



# Western Health

## **PRIMARY HEALTH CARE IN ACTION**

### **A Community Needs and Resources Assessment for the Port aux Basques and Burgeo Areas**

**2013**

**Prepared by:  
Danielle Shea, RD, M.Ad.Ed.  
Primary Health Care Manager, Bay St. George Area**

## Table of Contents

Executive Summary	Page 4
Community Health Needs and Resources Assessment	Page 6
Survey Overview	Page 6
Survey Results	Page 7
Demographics	Page 7
Community Services	Page 8
Health Related Community Services	Page 10
Community Groups	Page 15
Community Concerns	Page 16
Other	Page 20
Focus Group Overview	Page 20
Port aux Basques: Cancer Care	Page 21
Highlights	Page 22
Burgeo: Healthy Eating	Page 23
Highlights	Page 24
Port aux Basques and Burgeo Areas Overview	Page 26
Statistical Data Overview	Page 28
Statistical Data	Page 28
Community Resource Listing Overview	Page 38
Port aux Basques Community Resource Listing	Page 38
Burgeo Community Resource Listing	Page 44
Strengths	Page 50
Recommendations	Page 51
Conclusion	Page 52
References	Page 54
Appendix A	Page 55
Primary Health Care Model	
Appendix B	Page 57
Community Health Needs and Resources Assessment Policy	

Appendix C Community Health Needs and Resources Assessment Survey	Page 62
Appendix D Port aux Basques Focus Group Questions	Page 70
Appendix E Burgeo Focus Group Questions	Page 72

## Executive Summary

Primary health care is defined as an individual's first contact with the health system and includes the full range of services from health promotion, diagnosis, and treatment to chronic disease management. The World Health Organization (1998) defines primary health care as "*essential health care made accessible at a cost which the country and community can afford, with methods that are practical, scientifically sound and socially acceptable*".

The Primary Health Care Model (See Appendix A) is rooted in the determinants of health and looks at a comprehensive, intersectoral approach to enhancing health based in the five principles of primary health care: Collaboration, Access, Public Participation, Technology/Communication and Health Promotion and Wellness.

The Community Health Needs and Resources Assessment policy and process was developed and implemented through a partnership between the Health Promotion and Primary Health Care, Population Health Branch, and Planning and Research, Quality Management and Research Branch. The purpose was to assess community health needs and resources to support planning within Western Health. The Community Health Needs and Resources Assessment completed in 2009 took a regional approach to identifying community health needs. This Community Health Needs and Resources Assessment assessed health needs in the Primary Health Care areas through the region. Overall, the findings of this needs assessment indicate that there are concerns about lifestyle choices and risk factors. There were concerns related to physical activity, healthy eating, and tanning bed use. Chronic diseases including diabetes and cancer

and distracted driving were reported to be key community concerns. Access to Western Health programs and services were also reported in this assessment.

The information obtained will be valuable in determining organizational priorities and identifying the concerns in the Port aux Basques and Burgeo Primary Health Care team areas. Some of these areas include enhanced service delivery within the Chronic Disease Prevention and Management model, community based health promotion, injury prevention, physical activity and healthy eating programs. The conclusions and recommendations made in this report will be instrumental in the development of work plans to moving forward to addressing concerns using a population health approach in these respective areas.

# Community Health Needs and Resources Assessment

## Survey Overview

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

During the policy development, it was agreed that the Primary Health Care Managers would conduct the Community Health Needs and Resources Assessments as a means to obtaining information and learning about the areas under their jurisdictions. The Regional Manager Research and Evaluation provided education on how to administer telephone surveys and consulted with the managers throughout the process to address issues or concerns.

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. The surveys collected both quantitative and qualitative data that described the households’ perceptions of health beliefs and practices, satisfaction with health and community services, major community problems and concerns, and utilization of selected health services. The surveys were categorized according to the households’ awareness of the availability of health and community services workers, satisfaction with community services, satisfaction with health and community services, utilization of health services, awareness of self-help groups, influence of community groups and community concerns.

The Primary Health Care Managers submitted the surveys to the Regional Manager Research and Evaluation, either electronically or manually. The Regional Manager Research and Evaluation coordinated a student to enter the survey data into *Statistical Package for Social Sciences (SPSSx)* and collated and summarized the results. The yes, no, don’t know, and not available scale was analyzed by calculating the frequencies and percentages of responses for each survey question. Qualitative data from the participants’ surveys were transcribed and analyzed for common and recurring themes.

The following report provides a summary of the information collected in the Port aux Basques/Burgeo surveys.

## **Survey Results**

### **Demographics**

A total of 95 surveys were conducted in the Port aux Basques and Burgeo areas (confidence level of 95% and confidence interval of 10%). Given that the surveys were only one means of collecting data on the communities and additional information would be collected, it was agreed that this number would be appropriate.

Of the 95 surveys collected, 77.9% were female and 22.1% were male. The average age of the respondents were 53 and the average years living in that community was 43.64.

### **Community Services**

Survey respondents were asked to report on whether they were satisfied with a list of community services (See Table 1). Of those services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses), the top services that respondents were most often satisfied with were: banking, fire protection, postal service and garbage collection and disposal. When all responses were considered, the three community services with the higher percentages of satisfaction remained the same. 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 often satisfied with: child care/day care, shopping, and literacy support. When all of the responses were considered, the three community services with the lower percentages of satisfaction included shopping, grocery stores, and recycling.

Comments indicated that there was a lack of preschool, child care/day care, after school, and children and youth programs and also senior programs. Some also suggested that preschool and child/day care programs were expensive.

Respondents indicated that some community programs and services need improvements: it was reported that in some areas there is always a boil order and that the water was not good to drink; the recycling programs should expand to include more materials; lack of cell phone service; police should be more visible; shopping was expensive and limited; only taxis for public transportation; lack of recreation programs and library services; and abuse of the food bank service.

Other community services that respondents wanted to comment on were the lack of snow clearing and road repair, abuse of social assistance, and the need for more community groups such as a Lion's Club.

***Table 1: Percent Satisfied with Community Services***

<b>Community Services</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Not available</b>	<b>No response</b>
1. Preschool programs	42.1% (40)	13.7% (13)	42.1% (40)	2.1% (2)	
2. University / College	35.8% (34)	6.3% (6)	40.0% (38)	17.9% (17)	
3. Schools	56.8% (54)	13.7% (13)	28.4% (27)	1.1% (1)	
4. Child Care/day care	12.6% (12)	30.5% (29)	42.1% (40)	14.7% (14)	
5. After school programs	28.4% (27)	16.8% (16)	49.5% (47)	4.2% (4)	1.1% (1)
6. Children/Youth programs	33.7% (32)	12.6% (12)	47.4% (45)	6.3% (6)	
7. Seniors programs (55+)	46.3% (44)	14.7% (14)	33.7% (32)	5.3% (5)	
8. Recycling	65.3% (62)	30.5% (29)	1.1% (1)	3.2% (3)	
9. Water and sewage	77.9% (74)	18.9% (18)	3.2% (3)		
10. Garbage collection and disposal	94.7% (90)	5.3% (5)			
11. Hazardous waste disposal	55.8% (53)	15.8% (15)	26.3% (25)	2.1% (2)	
12. Community planning (Town Council)	70.5% (67)	18.9% (18)	7.4% (7)	3.2% (3)	
13. Telephone	82.1% (78)	17.9% (17)			
14. Fire protection	95.8% (91)	4.2% (4)			
15. Police	88.4% (84)	9.5% (9)	2.1% (2)		
16. Libraries	64.2% (61)	5.3% (5)	14.7% (14)	14.7% (14)	1.1% (1)

	(61)	(5)	(14)	(14)	(1)
17. Postal services	93.7% (89)	5.3% (5)			1.1% (1)
18. Banking	95.8% (91)	2.1% (2)		2.1% (2)	
19. Grocery stores	56.8% (54)	43.2% (41)			
20. Shopping	27.4% (26)	68.4% (65)	1.1% (1)	2.1% (2)	1.1% (1)
21. Public transportation (Ex. buses, taxis)	55.8% (53)	10.5% (10)	20.0% (19)	13.7% (13)	
22. Recreation programs	62.1% (59)	14.7% (14)	15.8% (15)	7.4% (7)	
23. Recreation facilities	74.7% (71)	10.5% (10)	4.2% (4)	10.5% (10)	
24. Career development services	42.1% (40)	6.3% (6)	36.8% (35)	14.7% (14)	
25. Literacy support	14.7% (14)	14.7% (14)	49.5% (47)	21.1% (20)	
26. Food bank	36.8% (35)	8.4% (8)	40.0% (38)	14.7% (14)	

### **Health Related Community Services**

Respondents were asked to indicate whether they were satisfied with a number of health related community services (See Table 2). Of those health related community services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses), respondents reported being more satisfied with: pharmacy services, immunization services, diabetes services, and telehealth services. When all of the responses were considered, the three health related community services with the higher percentages of satisfaction included pharmacy services, immunization services and diagnostic services. Of those health

related community services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses), respondents were less often satisfied with: addiction treatment centres, physiotherapy services, and 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 physiotherapy services, supportive housing, and ambulance services.

Comments on mental health, drug, alcohol, and gambling addiction services related to the perceived lack of services and the long wait times. Some suggested that the ambulance service needed improvements including quicker response times. Respondents also indicated that emergency health services and general practitioners had long wait times and that there was a lack of obstetrics services for pregnant women in their area. Several respondents commented on the excellent nurse practitioner services. A common response regarding the health line was that they always recommended going to the emergency department. There were several comments regarding home support services including the fact that there were not enough workers, the criteria for eligibility was too stringent and that workers required more training. Many also commented that there were not enough supportive housing services or long term care services. Services to the elderly and disabled were also lacking. Respondents indicated that the physiotherapy service had a long wait time. Respondents indicated that there was no choice of where to receive dental health or vision services in their communities.

When respondents were given the opportunity to comment on other health related services, some comments included;

- Services in communities are limited

- There needs to be more flexible scheduling of appointments for mammography
- More information on drug use for youth
- Physical access to the hospital at night is an issue.
- Seniors housing
- Enhanced wound care services
- Traveling clinics, specifically for obstetrics and gynaecology

The majority of respondents commented that the long wait times, lack of services, travel, geography and cost were barriers to access services.

***Table 2: Percent Satisfied with Health Related Community Services***

<b>Health related Community Services</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Not available</b>	<b>No response</b>
1. Mental health services	27.4% (26)	24.2% (23)	45.3% (43)	3.2% (3)	
2. Addiction services	21.1% (20)	15.8% (15)	61.1% (58)	2.1% (2)	
3. Drug addiction services	15.8% (15)	17.9% (17)	64.2% (61)	2.1% (2)	
4. Alcohol addiction services	15.8% (15)	18.9% (18)	63.2% (60)	2.1% (2)	
5. Gambling addiction services	14.7% (14)	16.8% (16)	66.3% (63)	2.1% (2)	
6. Addiction treatment centres	2.1% (2)	13.7% (13)	18.9% (18)	65.3% (62)	
7. Counselling services	24.2% (23)	16.8% (16)	51.6% (49)	7.4% (7)	
8. Family planning	30.5% (29)	5.3% (5)	57.9% (55)	5.3% (5)	1.1% (1)
9. Sex education	24.2% (23)	4.2% (4)	67.4% (64)	4.2% (4)	
10. Ambulance services	56.8% (54)	26.3% (25)	11.6% (11)	5.3% (5)	
11. Emergency health services	70.5% (67)	21.1% (20)	7.4% (7)	1.1% (1)	

12. Income support services	41.1% (39)	16.8% (16)	40.0% (38)	2.1% (2)	
13. Home support services	64.2% (61)	13.7% (13)	22.1% (21)		
14. Respite care services	45.3% (43)	13.7% (13)	36.8% (35)	4.2% (4)	
15. Supportive housing (e.g. personal alternate family care)	37.9% (36)	27.4% (26)	26.3% (25)	8.4% (8)	
16. Long term care	51.6% (49)	16.8% (16)	29.5% (28)	2.1% (2)	
17. Services for pregnant women	23.2% (22)	16.8% (16)	58.9% (56)	1.1% (1)	
18. Services for new mothers/babies	32.6% (31)	7.4% (7)	57.9% (55)	2.1% (2)	
19. Services for seniors (e.g. foot care)	38.9% (37)	9.5% (9)	48.4% (46)	3.2% (3)	
20. Services for people with chronic diseases (disease longer than 3 months for example, asthma, diabetes, cancer)	34.7% (33)	25.3% (24)	36.8% (35)	3.2% (3)	
21. Wellness/Illness prevention	26.3% (25)	9.5% (9)	60.0% (57)	3.2% (3)	1.1% (1)
22. Services for people with disabilities	41.1% (39)	18.9% (18)	37.9% (36)	2.1% (2)	
23. Rehabilitation services	13.7% (13)	10.5% (10)	68.4% (65)	7.4% (7)	
24. Physiotherapy services	26.3% (25)	34.7% (33)	37.9% (36)	1.1% (1)	
25. Services for victims of physical or sexual abuse	15.8% (15)	12.6% (12)	65.3% (62)	6.3% (6)	
26. Adult day programs	38.9% (37)	6.3% (6)	34.7% (33)	20.0% (19)	
27. Meals on wheels type services	4.2% (4)	5.3% (5)	11.6% (11)	78.9% (75)	
28. Dental health services	63.2% (60)	23.2% (22)	8.4% (8)	5.3% (5)	
29. Health inspection services	25.3% (24)	6.3% (6)	67.4% (64)	1.1% (1)	
30. Pharmacy services	97.9% (93)	1.1% (1)		1.1% (1)	
31. Immunization services	87.4% (83)	1.1% (1)	11.6% (11)		

32. Health education services	42.1% (40)	7.4% (7)	49.5% (47)	1.1% (1)	
33. School health services	42.1% (40)	2.1% (2)	55.8% (53)		
34. Occupational therapy	28.4% (27)	12.6% (12)	53.7% (51)	5.3% (5)	
35. Physician services	82.1% (78)	16.8% (16)	1.1% (1)		
36. Nurse practitioner services	77.9% (74)	5.3% (5)	13.7% (13)	3.2% (3)	
37. Diabetes programs	50.5% (48)	1.1% (1)	46.3% (44)	2.1% (2)	
38. Chronic disease self-management program	9.5% (9)	6.3% (6)	74.7% (71)	9.5% (9)	
39. Primary Health Care Teams	10.5% (10)	1.1% (1)	83.2% (79)	5.3% (5)	
40. Services for Young Offenders	17.9% (17)	8.4% (8)	72.6% (69)	1.1% (1)	
41. Diagnostic Services	87.4% (83)	8.4% (8)	3.2% (3)	1.1% (1)	
42. Child Protection Services	45.3% (43)	4.2% (4)	50.5% (48)		
43. Adoption Services	16.8% (16)	4.2% (4)	76.8% (73)	2.1% (2)	
44. Health Line	37.9% (36)	8.4% (8)	52.6% (50)	1.1% (1)	
45. Telehealth Services	41.1% (39)	1.1% (1)	55.8% (53)	2.1% (2)	
46. Cervical Screening	65.3% (62)	2.1% (2)	30.5% (29)	2.1% (2)	
47. Nutrition Services	69.5% (66)	11.6% (11)	17.9% (17)	1.1% (1)	
48. Dietitian Services	63.2% (60)	7.4% (7)	26.3% (25)	3.2% (3)	
49. Respiratory Services	6.3% (6)	7.4% (7)	17.9% (17)	68.4% (65)	
50. Emergency Preparedness	22.1% (21)	4.2% (4)	71.6% (68)	2.1% (2)	
51. Speech and Hearing Services	42.1% (40)	8.4% (8)	46.3% (44)	3.2% (3)	
52. Vision Services	64.2% (61)	24.2% (23)	6.3% (6)	5.3% (5)	

53. Foot Care	14.7% (14)	4.2% (4)	74.7% (71)	4.2% (4)	2.1% (2)
---------------	---------------	-------------	---------------	-------------	-------------

### **Community Groups**

Respondents were asked to report on whether they were satisfied with a list of community groups (See Table 3). Respondents indicated that there were not many self-help/support groups. They also commented that town councils do not have a strong voice. Some also indicated that there were declining numbers in service organizations and sports clubs and that some other health related groups only do fundraising.

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

- Infrastructure such as walking trails
- Community events
- Recreational facilities
- Educational sessions

Respondents indicated that other community groups that positively influence the health of their community included:

- Community groups such as the Anglican Church Women, Wreak House Riders, Fire Brigade, Light House group, and seniors groups
- Schools
- Community Events
- Seniors Groups
- Infrastructure (walking trails and Bruce II)
- Community vitality and tourism

**Table 3: Percent satisfied with Community Groups**

<b>Community Groups</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Not available</b>	<b>No response</b>
1. Self Help/Support Groups	40.0% (38)	5.3% (5)	35.8% (34)	5.3% (5)	13.7% (13)
2. Town Councils	46.3% (44)	18.9% (18)	18.9% (18)	2.1% (2)	13.7% (13)
3. Service Organizations (e.g. Kinsmen, Knights of Columbus, Lion's Club)	57.9% (55)	6.3% (6)	15.8% (15)	6.3% (6)	13.7% (13)
4. Churches	46.3% (44)	14.7% (14)	24.2% (23)	1.1% (1)	13.7% (13)
5. Sports Clubs (e.g. minor hockey, softball)	49.5% (47)	7.4% (7)	20.0% (19)	8.4% (8)	14.7% (14)
6. Recreation Clubs (e.g. Girl Guides, Cadets)	52.6% (50)	3.2% (3)	20.0% (19)	9.5% (9)	14.7% (14)
7. School Council	29.5% (28)	1.1% (1)	54.7% (52)		14.7% (14)
8. Health Related Groups (e.g. Cancer Society, Lung Association, Seniors Wellness)	52.6% (50)	8.4% (8)	21.1% (20)	3.2% (3)	14.7% (14)
9. Advocacy Groups (e.g. Status of Women, Tobacco Free Network)	49.5% (47)	4.2% (4)	18.9% (18)	11.6% (11)	15.8% (15)
10. Family Resource Center (e.g. Healthy Baby Clubs)	56.8% (54)	1.1% (1)	20.0% (19)	7.4% (7)	14.7% (14)
11. Hospital Foundations and Auxiliary Groups	70.5% (67)	1.1% (1)	9.5% (9)	3.2% (3)	15.8% (15)
12. Western Health Community Advisory Committee	24.2% (23)	1.1% (1)	51.6% (49)	8.4% (8)	14.7% (14)

### **Community Concerns**

Most respondents reported that many of the potential community concerns outlined in Table 4 were concerns for their communities. 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, distracted driving, and unhealthy eating habits. When all of the responses

were considered, the three community concerns with the higher percentages remained the same, followed by high blood pressure and diabetes.

**Table 4: Community Concerns**

<b>Community Concerns</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Not available</b>	<b>No response</b>
1. Drinking and driving	67.4% (64)	27.4% (26)	4.2% (4)	1.1% (1)	
2. Distracted driving	83.2% (79)	12.6% (12)	2.1% (2)	1.1% (1)	1.1% (1)
3. Alcohol abuse	63.2% (60)	23.2% (22)	13.7% (13)		
4. Loneliness	57.9% (55)	26.3% (25)	15.8% (15)		
5. Suicide	16.8% (16)	69.5% (66)	12.6% (12)	1.1% (1)	
6. Age Friendly/Senior Friendly	21.1% (20)	73.7% (70)	5.3% (5.3)		
7. Care of the older person	48.4% (46)	45.3% (43)	6.3% (6)		
8. Care of People with disabilities	35.8% (34)	41.1% (39)	23.2% (22)		
9.					
10. Mental health problems	38.9% (37)	35.8% (34)	25.3% (24)		
11. Unhealthy eating habits	80.0% (76)	12.6% (12)	7.4% (7)		
12. Elder Abuse	17.9% (17)	46.3% (44)	35.8% (34)		
13. Illegal drug use	71.6% (68)	13.7% (13)	14.7% (14)		
14. Abuse of prescription drugs	36.8% (35)	22.1% (21)	41.1% (39)		
15. Abuse of over the counter drugs	26.3% (25)	24.2% (23)	49.5% (47)		
16. Unemployment	58.9% (56)	35.8% (34)	5.3% (5)		
17. Smoking	58.9% (56)	31.6% (30)	9.5% (9)		
18. Physical inactivity	66.3% (63)	30.5% (29)	3.2% (3)		

19. Poverty	23.2% (22)	65.3% (62)	11.6% (11)		
20. Gambling	52.6% (50)	28.4% (27)	18.9% (18)		
21. Illiteracy	36.8% (35)	40.0% (38)	23.2% (22)		
22. Garbage disposal	18.9% (18)	68.4% (65)	12.6% (12)		
23. Water pollution	14.7% (14)	74.7% (71)	10.5% (10)		
24. Noise pollution	12.6% (12)	81.1% (77)	5.3% (5)	1.1% (1)	
25. Road accidents	12.6% (12)	75.8% (72)	7.4% (7)	4.2% (4)	
26. Housing conditions	21.1% (20)	67.4% (64)	11.6% (11)		
27. Homelessness (e.g. couch surfing)	7.4% (7)	85.3% (81)	7.4% (7)		
28. Crime	11.6% (11)	86.3% (82)	2.1% (2)		
29. Vandalism	31.6% (30)	65.3% (62)	3.2% (3)		
30. Bullying	53.7% (51)	21.1% (20)	25.3% (24)		
31. Violence in the home	14.7% (14)	35.8% (34)	49.5% (47)		
32. Violence in the community	10.5% (10)	76.8% (73)	12.6% (12)		
33. Child abuse/Neglect	23.2% (22)	48.4% (46)	27.4% (26)		1.1% (1)
34. Sexual abuse	13.7% (13)	49.5% (47)	36.8% (35)		
35. Personal safety	9.5% (9)	85.3% (81)	5.3% (5)		
36. On the job risks for injury	11.6% (11)	55.8% (53)	32.6% (31)		
37. Parenting difficulties	34.7% (33)	37.9% (36)	26.3% (25)		1.1% (1)
38. Teenage pregnancy	21.1% (20)	48.4% (46)	30.5% (29)		

39. Young people in trouble with the law	21.1% (20)	50.5% (48)	28.4% (27)		
40. Unplanned pregnancy	9.5% (9)	46.3% (44)	44.2% (42)		
41. Abortion counselling	6.3% (6)	37.9% (36)	54.7% (52)	1.1% (1)	
42. Education system concerns	27.4% (26)	44.2% (42)	28.4% (27)		
43. Day care problems for children	45.3% (43)	25.3% (24)	26.3% (25)	3.2% (3)	
44. Dental health	26.3% (25)	45.3% (43)	28.4% (27)		
45. High blood pressure	75.8% (72)	13.7% (13)	10.5% (10)		
46. Stroke	30.5% (29)	35.8% (34)	33.7% (32)		
47. Heart disease	60.0% (57)	21.1% (20)	18.9% (18)		
48. Circulatory problems	15.8% (15)	27.4% (26)	56.8% (54)		
49. Cancer	88.4% (84)	8.4% (8)	3.2% (3)		
50. Diabetes	74.7% (71)	15.8% (15)	9.5% (9)		
51. Eating disorders	28.4% (27)	34.7% (33)	36.8% (35)		
52. Hepatitis (or other liver disease)		38.9% (37)	61.1% (58)		
53. Sexually transmitted infections	9.5% (9)	37.9% (36)	52.6% (50)		
54. HIV/AIDS		48.4% (46)	51.6% (49)		
55. Lung disease	26.3% (25)	40.0% (38)	33.7% (32)		
56. Kidney disease	25.3% (24)	35.8% (34)	38.9% (37)		
57. Out migration	72.6% (69)	26.3% (25)	1.1% (1)		
58. Access to health services	50.5% (48)	47.4% (45)	2.1% (2)		

59. Littering	67.4% (64)	31.6% (30)	1.1% (1)		
60. Access for people with disabilities	33.7% (32)	57.9% (55)	8.4% (8)		

**Other**

When respondents were asked where they get their health information, most indicated that they got it from the doctor or internet. When asked about the strengths of their communities, the comments included that there is community spirit, a support network, pride in the community, it is safe, quiet and peaceful.

**Focus Group Overview**

The purpose of the focus group process of the Community Health Needs and Resources Assessment was to strengthen and authenticate the information that was collected in the telephone surveys. In addition, the information obtained from focus group participants and provides further insight into qualitative results by capturing experiences, values, beliefs, and needs. Cancer was the main concern in the Port aux Basques area and healthy eating and access to healthy foods were the main concerns in the Burgeo area.

An invitation was distributed to identified community groups and key stakeholders in the Port aux Basques area as it related to cancer and in the Burgeo area as it related to healthy eating to identify and discuss their experiences as it relates to the respective topics in their areas. The two focus groups were facilitated by the Primary Health Care Manager and utilized scripts that were tailored to each group (Appendix D and E). A focus group summary was sent to participants to ensure the summary accurately reflected the discussion and no issues were missed.

## **Focus Group Results**

### **Port aux Basques: Cancer Care**

The focus group for cancer in Port aux Basques was held on March 18, 2013 at the Dr. Charles LeGrow Heath Centre and there were 11 participants with representation from various health professionals and individuals from different communities in the area.

The participants felt that getting a diagnosis of cancer was harder than actually living with cancer in the Port aux Basques Area. The diagnosis process can be scary and family members raised concerns about the psychological side of being diagnosed but stated it is beneficial in a small town to know the health professionals at the hospital who can help.

Their definition of being healthy changed with a diagnosis from a “carefree life” to scheduling their lives around doctor’s appointments and treatments. The participants felt that the services available in the Port aux Basques Area were second to none from the Chemotherapy coordinator to the Tele-Oncology service to the home Chemotherapy program. The services allow patients and their families to lead normal lives as much as they can.

In order to stay healthy, participants felt that the community needs to consider the risk factors such as smoking, obesity, healthy eating and skill development. The utilization of tanning beds was also highlighted as important as many young students start to tan close to graduation time.

At a health care level, participants felt that in order to support the management of cancer emphasis needs to be on early diagnosis and treatment, promoting prevention and self-screening techniques and awareness of symptoms. It was deemed critical that the cancer care program maintain the current personnel level. Many

patients have a personal relationship with the Chemotherapy coordinator and that relationship has carried them through the disease process.

Health literacy was identified as the biggest challenge to living with cancer and patients identified that besides the Chemotherapy coordinator they are not aware of any other cancer care patient navigator for the region or province.

The participants felt that Western Health could assist with continuing to promote the Chronic Disease Self-Management program and promote initiatives at the community level to enhance the development of skills and knowledge transfer. The local physician involvement with primary health care teams was also felt to be positive.

#### **Focus Group Highlights: Port Aux Basques Area**

The participants of the Port aux Basques focus group felt that they had excellent health services related to cancer care. Their concerns centred on the increasing rates of cancer diagnosis, support for the associated psychological stress with diagnosis, and the importance of prevention and health promotion messages in the community.

The participants also felt that the Town of Port aux Basques has the necessary infrastructure for recreation and leisure to promote health and that people are interested in developing their skills and increasing knowledge as it relates to making healthier lifestyle choices.

The following were recommendations to assist improving cancer care and chronic disease care in the Port aux Basques Area:

1. Continued expansion of the Chronic Disease Self- Management Program.
2. Identification of community champions for implementing best practice programs in skill development for cooking.

3. Development of a communication strategy for the results of the Community Health Needs and Resources Assessment to highlight community resources that can be utilized for community programs.

### **Burgeo Area: Healthy Eating**

The focus group for healthy eating in Burgeo was held on March 19, 2013 at the Calder Health Care Centre and there were 15 participants that included community members and health professionals.

Participants were asked what it was like to live in their community and try to eat healthy. The overwhelming response was that it was very challenging due to a number of factors:

- Fresh fruit and vegetables are very expensive
- There is very little choice when it comes to meats and there are many times where there are no fresh meats at the grocery store due to weather
- There is only one main grocery store in town. A few smaller convenience stores sell a limited selection of frozen items.
- Many families do not eat a meal together
- Parents need education on making healthier choices

Some of the identified strengths of the community to enhance healthy eating included that the community is small and that people are always willing to work together. There are only a few take-out restaurants in town therefore the temptation of the fast food chains does not exist.

The healthy eating programs at the school (Burgeo Academy) were highlighted and included the school food guidelines, snack program where a healthy snack is offered to every student daily and milk day where milk is offered to every

student weekly. The preschool located in Burgeo Academy offers a “Little Chefs” program that promotes food preparation with children aged 0-5 and their parents.

At a community level it was identified that there are various programs that already exist to promote a healthy lifestyle. However it was felt that other programs such as community gardens, and the Chronic Disease Self-Management Program are also needed. The local community channel is well used and participants wondered if that could be utilized for health promotion messages and skill development (i.e. playing simple cooking videos)

At a health care level, the participants felt that the work and involvement of the Community Health Nurse: Public Health Focus at the school level needs to continue. The Chronic Disease Self-Management Program needs to be promoted and championed by community members and there needs to be skill building around healthy eating, label reading and cooking skills.

### **Focus Group Highlights: Burgeo Area**

The participants of the Burgeo focus group felt that the local area has a strong sense of community and a shared concern about how to live a healthier lifestyle to prevent chronic diseases such as diabetes and cancer. It was strongly felt that the residents of the area need to develop their skills and increase knowledge in order to make more informed healthier decisions. It was felt that there are a number of things already happening in the community to allow residents to stay healthy (Zumba and walking programs) but the identification of community champions to help with building skill development into what already exists in the community will enhance health promotion in the area. It is important to note that although there were no participants from Ramea, Grey River and Francois the workplans developed for the

primary health care team area will involve consultation with community groups and health professionals from those respective areas.

The following were recommendations to assist improving healthy eating in the Burgeo Area:

1. Implementation of Healthy Eating in Arenas for the local arena
2. Identification of community champions for implementing best practice programs in skill development for cooking.
3. Development of an education session for skill building around healthy eating and involve Western Heath Regional Nutritionist (cooking skills, Community Gardens, label reading, portion sizes)
4. Development of a communication strategy for the results of the Community Health Needs and Resources Assessment to highlight community resources that can be utilized for community programs.

## Port aux Basques and Burgeo Areas Overview

Port aux Basques is a town at the extreme southwestern tip of the island of Newfoundland and is the largest town and is the main service center for surrounding areas including Codroy Valley, Burnt Islands, Rose Blanche, Isle Aux Morts and LaPoile. Port aux Basques is located 219 km from the City of Corner Brook (approximately 2 hours and 20 minute drive).

**Table 5: Port aux Basques Area Community Distances**

Community	Distance from Port aux Basques	Distance from Corner Brook
LaPoile	1 ½ hour ferry ride 43 km road distance	1 ½ hour ferry ride 261 km road distance
Rose Blanche	42 km	260 km
Burnt Islands	28 km	246 km
Isle Aux Morts	17 km	235 km
Grand Bay West	5 km	217 km
Grand Bay East	4 km	216 km
Codroy Valley	80 km	139 km

The Town of Burgeo is located on the Southwest Coast area and is the hub of activity for more isolated communities that are only accessible by ferry or emergency helicopter: Ramea, Grey River, and Francios. Burgeo is located 213 km from the City of Corner Brook (approximately 2 ½ hour drive).

**Table 6: Burgeo Area Community Distances**

Community	Distance from Burgeo	Distance from Corner Brook
Francois	4 ½ hour ferry ride	4 ½ hour ferry ride 214 km road distance
Grey River	2 ½ hour ferry ride	2 ½ hour ferry ride 214 km road distance
Ramea	1 ½ hour ferry ride	1 ½ hour ferry ride 214 km road distance

The geographic area for this needs assessment includes the communities within the Port aux Basques and Burgeo Area (see map below).



## Statistical Data Overview

This section of the Port aux Basques and Burgeo Community Health Needs and Resources Assessment will focus on the population and health status statistics for the residents of the area. Information was gathered utilizing Community Accounts, Newfoundland and Labrador Statistics Agency and Western Health statistics.

### Statistical Data

#### Population Profile and Age Groupings

Based on 2011 Census populations, totals are based on unrounded numbers. However, the age groups for some geographies are based on rounded numbers added together, and therefore there is an error associated with the values (see the +/- column on the right). For example, in the Rose Blanche Area there are about 545 people aged 0-14, and we are 95% sure that this value is within 6 of the true value. So, there might be between 539 and 551 people in this age group.

**Table 7: Port aux Basques/Burgeo Population Statistics**

Populations (2011)	Total	0-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-79 years	80+ years	+/-
Local Area 31: Burgeo	2,345	215	170	175	325	475	540	355	65	9
Local Area 32: Port aux Basques	6,165	815	540	485	845	1110	1180	925	260	8
Local Area 33: Rose Blanche	505	40	50	20	60	90	130	100	25	6
Local Area 34: Codroy Valley	1,810	210	140	105	205	320	415	360	60	4
<b>Port aux Basques and Burgeo Region</b>	<b>10,830</b>	<b>1280</b>	<b>900</b>	<b>785</b>	<b>1435</b>	<b>1995</b>	<b>2265</b>	<b>1740</b>	<b>410</b>	<b>14</b>

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

### Migration

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 Port aux Basques and Burgeo areas.

**Table 8: Port aux Basques/Burgeo Migration Statistics**

Local Area 31: Burgeo	-1.04% (-25 individuals)
Local Area 32: Port aux Basques	0.45% ( 30 individuals)
Local Area 33: Rose Blanche	-3.54% (-20 individuals)
Local Area 34: Codroy Valley	2.8% ( 50 individuals)
<b>Port aux Basques/Burgeo Region</b>	<b>0.39% ( 35 individuals)</b>
Western Health Authority	0.18% (145 individuals)
Newfoundland and Labrador	0.51% (2605 individuals)
Canada	0.49% (158365 individuals)

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

### **Birth Rates**

Since birth numbers were low for these geographies, small changes were lost in the rounding process resulting in an overall increase but the individual local areas do not have a visible change. The birth rates are calculated using the 2011 census populations.

**Table 9: Port aux Basques/Burgeo Birth Rates**

Area	Number of Births in 2011	Change since 2010	Birth Rate the ratio of live births to the population expressed per 1,000
Local Area 31: Burgeo	10	..	4.3
Local Area 32: Port aux Basques	45	..	7.3
Local Area 33: Rose Blanche	..	..	..
Local Area 34: Codroy Valley	10	..	5.5
<b>Port aux Basques /Burgeo Region</b>	<b>70</b>	<b>7.69% Increase</b>	<b>6.5</b>
Western Health Authority	615	5.4% decrease	7.7
Newfoundland and Labrador	4,465	8.1% decrease	8.8

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

### **Mortality Rates**

Calculations are based on unrounded numbers, but include Gallants and Georges Lake. Death rates for communities and local areas are suppressed since they are too variable to be useful. Rates are calculated using the rounded number of deaths.

***Table 10: Port aux Basques/Burgeo Mortality Rates***

Area	Number of Deaths in 2011	Change since 2010	Death Rate
Local Area 31: Burgeo	25	..	..
Local Area 32: Port aux Basques	85	30.8% increase	..
Local Area 33: Rose Blanche	5	..	..
Local Area 34: Codroy Valley	25	..	..
<b>Port aux Basques/Burgeo Region</b>	<b>140</b>	<b>21.7% increase</b>	<b>12.93</b>
Western Health Authority	780	0.6% increase	9.71
Newfoundland and Labrador	4,475	0.9% increase	8.79

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Note: Death rates for communities and local areas are suppressed since they are too variable to be useful. Rates are calculated using the rounded number of deaths.

### **Hospital Morbidity**

These numbers are based on 2008 and 2009 data added together. Rates per 1000 are divided by the sum of the 2008 and 2009 tax filers and dependents.

***Table 11: Port aux Basques/Burgeo Hospital Morbidity Numbers***

	Local Area 31: Burgeo	Local Area 32: Port Aux Basques	Local Area 33: Rose Blanche	Local Area 34: Codroy Valley	Port aux Basques/Burgeo Region	Western Health Authority	NL
Circulatory diseases	75	220	25	75	400	2535	14,145
Respiratory diseases	35	145	10	20	210	1605	10,130
Cancer (Neoplasms)	70	115	15	40	240	1295	7,590
Injuries and Poisoning	35	115	10	35	195	1250	7,295

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

***Table 12: Port aux Basques/Burgeo Hospital Morbidity Rates per 1000 people***

	Local Area 31: Burgeo	Local Area 32: Port Aux Basques	Local Area 33: Rose Blanche	Local Area 34: Codroy Valley	Port aux Basques/Burgeo Region	Western Region	NL
Circulatory diseases	15	17	22	23	18	16	14
Respiratory diseases	7	11	9	6	9	10	10
Cancer (Neoplasms)	14	9	13	12	11	8	7
Injuries and Poisoning	7	9	9	11	9	8	7

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

## Education and School Enrolment

**Table 13: Port aux Basques/Burgeo Overall School Enrolment Year 2012-13**

	Local Area 31: Burgeo	Local Area 32: Port aux Basques	Local Area 33: Rose Blanche	Local Area 34: Codroy Valley	Port aux Basques/Burgeo Region	Western Health Region	Newfoundland and Labrador
<b>Total Students</b>	200	825	..	200	<b>1220</b>	9985	68,315

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

## **Education**

**Table 14: Port aux Basques/Burgeo Education Attainment Rates**

	Local Area 31: Burgeo	Local Area 32: Port aux Basques	Local Area 33: Rose Blanche	Local Area 34: Codroy Valley	Port aux Basques/Burgeo Region	Western Region	NL
Percentage of population with a certificate, diploma or degree, 18 to 64 years of age (2006)	66.8%	63.6%	45.7%	67.9%	<b>64.2%</b>	70.4%	74.9%
Percentage of population with a Bachelor's Degree or Higher, 25 to 54 years of age (2006)	8.9%	5.0%	4.9%	12.0%	<b>6.9%</b>	11.9%	15.1%

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Note: Based on values from the 2006 census. The region total was calculated using rounded numbers.

## Income

**Table 15: Port aux Basques/Burgeo Income Rates**

	Local Area 31: Burgeo	Local Area 32: Port aux Basques	Local Area 33: Rose Blanche	Local Area 34: Codroy Valley	Port aux Basques Region	Western Region	NL
Personal Income Per Capita (2009)	\$22,300	\$24,300	\$22,000	\$22,800	<b>\$23,500</b>	\$24,400	\$27,700
Average Couple Family Income (2009)	\$60,300	\$69,000	\$56,300	\$61,800	<b>\$62,900</b>	\$71,300	\$82,500
Incidence of Low Income: All families (2009)	10.1%	11.0%	9.5%	13.5%	<b>11.1%</b>	N/A	15.3%

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

## Employment

***Table 16: Port aux Basques/Burgeo Employment Rates***

	Local Area 31: Burgeo	Local Area 32: Port aux Basques	Local Area 33: Rose Blanche	Local Area 34: Codroy Valley	Port aux Basques/Burgeo Region	Western Region	NL
Employment Rate, 18 to 64 years of age (2005)	73.8%	72.1%	65.9%	76.0%	<b>73.2%</b>	73.8%	76.7%
Employment Insurance Incidence (2011)	62.2%	44.9%	72.6%	54.1%	<b>51.5%</b>	39.1%	31.3%
Income Support Assistance Incidence (2011)	7.5%	8.2%	3.6%	9.7%	<b>8.0%</b>	11.7%	9.6%

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

## Health and Well-Being

The following tables provided information on the health, well-being and health practices of the population of the Port aux Basques and Burgeo Areas.

***Table 17: Self-Assessment of Health Status***

	Port aux Basques and Burgeo Region	Western Region	NL
Self-Assessed Health Status as Excellent (%)	14.6 % (+/- 5.8%)	15 % (+/- 2.5%)	16.2 (+/- 1.2%)
Self-Assessed Health Status as Very Good (%)	49.2 % (+/- 8.2%)	39.1 % (+/- 3.4%)	43.9 % (+/- 1.6%)
Self-Assessed Health Status as Good (%)	25.4 % (+/- 7.1%)	30.9 % (+/- 3.2 %)	26.3 % (+/- 1.4%)
Self-Assessed Health Status as Fair (%)	-	11.1 % (+/- 2.2%)	10.5 % (+/- 1.0%)
Self-Assessed Health Status as Poor (%)	-	4.0 % (+/- 1.4%)	3.1 % (+/- 0.6%)

Source: Compiled by the Community Accounts Unit based on information from the Canadian Community Health Survey (CCHS), 2009-2010, Statistics Canada.

Note: This question was asked to people aged 12 and over. Numbers highlighted in yellow denote a high sampling variability associated with the estimate. The coefficient of variation for these estimates is equal to or falls between 16.6 % and 33.3 %. Please use with caution. Persons living on Indian Reserves or Crown lands, those residing in institutions, full time members of the Canadian Forces and residents of certain remote regions are excluded.

**Table 18: Self-Assessment of Personal Stress**

	Port aux Basques and Burgeo Region	Western Region	NL
Population that is very satisfied or satisfied with life in general (%)	88.8 % (+/- 5.2%)	88.1 % (+/- 2.3%)	87.7 (+/- 1.1%)
Population that has extreme or quite a bit of self-perceived life stress (%)	11.9 % (+/- 5.5%)	13.2 % (+/- 2.4%)	14.0 % (+/- 1.2%)
Population that has extreme or quite a bit of self-perceived work stress (%)	18.9 % (+/- 6.9%)	19.9 % (+/- 3.0%)	18.2 % (+/- 1.4%)
Population that has a strong or somewhat strong sense of belonging to community (%)	89.1% (+/- 5.1%)	81.8 % (+/- 2.1%)	80.3% (+/- 1.3%)

**Source: Compiled by the Community Accounts Unit based on information from the Canadian Community Health Survey (CCHS), 2009-2010, Statistics Canada.**

Note: This question was asked to people aged 12 and over. Numbers highlighted in yellow denote a high sampling variability associated with the estimate. The coefficient of variation for these estimates is equal to or falls between 16.6 % and 33.3 %. Please use with caution. Persons living on Indian Reserves or Crown lands, those residing in institutions, full time members of the Canadian Forces and residents of certain remote regions are excluded.

Note: Life stress was only asked to those aged 15 and older. Work stress was asked aged 15 – 75.

**Table 19: Self-Reported Health Behaviours**

	Port aux Basques and Burgeo Region	Western Region	NL
Population who smoke daily (%)	N/A *	21.9 % (+/- 2.9%)	18.6 (+/- 1.3%)
Population who drink once a week (%)	21.4 % (+/- 7.9%)	7.8 % (+/- 2.2%)	9.4 % (+/- 1.1%)
Population that has BMI > 25 aged 18 + (%)	79.7 % (+/- 7.2%)	63.4% (+/- 3.6%)	64.7 % (+/- 1.7%)

**Source: Compiled by the Community Accounts Unit based on information from the Canadian Community Health Survey (CCHS), 2009-2010, Statistics Canada.**

Note: This question was asked to people aged 12 and over. Numbers highlighted in yellow denote a high sampling variability associated with the estimate. The coefficient of variation for these estimates is equal to or falls between 16.6 % and 33.3 %. Please use with caution. Persons living on Indian Reserves or Crown lands, those residing in institutions, full time members of the Canadian Forces and residents of certain remote regions are excluded.

Note: \* 77.4% of respondents indicated they do not smoke at all

**Table 20: Regional Breastfeeding Rates**

PAB/Burgeo Area	Western Region	NL
Not available	61.4%	68%

**Table(s) 21: Port aux Basques/ Burgeo Cervical Screening Rates**

Annual Cervical Screening Participation Rates 2009- 2011: PAB Area

Port aux Basques Area	Percentage of Women Screened Total Annual Average		
	2009	2010	2011 (20-69)
	1391/4049 = 34.3%	1463/3925 = 37.2%	1213/3012 = 40.2%

**Data Source: Western Health Cervical Screening Initiatives**

Note: Denominator for 2009 and 2010 data based on 2006 Census data

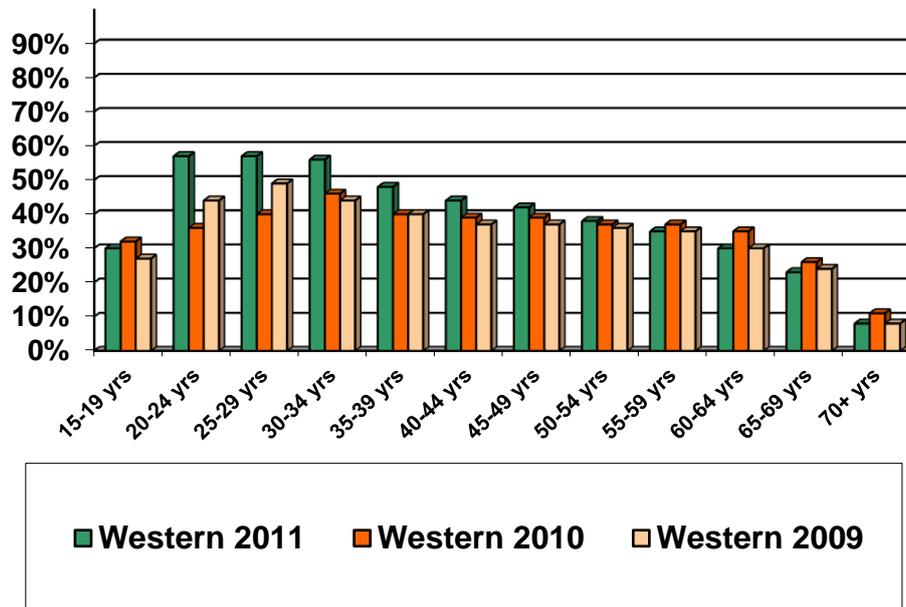
Annual Cervical Screening Participation Rates 2009- 2011: Burgeo Area

Burgeo Area	Percentage of Women Screened Total Annual Average		
	2009	2010	2011 (20-69)
	446/1185 = 37%	494/1185 = 42%	324/750 = 43%

**Data Source: Western Health Cervical Screening Initiatives**

Note: Denominator for 2009 and 2010 data based on 2006 Census data

**Western Region Pap Participation Comparison of Rates by Age Group:  
2009-2011**



*Note: Cervical Screening Guidelines changed in 2011 for the interval between screenings. As of 2011, women in NL are recommended to have one test every three years, if there are three consecutive negative annual tests and no abnormal history. As well, women are recommended to start pap testing at age 20 if sexually active.*

Percentage of eligible women in the target population (20-69) with at least one screen in three years (2009-2011):

- Western Region Participation rate: 69%
- Provincial Participation rate: 72%
- PAB Area Participation Rate: 68%
- Burgeo Area Participation Rate: 67%

### *Immunization Rates*

**Table 22: Flu shot rates**

	Port aux Basques and Burgeo Area	Western Region	NL
Population who have had a flu shot (%)	24.6% (+/- 7.1%)	43.0 % (+/- 3.5%)	41.8% (+/-1.6%)
Population whose last flu shot < 1 year (%)	60.3% (+/- 14.3%)	52.7% (+/-5.2%)	60.2% (+/- 2.4%)
Population whose last flu shot was 1 to < 2 years (%)	-	19.0% (+/- 4.0%)	14.6% (+/- 1.7%)
Population whose last flu shot was more than 2 years (%)	-	28.4% (+/- 4.7%)	25.2% (+/-2.1%)

Source: Compiled by the Community Accounts Unit based on information from the Canadian Community Health Survey (CCHS), 2009-2010, Statistics Canada.

**Table(s) 23: Childhood/School aged Immunizations**

Source: Western Health Community Health Nursing: Public Health Focus Area “B” Report

Immunization Status by age 2 (2011-2012)	PAB Area	Burgeo Area
DaPTP/Hib	100/101 = 99%	7/7 = 100%
Pneumococcal	100/101 = 99%	7/7 = 100%
MMR	100/101 = 99%	7/7 = 100%
Varicella	99/101 = 98%	7/7 = 100%
Men-C	100/101 = 99%	7/7 = 100%

**Overall Average = 98.8%      Overall Average = 100%**

Immunization Status by kindergarten (2011-2012)	PAB Area	Burgeo Area
DTaP/IVP/Hib 4	51/54 = 94.4 %	8/8 = 100%
DaPT-IPV	51/54 = 94.4 %	8/8 = 100%
Pneumococcal	51/54 = 94.4 %	8/8 = 100%
MMR	51/54 = 94.4 %	8/8 = 100%
Varicella	50/54 = 92.5 %	8/8 = 100%
Meningococcal	51/54 = 94.4 %	8/8 = 100%

**Overall Average = 94.1 %    Overall Average = 100%**

Immunization Status by Grade 4 (2011-2012)	PAB Area	Burgeo
Men-C-ACYW-135	102/103 = 99 %	14/14 = 100%
Immunization Status by Grade 6 (2011-2012)	PAB Area	Burgeo
HPV (3 doses)	41/42 = 97.6 %	13/13 = 100%
Immunization Status by Grade 9 (2011-2012)	PAB Area	Burgeo
Tdap	95/101 = 94.1 %	17/17 = 100%

**Table 24: Breast Screening Rates: Mammography**

	Port aux Basques and Burgeo Area	Western Region	NL
Population who have had a mammogram (%)	81.9 % (+/-10.5 %)	69.1 % (+/-4.8 %)	69.7 % (+/-2.4%)
Population whose last mammogram was < 6 months (%)	38.7% (+/-10.5%)	30.4 % (+/-5.7%)	27.2% (+/-2.7%)
Population whose last mammogram was 6 months to < 1 year (%)	41.4 (+/- 15.1%)	36.4% (+/-5.9%)	31.4% (+/-2.8%)
Population whose last mammogram was 1 year to < 2 years (%)	-	16.9% (+/-4.6%)	20.4% (+/-2.5%)
Population whose last mammogram was 2 years to <5 years	-	10.3% (+/- 3.7 %)	12.1% (+/-2.0%)
Population whose last mammogram was 5 years of more	-	5.9% (+/- 2.9%)	9.0% (+/- 1.7%)

**Source: Compiled by the Community Accounts Unit based on information from the Canadian Community Health Survey (CCHS), 2009-2010, Statistics Canada.**

Note: This question was asked to people aged 12 and over. Numbers highlighted in yellow denote a high sampling variability associated with the estimate. The coefficient of variation for these estimates is equal to or falls between 16.6 % and 33.3 %. Please use with caution. Persons living on Indian Reserves or Crown lands, those residing in institutions, full time members of the Canadian Forces and residents of certain remote regions are excluded.

## Daily Consumption of Fruits and Vegetables

**Table 25: Male rates**

	Port aux Basques and Burgeo Area	Western Region	NL
Population with less than 5 servings per day (%)	60.6% (+/- 11.9%)	68.6% (+/- 5.1%)	77.1% (+/- 2.1%)
Population with 5-10 servings per day (%)	-	27.0% (+/- 4.9%)	20.9% (+/- 2.0%)
Population with more than 10 servings per day (%)	-	4.5% (+/- 2.3%)	2.0% (+/- 0.7%)

Source: Compiled by the Community Accounts Unit based on information from the Canadian Community Health Survey (CCHS), 2009-2010, Statistics Canada.

**Table 26: Female rates**

	Port aux Basques and Burgeo Area	Western Region	NL
Population with less than 5 servings per day (%)	50.9% (+/-11.2)	57.6% (+/- 4.5%)	64.0% (+/- 2.1%)
Population with 5-10 servings per day (%)	-	39.0% (+/- 4.5%)	33.3% (+/- 2.1%)
Population with more than 10 servings per day (%)	-	3.4% (+/-1.7%)	2.6% (+/- 0.7%)

Source: Compiled by the Community Accounts Unit based on information from the Canadian Community Health Survey (CCHS), 2009-2010, Statistics Canada.

## Community Resource Listing Overview

The Port aux Basques and Burgeo areas are known for being sea port towns. The following section highlights the community resources for the areas that was compiled utilizing the Community Education Network's Resource Guide for Southwestern Newfoundland, local municipality websites, and community organization websites.

### **PORT AUX BASQUES AREA COMMUNITY RESOURCE LISTING**

#### **Health Care Services in the Port aux Basques Area**

##### ***Dr. Charles LeGrow Health Centre***

The Dr. Charles LeGrow Health Centre is located in Port aux Basques and provides many of the essential health care services for the area. The following is a summary of the services available at the hospital:

- Medical Services (2 physicians)
- Nursing Services
- Emergency Care Services (24 hr Coverage)
- Ambulatory Care Services including Chemotherapy and Dialysis
- Laboratory & Diagnostic (including ultrasound)
- Recreation Therapy & Outreach
- Social Work
- Physiotherapy
- Occupational Therapy
- Pharmacy Services
- Speech/Language Pathology
- Clinical Dietitian
- Telehealth consultation

It is important to note that it is situated (approximately 2 ½ hours) from the Western Memorial Regional Hospital in Corner Brook, which is the major acute health care site for Western Health.

### *Physicians*

There are 4 family physicians in the Port aux Basques area.

### *Rural Medical Clinics*

In addition to the Dr. Charles LeGrow Health Centre, there are 3 medical clinics located in the area serviced by a nurse practitioner:

- Rose Blanche Medical Clinic with Nurse Practitioner services
- LaPoile Medical Clinic with physician or Nurse Practitioner services and the LaPoile First Responder Program.
- Doyles Medical Clinic with physician services 2 days/week and Nurse Practitioner services 2 days a week

### *Long Term Care*

- The Dr. Charles LeGrow Health Centre has 30 long term care beds.

### *Community Based Health Services*

Western Health also offers the following community based services to the population of the PAB area:

- Mental Health and Addictions
- Speech Language Pathology
- Audiology (located in Stephenville but has a travelling clinic)
- Community Health Nurses: Continuing Care Focus
- Community Health Nurses: Public Health Focus
- Community Supports
- Primary Health Care Wellness Facilitator (located in Stephenville Crossing but provides service to the area)

### *Privately Owned Health Care Services*

There is one Dentist and one Optometrist in the Port aux Basques area. There are 3 pharmacies in the area, 2 in Port aux Basques and one located in Doyles.

### **Seniors Health and Wellness**

The PAB area has a number of very active seniors and 50 + clubs in various communities. In addition, the following nursing homes are available for the senior population of the area:

- Mountain Hope Manor Personal Care Home (Port aux Basques)
- Senior's Cottages and Apartments (Port aux Basques)

- Sheaves Senior’s Apartments (Port aux Basques)

### **Emergency Services**

There are a number of dedicated emergency services serving the population of the PAB area including;

- The RCMP detachment is located in Port aux Basques and services the town and surrounding areas.
- The following is a list of volunteer Fire Departments in the area:
  - Port aux Basques Volunteer Fire Department and Firettes
  - Rose Blanche Volunteer Fire Department
  - Burnt Islands Volunteer Fire Brigade
  - Isle Aux Morts Volunteer Fire Brigade/Firettes
  - Codroy Valley Volunteer Fire Department
  - Cape Ray volunteer Fire Brigade
  - Margaree/Fox Roost Volunteer Fire Brigade/Firettes
  - LaPoile Volunteer Fire Department
  - Ambulance Services are provided by MacKenzie Ambulance Service from Rose Blanche to the Codroy Valley.

### **Churches**

<p style="text-align: center;"><i>Anglican</i></p> <ul style="list-style-type: none"> <li>• St. James (Port aux Basques)</li> <li>• St. Paul’s (Port aux Basques)</li> <li>• St. Michael’s All Angels (Rose Blanche)</li> <li>• St. Thomas (LaPoile)</li> <li>• Holy Spirit (Ilse aux Morts)</li> <li>• St. John the Evangelist (Cape Ray)</li> <li>• St. Augustine’s (Margaree/Fox Roost)</li> <li>• Holy Trinity (Codroy)</li> </ul>	<p style="text-align: center;"><i>Catholic</i></p> <ul style="list-style-type: none"> <li>• St. Michael’s (Port aux Basques)</li> <li>• St. Sylvester’s (South Branch)</li> <li>• Church of the Precious Blood (St. Andrew’s)</li> <li>• St. Anne’s (Upper Ferry)</li> </ul>
<p style="text-align: center;"><i>Pentecostal</i></p> <ul style="list-style-type: none"> <li>• Faith Pentecostal Tabernacle (Port aux Basques)</li> </ul>	<p style="text-align: center;"><i>Other</i></p> <ul style="list-style-type: none"> <li>• Wesley United Church (Port aux Basques)</li> <li>• Kingdom Hall of Jehovah Witness (Port aux Basques)</li> <li>• Salvation Army (Port aux</li> </ul>

	Basques)
--	----------

## **Education**

There are 6 schools located in the Port aux Basques Area. Overall enrolment for the schools was outlined in the statistical section of this report.

<b>SCHOOL</b>	<b>DESCRIPTION</b>
St. James Elementary (Port aux Basques)	This school includes grades Kindergarten to 6
St. James Regional High School (Port aux Basques)	This school includes grades 7-12
Belanger Memorial (Uppper Ferry)	This school includes grades Kindergarten -12
Douglas Academy (LePoile)	This school includes grades Kindergarten to 9
Grandy's River Collegiate (Burnt Islands)	This school includes grade Kindergarten to 12
LeGallais Memorial (Isle aux Morts)	This school includes grades Kindergarten - 9

College of the North Atlantic has a campus in Port aux Basques with full-time approximately 140 full time students per semester, with another 15 registered part-time. Upwards of 250 students participate in Continuing Education evening courses, and approximately 200 students register in contractual training programs.

The Community Education Network (CEN) is a well-established organization that is guided by the principles of community education to offer a wide variety of programs for the residents of the Port aux Basques Area from pre-birth to seniors.

## **Early Learning and Childcare**

Early learning and childcare is an essential part of healthy child development. In the Port aux Basques Area, the CEN operates 1 Healthy Baby Club that provides support to pregnant women and their families to help ensure a healthy pregnancy and healthy newborn and 2 Family Resource Centres that provide fun and supportive environment for children from birth to age 6 and their parents/caregivers and Child Car Seat Safety clinics.

<b>FAMILY RESOURCE CENTRES</b>	<b>HEALTHY BABY CLUBS</b>
Port aux Basques Family Resource Centre	Port aux Basques Area Healthy Baby Club
Isle aux Morts Family Resource Centre	

Preschools and nursery schools in the area provide early learning support to children up to kindergarten age.

<b>PRE-SCHOOL/NURSERY SCHOOL</b>	<b>KINDERGARTEN READINESS</b>
Play School (located at Grandy's River Collegiate and operated by parent volunteers)	Kindergarten Readiness Program ( St. James Elementary, Port aux Basques)
	Kindergarten Readiness Program (LeGallais Memorial, Isle aux Morts)

## **Libraries**

Most schools highlighted in the section above contain libraries in the schools that can be accessed to the public. In addition to these, there are public libraries in Port aux Basques and Codroy Valley.

## **Community and Volunteer Organizations**

Throughout the Port aux Basques Area there are a number of community and volunteer based organizations. Most towns have church women's associations, and recreation/leisure groups in addition to the following:

- Royal Canadian Legion has active an branch in Port aux Basques as well as a Ladies Auxiliary
- Lions/Lioness Clubs has an active chapter in Port aux Basques
- There are Kinsmen Clubs in Port aux Basques and Rose Blanche
- Port aux Basques has a Lion's/Lioness Club
- Odd Fellow's Lodge in Port aux Basques
- Knights of Columbus has an active council in Codroy Valley

### **Public Facilities**

Port aux Basques is the main centre and most people travel there to attend to their shopping and banking needs as well as a variety of other services including financial institutions, hotels, restaurants, and retail outlets

The Marine Atlantic ferry terminal terminal is located in the town which is the primary entry point onto the island of Newfoundland and the western end of the Trans-Canada Highway in the province.

### **Recreation and Leisure**

Recreation and leisure is an important part of the culture of this area. Almost all areas have well-kept ball fields, community playgrounds and volunteer recreation committees. The following list highlights some of the physical facilities available in the area:

- Bruce II Sports Centre in Port aux Basques offers bowling, curling, ice hockey, skating, swimming, and a fitness centre
- Port aux Basques Ball Field
- Port aux Basques Multipurpose Courts
- Port aux Basques Soccer Field
- J.T. Cheeseman Provincial Park is located approximately 10 km from Channel-Port aux Basques on the Trans-Canada Highway
- Grandy's River Collegiate Basketball Court and Ball field
- Codroy Valley Sports Complex in Upper Ferry offers a soccer field, ball field and ball hockey court

In addition to these facilities there are numerous organizations that promote recreation and leisure including:

- Port aux Basques Figure Skating Club
- Port aux Basques Minor Hockey
- Port aux Basques District Girl Guides including Sparks, Brownies, Pathfinders and Rangers.
- St. James Cadet Corps (Port aux Basques)
- Port aux Basques Community Advisory Committee is a group of volunteer community members who work with Western Health Primary Health Care teams to assist in planning, implementing and evaluating initiatives to improve the overall health and well-being in the area.

## **BURGEO AREA COMMUNITY RESOURCE LISTING**

The town of Burgeo is a small town that services smaller outlying areas such as Ramea, Francois, and Grey River that are only accessed by boat or helicopter.

### **Health Care Services in the Burgeo Area**

The Calder Health Care Centre is located in Burgeo and provides many of the essential health care services for the area with 3 acute care beds. The following is a summary of the services available at the hospital:

- Medical Services (2 salary physicians)
- Nursing Services
- Emergency Care Services (24 hr Coverage)
- Laboratory & Diagnostic Services
- Recreational Therapy
- Telehealth consultation
- Physiotherapy (visiting)
- Dietitian (visiting)
- Occupational Therapy (visiting)
- Out-Patient Clinics
- Speciality Clinics (Traveling)

It is important to note that it is situated 213 km from the Western Memorial Regional Hospital in Corner Brook, which is the major acute health care site for Western Health.

### ***Long Term Care***

Calder Health Care Centre has 18 long term care beds.

### ***Rural Medical Clinics***

In addition to the Calder Health Centre, there are 3 medical clinics with Community Health Nursing and visiting Nurse Practitioner services ; Ramea Medical Clinic, Francois Medical Clinic, Grey River Medical Clinic.

### ***Community Based Services***

Western Health also offers the following community based services to the population of the Burgeo area:

- Mental Health and Addictions
- Speech Language Pathology (located in Stephenville)
- Audiology (located in Stephenville)
- Community Health Nurses: Continuing Care Focus
- Community Health Nurses: Public Health Focus
- Community Supports
- Primary Health Care Wellness Facilitator (located in Stephenville Crossing but provides service to the area)

### ***Privately Owned Health Care Services***

- Burgeo Pharmacy
- Ramea Cosmetics and Pharmacy

### **Seniors Health and Wellness**

The Town of Burgeo has an active seniors/50+ club and Ramea has an active Senior Puffin Club. In addition to the long term care beds at Calder Health Centre, the Southwest Seniors Housing Complex in Burgeo is available for senior housing.

### **Emergency Services**

- The RCMP detachment is located in Burgeo and services the area
- Reliable Ambulance Services is located in Burgeo

- The following is a list of volunteer fire departments:
  - Burgeo Volunteer Fire Department
  - Ramea Volunteer Fire Department
  - Francois Volunteer Fire Department
  - Grey River Volunteer Fire Department
  
- Burgeo Ground Search and Rescue performs ground and water search and rescue efforts.

### **Churches**

<i>Anglican</i>	<i>Roman Catholic</i>
<ul style="list-style-type: none"> <li>• St. John Evangelist (Burgeo)</li> <li>• St. Boniface (Ramea)</li> <li>• St. Simon/St. Jude (Francois)</li> <li>• Church of the Transfiguration (Grey River)</li> </ul>	<ul style="list-style-type: none"> <li>• St. Jude's (Burgeo)</li> <li>• St. Patrick's (Ramea)</li> </ul>
<i>United</i>	<i>Other</i>
<ul style="list-style-type: none"> <li>• Faith United (Burgeo)</li> </ul>	<ul style="list-style-type: none"> <li>• Orangemen's Lodge (Grey River)</li> </ul>

### **Education**

There are 4 schools located in the Burgeo Area and overall enrolment for the was outlined in the statistical section of this report.

SCHOOL	DESCRIPTION
Burgeo Academy (Burgeo)	This school includes grades Kindergarten to 12
St. Boniface All Grade (Ramea)	This school includes grades Kindergarten to 12
All Saints All Grade (Grey River)	This school includes grades Kindergarten to 12
St. Simon/St. Jude (Francois)	This school includes grades Kindergarten to 12

The Community Education Network (CEN) is a well-established organization that is guided by the principles of community education to offer a wide variety of programs for the residents of the Burgeo Area from pre-birth to seniors.

**Early Learning and Childcare**

Early learning and childcare is an essential part of healthy child development. In the Burgeo Area, the CEN operates 2 Family Resource Centres that provide fun and supportive environment for children from birth to age 6 and their parents/caregivers and Child Car Seat Safety clinics.

FAMILY RESOURCE CENTRES
Burgeo Family Resource Centre (located at Burgeo Academy)
Ramea Family Resource Centre (located at St. Bonafice All Grade)

Preschools and nursery schools in the area provide early learning support to children up to kindergarten age. In the Burgeo Area they are available in:

- Burgeo Academy Preschool
- Perschool Early Start Program

**Libraries**

The following libraries are available:

- Burgeo Public/School Memorial Library (Burgeo)
- Marie S. Penny Memorial Public/School Library (Ramea)
- St. Simon/St. Jude School Library (Francois)
- All Saints All Grade School Library (Grey River)

**Community and Volunteer Organizations**

Throughout the Burgeo Area there are a number of community and volunteer based organizations including church women’s associations, and recreation/leisure groups in addition to the following:

- HELP Committee (Helping Ease Life's Problems) that promotes Mental Health and Addictions awareness as well as fundraising for worthy causes.
- Burgeo Lion's and Lionesses Club
- Burgeo St. George Community Advisory Committee is a group of volunteer community members who work with Western Health Primary Health Care teams to assist in planning, implementing and evaluating initiatives to improve the overall health and well-being.

### **Recreation and Leisure**

Recreation and leisure is an important part of the culture of this area. Almost all areas have well-kept ball fields, community playgrounds and volunteer recreation committees. The following list highlights some of the physical facilities available in the area:

- Burgeo Recreation Complex
- Sandbanks Provincial Park
- Ramea Community Skating Rink
- Ramea Community Ball field
- Ramea Outdoor Swimming Pool

In addition to these facilities there are numerous organizations that promote recreation and leisure including:

- Burgeo Recreation Commission
- Burgeo Minor Hockey Association
- Seagull Recreation Committee (Francois)
- Ramea Recreation Commission

- Burgeo Sea Cadets
- Burgeo Girl Guides of Canada
- Ramea Sea Cadets
- Ramea Beavers/Cubs

## **Strengths**

The process used for the Community Health and Resources Needs Assessment allowed for the public to participate and inform Western Health of the needs specific to their communities. The respondents felt that the communities in both Port aux Basques and Burgeo areas had a strong community spirit and good support networks. They also felt that residents took pride in their community and that the communities are safe, quiet and peaceful. Although the reported number of people involved in service organizations is declining; the communities support their efforts to stay healthy through infrastructure such as walking trails and recreation facilities as well as community events such as The Race to the Sea in Port aux Basques and the Sand and Sea Festival in Burgeo.

In particular, respondents from the Port aux Basques area felt very positive about the Nurse Practitioner services in the area. The participants in the Port aux Basques focus group felt they had excellent services as it related to cancer care that

included the chemotherapy nurse as well as the use of Telehealth for appointments in St. John's.

The strengths identified illustrate that there are strong foundations to build upon. The following section outlines recommendations to improve services and strengthen well-being throughout communities within the Port aux Basques and Burgeo areas.

## **Recommendations**

This section of the report is intended to highlight recommendations for an implementation plan for moving toward healthier communities using a primary health care approach in the Port aux Basques and Burgeo areas. It is important to note that there are more specific recommendations from the community consultations during focus groups included in that section of this report. A partnership between the Port aux Basques and Burgeo areas Primary Health Care Teams and the Community Advisory Committees would assist in achieving the following recommendations: Enhance service delivery within the Chronic Disease Prevention and Management model, particularly related to cancer and diabetes.

- Ensure that the community concerns related to distracted driving are included in Western Health's work on injury prevention.
- Identify ways to foster supportive environments, develop personal skills, and strengthen community action to promote Western Health strategies and

community based best practice programs for health promotion, physical activity and healthy eating.

- Improve access to Western Health’s programs and services through the use of technology such as Telehealth. Improve awareness of Western Health programs and services through such means as the internet.
- Share the information presented in this report with the Primary Health Care Teams, Community Advisory Committees, identified community partners and the population of the Port aux Basques and Burgeo Areas.

## **Conclusion**

The issues identified through the Community Health Needs and Resources Assessment are an essential part of engaging the community in moving towards a healthier population in the Port aux Basques and Burgeo areas. There are numerous regional working groups within Western Health as well as provincial working groups to address various topics and strategies such as Chronic Disease Prevention and Management, Health Promotion and Wellness, Physician and other health professional recruitment and retention, information management/technology enhancement including Telehealth and the enhancement of Western Health’s health promotion and primary health care website.

Western Health has identified two goals related to health promotion in its 2011-2014 strategic plans. One goal is that “By March 31, 2014, Western Health will have implemented priority initiatives in the diabetes chronic disease prevention and management work plan to support enhanced management”.

The second goal is that “By March 31, 2014, Western Health will have enhanced health promotion through the implementation of priority initiatives in a health promotion plan to support improving population health. The work that had been completed to date by the Health Promotion Steering Committee includes the identification of two main priority initiatives in relation to achieving this strategic goal. Priority Initiative 1 is that Western Health will enhance health promotion to address healthy eating necessary for healthy growth and the prevention of obesity in children aged 12 and under including their families. Priority Initiative 2 is that Western Health will enhance health promotion to address physical activity necessary for healthy growth and the prevention of obesity in children aged 12 and under including their families.

The results of this Community Health Needs and Resources Assessment will be central in workplan development for the Port aux Basques and Burgeo Primary Health Care Teams and Community Advisory Committees.

This needs assessment is the first step in getting to know our community and setting the stage for action. Western Health will be better equipped to attain its vision and address health inequities and changing demographics that shape our communities.

## References

Community Accounts (2012). Communities in area and population.

Community Accounts (2012). Canadian Community Health Survey Results.

Community Education Network (2013). Resource Guide Southwestern Newfoundland.

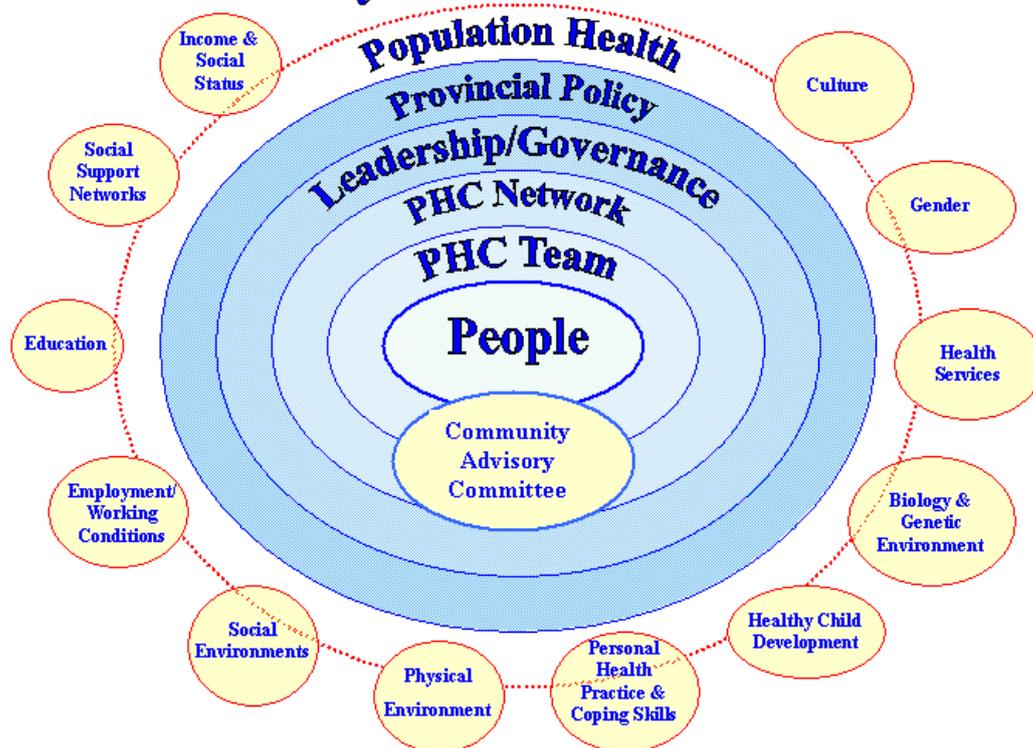
Western Health Cervical Screening Initiatives (2013). Annual Cervical Screening Participation Rates 2009 – 2011: Port aux Basques Area.

Western Health Cervical Screening Initiatives (2013). Annual Cervical Screening Participation Rates 2009 – 2011: Burgeo Area.

Western Health Community Health Nursing(2013) Public Health Focus Area “B” Report

**Appendix A**  
**Primary Health Care Model**

# Primary Health Care Model



## **Appendix B**

### **Community Health Needs and Resources Assessment Policy**

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

### **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	
<b>2. Community assets</b>			
		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		

**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?

<b>Community Services</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Not Available</b>
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
27. 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?

<b>Health Related Community Services</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Not Available</b>
28. Mental health services	1	2	3	4
29. Addiction services	1	2	3	4
30. Drug addiction services	1	2	3	4
31. Alcohol addiction services	1	2	3	4
32. Gambling addiction services	1	2	3	4
33. Addiction treatment centres	1	2	3	4
34. Counselling services	1	2	3	4
35. Family planning	1	2	3	4
36. Sex education	1	2	3	4
37. Ambulance services	1	2	3	4
38. Emergency health services	1	2	3	4
39. Income support services	1	2	3	4
40. Home support services				
41. Respite care services	1	2	3	4
42. Supportive housing (e.g. personal care home, alternate family care)	1	2	3	4
43. Long term care	1	2	3	4
44. Services for pregnant women	1	2	3	4
45. Services for new mothers/babies	1	2	3	4
46. Services for seniors (e.g. foot care)	1	2	3	4
47. Services for people with chronic diseases (disease longer than 3 months for example, asthma, diabetes, cancer)	1	2	3	4

48. Wellness/Illness prevention	1	2	3	4
49. Services for people with disabilities	1	2	3	4
50. Rehabilitation services	1	2	3	4
51. Physiotherapy services	1	2	3	4
52. Services for victims of physical or sexual abuse	1	2	3	4
53. Adult day programs	1	2	3	4
54. Meals on wheels type services	1	2	3	4
55. Dental health services	1	2	3	4
56. Health inspection services	1	2	3	4
57. Pharmacy services	1	2	3	4
58. Immunization services	1	2	3	4
59. Health education services	1	2	3	4
60. School health services	1	2	3	4
61. Occupational therapy	1	2	3	4
62. Physician services	1	2	3	4
63. Nurse practitioner services	1	2	3	4
64. Diabetes programs	1	2	3	4
65. Chronic disease self-management program	1	2	3	4
66. Primary Health Care Teams	1	2	3	4
67. Services for Young Offenders	1	2	3	4
68. Diagnostic Services	1	2	3	4
69. Child Protection Services	1	2	3	4
70. Adoption Services	1	2	3	4
71. Health Line	1	2	3	4
72. Telehealth Services	1	2	3	4
73. Cervical Screening	1	2	3	4
74. Nutrition Services	1	2	3	4

75. Dietitian Services	1	2	3	4
76. Respiratory Services	1	2	3	4
77. Emergency Preparedness	1	2	3	4
78. Speech and Hearing Services	1	2	3	4
79. Vision Services	1	2	3	4
80. Foot Care				
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?

<b>Community Groups</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Not Available</b>
81. Self Help/Support Groups	1	2	3	4
82. Town Councils	1	2	3	4
83. Service Organizations (e.g. Kinsmen, Knights of Columbus, Lion's Club)	1	2	3	4
84. Churches	1	2	3	4
85. Sports Clubs (e.g. minor hockey, softball)	1	2	3	4
86. Recreation Clubs (e.g. Girl Guides, Cadets)	1	2	3	4
87. School Council	1	2	3	4
88. Health Related Groups (e.g. Cancer Society, Lung Association, Seniors Wellness)	1	2	3	4
89. Advocacy Groups (e.g. Status of Women, Tobacco Free Network)	1	2	3	4

90. Family Resource Center (e.g. Healthy Baby Clubs)	1	2	3	4
91. 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?

<b>Community Concerns</b>	<b>Yes</b>	<b>No</b>	<b>Don't Know</b>	<b>Not Available</b>
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. Stoke	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				
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**

### **Port aux Basques Focus Group Questions**

### **Port aux Basques Focus Group Questions**

1. What is it like to live in your community when you have been diagnosed with a cancer?
2. What does being healthy mean to you once you have been diagnosed with cancer?
3. What does being healthy mean to you when you have a family member who has been diagnosed with a chronic disease such as cancer?
4. What are some strengths in the community that help you (your client) cope with/manage your (their) chronic disease?
5. 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?
6. What kinds of things need to happen at the health care level to support you (your client) in managing your (their) chronic disease?
7. What are some challenges facing you as a provider/care giver/family member when trying to support individuals with cancer?
8. What are the issues facing you that you would like to see addressed by Western Health? What are the priorities?
9. 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?
10. 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?
11. Of all the things we discussed, what is the most important to you?

**Appendix E**  
**Burgeo Focus Group Questions**

## **Burgeo Focus Group Questions**

1. What is it like to live in your community at try to eat healthy?
2. What are some strengths in the community that help you (your client) eat healthy?
3. What kinds of things need to happen at a community level to help you and your family stay healthy?
4. What kinds of things need to happen at the health care level to support you (your client) to eat healthy?
5. What are some challenges facing you as when trying to make healthier choices?
6. What are the issues facing you that you would like to see addressed by Western Health? What are the priorities?
7. What do you feel needs to be done to improve the health?
8. What role do you see for yourself in addressing what needs to be done to improve the health of your community?
9. Of all the things we discussed, what is the most important to you?



# Western Health

**For more information, please contact:**

**Primary Health Care Manager: Bay St. George Area**

**PO Box 130**

**Stephenville Crossing, NL**

**A0N 2C0**

**Tel: (709) 646-3727**

**Fax: (709) 646-2611**