



Community Health Needs and Resources

Survey Summary: Burgeo & Ramea Area

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Introduction

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

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

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

Methodology

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

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

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

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

The following sections provide a summary of the CHNRA surveys completed in the Burgeo Primary Health Care Area.

Demographics

A total of 24 surveys were completed in the Burgeo and Ramea Primary Health Care Area and all surveys were completed electronically. Respondents reported being from the following communities: Burgeo or Ramea.

Of the 24 surveys completed, 62.5% of the respondents were female, 37.5% were male, and there were no respondents who indicated they were transgender or did not report their gender. When respondents were asked to indicate their race or ethnicity, 91.7 % of respondents were White/Caucasian, 8.3 % were Aboriginal, no respondents were Indigenous/European, and all reported their race or ethnicity. When asked how long they lived in the community, 0 reported less than one year, 8.3% reported 1-5 years, 12.5% reported 6-20 years, 79.2% reported over 20 years and 0 did not report. The majority of respondents were from the 41-45 age groups (29.2%). See Table 1 for age groups, percentages, and frequencies of respondents.

Table 1. Respondent Age Groups, Percentages, and Frequencies

Age Group	Percentage (%)	Frequency
16-20	0	0
21-25	4.2	1
26-30	4.2	1
31-35	4.2	1
36-40	0	0
41-45	29.2	7
46-50	8.3	2
51-55	16.7	4
56-60	4.2	1
61-65	8.3	2
66-70	8.3	2
71-75	12.5	3
76+	0	0
Did not report	0	0

Community Services

Respondents were provided with a list of community services. They were asked to indicate whether they were satisfied or not satisfied with the services that they used or required. Respondents were most satisfied with Education (100%) and Emergency services (100%) followed closely by public transportation with satisfaction of 94.4%. Respondents were least satisfied with food bank (66.7%). See Table 2 for those who responded that they were satisfied or not satisfied with each community service.

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

Community Service	Satisfied % (N)	Not satisfied % (N)
Education	100 (11)	0 (0)
Child care/day care	66.7 (4)	8.3 (2)
Children/youth programs	40 (4)	60 (6)
Seniors programs (65+)	69.2 (9)	30.8 (4)
Grocery stores	72.7 (16)	27.3(6)
Public transportation (e.g., buses, taxis)	94.4 (17)	5.6 (1)
Recreation programs (e.g., soccer, hockey, walking trails, darts)	68.4 (13)	31.6 (6)
Food bank	33.3 (2)	66.7 (4)
Environmental services (e.g., recycling, water, sewer)	54.4 (12)	45.5 (10)
Emergency services (e.g., police, fire department, emergency preparedness)	100 (22)	0 (0)

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

- Emergency services for the area are reliable.
- There are many groups and activities to be a part of in the area.

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

- Longstanding issues of not being able to drink town water.
- Grocery stores have limited selection of fresh healthy foods and are expensive.
- There are concerns about the removal of Child Youth and Family Services office.

Survey respondents were also asked to indicate if there were any community services that they had/have trouble getting and 13.0% reported yes and 87.0% reported no. The community services that respondents reported having trouble getting were:

- Access to Child Youth and Family Services
- Services to provide assistance with employment

Respondents were asked what prevented them from getting these services and were provided with a list of options including an “other” option. There were 0 respondents who reported that they did not know the

service was available, 0 that reported transportation related issues, 33.3% reported wait time for service, 33.3% reported that the service was too difficult to arrange, and 0 reported that they were not ready or prepared to get this service. 12.5% reported other and the following categories were identified:

- Child Youth and Family Services were removed and do not have contact information
- Services do not exist

Survey respondents were asked to report the top three problems in their communities. The top three problems identified were (1) Unemployment (54.2%), (2) Outmigration (41.7%), and (3) Alcohol and/or drug abuse (20.8%) and Bullying (20.8%). Table 3 provides a complete listing of community problems and the frequencies and percentages of respondents who reported them to be community problems.

Table 3. Frequencies and Percentages of Respondent Reported Community Problems

Community Problems	Percentage (%)	Frequency
Absence of an age/senior friendly environment	12.5	3
Alcohol and/or drug abuse	20.8	5
Bullying	20.8	5
Care of people with disabilities	8.3	2
Care of the older person	12.5	3
Child abuse/neglect	8.3	2
Crime (including vandalism)	0	0
Distracted driving	8.3	2
Drinking and driving	4.2	1
Environment	16.7	4
Gambling	0	0
Homelessness (e.g., couch surfing)	0	0
Illiteracy	0	0
Issues with Day care	4.2	1
Issues with the Education system	4.2	1
Lack of access for people with disabilities (e.g., accessible buildings, wheelchair ramps, sidewalks in disrepair)	8.3	2
Loneliness	8.3	2
Outmigration	41.7	10
Poor housing conditions	0	0
Poor parenting skills	4.2	1
Poverty	0	0
Risks for injury on the job	0	0
Suicide	0	0
Unemployment	54.2	13
Unplanned pregnancy	0	0
Violence in the community	0	0
Violence in the home	0	0
Young people in trouble with the law	0	0

Community Problems	Percentage (%)	Frequency
Other	8.4	2

In the “other” category, respondents indicated drinking water and highway conditions.

When asked how the community helps deal with these challenges, comments indicated that there are a lot of community groups that create supportive environments: HELP (Helping Ease Life’s Problems) Committee, Lions/Lioness Club, Fire Department, and 50 Plus club. Having a local RCMP detachment was also noted as beneficial.

Health Services

Respondents were provided with a list of health services. They were asked to indicate whether they were satisfied or not satisfied with the services that they used or required. Respondents were most satisfied with immunization services (100%), Emergency department services (100%) and Rehabilitation services (100%) and least satisfied with Meals on wheels type services (100%) and vision services (84.6%). While meals on wheels type services had the highest rate of dissatisfaction, it is based on only 3 respondents who used/required the service. There were several other services which had higher general rates of satisfaction, but still had a significant number of respondents indicating they were not satisfied (e.g., specialist services (10 respondents not satisfied) and dental care services (9 respondents not satisfied)). See Table 4 for those who responded that they were satisfied or not satisfied with each community service.

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

Health Related Community Service	Satisfied % (N)	Not satisfied % (N)
Mental health and addiction services (including counseling services)	71.4 (5)	8.3 (2)
Ambulance services	94.1 (16)	5.9 (1)
Emergency department services	100 (17)	0 (0)
Dental care services	30.8 (4)	69.2 (9)
Pharmacy services	90.9 (20)	9.1 (2)
Immunization services	100 (16)	0 (0)
Family doctor services	81 (17)	19 (4)
Specialist services (e.g., surgeon, internists)	23.1 (3)	76.9 (10)
Nurse practitioner services	69.2 (9)	30.8 (4)
Nutrition services (e.g., dietitians)	36.4 (4)	63.6 (7)
Respiratory services	37.5 (3)	62.5 (5)
Rehabilitation services (e.g., physiotherapy, occupational therapy, speech and language, and social work)	100 (11)	0 (0)
Diagnostic services (e.g., x-ray, blood collection)	89.5 (17)	10.4 (2)
Vision services	15.4 (2)	84.6 (11)
Women's wellness (e.g., cervical screening, breast screening)	54.5 (6)	45.5 (5)
Home support services/Home care	71.3 (5)	28.6(2)
Respite services (e.g., adult day support programs, children's respite services)	50 (3)	50 (3)
Meals on wheels type services	0 (0)	100 (3)
Supportive housing (e.g., personal care homes, alternate family care)	25 (1)	75 (3)
Long term care	60 (6)	40 (4)
Services for pregnant mothers/new mothers/babies	80 (4)	20 (1)
Services for people with chronic diseases (disease longer than 3 months, e.g., asthma, diabetes, cancer)	40 (2)	60 (3)

Health Related Community Service	Satisfied % (N)	Not satisfied % (N)
Intervention services (including services for people with developmental and physical disabilities and autism)	16.7 (1)	83.3 (5)
Community supports (services for seniors and adults with intellectual and physical disabilities)	20 (1)	80 (4)
HealthLine	71.4 (5)	28.6 (2)
Telehealth services	77.8 (7)	22.2 (2)
School health services (e.g., school health nurses, immunization, sexually transmitted infections, stress management, health promotion)	91.7 (11)	8.3 (1)

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

- The Community is grateful to have emergency services such as fire department, ambulance and the staff at Calder Health Care Centre
- Having the telehealth system helps with wait times and travel expenses

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

- Access and long wait times to see specialists
- Growing community concerns for mental health in the youth from the area (coping, anxiety and depression)
- Stigma of mental health is still prevalent

Survey respondents were also asked to indicate if there were any health services that they had/have trouble getting and 30 % reported yes and 70 % reported no. The health services that respondents reported having trouble getting were:

- Audiology
- Mental Health Services
- Physician Specialists Appointments

Respondents were asked what prevented them from getting these services and were provided with a list of options including an “other” option. 0% respondents reported that they did not know the service was available, 0% reported transportation related issues, 66.7% reported wait time for service, 0% reported that the service was too difficult to arrange, and 16.7% reported that they were not ready or prepared to get this service. 0% reported answers in other categories.

Survey respondents were asked to report the top three health problems in their communities. The top three problems identified were (1) Cancer (70.8%), (2) Diabetes, and (3) High Blood Pressure. It is important to note that Mental Health was ranked 4th with 25% but all comments listed in the “other” category were also related to mental health (additional 4.2 %). See Table 5 for list of potential health problems and percentages and frequencies of respondents who indicated that they were most concerned about them.

Table 5. Frequencies and Percentages of Health Problems

Health Problems	Percentages (%)	Frequencies
Addictions	4.2	1
Arthritis	16.7	4
Cancer	70.8	17
Chronic pain	0	0
Diabetes	33.3	8
Eating disorders	0	0
Heart disease	16.7	4
High blood pressure	29.2	7
HIV/Aids	0	0
Kidney disease	0	0
Lack of physical activity	16.7	4
Lung disease	4.2	1
Mental health	25	6
Overweight/obesity	20.8	5
Sexually transmitted infections	0	0
Smoking	0	0
Stroke	0	0
Suicide	0	0
Unhealthy eating habits	25	6
Other	4.2	1

In the “other” category, respondents reported: mental wellness/ balance/coping.

When asked how the community helps deal with these challenges, comments indicated that there are support groups (for example, cancer support group) and the actions of the HELP committee support the wellbeing in the Burgeo/Ramea areas.

The final question in this section was “Where do you go for routine healthcare?” and included a list of options. 83.3% reported family physician, 12.5% reported hospital emergency department/health centre, 16.7% reported nurse practitioner, 4.2% reported I do not receive routine healthcare, and 0% reported in the “other” category.

Health Information

Survey respondents were asked where they get their health related information. The top three sources were: (1) Internet (79.2%), (2) Community Health Nurse (54.2%) and (3) Physicians (50%). See Table 6 for percentages and frequencies of sources selected.

Table 6. Percentages and Frequencies of Sources Selected

Sources	Percentages (%)	Frequencies
Internet	79.2	19
Facebook or Twitter	0	0
Other social media	0	0
Physicians	50	12
Community Health Nurse (e.g., Public health nurse or community support nursing)	54.2	13
Nurse practitioner	16.7	4
Pharmacy	37.5	9
Friends/Family	20.8	5
Library	0	0
Newspaper/magazine	0	0
Radio/television	4.2	1
Church group	0	0
School/university/college	0	0
HealthLine	0	0
Other	0	0

Respondents did not report any other sources in the “other” category

When respondents were asked to report if the Western Health website provides the health related information that they need, 20.8% responded yes, 4.2% responded no, 16.7% responded that they did not know that Western Health had a website, and 58.3% reported that they have not been to the Western Health website. Respondents indicated that they would like the following information to be on the Western Health website:

- Availability of health programs and services
- Health tips
- Information and resources on mental health

Overall Comments

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

- There should be a more “holistic” approach to care
- There should be more focus on reducing the stigma of mental illness and on mental health resources
- There should be a continued emphasis on health promotion and disease prevention
- There remain numerous concerns with travel to and from Burgeo/Ramea. This includes the status of Burgeo highway, impacts of weather, and costs of travel. Telehealth is a great alternative but more programs and services need to take advantage of it.

Conclusion

The CHNRA survey is an important step in determining the needs and resources of the residents in the Western region. The survey included qualitative and quantitative questions, providing residents with an opportunity to express their views of the health and community services offered in the region. A total of 24 respondents completed the survey and demographic information such as age, gender, and ethnicity were collected. The overall findings of the survey indicated that there is growing community concern about mental health and coping skills in the community. In addition, there are concerns about not having drinking water available in homes, having limited choices to fresh healthy foods in local grocery stores and the associated high costs. Telehealth was noted to be an important part of improving access to health care that minimizes the time associated with travel on noted poor roads for health services that are not available in the local area. Overall the participants felt a strong sense of community and that local schools and groups such as the HELP (Helping Ease Life's Problems) Committee are instrumental in health promotion and prevention. The following are additional highlights of the results:

Demographics:

- 24 surveys were completed in the Burgeo/Ramea region
- 62.5% were female, 37.5% were male, no other categories were selected
- The majority of the respondents were from the 41-45 age group (29.2%)

Community Services:

- Respondents were most satisfied with Education (100%) and Emergency services (100%) and least satisfied with food bank (66.7%).
- Survey respondents were asked to indicate if there were any community services that they had/have trouble getting and 13% said yes, and 87% said no.
- The top three problems identified were (1) Unemployment (54.2%), (2) Outmigration (41.7%), and (3) Alcohol and/or drug abuse (20.8 %) and Bullying (20.8%).

Health Services:

- Respondents were most satisfied with immunization services (100%), Emergency department services (100%) and Rehabilitation services (100%) and least satisfied with Meals on wheels type services (100%) and vision services (84.6%).
- Survey respondents were also asked to indicate if there were any health services that they had/have trouble getting and 30% reported yes, and 70% reported no.
- The top three problems identified were (1) Cancer (70.8%), (2) Diabetes, and (3) High Blood Pressure.

Health Information:

- Survey respondents were asked where they get their health related information. The top three sources were: (1) Internet (79.2%), (2) Community Health Nurse (54.2%), and (3) Physicians (50%).

- When respondents were asked to report if the Western Health website provides the health related information that they need, 20.8% responded yes, 4.2% responded no, 16.7% responded that they did not know that Western Health had a website, and 58.3% reported that they have not been to the Western Health website.
- Survey respondents reported the following sources for routine healthcare: family physician (83.3%), hospital emergency department/health center (12.5%), nurse practitioner (16.7%), 4.2% reported I do not receive routine healthcare, and 0% reported other.

Data obtained from the CHNRA for each PHC area and this regional summary will support planning both at the local PHC level as well as organizational strategic, branch, and program planning. While the CHNRA survey results are only one piece of the overall CHNRA process, the survey results will be used by service providers/programs, community advisory committees and primary health care teams to determine key priorities and to inform planning. Results will also be shared with relevant community partners to inform their planning and service delivery processes.

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

Appendix A

Community Health Needs and Resources Assessment Survey

Community Health Needs and Resources Assessment Survey

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

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

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

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

Demographics

1. What is your age?

Mark only one oval.

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

2. What is your gender?

3. What is your race or ethnicity?

Mark only one oval.

- White/Caucasian
- Aboriginal
- Other: _____

4. What is your primary language?

Mark only one oval.

- English
- French
- Other: _____

5. What community do you live in?

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

Mark only one oval.

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

Community Services

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

Mark only one oval per row.

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

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

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

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

Mark only one oval.

- yes
- no

11. What are they?

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12. What prevented you from getting these services?

Tick all that apply.

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

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

Tick all that apply.

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

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

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

Mark only one oval per row.

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

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

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

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

Mark only one oval.

- Yes
 No

19. What are they?

20. What prevented you from getting these services?

Tick all that apply.

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

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

Tick all that apply.

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

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

23. Where do you go for routine healthcare?

Tick all that apply.

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

24. Where do you get your health related information?

Tick all that apply.

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

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

Mark only one oval.

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

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

Overall Comments

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

Thank you.

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