

Community Health Needs and Resources

Survey Summary: Deer Lake & White Bay

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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: 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 Deer Lake and White Bay 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.

This report provides a summary of the results for the Deer Lake/ White Bay Primary Health Care Area. This includes the following communities: Humber Village, Little Rapids, Pasadena, Pynns Brook, Humber Valley Resort, St. Judes, Deer Lake, Howley, Cormack, Reidville, Bonne Bay Pond, Hampden, Pollards Point, Jackson's Arm, and Sop's Arm.

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 Science (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 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 from the Deer Lake and White Bay area.

Demographics

A total of 106 surveys were completed in the Deer Lake White Bay PHC Area. Respondents reported being from the following communities:

- Cormack
- Deer Lake
- Hampden
- Howley
- Jackson's Arm
- Pasadena
- Pollard Point

Of the 106 surveys completed, 83% of the respondents were female, 15.1% were male, and 1.9% did not report their gender. When respondents were asked to indicate their race or ethnicity, 93.4% of respondents were white/Caucasian, 4.7% were aboriginal, and 1.9% was other (including Indigenous/European). When asked how long they lived in the community, 4.7% reported less than one year, 27% reported 1-5 years, 28% reported 6-20 years, and 46% reported over 20 years. The majority of respondents were from the 36-40 year old age group (16%). See table 1 for age groups, percentages, and frequencies of respondents.

Table 1. Respondent Age Groups, Percentages, and Frequencies

Age Group	Percentage (%)	Frequency (N)
16-20	4.7	5
21-25	6.6	7
26-30	9.4	10
31-35	14.2	15
36-40	16.2	17
41-45	7.5	8
46-50	6.6	7
51-55	14.2	15
56-60	6.6	7
61-65	5.7	6
66-70	3.8	4
71-75	1.9	2
76+	1.9	2
Did not report	.9	1

Community Services

Respondents were provided with a list of community services. They were asked to indicate whether they were satisfied or not satisfied with the services that they used or required. See table 2 for those who responded that they were satisfied or not satisfied with each community service. Respondents were most satisfied with emergency services (91.2%) and least satisfied with public transportation services (56.7%), in particular no taxi service in some communities.

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

Community Service	Satisfied	Not satisfied
	% (N)	% (N)
Education	86.2 (56)	13.8 (9)
Child care/day care	48.0 (23)	51.1 (24)
Children/youth programs	61.0 (36)	39.0 (23)
Seniors programs (65+)	53.8 (21)	46.2 (18)
Grocery stores	71.8 (74)	28.2 (29)
Public transportation (e.g., buses, taxis)	43.3 (26)	56.7 (34)
Recreation programs (e.g., soccer, hockey,	75.3 (67)	24.7 (22)
walking trails, darts)		
Food bank	81.4 (35)	18.6 (8)
Environmental services (e.g., recycling,	71.4 (65)	28.6 (26)
water, sewer)		
Emergency services (e.g., police, fire	91.2 (83)	8.8 (8)
department, emergency preparedness)		

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:

- Services are adequate for the population and on par with other communities of similar size
- A variety of services are available
- Good recreation programs for adults and seniors

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:

- lack of affordable regulated childcare 7:30am 5:30pm to accommodate working families
- limited choice of fresh fruit and vegetables in some areas
- limited recycling options

Survey respondents were also asked to indicate if there were any community services that they had/have trouble getting and 26.2% reported yes and 65.4% reported no. The community services that respondents reported having trouble getting were:

- clean drinking water
- appropriate child care to meet the family's needs
- programs and resources to combat growing mental health and addictions issues with youth such alternate schools program and pathfinders program
- mental health counseling
- physiotherapy

Respondents were asked what prevented them from getting these services and were provided with a list of options including an "other" option. 14.8% of respondents reported that they did not know the service was available, 11.1% reported transportation related issues, 40.7% reported wait time for service, 7.4% reported that the service was too difficult to arrange, and 3.7% reported that they were not ready or prepared to get this service. 5.7% reported "other" and the following categories were identified:

- service not available
- no child care
- unable to afford

Survey respondents were asked to report the top three problems in their communities. The top three problems identified were alcohol/drug use (48.6%), distracted driving (24.3%) and crime (20.6%). 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	Percentages (%)	Frequencies (N)
Absence of an age/senior friendly environment	3.7	4
Alcohol and/or drug abuse	48.6	52
Bullying	15	16
Care of people with disabilities	8.4	9
Care of the older person	15.9	17
Child abuse/neglect	1.9	2
Crime (including vandalism)	20.6	22
Distracted driving	24.3	26
Drinking and driving	16.8	18
Environment	3.7	4
Gambling	1.9	2
Homelessness (e.g., couch surfing)	0.9	1
Illiteracy	0	0
Issues with Day care	15.9	17
Issues with the Education system	6.5	7
Lack of access for people with disabilities (e.g., accessit	12.1	13
buildings, wheelchair ramps, sidewalks in disrepair)		
Loneliness	7.5	8
Outmigration	.9	1
Poor housing conditions	1.9	2
Poor parenting skills	10.3	11
Poverty	2.8	3
Risks for injury on the job	0	0
Suicide	.9	1
Unemployment	15.0	16
Unplanned pregnancy	1.9	2
Violence in the community	.9	1
Violence in the home	.9	1
Young people in trouble with the law	5.6	6
Other	6.3	7

In the "other" category, respondents reported:

- programs for youth
- cost of housing
- lack of clean needles
- animal abuse
- unemployment

When asked how the community helps deal with these challenges, comments indicated that they were not sure or didn't know, others said that the churches and community groups, police and school services and community health helps deals with these problems.

Health Services

Respondents were provided with a list of health services. They were asked to indicate whether they were satisfied or not satisfied with the services that they used or required. See table 4 for those who responded that they were satisfied or not satisfied with each community service. Respondents were most satisfied with immunization (100%) and pharmacy services (97.7%). Respondents were least satisfied with mental health and addictions services, with a 64.7% of respondents who used/required the service being unsatisfied. It should be noted that this represented only 22 respondents. There were also a high number of respondents who were unsatisfied with family doctor services (28) and specialist services (25).

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

Health Related Community Service	Satisfied	Not satisfied
·	% (N)	% (N)
Mental health and addiction services (including	35.3 (12)	64.7 (22)
counseling services)		
Ambulance services	89.7 (52)	10.3 (6)
Emergency department services	70.9 (39)	29.1 (16)
Dental care services	83.1 (64)	16.9 (13)
Pharmacy services	97.7 (84)	2.3 (2)
Immunization services	100 (74)	0
Family doctor services	70.2 (66)	29.8 (28)
Specialist services (e.g., surgeon, internists)	51.9 (27)	48.1 (25)
Nurse practitioner services	87.8 (43)	12.2 (6)
Nutrition services (e.g., dietitians)	78.9 (30)	21.1 (8)
Respiratory services	68 (17)	21.1 (8)
Rehabilitation services (e.g., physiotherapy,	73.3 (33)	26.7 (12)
occupational therapy, speech and language, and social	` '	, ,
work)		
Diagnostic services (e.g., x-ray, blood collection)	84.4 (54)	14.6 (10)
Vision services	86.1 (52)	13.3 (8)
Women's wellness (e.g., cervical screening, breast	80.8 (42)	19.2 (10)
screening)		
Home support services/Home care	69.2 (18)	30.8 (8)
Respite services (e.g., adult day support programs,	52.4 (11)	47.6 (10)
children's respite services)	, ,	, ,
Meals on wheels type services	42.1 (8)	57.9 (11)
Supportive housing (e.g., personal care homes,	42.9 (9)	57.1 (12)
alternate family care)		, ,
Long term care	36 (9)	64 (16)
Services for pregnant mothers/new mothers/babies	83.8 (31)	16.2 (6)
Services for people with chronic diseases (disease	67.9 (19)	32.1 (9)
longer than 3 months, e.g., asthma, diabetes, cancer)		
Intervention services (including services for people	52.2 (12)	47.7 (11)
with developmental and physical disabilities and autism		
Community supports (services for seniors and adults	50.0 (11)	50.0 (11)
with intellectual and physical disabilities)		

Health Related Community Service	Satisfied	Not satisfied
	% (N)	% (N)
HealthLine	90 (45)	10.0 (5)
Telehealth services	79.2 (19)	20.8 (5)
School health services (e.g., school health nurses,	87.8 (36)	12.2 (5)
immunization, sexually transmitted infections,		
stress management, health promotion)		

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

• availability of services

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:

- long wait times
- services not available

Survey respondents were also asked to indicate if there were any health services that they had/have trouble getting and 30.8% reported yes and 56.1% reported no. The health services that respondents reported having trouble getting were:

- family physician
- physiotherapy
- community occupational therapy

Respondents were asked what prevented them from getting these services and were provided with a list of options including an "other" option. 9.1% of respondents reported that they did not know the service was available, 3.0% reported transportation related issues, 59.4% reported wait time for service, 12% reported that the service was too difficult to arrange, and 0% reported that they were not ready or prepared to get this service. 6.8% reported other and the following was identified:

• service not available in the region

Survey respondents were asked to report the top three health problems in their communities. The top three problems identified were addictions (44.3%), cancer (40.6%) and mental health (38.7%). 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 (N)
Addictions	44.3	47
Arthritis	3.8	4
Cancer	40.6	43
Chronic pain	4.7	5
Diabetes	16.0	17
Eating disorders	5.7	6
Heart disease	8.5	9
High blood pressure	5.7	6
HIV/Aids	0	0

Health Problems	Percentages (%)	Frequencies (N)
Kidney disease	0	0
Lack of physical activity	18.9	20
Lung disease	0	0
Mental health	38.7	41
Overweight/obesity	25.5	27
Sexually transmitted infections	3.8	4
Smoking	17	18
Stroke	1.9	2
Suicide	2.8	3
Unhealthy eating habits	24.5	26
Other	.9	1

In the "other" category, respondents reported: anxiety.

When asked how the community helps deal with these challenges, comments indicated that they either didn't know, or that local groups and organizations organize activities to promote health such as walking in schools or churches. Community Health offer prevention and awareness programs and there are recreation facilities to use.

The final question in this section was "Where do you go for routine healthcare?" and included a list of options. 86.8% reported family physician, 5.7% reported hospital emergency department/health center, 5.7% reported nurse practitioner, 7.5% reported I do not receive routine healthcare, and 0% reported other.

Health Information

Survey respondents were asked where they get their health related information. The top three sources were: physicians (72%), internet (62%) and pharmacy (42.5%). See table 6 for percentages and frequencies of sources selected. Dietitian was noted in the "other" category.

Table 6. Percentages and Frequencies of Sources Selected

Sources	Percentages (%)	Frequencies (N)
Internet	62.5	66
Facebook or Twitter	7.5	8
Other social media	3.8	4
Physicians	72.6	77
Community Health Nurse (e.g., Public health	38.7	41
nurse or community support nursing)		
Nurse practitioner	8.5	9
Pharmacy	42.5	45
Friends/Family	32.1	34
Library	3.8	4
Newspaper/magazine	10.4	11
Radio/television	9.4	10
Church group	3.8	4
School/university/college	8.5	9
Healthline	14.2	15
Other	2.7	3

When respondents were asked to report if the Western Health website provides the health related information that they need, 27.4% responded yes, 14.2% responded no, 17% responded that they did not know that Western Health had a website, and 40.6% reported that they have not been to the Western Health website. Respondents indicated that they would like the following information to be on the Western Health website:

- information about available programs and services and how to access them
- department contact information
- links to reliable website for health information
- list of physicians accepting new patients
- information about support groups
- approximate wait times for services

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:

- more emphasis on prevention of health issues and facilities or practices to support healthy living e.g. walking trails, healthy eating priorities
- increased access to after-hours health services
- more programs for youth including recreation, alternate schools and counseling
- more access to cheap or free exercise facilities

Conclusion

Throughout the survey respondents indicated that most health related services were adequate and accessible for the population they serviced and was comparable to other communities of similar size. Some of the concerns expressed included need for affordable day/ child care, access to family physician, wait times for some health services such as mental health and addictions, lack of public transportation especially taxi, environmental services (in particular recycling), lack of alternate schools program and limited choice of fresh fruit and vegetables in more rural areas.

Volunteers /community groups and The Treehouse Family Resource Centre were frequently commented on as providing excellent services and that with the exception of recreation programs for youth, there were a variety of good recreation programs available. Pharmacy services are given high satisfaction rating and also utilized frequently as a reliable source of health information.

The vast majority of respondents indicated that they seek routine healthcare from their physician followed by the nurse practitioner and emergency department. Similarly, most people responded that the physician was also their source of health related information followed closely by the internet with the pharmacy as the third most used source.

Although the survey identifies other community concerns as noted above the only clear theme that appears to be emerging from a review of the data is the issue of alcohol and/or drug use and the potential issues associated with this such as increase in crime and drinking and driving. Therefore, it is recommended that a focus group be held to seek more information about drug and alcohol use in the Deer Lake White Bay area.

The following are additional highlights of the results:

Demographics:

- 106 surveys were completed in the Deer Lake White Bay Primary Health Care Area.
- 83% of the respondents were female, 15.1% were male and 1.9% did not report their gender.
- The majority of respondents were from the 36-40 and group (16.2%).

Community Services:

- Respondents were most satisfied with emergency services (91.2%) and least satisfied with public transportation services (56.7%), in particular no taxi service in some communities.
- Survey respondents were also asked to indicate if there were any community services that they had/have trouble getting and 26.2 % reported yes and 65.4% reported no.
- The top three community concerns identified were alcohol/drug use (48.6%), distracted driving (24.3%) and crime (20.6%).

Health Services:

- Respondents were most satisfied with immunization (100%) and pharmacy services (97.7%). Respondents were least satisfied with mental health and addictions services, with 64.7% of respondents who used/required the service being unsatisfied.
- Survey respondents were also asked to indicate if there were any health services that they had/have trouble getting and 30.8% reported yes and 56.1% reported no.
- Survey respondents were asked to report the top three health problems in their communities. The top three problems identified were addictions (44.3%), cancer (40.6%) and mental health (38.7%).

Health Information:

- Survey respondents were asked where they get their health related information. The top three sources were: physicians (72%), internet (62.5%) and pharmacy (42.5%).
- When respondents were asked to report if the Western Health website provides the health related information that they need, 27.4% responded yes, 14.2% responded no, 17% responded that they did not know that Western Health had a website, and 40.6% reported that they have not been to the Western Health website.

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

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

Appendix A

Community Health Needs and Resources Assessment Survey

Community Health Needs and Resources Assessment Survey

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

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

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

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

Demographics

1. What is y	
Mark only	one oval.
	3-20
21	-25
26	3-30
31	l-35
36	6-40
41	-45
46	3-50
51	-55
56	3-60
<u> </u>	-65
66	5-70
<u></u>	-75
<u> </u>	S+
	our gender?

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?			
		_	
How many years have you lived in Mark only one oval.	this comm	unity?	
less than one year			
1-5 years			
6-20 years			
21+ years			
Community Services			
7. For each of the following commun you are satisfied or not satisfied wiskip and go to the next service.			
Mark only one oval per row.			
wan diny die dva per iew.			
	Satisfied	Not satisfied	
Education			
Child care/day care			
Children/youth programs			
Seniors programs (65+)			
Grocery stores			
Public transportation (e.g., buses, taxis)			
Recreation programs (e.g., soccer, hockey, walking trails,			
darts) Food bank			
Environmental services (e.g.,			
recycling, water, sewer) Emergency services (e.g., police,		()	

8.	above.
9.	Please provide comments about why you are not satisfied with the community services listed above.
10.	Are there any community services that you had/have trouble getting? Mark only one oval.
	yes
	no
11.	What are they?
12.	What prevented you from getting these services? Tick all that apply.
	Did not know if service was available
	Transportation related issues
	Wait time for service
	Too difficult to arrange
	I was not ready or prepared to get this service
	Other:

	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
de	Lack of access for people with disabilities (e.g., accessible buildings, wheelchair ramewalks 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:

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)		
Ambulance services		
Emergency department services		
Dental care services		
Pharmacy services		
Immunization services		
Family doctor services		
Specialist services (e.g., surgeon, internists)		
Nurse practitioner services		
Nutrition services (e.g., dietitians)		
Respiratory services		
Rehabilitation services (e.g., physiotherapy,occupational therapy, speech/language, and social work)		
Diagnostic services (e.g., x-ray, blood collection)		
Vision services		
Women's wellness (e.g., cervical screening, breast screening)		
Home support services/Home care		
Respite services (e.g., adult day support programs, children's respite services)		
Meals on wheels type services		
Supportive housing (e.g., personal care homes, alternate family care)		
Long term care		
Services for pregnant mothers/new mothers/babies		
Services for people with chronic diseases (disease longer than 3 months, e.g., asthma, diabetes, cancer)		
Intervention services (including services for people with developmental and physical disabilities and autism)		
Community supports (services for seniors and adults with intellectual and physical disabilities)		
HealthLine		
Telehealth services		
School health services (e.g.,		
public health nurses, immunization, sexually transmitted infections, stress		
management, health promotion)		

Please	provide comments about why you are satisfied with the health services listed above
Please above.	provide comments about why you are not satisfied with the health services listed
	re any health services that you had/have trouble getting? ally one oval.
	Yes
\bigcirc	No
What a	re they?
· · · · · · · · · · · · · · · · · · ·	e uley.
_	revented you from getting these services? that apply.
Di	d not know if service was available
Tr	ansportation related issues
W	ait time for service
To	o difficult to arrange
Iv	vas not ready or prepared to get this service
O	her:

	se select the 3 health problems you are most concerned about in your community. all that apply.
TICK	
Щ	Addictions
Щ	Arthritis
Щ	Cancer
Щ	Chronic pain
	Diabetes
	Eating disorders
	Heart disease
_	High blood pressure
	HIV/AIDS
ᆜ	Kidney disease
	Lack of physical activity
_	Lung disease
	Mental health
	Overweight/obesity
	Sexually transmitted infections
	Smoking
	Stroke
	Suicide
	Unhealthy eating habits
	Other:
	does your community help deal with these health challenges? (e.g., community groups, munity belonging)
	re do you go for routine healthcare? 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

	lease provide any other comments that relate to community health needs and resources in our community.
	-
Tha	nk you.
Powere	ed by pogle Forms
≡ Go	pogle Forms