health Indicators CIHI, Discharge Abstract Database | 2008/09-142 2009/10-143 2010/11-133 | 2008/09-151 2009/10-141 2010/11-146 | 2008/09-128 2009/10-124 2010/11-124 |
| Lung and Bronchus Cancer (age standardized rate per 100,000) | Cancer Incidence in Canada | -- | 2006-66.6 2007-48.8 2008-49.6 2009-54.8 | 2006-67.6 2007-56.0 No current data |
| Breast Cancer (age standardized rate per 100,000 in the female population) | Cancer Incidence in Canada | -- | 2006-79.6 2007-93.7 2008-93.0 2009-84.6 | 2006-97.3 2007-98.4 No current data |
| Colon Cancer excluding rectum (age standardized rate per 100,000) | Cancer Incidence in Canada | -- | 2006-58.3 2007-47.0 2008-42.9 2009-41.5 | 2006-40.5 2007- 33.3 No current data |
| Colorectal Cancer (age standardized rate per 100,000) | Cancer Incidence in Canada | -- | 2007-72.4 2008-67.0 2009-63.8 | 2007-49.6 No current data |
| Prostate Cancer (age standardized rate per 100,000) | Cancer Incidence in Canada | -- | 2006-56.0 2007-63.0 2008-64.0 2009-68.6 | 2006-68.9 2007-57.8 No current data |
| Cervical Cancer (age standardized rate per 100,000) Estimate | Cancer Incidence in Canada | -- | 2006-1.9 2007-4.6 2008-4.0 2009-5.3 | 2006-4.0 2007-3.9 No current data |

Note: Acute care hospitalization due to injury resulting from the transfer of energy (excludes poisoning and other non-traumatic injuries) per 100,000 population. This indicator contributes to an understanding of the adequacy and effectiveness of injury prevention efforts, including public education, product development and use, community and road design, and prevention and treatment resources.

⁴⁶ Taken from Environmental Scan April 2011-March 2012, Darlene Welsh; Western Health

According to the Newfoundland and Labrador Centre for Health Information, in the Western Region, 31.2% of deaths were caused by diseases of the circulatory system, 30.5% by cancer and 8.9% by diseases of the respiratory system. Please refer to Table 28 below for causes of death in the Western Region, Newfoundland and Labrador, and Canada.

Table 28 - Causes of Death

| Indicator | Western Region | NL | Canada |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|
| 30-day AMI In-hospital Mortality (Health Indicators Report) | 2006/09- 10.1 2007/10-8.2 2008/2011-6.9 | 2006/09-9.0 2007/10-8.2 2008/2011-8.0 | 2006/09- 8.9 2007/10-8.2 2008/2011-7.8 |
| 30-day Stroke In-hospital Mortality (Health Indicators Report) | 2006/09 – 18.9 2007/10-19.3 2008/2011-18.0 | 2006/09-21.2 2007/10-20.4 2008/2011-19.9 | 2006/09 – 17.7 2007/10-16.9 2008/2011-16.0 |
| Lung Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile | 2000/02- 55.8 2005/07- 58.6 | 2000/02- 45.0 2005/07- 50.7 | 2000/02- 47.4 2005/07- 45.4 |
| Prostate Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile | 2000/02- 12.3 2005/07- 14.0 | 2000/02- 11.9 2005/07- 9.8 | 2000/02- 10.2 2005/07- 8.3 |
| Breast Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile | 2000/02- 15.8 2005/07- 13.9 | 2000/02- 14.9 2005/07- 13.7 | 2000/02- 13.7 2005/07- 11.9 |
| Colorectal Cancer mortality rate age standardized rate per 100,000 Statistics Canada, Health Profile | 2000/02- 17.1 2005/07- 21.8 | 2000/02- 20.7 2005/07- 23.7 | 2000/02- 18.8 2005/07- 17.9 |
| Cervical Cancer mortality Estimated, age standardized rate per 100,000 Canadian Cancer Statistics | --- | 2008- 4 2009- 4 2010- 3 | 2008- 2 2009- 2 2010-2 |
| Cerebrovascular Disease age standardized rate per 100,000 Statistics Canada, Health Profile | 2000/02- 53.3 2005/07- 49.1 | 2000/02- 49.2 2005/07- 46.6 | 2000/02- 40.9 2005/07- 30.8 |
| Circulatory Diseases (includes ischemic heart and cerebrovascular diseases, and all others) Age standardized rates per 100,000 Statistics Canada, Health Profile | 2000/02- 255.4 2005/07- 225.5 | 2000/02- 256.9 2005/07- 232.4 | 2000/02- 201.1 2005/07- 157.3 |
| Total Mortality (rate per 100,000) NLCHI | 2008-963.7 2009-895.7 2010-999.7 2011- 992.8 | 2008-884.4 2009-854.5 2010-877.5 2011- 870.3 | 2008- 716.2 2009- 706.8 |
| Life Expectancy (age) 2007-2009 Statistics Canada, Health Profile | 78.9 | 78.3 | 81.1 |

The Canadian Institute for Health Information (CIHI) introduced three new indicators of avoidable mortality which CIHI refers to as “untimely deaths that should not occur in the presence of timely and effective health care, including prevention”. The Western Region is higher than Canada on

all indicators and higher than the province on potentially avoidable mortality and avoidable mortality from preventable causes⁴⁷. Please refer to Table 29 below for details.

Table 29 - Avoidable Mortality Indicators (CIHI, 2012)

| Indicator | Western Region | NL | Canada |
|-------------------------------------------------------------------------------------------|----------------|--------------|--------------|
| Potentially avoidable mortality (age standardized mortality rate per 100,000) | 2006/08- 224 | 2006/08- 220 | 2006-08- 187 |
| Avoidable mortality from Preventable Causes (age standardized mortality rate per 100,000) | 2006/08- 140 | 2006/08- 132 | 2006/08- 120 |
| Avoidable Mortality from treatable Causes (age standardized mortality rate per 100,000) | 2006/08- 84 | 2006/08- 88 | 2006/08- 66 |

Education, Literacy, Skills and Training

Please refer to Table 30 below for details around level of education.

Table 30 – Highest level of education according to the 2006 Census

| | Bonne Bay Area | Port Saunders Area | Western Region | Province |
|-----------------------------------------------------------------------|----------------|--------------------|----------------|----------|
| % population, age 18-64 years, who do not have a high school diploma | 41% | 40.3% | 29.6% | 25.1% |
| % population, age 18-64 years, who had at least a high school diploma | 59% | 59.7% | 70.4% | 74.9% |
| % population, age 18-64 years, who had a bachelor's Degree or higher | 8.0% | 10.2% | 10.8% | 13.3% |
| % population, age 25-54 years, who do not have a high school diploma | 35.7% | 38.1% | 26.6% | 22% |
| % population, age 25-54 years, who had at least a high school diploma | 63.8% | 62.4% | 73.4% | 78% |
| % population, age 25-54 years, who had a bachelor's Degree or higher | 8.3% | 12.4% | 11.9% | 15.1% |

Enrolment and Student Teacher Ratio

This section will outline the school enrollment and student teacher ratio for the Bonne Bay and Port Saunders Area, as well as the Western Region and the Province. There are 5 schools located throughout the Bonne Bay Area (Gros Morne Academy – located in Rocky Harbour; Jakeman All Grade – Located in Trout River; Bonne Bay Academy – Located in Woody Point; Long Range

⁴⁷ Taken from Environmental Scan April 2011-March 2012, Darlene Welsh; Western Health

Academy – Located in Cow Head; and Holy Cross – Located in Daniels Harbour) and 1 school in the Port Saunders Area (French Shore Academy – Located in Port Saunders).

All of the schools located throughout the Bonne Bay and Port Saunders Area are k to 12 schools. There has been a steady decline in school enrollment over the past number of years across the province, but we are seeing greater declines in our rural areas. Please refer to the Tables and Figures on the following pages for more detail; also if you wish to view individual school enrollment and communities served please refer to Appendix F.

Table 31 – School Enrollment Totals for the Bonne Bay Area

| School Year | 1989-1990 | 2011-2012 |
|-----------------------|-----------|-----------|
| Total Students | 1,356 | 560 |
| Primary | 336 | 155 |
| Elementary | 302 | 127 |
| Junior High | 379 | 138 |
| Senior High | 339 | 140 |

Figure 31.1

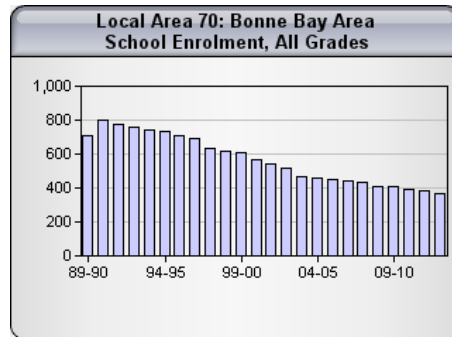


Figure 31.2

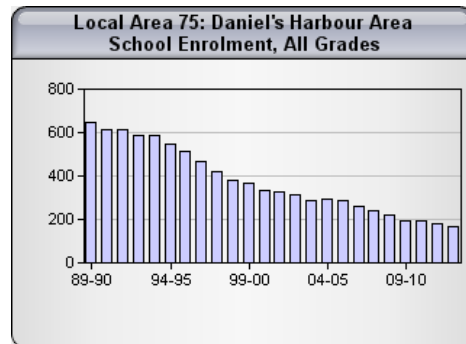


Table 32 – School Enrollment Totals for the Port Saunders Area

| School Year | 1989-1990 | 2011-2012 |
|----------------|-----------|-----------|
| Total Students | 728 | 244 |
| Primary | 222 | 74 |
| Elementary | 163 | 54 |
| Junior High | 181 | 58 |
| Senior High | 162 | 58 |

Figure 32.1

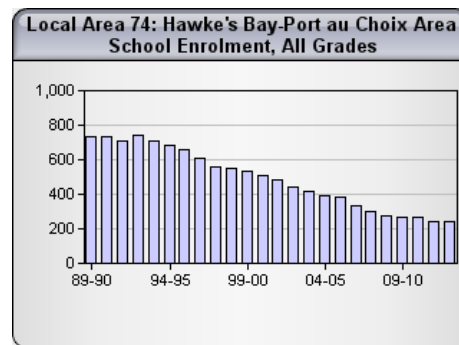


Table 33 – School Enrollment Totals for the Western Region

| School Year | 1989-1990 | 2011-2012 |
|----------------|-----------|-----------|
| Total Students | 12,895 | 9,985 |
| Primary | 3,190 | 2,710 |
| Elementary | 2,895 | 2,245 |
| Junior High | 3,415 | 2,375 |
| Senior High | 3,395 | 2,655 |

Figure 33.1

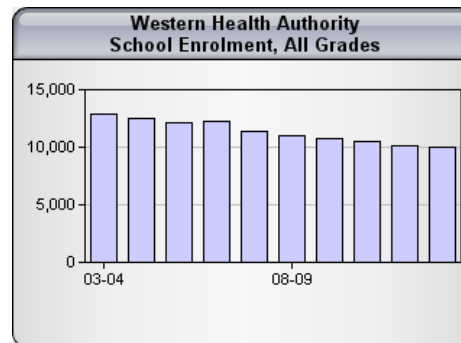


Table 34 – School Enrollment Totals for the Province

| School Year | 1989-1990 | 2011-2012 |
|-----------------------|----------------|---------------|
| Total Students | 130,610 | 68,315 |
| Primary | 36,695 | 19,775 |
| Elementary | 28,920 | 15,125 |
| Junior High | 32,420 | 16,020 |
| Senior High | 31,500 | 17,395 |

Table 35 – Total Teacher Complement

| School Year | Pupil Teacher Ratio ⁴⁸ | |
|-----------------------|-----------------------------------|-----------|
| | 1989-1990 | 2011-2012 |
| Bonne Bay Area | 12.65 | 8.15 |
| Port Saunders | 14.7 | 9.9 |
| Western Region | 13.1 | --- |
| Provincial | 15.7 | --- |

School Health

Comprehensive School Health refers to a multifaceted approach to ensure that schools provide children with the best possible environment to grow, learn, and play. There are 4 key elements to this approach: healthy school policy, teacher’s health knowledge and skills in the classroom, health enabling social and physical environments, and linkages with families, local agencies and the broader community to support optimal health and learning⁴⁹.

According to the 2011-2012 Comprehensive School Health Assessment Summary Report the percentage of children/youth that get enough physical activity decreases as the child gets older and enters into high school. Over 80% of children in the elementary age groups report that they are physical active participating in more than 30 minutes per day, more than 4 days per week; however that percentage decreases to 59% in level 3 (grade 12). In parallel, the percentage of time dedicated to sedentary activities when not in school continues to increase as the child/youth gets older. Those students that spent more than 3 hours sitting down increased from 51.1% in grade 7 to almost 75% in high school. In fact, the range for those participating in more than 6 hours per day of screen time ranged from 10-20% and generally increased as children got older.

⁴⁸ Number of students per teacher

⁴⁹ Taken from the *Comprehensive School Health Assessment Summary Report (2011-2012)*

The numbers of children who eat breakfast each morning decreases with age as approximately 85% of children eat breakfast each day in kindergarten, while only 33% of students in level 3 (grade 12) reported they eat breakfast each day.

Bullying/school violence was identified as the top problem and concern for students, while stress was identified as a significant issue among both junior and senior high school students. It is important to note that tobacco and alcohol/drug use were also identified as top ranking concerns for students.

Community Resource Listing Overview

The Bonne Bay and Port Saunders Area spans 287 kms, with 25 communities scattered along the coastline of the Northern Peninsula. This section of the report will highlight many of the resources/services that are available throughout the Bonne Bay and the Port Saunders Area. The purpose of this section is to provide further insight into the resources that communities have available to them to support health and wellness. The availability of resources/services vary greatly throughout the designated areas and it is important to keep in mind that the expectation is not that every community should have access to everything, but that all residents should have reasonable access to essential health and community services. In addition, please note that the intent of this section is not to provide an all-inclusive list of services available within every community but to focus on a selection of resources/services that support individuals and communities in maintaining a safe and healthy environment.

Bonne Bay Area

Health Service Profile

The Bonne Bay Health Center is located in Norris Point and is the only medical facility within a 120 km radius. As a result, its mandate includes providing health and community services to the entire population of the Bonne Bay Area, thus creating a catchment population of approximately 4545 according to the 2011 census. There are 5 rural medical clinics throughout the Bonne Bay Area that

provide physician/nurse practitioner services and community health nursing services. The Bonne Bay Health Centre provides emergency, acute and long-term care services, and serves as the base for community health and public health services.

Bonne Bay Health Centre

(Norris Point Facility with 8 acute care beds and 14 long-term care beds)

- Primary care, Acute care, Long-term care
- Radiology and Laboratory
- Outpatients and Emergency Services
- Staffing/Services:
 - Physicians
 - Nurse Practitioner
 - Nursing (Patient Care Coordinator, RN, LPN, PCC)
 - Acute Care Social Worker
 - Recreation Therapy
 - Dietitian
 - Physiotherapist and Physiotherapy Aid
 - Occupational Therapist
 - Mental Health and Addictions Social Worker
 - Mental Health Case Manager
 - Community Supports Social Worker
 - Behavior Management Specialist/Child Management Specialist
 - Child Management Specialist
 - Wellness Facilitator
 - Community Health Nursing(CHN)
 - Youth Outreach Worker
 - Kitchen, Laundry and Maintenance
 - Administration (Administrative Support, Director of Health Services, and Primary Health Care Manager)

Rural Medical Clinics

- Daniels Harbour Medical Clinic
 - Hours of operation: Tuesday 8:30 am – 3:00 pm; Thursday 12:30 pm – 5:00 pm
 - Services offered: Physician and Pharmacy; Community Health Nurse from Port Saunders covers Daniels Harbour Area

- Cow Head Medical Clinic
 - Hours of operation: Monday to Friday 8:30 am to 4:30 pm
 - Services offered: Physician, Blood Collection and Pharmacy; Community Health Nurse Continuing Care (Monday to Friday 8:30 am to 3:00 pm) covers Cow Head to Parsons Pond; Community Health Nurse Public Health (Tuesday and Friday 8:30 am to 4:30 pm) covers Cow Head to Parsons Pond

- Parsons Pond Medical Clinic
 - Hours of operation: Monday, Wednesday and Friday 8:30 am – 4:30 pm
 - Services offered: Physician and Pharmacy; See Cow Head Medical Clinic for Community Health Nurse – Continuing care focus and Public Health

- Woody Point Medical Clinic
 - Hours of operation: Monday, Wednesday and Friday from 1:30 pm – 4:30 pm; Tuesday and Thursdays 8:30 am to 4:40 pm
 - Services offered: Physician services, Blood Collection and Pharmacy; Community Health Nurse Blended Focus (Monday to Friday 8:30 am to 4:30 pm) covers Trout River and Woody Point area.

- Trout River Medical Clinic
 - Hours of operation: Monday, Wednesday and Friday from 9:30 am to 12:30 pm
 - Services offered: Physician services and Pharmacy; Community Health Nurse – see Woody Point Clinic

Community Paramedicine Program

Western Health is currently initiating a pilot project of the Community Paramedicine Program in the communities served by community based ambulance services (not for profit). The following communities are sites for the pilot program: Cape St. George, Lourdes and Cow Head. The Community Paramedicine Program will utilize paramedic resources when the paramedics are not assigned to urgent or emergent situations. Lessons learned from this model may prove beneficial to the effective and efficient provision of urban health care.

Access to 911 Services

Currently there is no access to 911 Emergency Services throughout the Bonne Bay and Port Saunders Area. Emergency calls are directed to the Health Centers or the local ambulance service. It is important to note however that there is access to 911 on a cell phone however there are many areas throughout the Bonne Bay and Port Saunders area where there is no cell phone coverage. 911 calls made from a cell phone are routed through St. John's and there is often limited knowledge of local geography/the back country and community location. There is a plan to have a Provincial 911 system put in place by 2014.

Community Service Profile

Ambulance Services (4)

- Norris Point – Tryco Ambulance Services (Private) covers Rocky Harbour, Norris Point, Sally's Cove area
- Woody Point – Tryco Ambulance Services (Private) covers Woody point, Trout River, GBS
- Cow Head - Cow Head Community Ambulance Service⁵⁰ (Community based/not for profit) – covers St. Pauls and Parsons Pond
- Daniel's Harbour – Daniels Harbour Community Ambulance Service (Community based/not for profit) – covers Daniels Harbour, Three Mile Rock, Portland Creek and Bellburns

⁵⁰ One of the pilot sites for the Community Paramedicine program with Western Health

Banks

- Rocky Harbour

Churches

- Woody Point
- Glenburnie/Birchy Head/Shoal Brook
- Norris Point
- Rocky Harbour
- Cow Head

Community Access Program (CAP) sites

- Woody Point
- Daniel's Harbour
- Cow Head
- Rocky Harbour
- Norris Point

Dental

- Norris Point

Family Resource Centers (satellite centers)

- Woody Point/Trout River
- Norris Point/Rocky Harbour/Cow Head

Fire Departments (Volunteer)

- Woody Point
- Trout River
- Daniel's Harbour
- Cow Head
- Parsons Pond
- St. Pauls
- Rocky Harbour
- Norris Point

Gas Stations

- Trout River
- Shoal Brook
- Woody Point
- Wiltondale
- Norris Point
- Rocky Harbour

Grocery Stores/Convenience Stores

- (3) Woody Point
- (2) Trout River
- (1) Cow Head
- (1) St. Pauls
- (3) Norris Point
- (3) Rocky Harbour

Heritage: Historic Sites and Museums

- Gros Morne National Park
- (3) Trout River – Fishermen’s Museum, Interpretation Center, and Jacob A. Crocker House
- (1) Daniel’s Harbour – Nurse Myra Bennett Heritage House
- (1) Cow Head – Dr. Henry N. Payne Community Museum
- (2) Norris Point – Jenniex House Community Museum, Julia Ann Walsh Heritage Center

Marine Services Centers

- Bonne Bay Seafood’s Limited – Winterhouse Brook, Woody Point

Pharmacies

- Norris Point

Physician Clinics (Family and General Practice)

- (2) Norris Point – Bonne Bay Health Center
- (5) Rural Medical Clinics – Cow Head, Parsons Pond, Daniels Harbour, Woody Point and Trout River

Physiotherapy (Private Practice)

- Norris Point

Public Libraries

- Woody Point
- Daniel's Harbour
- Cow Head
- Rocky Harbour
- Norris Point

RCMP

- Rocky Harbour Detachment

Recreation Facilities

- Arena – Rocky Harbour
- Pool – Rocky Harbour

Schools (k-12)

- Bonne Bay Academy – Woody Point
- Jakeman All Grade – Trout River
- Holy Cross All Grade – Daniel's Harbour
- Long Range Academy – Cow Head
- Gros Morne Academy – Rocky Harbour

Services Canada Locations

- Rocky Harbour

Port Saunders Area

Health Service Profile

The Rufus Guinchard Health Centre is located in Port Saunders and is the only medical facility within a 160km radius. As a result, its mandate includes providing health and community services to the entire population of the Port Saunders Area, thus creating a catchment population of approximately 2,151 according to the 2011 census. The Rufus Guinchard Health Centre provides emergency, acute and long-term care services, and serves as the base for community health and public health services.

Rufus Guinchard Health Centre

(Port Saunders Facility with 7 acute care beds and 22 long-term care beds)

- Primary care, Acute care, Long-term care
- Radiology and Laboratory
- Outpatients and Emergency Services
- Ambulance Service
- Staffing/Services:
 - Physicians
 - Nurse Practitioner
 - Nursing (Patient Care Coordinator, RN, LPN, PCC)
 - Paramedics
 - Acute Care Social Worker
 - Recreation Therapy
 - Physiotherapy Aid
 - Dietitian
 - Mental Health and Addictions Social Worker
 - Community Supports Social Worker
 - Community Health Nursing
 - Kitchen, Laundry and Maintenance
 - Administration (Administrative Support and Director of Health Services)
 - Shared services based out of Bonne Bay Health Center
 - Physiotherapy, Occupational Therapy, Behavior Management Specialist/Child Management Specialist, Wellness Facilitator and Primary Health Care Manager

Community Service Profile

Adult Probation

- Port Saunders

Ambulance Services

- Port Saunders – Rufus Guinchard Health Center

Banks

- Port Saunders
- Port au Choix

Churches

- River of Ponds
- Hawks Bay
- Port Saunders
- Port au Choix

Community Access Program (CAP) sites

- Port Saunders

Family Resource Centers (satellite centers)

- Port Saunders

Fire Departments (Volunteer)

- Port Saunders
- Port au Choix
- Hawk's Bay
- River of Ponds
- Bartlett's Harbour

Gas Stations

- River of Ponds
- Hawk's Bay
- Port Saunders
- Port au Choix

Grocery Stores/Convenience Stores

- (2) River of Ponds
- (1) Hawk's Bay
- (1) Port Saunders
- (3) Port au Choix

Heritage: Historic Sites and Museums

- Port au Choix
- (2) Port au Choix – Museum of Whales and Things, Port au Choix Heritage Center
- (1) Hawk’s Bay – Torrent River Salmon Interpretation Center

Marine Services Centers

- Port Saunders – Northern Boat Repair Ltd.

Personal Care Home

- Port Saunders

Pharmacies

- Port Saunders
- Port au Choix

Physician Clinics (Family and General Practice)

- (1) Port Saunders – Rufus Guinchard Health Center
- (1) Port au Choix

Public Libraries

- Port Saunders

RCMP

- Port Saunders Detachment

Recreation Facilities

- Arena – Port au Choix

Services Canada Locations

- Port Saunders

Schools (k-12)

- Port Saunders - French Shore Academy

Victim Services

- Port Saunders

Strengths

During the Community Health Needs and Resources Assessment consultation process participants identified many strengths throughout the Bonne Bay and Port Saunders Area. The purpose of this section is to highlight some of these strengths.

Survey respondents and focus group participants noted that their communities were beautiful, safe (very little or no crime), quiet, friendly and a great place to live and raise a family. It was also noted that there is a strong sense of community and belonging, as well as a great deal of community pride especially among the older generation. The church also plays an important role in the community, as well as schools, seniors groups, and volunteer groups/organizations.

Focus group participants highlighted how the community provides support to those who are sick or in need of help by organizing fundraisers, community suppers, and arranging travel for those who need to get to medical appointments. In the absence of any formal support groups or organizations it was noted that there is also a great deal of support provided from family, friends and neighbours. It was also mentioned that there have been significant improvements over the years with easier access to services through telehealth reducing the need to travel for medical appointments and thus providing a cost savings for the client. Other services that were identified as positive include the Cancer Care unit at Western Memorial Regional Hospital, the Cancer Care Navigator, the Community Health Nurse, Mental Health and Community Supports Social Workers.

The strengths identified throughout this process illustrate that there is a strong foundation to support on-going efforts in the area of health promotion and wellness, and to support continued improvements in access to services to strengthen the well-being of communities throughout the Bonne Bay and Port Saunders Area.

Recommendations

Primary Health Care (PHC) is not a new concept; in fact many people working within health and community services are working from a PHC philosophy and have been doing so for years. While, they may not relate to the actual term, they may relate to the principles that define PHC and the application concepts that support it. The PHC approach focuses on improving population health outcomes by focusing on 5 key principles: Access, Public Participation, Health Promotion and Wellness, Technology and Communication, and Collaboration. During the course of this needs assessment there were several strengths and challenges/concerns identified through the community surveys and focus groups. This section will identify recommendations to address challenges that affect the health and well-being of our community as identified by the community during the consultation process. When making recommendations it is important to consider the feasibility of addressing gaps and concerns within existing resources. The recommendations within this report are not inclusive of all the areas for improvement that have been identified through this needs assessment process, however they are meant to serve as a starting point to facilitate change and build on existing strengths.

RECOMMENDATIONS

1. Continue to work with partners to address access and coordination issues related to community services (for example, child care/day care and recreation for children and youth) and health care services (for example, vision, speech and hearing services, adult day programs and dental services).
2. Continue to support Western Health in the implementation of a comprehensive and integrated approach to chronic disease prevention and management (CDPM); support the development and implementation of strategies focusing on priorities throughout the Bonne Bay and Port Saunders Area.
3. Continue to support the Improving Health My Way self-management program throughout the Bonne Bay and Port Saunders Area; focus on recruiting lay leaders and increasing awareness of the program.

4. Continue to work with identified partners to explore increased telehealth applications for the Bonne Bay and Port Saunders Area to improve access to services that were identified as concerns by the community.
5. Continue to focus on the identification of local needs and resources; support the development and implementation of evidence based health promotion/wellness strategies to address local issues with a focus on sustainability and evaluation.
6. Continue to foster an environment of partnerships and community development that supports communities in their efforts to take action against issues affecting their health and well-being.

Conclusion

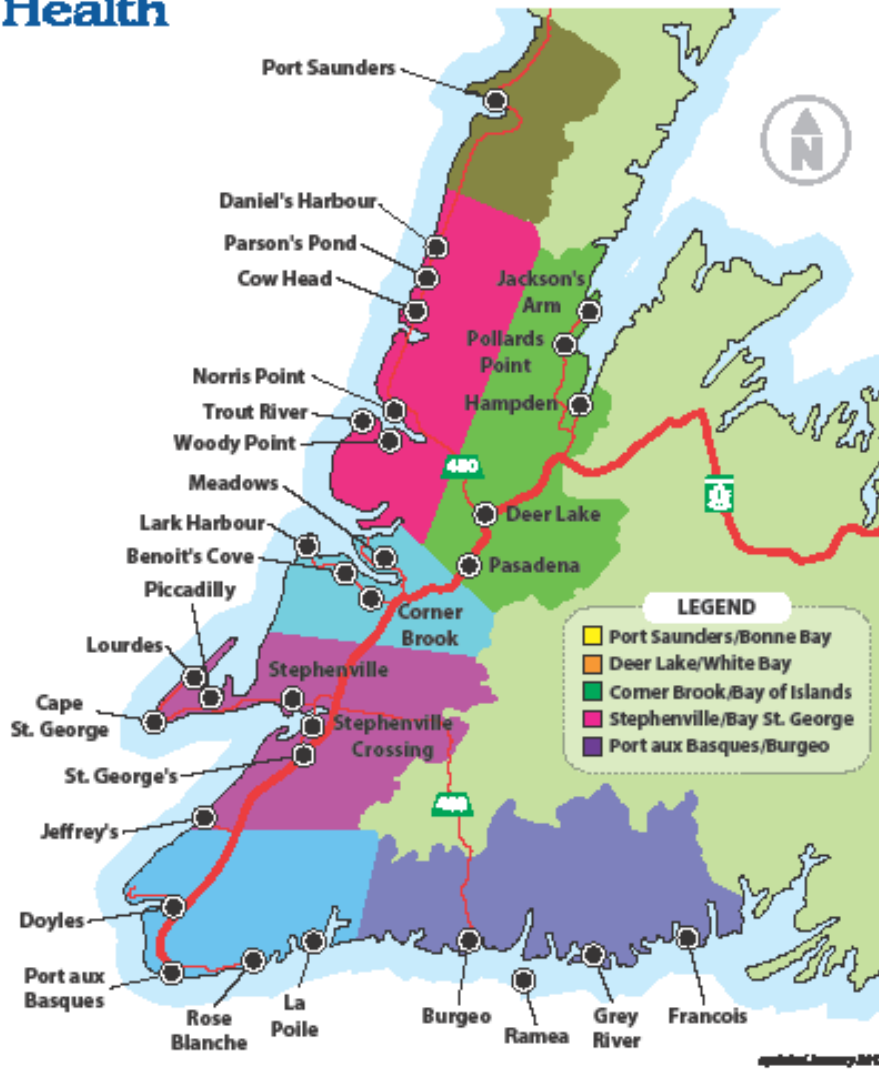
As primary health care and health promotion continues to gain momentum we will no doubt be better equipped to address the health inequities and changing demographics that continue to shape our communities. The Community Health Needs and Resources Assessment is the first step in getting to know our communities and identifying issues that affect health and well-being. Overtime, we hope to achieve healthier communities and a health care system that interacts with the community responding to its unique needs to achieve optimal health outcomes, reduce the incidence of chronic disease and promote healthy living across the life span. After a thorough analysis of the data, recommendations were made to address local concerns. It is important to note that the recommendations outlined in this report are not meant to be all encompassing or to dictate the priority actions of any one organization or group, but to act as a catalyst to generate discussion and support action in addressing local issues through partnerships with various organizational and community stakeholders.

Appendix A: Map of PHC Team Areas



Western Health Regional Map

Primary Health Care Team Areas



Appendix B:

Community Health Needs and Resources Assessment Policy



NUMBER: 6-01-80
PAGE 1 of 5

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

PURPOSE

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

POLICY

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

Primary Health Care Managers must:

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

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

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

The Regional Manager of Research and Evaluation must:

1. Provide expertise on data collection and analysis.

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

REFERENCES

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

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

KEYWORDS

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

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

APPENDIX A

Community Health Needs and Resources Assessment Template

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

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

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

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

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

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

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

Appendix C: 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 Council) | 1 | 2 | 3 | 4 |
| 13. Telephone | 1 | 2 | 3 | 4 |
| 14. Fire protection | 1 | 2 | 3 | 4 |
| 15. Police | 1 | 2 | 3 | 4 |
| 16. Libraries | 1 | 2 | 3 | 4 |
| 17. Postal services | 1 | 2 | 3 | 4 |
| 18. Banking | 1 | 2 | 3 | 4 |
| 19. Grocery stores | 1 | 2 | 3 | 4 |
| 20. Shopping | 1 | 2 | 3 | 4 |
| 21. Public transportation (Ex. buses, taxis) | 1 | 2 | 3 | 4 |
| 22. Recreation programs | 1 | 2 | 3 | 4 |
| 23. Recreation facilities | 1 | 2 | 3 | 4 |
| 24. Career development services | 1 | 2 | 3 | 4 |
| 25. Literacy support | 1 | 2 | 3 | 4 |
| 26. Food bank | 1 | 2 | 3 | 4 |

Are there other community services that were not in this list that you would like to add?

Are you satisfied with the following health related community services?

| Health Related Community Services | Yes | No | Don't know | Not Available |
|--------------------------------------------------------------------------------------------------------------------|-----|----|------------|---------------|
| 27. Mental health services | 1 | 2 | 3 | 4 |
| 28. Addiction services | 1 | 2 | 3 | 4 |
| 29. Drug addiction services | 1 | 2 | 3 | 4 |
| 30. Alcohol addiction services | 1 | 2 | 3 | 4 |
| 31. Gambling addiction services | 1 | 2 | 3 | 4 |
| 32. Addiction treatment centres | 1 | 2 | 3 | 4 |
| 33. Counselling services | 1 | 2 | 3 | 4 |
| 34. Family planning | 1 | 2 | 3 | 4 |
| 35. Sex education | 1 | 2 | 3 | 4 |
| 36. Ambulance services | 1 | 2 | 3 | 4 |
| 37. Emergency health services | 1 | 2 | 3 | 4 |
| 38. Income support services | 1 | 2 | 3 | 4 |
| 39. Home support services | 1 | 2 | 3 | 4 |
| 40. Respite care services | 1 | 2 | 3 | 4 |
| 41. Supportive housing (e.g. personal care home, alternate family care) | 1 | 2 | 3 | 4 |
| 42. Long term care | 1 | 2 | 3 | 4 |
| 43. Services for pregnant women | 1 | 2 | 3 | 4 |
| 44. Services for new mothers/babies | 1 | 2 | 3 | 4 |
| 45. Services for seniors (e.g. foot care) | 1 | 2 | 3 | 4 |
| 46. Services for people with chronic diseases (disease longer than 3 months for example, asthma, diabetes, cancer) | 1 | 2 | 3 | 4 |
| 47. Wellness/Illness prevention | 1 | 2 | 3 | 4 |
| 48. Services for people with disabilities | 1 | 2 | 3 | 4 |
| 49. Rehabilitation services | 1 | 2 | 3 | 4 |
| 50. Physiotherapy services | 1 | 2 | 3 | 4 |
| 51. Services for victims of physical or sexual abuse | 1 | 2 | 3 | 4 |
| 52. Adult day programs | 1 | 2 | 3 | 4 |
| 53. Meals on wheels type services | 1 | 2 | 3 | 4 |
| 54. Dental health services | 1 | 2 | 3 | 4 |
| 55. Health inspection services | 1 | 2 | 3 | 4 |

| | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 56. Pharmacy services | 1 | 2 | 3 | 4 |
| 57. Immunization services | 1 | 2 | 3 | 4 |
| 58. Health education services | 1 | 2 | 3 | 4 |
| 59. School health services | 1 | 2 | 3 | 4 |
| 60. Occupational therapy | 1 | 2 | 3 | 4 |
| 61. Physician services | 1 | 2 | 3 | 4 |
| 62. Nurse practitioner services | 1 | 2 | 3 | 4 |
| 63. Diabetes programs | 1 | 2 | 3 | 4 |
| 64. Chronic disease self-management program | 1 | 2 | 3 | 4 |
| 65. Primary Health Care Teams | 1 | 2 | 3 | 4 |
| 66. Services for Young Offenders | 1 | 2 | 3 | 4 |
| 67. Diagnostic Services | 1 | 2 | 3 | 4 |
| 68. Child Protection Services | 1 | 2 | 3 | 4 |
| 69. Adoption Services | 1 | 2 | 3 | 4 |
| 70. Health Line | 1 | 2 | 3 | 4 |
| 71. Telehealth Services | 1 | 2 | 3 | 4 |
| 72. Cervical Screening | 1 | 2 | 3 | 4 |
| 73. Nutrition Services | 1 | 2 | 3 | 4 |
| 74. Dietitian Services | 1 | 2 | 3 | 4 |
| 75. Respiratory Services | 1 | 2 | 3 | 4 |
| 76. Emergency Preparedness | 1 | 2 | 3 | 4 |
| 77. Speech and Hearing Services | 1 | 2 | 3 | 4 |
| 78. Vision Services | 1 | 2 | 3 | 4 |
| 79. Foot Care | 1 | 2 | 3 | 4 |
| Are there other health related community services that were not in this list that you would like to comment on? (Please explain reasons if you are not satisfied with these services) | | | | |
| Are there barriers to accessing any of these services? | | | | |

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

| Community Groups | Yes | No | Don't Know | Not Available |
|---------------------------------------------------------------|-----|----|------------|---------------|
| 80. Self Help/Support Groups | 1 | 2 | 3 | 4 |
| 81. Town Councils | 1 | 2 | 3 | 4 |
| 82. Service Organizations (e.g. Kinsmen, Knights of Columbus, | 1 | 2 | 3 | 4 |

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| Lion's Club) | | | | |
| 83. Churches | 1 | 2 | 3 | 4 |
| 84. Sports Clubs (e.g. minor hockey, softball) | 1 | 2 | 3 | 4 |
| 85. Recreation Clubs (e.g. Girl Guides, Cadets) | 1 | 2 | 3 | 4 |
| 86. School Council | 1 | 2 | 3 | 4 |
| 87. Health Related Groups (e.g. Cancer Society, Lung Association, Seniors Wellness) | 1 | 2 | 3 | 4 |
| 88. Advocacy Groups (e.g. Status of Women, Tobacco Free Network) | 1 | 2 | 3 | 4 |
| 89. Family Resource Center (e.g. Healthy Baby Clubs) | 1 | 2 | 3 | 4 |
| 90. Hospital Foundations and Auxiliary Groups | 1 | 2 | 3 | 4 |
| 91. Western Health Community Advisory Committee | 1 | 2 | 3 | 4 |
| Are there other community groups that are not in this list that you would like to comment on who influence the health of your community? | | | | |
| Please provide examples of how your community supports your efforts to be healthy. | | | | |

Do you feel any of the following are problems in your community?
Please include age group of those you are concerned about?

| Community Concerns | Yes | No | Don't now | Not Available |
|--------------------------------------|-----|----|-----------|---------------|
| 92. Drinking and driving | 1 | 2 | 3 | 4 |
| 93. Distracted driving | 1 | 2 | 3 | 4 |
| 94. Alcohol abuse | 1 | 2 | 3 | 4 |
| 95. Loneliness | 1 | 2 | 3 | 4 |
| 96. Suicide | 1 | 2 | 3 | 4 |
| 97. Age Friendly/Senior Friendly | 1 | 2 | 3 | 4 |
| 98. Care of the older person | 1 | 2 | 3 | 4 |
| 99. Care of People with disabilities | 1 | 2 | 3 | 4 |
| 100. Mental health problems | 1 | 2 | 3 | 4 |
| 101. Unhealthy eating habits | 1 | 2 | 3 | 4 |
| 102. Elder abuse | 1 | 2 | 3 | 4 |
| 103. Illegal drug use | 1 | 2 | 3 | 4 |
| 104. Abuse of prescription drugs | 1 | 2 | 3 | 4 |

| | | | | |
|-------------------------------------------|---|---|---|---|
| 105. Abuse of over the counter drugs | 1 | 2 | 3 | 4 |
| 106. Unemployment | 1 | 2 | 3 | 4 |
| 107. Smoking | 1 | 2 | 3 | 4 |
| 108. Physical inactivity | 1 | 2 | 3 | 4 |
| 109. Poverty | 1 | 2 | 3 | 4 |
| 110. Gambling | 1 | 2 | 3 | 4 |
| 111. Illiteracy | 1 | 2 | 3 | 4 |
| 112. Garbage disposal | 1 | 2 | 3 | 4 |
| 113. Water pollution | 1 | 2 | 3 | 4 |
| 114. Noise pollution | 1 | 2 | 3 | 4 |
| 115. Road accidents | 1 | 2 | 3 | 4 |
| 116. Housing conditions | 1 | 2 | 3 | 4 |
| 117. Homelessness (e.g. couch surfing) | 1 | 2 | 3 | 4 |
| 118. Crime | 1 | 2 | 3 | 4 |
| 119. Vandalism | 1 | 2 | 3 | 4 |
| 120. Bullying | 1 | 2 | 3 | 4 |
| 121. Violence in the home | 1 | 2 | 3 | 4 |
| 122. Violence in the community | 1 | 2 | 3 | 4 |
| 123. Child abuse/Neglect | 1 | 2 | 3 | 4 |
| 124. Sexual abuse | 1 | 2 | 3 | 4 |
| 125. Personal safety | 1 | 2 | 3 | 4 |
| 126. On the job risks for injury | 1 | 2 | 3 | 4 |
| 127. Parenting difficulties | 1 | 2 | 3 | 4 |
| 128. Teenage pregnancy | 1 | 2 | 3 | 4 |
| 129. Young people in trouble with the law | 1 | 2 | 3 | 4 |
| 130. Unplanned pregnancy | 1 | 2 | 3 | 4 |
| 131. Abortion counselling | 1 | 2 | 3 | 4 |
| 132. Education system concerns | 1 | 2 | 3 | 4 |
| 133. Day care problems for children | 1 | 2 | 3 | 4 |
| 134. Dental health | 1 | 2 | 3 | 4 |
| 135. High blood pressure | 1 | 2 | 3 | 4 |
| 136. Stroke | 1 | 2 | 3 | 4 |
| 137. Heart disease | 1 | 2 | 3 | 4 |
| 138. Circulatory problems | 1 | 2 | 3 | 4 |
| 139. Cancer | 1 | 2 | 3 | 4 |
| 140. Diabetes | 1 | 2 | 3 | 4 |

| | | | | |
|----------------------------------------------------------------------------------|---|---|---|---|
| 141.Eating disorders | 1 | 2 | 3 | 4 |
| 142.Hepatitis (or other liver disease) | 1 | 2 | 3 | 4 |
| 143.Sexually transmitted infections | 1 | 2 | 3 | 4 |
| 144.HIV/AIDS | 1 | 2 | 3 | 4 |
| 145.Lung disease | 1 | 2 | 3 | 4 |
| 146.Kidney disease | 1 | 2 | 3 | 4 |
| 147.Out migration | 1 | 2 | 3 | 4 |
| 148.Access to health services | 1 | 2 | 3 | 4 |
| 149.Littering | 1 | 2 | 3 | 4 |
| 150.Access for people with disabilities | 1 | 2 | 3 | 4 |
| Please list other concerns in your community: | | | | |
| Are there other community concerns not listed that you would like to comment on? | | | | |

Where or how do you get your health information?

What are some of the strengths of your community?

Thank you for your time.

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

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

Appendix D: Focus Group Guide

Topic: Chronic Disease (Cancer and Diabetes)

Area: _____

Date: _____

Time: _____

Location: _____

Agenda

Welcome and introductions

- Signed Consent

Ground rules

- Anything to add (flip chart)

Question and Answer

1. What is it like to live in your community when you have been diagnosed with a chronic disease (i.e. cancer or diabetes)?
2. What does being healthy mean to you once you have been diagnosed with cancer (or diabetes)?
What does being healthy mean to you when you have a family member who has been diagnosed with a chronic disease?
3. What are some strengths in the community that help you (your client) cope with/manage your (their) chronic disease?
4. What kinds of things need to happen at a community level to help you and your family stay healthy when living with a chronic condition?
5. What kinds of things need to happen at the health care level to support you (your client) in managing your (their) chronic disease?
6. What are some challenges facing you as a provider/care giver/family member when trying to support individuals with cancer/diabetes?
7. What are the issues facing you that you would like to see addressed by Western Health? What are the priorities?
8. What do you feel needs to be done to improve the health of your community (client)? Or what needs to happen at the community level to make the health of your family (client) better?
9. What role do you see for yourself in addressing what needs to be done to improve the health of your community (client) with chronic disease?
10. Of all the things we discussed, what is the most important to you?
11. Have we missed anything?

Summary and final thoughts

Focus Group Script for Chronic Disease (Cancer and Diabetes)

You have all been invited to join this focus group to discuss your experiences living with (or supporting someone who is living with) a chronic disease (Cancer or Diabetes). My name is Erica Parsons and assisting me today is Renee Martin. We are both employees of Western Health. As part of a community needs assessment 95 telephone surveys were conducted throughout the Bonne Bay and Port Saunders area – Cancer (94%) and Diabetes (84%) were among the top three community concerns in the area (outmigration 89%). The intent of this focus group is to further explore the issues surrounding living with and treating chronic illness and how we can support individuals and communities to live healthier. We will be conducting 3 focus groups – 2 in Norris Point and 1 in Port Saunders.

Each Primary Health Care team area will complete a needs assessment for their team area and use the information gathered within to prioritize and address local issues and concerns when developing team plans.

The focus group will last for around an hour to an hour and a half. Our discussion will be informal and based on a question and discussion format. We will be on a first name basis and you are asked to please wear your name tag. Everyone's views are welcome and appreciated. There are no wrong answers but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. We are interested in your feedback and would like your suggestions and recommendations as a means to improve the overall health and wellness of our communities. Although not all your suggestions and recommendations will be possible, they will be considered in the planning process. Your input is of the utmost importance in improving access to services, disease management and promoting healthy and well communities.

Your participation is completely voluntary. You are not under any obligation to take part, and you can stop taking part in the focus group at any time. All the information that you give will be used anonymously. I will not share your name or any information that may reveal your identity to those requesting this evaluation. I will be taking a few notes throughout our discussion, as well as Renee Martin who will be the main recorder of our dialogue for analysis. All recorded information is confidential and anonymous.

I will summarize the information that you share with me today and send it to you to ensure that the summary accurately reflects our discussion and you can make and necessary revisions. I will include this summary report in the final community needs assessment report which will be placed on Western Health's internet site.

Well, let's begin ...

What you can expect over the next couple of months

- In the coming weeks I will review the information and generate common themes or issues. I will prepare a summary report for you to review and approve with any comments or corrections that you feel are necessary to accurately reflect our discussion.
- The final community needs assessment report will be complete by April 2013. If you wish to receive a copy of the final report please let me know and I will be sure to send you one.

Thank-you for your time and valuable comments.

Appendix E: Informed Consent Form

Informed Consent Form Chronic Disease Focus Group

The purpose of this informed consent form is to ensure that you understand the purpose of the focus group and the nature of your involvement. The informed consent aims to provide sufficient information so that you have the opportunity to determine whether you wish to participate in the focus group.

Facilitator: This focus group is being conducted by Erica Parsons, Primary Health Care Manager with Western Health.

Purpose: The focus group in which you are being asked to participate is designed to further explore issues related to chronic diseases in the Bonne Bay and Port Saunders area.

Task Requirements: You have been asked to participate in a focus group about chronic disease.

Location and Time: The focus group will take approximately an hour and a half.

Risks and Benefits: There are no obvious physical or psychological risks or benefits involved with participation in the focus group.

Anonymity and Confidentiality: All information collected during this focus group will be kept confidential. All identifying information will be removed from the final needs assessment report.

Right to Withdraw: Please understand that your participation in this focus group is completely voluntary and you have the right to withdraw your participation and remove any information you may have provided at any time. Your decision will not in any way affect your health care service provision.

Contact Information: If you have any questions or concerns arising as a result of your participation in this focus group or would like to receive the results of this study, please contact Erica Parsons at 709-458-2211 ext. 209 or email ericaparsons@westernhealth.nl.ca

I acknowledge that I have read and understand the information above and I freely consent to participate. The information collected during this focus group may be used in presentations, reports and program planning. My signature indicates that I agree to participate in this Focus Group, and this in no way constitutes a waiver of my rights.

Name (print): _____

Name (signature): _____

Witness (print): _____

Witness (signature): _____

Date: _____

Appendix F: Enrolment for Individual Schools

School Name: Gros Morne Academy Location: Rocky Harbour
 Communities Served: Norris Point, Rocky Harbour and Sally's Cove

Table G-1 – Department of Education: Enrolment, 2007-2013

| | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 |
|-----------------------------------------|---------|---------|---------|---------|---------|---------|
| Total Students | 255 | 245 | 255 | 240 | 235 | 225 |
| Primary⁵¹ | 80 | 75 | 80 | 60 | 55 | 55 |
| Elementary⁵² | 60 | 50 | 50 | 60 | 65 | 55 |
| Junior High⁵³ | 50 | 5 | 65 | 65 | 60 | 50 |
| Senior High⁵⁴ | 60 | 55 | 60 | 50 | 60 | 60 |
| Pupil-Teacher Ratio⁵⁵ | 12.3 | 12.0 | 12.6 | 11.3 | 10.6 | --- |
| Provincial Average | 13.1 | 12.6 | 12.4 | 12.3 | 12.1 | --- |

Notes: Figures may not add to total due to random rounding. Information obtained from Community Accounts on April 10, 2013

School Name: Bonne Bay Academy Location: Woody Point
 Communities Served: Glenburnie, Shoal Brook, Winterhouse Brook, Birchy Head and Woody Point

Table G-2 – Department of Education: Enrolment, 2007-2013

| | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 |
|-----------------------------------------|---------|---------|---------|---------|---------|---------|
| Total Students | 75 | 65 | 65 | 65 | 6 | 60 |
| Primary⁵⁶ | 20 | 15 | 10 | 20 | 20 | 20 |
| Elementary⁵⁷ | 15 | 15 | 20 | 10 | 15 | 10 |
| Junior High⁵⁸ | 15 | 10 | 10 | 15 | 15 | 15 |
| Senior High⁵⁹ | 20 | 20 | 20 | 20 | 15 | 15 |
| Pupil-Teacher Ratio⁶⁰ | 7.6 | 7.2 | 6.9 | 7.3 | 7.9 | --- |
| Provincial Average | 13.1 | 12.6 | 12.4 | 12.3 | 12.1 | --- |

Notes: Figures may not add to total due to random rounding. Information obtained from Community Accounts on April 10, 2013

⁵¹ Kindergarten to Grade 3

⁵² Grade 4 to 6

⁵³ Grade 7-9

⁵⁴ Grade 10 -12, including 4th year

⁵⁵ Number of full time equivalent students to full time equivalent teachers

⁵⁶ Kindergarten to Grade 3

⁵⁷ Grade 4 to 6

⁵⁸ Grade 7-9

⁵⁹ Grade 10 -12, including 4th year

⁶⁰ Number of full time equivalent students to full time equivalent teachers

School Name: **Jakeman All Grade**
 Communities Served: **Trout River**

Location: **Trout River**

Table G-3 – Department of Education: Enrolment, 2007-2013

| | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 |
|-----------------------------------------|-------------|-------------|-------------|-------------|-------------|------------|
| Total Student | 105 | 90 | 85 | 85 | 80 | 80 |
| Primary⁶¹ | 25 | 25 | 20 | 25 | 25 | 30 |
| Elementary⁶² | 15 | 15 | 15 | 15 | 20 | 15 |
| Junior High⁶³ | 25 | 20 | 15 | 15 | 15 | 20 |
| Senior High⁶⁴ | 40 | 35 | 35 | 25 | 20 | 20 |
| Pupil-Teacher Ratio⁶⁵ | 8.9 | 8.2 | 8.1 | 6.9 | 7.2 | --- |
| Provincial Average | 13.1 | 12.6 | 12.4 | 12.3 | 12.1 | --- |

Notes: Figures may not add to total due to random rounding. Information obtained from Community Accounts on April 10, 2013

School Name: **Long Range Academy** Location: **Cow Head**
 Communities Served: **St. Pauls, Parsons Pond, Three Mile Rock, and Cow Head**

Table G-4 – Department of Education: Enrolment, 2007-2013

| | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 |
|-----------------------------------------|-------------|-------------|-------------|-------------|-------------|------------|
| Total Students | 195 | 180 | 160 | 160 | 145 | 130 |
| Primary⁶⁶ | 55 | 45 | 40 | 45 | 45 | 35 |
| Elementary⁶⁷ | 35 | 40 | 45 | 45 | 25 | 25 |
| Junior High⁶⁸ | 40 | 40 | 35 | 30 | 40 | 40 |
| Senior High⁶⁹ | 65 | 50 | 45 | 40 | 35 | 35 |
| Pupil-Teacher Ratio⁷⁰ | 10.1 | 10.1 | 9.3 | 9.2 | 7.8 | --- |
| Provincial Average | 13.1 | 12.6 | 12.4 | 12.3 | 12.1 | --- |

Notes: Figures may not add to total due to random rounding. Information obtained from Community Accounts on April 10, 2013

⁶¹ Kindergarten to Grade 3

⁶² Grade 4 to 6

⁶³ Grade 7-9

⁶⁴ Grade 10 -12, including 4th year

⁶⁵ Number of full time equivalent students to full time equivalent teachers

⁶⁶ Kindergarten to Grade 3

⁶⁷ Grade 4 to 6

⁶⁸ Grade 7-9

⁶⁹ Grade 10 -12, including 4th year

⁷⁰ Number of full time equivalent students to full time equivalent teachers

School Name: **Holy Cross All Grade** Location: **Daniel's Harbour**
 Communities Served: **Bellburns, Portland Creek and Daniels Harbour**

Table G-5 – Department of Education: Enrolment, 2007-2013

| | 2007-08 | 2008-09 | 2009-10 | 2010-11 | 2011-12 | 2012-13 |
|-----------------------------------------|---------|---------|---------|---------|---------|---------|
| Total Students | 45 | 40 | 35 | 35 | 35 | 30 |
| Primary⁷¹ | 10 | 10 | 10 | 10 | 10 | 10 |
| Elementary⁷² | 5 | 10 | 10 | 10 | 5 | 5 |
| Junior High⁷³ | 10 | 10 | 10 | 5 | 10 | 10 |
| Senior High⁷⁴ | 15 | 10 | 5 | 10 | 10 | 5 |
| Pupil-Teacher Ratio⁷⁵ | 5.7 | 5.4 | 5.4 | 5.8 | 5.7 | --- |
| Provincial Average | 13.1 | 12.6 | 12.4 | 12.3 | 12.1 | --- |

Notes: Figures may not add to total due to random rounding. Information obtained from Community Accounts on April 10, 2013

School Name: **French Shore Academy⁷⁶** Location: **Port Saunders**
 Communities Served: **River of Ponds, Hawk's Bay, Port Saunders, and Port au Choix**

Table G-6 – Department of Education: Enrolment, 2007-2013

| | 2010-11 | 2011-12 | 2012-13 |
|-----------------------------------------|---------|---------|---------|
| Total Students | 265 | 245 | 240 |
| Primary⁷⁷ | 70 | 75 | 70 |
| Elementary⁷⁸ | 65 | 55 | 50 |
| Junior High⁷⁹ | 60 | 60 | 65 |
| Senior High⁸⁰ | 65 | 60 | 55 |
| Pupil-Teacher Ratio⁸¹ | 10.7 | 9.9 | --- |
| Provincial Average | 12.3 | 12.1 | --- |

Notes: Figures may not add to total due to random rounding. Information obtained from Community Accounts on April 10, 2013

⁷¹ Kindergarten to Grade 3

⁷² Grade 4 to 6

⁷³ Grade 7-9

⁷⁴ Grade 10 -12, including 4th year

⁷⁵ Number of full time equivalent students to full time equivalent teachers

⁷⁶ French Shore Academy did not open until 2010; prior to this there were 3 schools throughout the Port Saunders Area: Torrent River Academy (Hawk's Bay), St. Theresa's Elementary (Port au Choix), and Roncalli Central High (Port Saunders)

⁷⁷ Kindergarten to Grade 3

⁷⁸ Grade 4 to 6

⁷⁹ Grade 7-9

⁸⁰ Grade 10 -12, including 4th year

⁸¹ Number of full time equivalent students to full time equivalent teachers

References

Broemeling, A., Watson, D.E., Black, C., Reid, R.J. *Measuring the Performance of Primary Health Care* (2006). The Centre for Health Services and Policy Research; University of British Columbia, Vancouver, BC, Canada.

Canadian Cancer Society (2011). Canadian Cancer Statistics. Retrieved July 2012 from www.statcan.gc.ca/pub/82-231-x/82-231-x2009001-eng.pdf

Community Accounts Database. www.communityaccounts.ca; Government of Newfoundland and Labrador. Data compiled by the Community Accounts Team is based on tabulations from the following:

Demographics

- Census of Population 2986 to 2011, Statistics Canada
- Live Birth Notification System, Newfoundland and Labrador Centre for Health Information
- Statistics Canada Mortality Files, Newfoundland and Labrador Center for Health Information
- Taxfiler data from Canada Customs and Revenue Agency summary information as provided by Small Area and Administrative Data Division, Statistics Canada.

Income, Consumption and Leisure

- Canada Customs and Revenue Agency summary information as provided by Small Area and Administrative Data Division, Statistics Canada.
- Census of Population 2001, 2006, and 2011 Statistics Canada.

Employment and Working Conditions

- Census of Population 2006, Statistics Canada
- Department of Human Resources, Labour and Employment
- Human Resources and Skill Development Canada
- Canada Customs and Revenue Agency summary information as provided by Small Area and Administrative Data Division, Statistics Canada.

Health

- Newfoundland and Labrador Center for Health Information, Clinical Database Management System
- Canadian Community Health Survey (CCHS) 2009-2010, Statistics Canada

Education, Literacy, Skill and Training

- Census of Population 2006, Statistics Canada
- Department of Education

Community Safety and Social Vitality

- Statistics Canada, Canadian Center for Justice Statistics
- Royal Canadian Mounted Police, Police Reporting and Occurrence System (PROS)
- Provincial Court of Newfoundland and Labrador, Department of Justice

Department of Health and Community Services. *Moving Forward Together: Mobilizing Primary Health Care* (2003). Government of Newfoundland and Labrador.

Health Canada (2011). Canadian Alcohol and Drug Use Monitoring Survey. Retrieved July 2012 from www.hc-sc.gc.ca/hc-ps/drugs-drogués/stat/index-eng.php

Health Canada (2010). Canadian Tobacco Use Monitoring Survey. Retrieved July 2012 from www.hc-sc.gc.ca/hc-ps/tobac-tabac/research-recherche/stat/ctums-esutc_2010-eng.php

Navarro, P., Rowe, B., Bornstein, S. (2013). The Potential for telehealth Consultations in Cardiology and Dermatology in Newfoundland and Labrador: A Synthesis of Research Evidence. St. John's, NL: Newfoundland and Labrador Center for Applied Health Research, Memorial University.

Smith, B.J; Kwok, C.T; Nutbeam, D. *WHO Health Promotion Glossary: new terms* (2006). Oxford University Press.

Western Health (2012). *Comprehensive School Health Assessment Summary Report*. Prepared by Ulrica Pye

Western Health (2012). *Environmental Scan 2011-2012*. Prepared by Darlene Welsh

World Health Organization (WHO). *Health Promotion Glossary* (1998). Geneva World Convention.