

Community Health Needs and Resources

Survey Summary: Port Saunders Area

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Introduction

A community health needs and resource assessment (CHNRA) is a method to identify key health needs and 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 determined through the dissemination of the CHNRA survey; public *feedback* obtained through focus groups; the *health status* of Western region community residents assessed through data from various statistical sources and relevant regional reports; and finally, a list of community assets 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) from the Port Saunders 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 CHNRA surveys completed in the Port Saunders Primary Health Care Area which includes 9 communities from River of Ponds to Bartlett's Harbour. These communities include River of Ponds, Hawke's Bay, Port Saunders, Port au Choix, Eddies Cove West, Barr'd Harbour, Castor River North, Castor River South, and Bartlett's Harbour.

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), and interviews with the media and 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 into 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 survey 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 survey summary report for the overall Western region. The following sections provide a summary of the CHNRA surveys completed from the Port Saunders area.

Demographics

A total of 45 surveys were completed in the Port Saunders Area (9 surveys were completed in paper form). Respondents reported being from the following communities: Hawke's Bay, Northern Peninsula, Port au Choix, Port Saunders and River of Ponds.

Of the 45 surveys completed, 77.8% of the respondents were female and 22.2% were male. When respondents were asked to indicate their race or ethnicity, 95.6% of respondents were White/ Caucasian, and 4.4% were aboriginal. When asked their language 100% of respondents reported English as their primary language. When asked how long they lived in the community, 0% reported less than one year, 6.7% reported 1-5 years, 33.3% reported 6-20 years, and 60% reported over 21 years. The majority of respondents were from the 61-65 age category (22.2%) and the 41-45 and 46-50 age categories (13.3% each or 26.6% combined). Refer to 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	2.2	1
21-25	8.9	4
26-30	2.2	1
31-35	2.2	1
36-40	6.7	3
41-45	13.3	6
46-50	13.3	6
51-55	11.1	5
56-60	11.1	5
61-65	22.2	10
66-70	4.4	2
71-75	0	0
76+	2.2	1
Did not report	0	0

Community Services

Respondents were provided with a list of community services. They were asked to indicate whether they were satisfied or not satisfied with the services that they used or required. Refer to Table 2 for a percentage of those who responded they were satisfied, or not satisfied, with each community service listed. Respondents were most satisfied with Emergency Services (97.4%) and least satisfied with Food Banks (77.8%) and Children/youth programs (72%).

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

Community Service	Satisfied % (N)	Not satisfied %
		(N)
Education	89.3 (25)	10.7 (3)
Child care/day care	38.1 (8)	61.9 (13)
Children/youth programs	28 (7)	72 (18)
Seniors programs (65+)	33.3 (8)	66.7 (16)
Grocery stores	68.2 (30)	31.8 (14)
Public transportation (e.g., buses, taxis)	50 (11)	50 (11)
Recreation programs (e.g., soccer, hockey, walking trails, darts)	48.8 (20)	51.2 (21)
Food Bank	22.2 (4)	77.8 (14)
Environmental services (e.g., recycling, water, sewer)	69.2 (27)	30.8 (12)
Emergency services (e.g., police, fire dept., emergency	97.4 (38)	2.6 (1)
preparedness)		

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

- All the basic services provided (school, health center, police, fire department, ambulance/emergency services, Family Resource Center, food bank, grocery stores, etc.)
- Quality programs and services (e.g. music program at the school)
- Great community support and lots of community activity
- Dedicated volunteers and volunteer organizations/groups
- Youth groups and seniors groups support activities
- Many community trails

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:

- Limited children/youth programs after school programs target older youth and Family Resource Center age 0-6 (gap in children programming)
- No organized day care in the area
- Local recreation facilities are underutilized e.g. arena, recreation center
- Community trails/outdoor activities weather is a challenge/some disrepair

- Limited or no support groups/peer support
- Distance of travel to access programs and services
- Cost to buy local/increased cost for basics (e.g. food, gas)
- Heavy reliance on volunteers/hard to recruit new volunteers
- Lack of awareness of what is happening in the community/not well advertised
- Partner to address mental health and addictions issues and concerns police should be more involved
- Recycling is limited

Survey respondents were also asked to indicate if there were any community services that they had/have trouble getting and 42.9% reported yes and 57.1% reported no. The community services that respondents reported having trouble getting were:

- Physician/Family Physician
- Physiotherapy
- Specialist eye
- Dentist
- After school programs/youth programs
- Youth center safe place to go to get information/positive peer association
- Child Care services
- Services to support seniors living in their own homes (e.g. newspaper delivery, meals on wheels)

Respondents were asked what prevented them from getting these services and were provided with a list of options including an "other" option. Approximately 17% of respondents reported that they did not know the service was available, 16.7% reported transportation related issues, 16.7% reported wait time for service, 5.6% reported that the service was too difficult to arrange, 5.6% reported they were not ready or prepared to get the service, and 61.0% reported "other" and the following categories were identified:

- Cost
- Service not available in the area

Survey respondents were asked to report the top three problems in their communities. The top three problems identified were: alcohol and/or drug abuse (55.6%), unemployment (33.3%) and outmigration (28.9%). Table 3 provides a complete listing of community problems and the frequencies and percentages of respondents who reported them to be community problems.

<u>Table 3 - Frequencies and Percentages of Respondent Reported Community Problems</u>

Community Problems	Percentages	Frequencies
Alana of an are formation from the analysis of the second	(%)	(N)
Absence of an age/senior friendly environment	8.9	4
Alcohol and/or drug abuse	55.6	25
Bullying	15.6	7
Care of people with disabilities	0	0
Care of the older person	20	9
Child abuse/neglect	6.7	3
Crime (including vandalism)	2.2	1
Distracted driving	4.4	2
Drinking and driving	24.4	11
Environment	0	0
Gambling	2.2	1
Homelessness (e.g., couch surfing)	0	0
Illiteracy	2.2	1
Issues with Day care	8.9	4
Issues with the Education system	6.7	3
Lack of access for people with disabilities (e.g., accessible	8.9	4
buildings, wheelchair ramps, sidewalks in disrepair)		
Loneliness	17.8	8
Outmigration	28.9	13
Poor housing conditions	0	0
Poor parenting skills	0	0
Poverty	6.7	3
Risks for injury on the job	0	0
Suicide	17.8	8
Unemployment	33.3	15
Unplanned pregnancy	0	0
Violence in the community	2.2	1
Violence in the home	0	0
Young people in trouble with the law	8.9	4
Other (see listing below)	9	4

In the "other" category, respondents reported:

- Long waitlist for seniors housing
- Lack of spirituality
- Volunteerism
- Youth boredom

When asked how the community helps deal with these challenges, comments indicated:

- Strong social network/many caring people
- Volunteer groups coordinating community/group activities for socialization
- School education program
- Church reaching out to youth
- Some people reported that they did not know what their community was doing to address these issues or they felt their community was not doing anything.

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. Refer to Table 4 for those who responded that they were satisfied or not satisfied with each community service. Respondents were most satisfied with pharmacy services (100%), immunization services (100%), and services for pregnant mothers/new moms/babies (100%) and least satisfied with Meals on Wheels type services (85.7%) and dental services (85.2%). While Meals on Wheels type services had a high rate of dissatisfaction, it is based on only 7 respondents who used/required the services. There were several other services which, had higher general rates of satisfaction, but still had a significant number of respondents indicating they were not satisfied. This includes 29 respondents who indicated they were not satisfied with family doctor services, 21 respondents not satisfied with vision and rehabilitation services, and 16 respondents not satisfied with specialist services.

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:

- Services close to home
- Great service (dedicated staff, efficient, knowledgeable and caring)
- Public health engaged, approachable and great sense of community
- Adequately meets needs

<u>Table 4 - Percentage and Frequency of Satisfied and Not Satisfied with each Health Service</u>

Health Related Community Service	Satisfied	Not satisfied
	% (N)	% (N)
Mental health and addiction services (including counseling	62.5 (15)	37.5 (9)
services)		
Ambulance services	96.2 (25)	3.8 (1)
Emergency department services	89.3 (25)	10.7 (3)
Dental care services	14.8 (4)	85.2 (23)
Pharmacy services	100 (40)	0 (0)
Immunization services	100 (29)	0 (0)
Family doctor services	32.6 (14)	67.4 (29)
Specialist services (e.g., surgeon, internists)	27.3 (6)	72.7 (16)
Nurse practitioner services	77.4 (24)	22.6 (7)
Nutrition services (e.g., dietitians)	63.2 (12)	36.8 (7)
Respiratory services	33.3 (5)	66.7 (10)
Rehabilitation services (e.g., physiotherapy, occupational therapy,	19.2 (5)	80.8 (21)
Speech and language, and social work)		
Diagnostic services (e.g., x-ray, blood collection)	89.3 (25)	10.7 (3)
Vision services	16 (4)	84 (21)
Women's wellness (e.g., cervical screening, breast screening)	70.4 (19)	29.6 (8)

Health Related Community Service	Satisfied % (N)	Not satisfied % (N)
Home support services/Home care	91.7 (11)	8.3 (1)
Respite services (e.g., adult day support programs, children's respite)	70 (7)	30 (3)
Meals on wheels type services	14.3 (1)	85.7 (6)
Supportive housing (e.g., personal care homes, alternate family care)	72.7 (8)	27.3 (3)
Long term care	91.7 (11)	8.3 (1)
Services for pregnant mothers/new mothers/babies	100 (12)	0 (0)
Services for people with chronic diseases (disease longer than 3 months, e.g., asthma, diabetes, cancer)	47.1 (8)	52.9 (9)
Intervention services (including services for people with developmental and physical disabilities and autism)	33.3 (3)	66.7 (6)
Community supports (services for seniors and adults with intellectual and physical disabilities)	54.5 (6)	45.5 (5)
HealthLine	95.5 (21)	4.5 (1)
Telehealth services	90 (10)	9.1 (1)
School health services (e.g., school health nurses, immunization, sexually transmitted infections, stress management, health promotion)	93.8 (15)	6.3 (1)

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:

- Lack of physicians/unavailability of physicians/high turnover
- Lack of consistency/inconsistent service/poor quality service
- Service not provided in the area (e.g. eye doctor, international travel, dialysis)
- Services with limited access (e.g. traveling clinic/long wait times dentist, physiotherapy)
- Wait times too long (nurse practitioner, dietitian, physiotherapy, physicians in community)
- Cost and distance of travel
- Lack of community programs/initiatives that target youth and high risk behavior (drinking, drugs, depression, self-harm, etc.)
- People are unaware of some services offered in the area (e.g. respite)
- Need more community education

Survey respondents were also asked to indicate if there were any health services that they had/have trouble getting and 56.4% reported yes and 43.6% reported no. The health services that respondents reported having trouble getting were:

- Physician
- Nurse Practitioner
- Psychiatrist
- Specialist

- Optometrist/Eye doctor
- Dentist
- Dialysis
- Mental Health and Addictions Counseling
- Physiotherapy

Respondents were asked what prevented them from getting these services and were provided with a list of options including an "other" option. 4.5% of respondents reported that they did not know the service was available, 36.4% reported transportation related issues, 63.6% reported wait time for service, 9.1% reported that the service was too difficult to arrange, and 0% reported that they were not ready or prepared to get this service. 32% reported "other" and the following categories were identified:

- Physician not taking new clients
- Shortage of staff/staff unavailability
- Not available in the area

Survey respondents were asked to report the top three health problems in their communities. The top three problems identified were: cancer (60.0%), addictions (37.8%), and arthritis (24.4%). Refer to Table 5 for list of potential health problems and percentages and frequencies of respondents who indicated that they were most concerned about them.

<u>Table 5 - Frequencies and Percentages of Health Problems</u>

Health Problems	Percentages	Frequencies
	(%)	(N)
Addictions	37.8	17
Arthritis	24.4	11
Cancer	60	27
Chronic pain	17.8	8
Diabetes	22.2	10
Eating disorders	2.2	1
Heart disease	15.6	7
High blood pressure	8.9	4
HIV/Aids	0	0
Kidney disease	4.4	2
Lack of physical activity	17.8	8
Lung disease	0	0
Mental health	20	9
Overweight/obesity	13.3	6
Sexually transmitted infections	4.4	2
Smoking	6.7	3
Stroke	0	0
Suicide	20	9

Health Problems	Percentages (%)	Frequencies (N)
Unhealthy eating habits	22.2	10
Other	0	0

When asked how the community helps deal with these challenges, comments included:

- Supportive community/strong sense of community belonging
- Community and school health education
- Volunteer and community groups (fundraisers and community activities)
- Family and friends watch out for one another
- Some respondents reported that they are unaware of what the community is doing or they felt the community was doing nothing to help.

The final question in this section was "Where do you go for routine healthcare?" and included a list of options. 40.0% reported family physician, 17.8% reported hospital emergency department/health center, 46.7% reported nurse practitioner, 13.3% reported I do not receive routine healthcare, and 6.6% reported "other". Respondents reported the following in the "other" category:

• Doctor in another community

Health Information

Survey respondents were asked where they get their health related information. The top three sources were: the internet (68.9%), physicians (51.1%), and nurse practitioner (48.9%). Refer to Table 6 for percentages and frequencies of sources selected.

Table 6 - Percentages and Frequencies of Sources Selected

Sources	Percentages	Frequencies
	(%)	(N)
Internet	68.9	31
Facebook or Twitter	11.1	5
Other social media	13.3	6
Physicians	51.1	23
Community Health Nurse (e.g., Public health nurse or	28.9	13
community support nursing)		
Nurse practitioner	48.9	22
Pharmacy	37.8	17
Friends/Family	35.6	16
Library	2.2	1
Newspaper/magazine	4.4	2
Radio/television	8.9	4
Church group	0	0
School/university/college	4.4	2
HealthLine	4.4	2
Other	0	0

When respondents were asked to report if the Western Health website provides the health related information that they need, 17.8% responded yes, 17.8% responded no, 22.2% responded that they did not know that Western Health had a website, and 42.2% 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:

- Health Promotion Information
 - o Information to assist in developing community programming
 - Links to available on-line health promotion resources
- Information relevant to smaller centers/rural areas
 - How to start a recreation program in a rural community
 - o How to support small towns to work together to plan and deliver community events
 - How to recruit new volunteers in small communities

• Service information

- o A listing of doctors and their specialties
- What services are available in small communities (i.e. outside of Corner Brook or Deer Lake)

• Health Information

- o Information on diet, diabetes, autism, etc.
- o Information on addictions and mental health issues
- o Easy to navigate on-line resources and other government websites
- Many respondents reported that the Western Health Website was hard to navigate and thus they did not use it regularly.

Overall Comments

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

- Thankful for opportunity to complete survey
- Keep up the good work and build on what services are currently available
- Need to focus on youth and mental health and additions/need youth outreach worker
- Reduce wait times and improve access in rural areas
- Increase utilization of telehealth and reduce travel
- Need stronger links between community groups

Conclusion

The CHNRA survey is an important step in determining the needs and resources of the communities in the Western region. The survey included qualitative and quantitative questions, providing residents with an opportunity to express their views of the health and community services offered in the region. A total of 45 respondents from the Port Saunders area completed the survey and demographic information such as age, gender, and ethnicity were collected. The overall findings of the survey indicated that residents have concerns such as access to health services especially those not offered in the area or services offered through traveling clinics such as dentist, physiotherapy, eye doctor, and psychiatrist. Themes identified from the comments also indicated they are not satisfied with services for seniors, child care services, children and youth programs and food banks. However, respondents also indicated many positives of living in the Port Saunders area such as supportive communities, strong volunteer networks, positive community spirit, and access to good quality health services. The following are additional highlights of the results from the CHNRA survey:

Demographics:

- 45 surveys were completed in the Port Saunders area (36 completed electronically, and 9 completed on paper).
- 77.8% of the respondents were female and 22.2% were male.
- 95.6% of respondents were white/Caucasian and 4.4% were Aboriginal.
- The majority of respondents to the community survey were in the 61-65 age category (22.2%).
- 60% of survey respondents reported they lived in their community for more than 21 years.

Community Services:

- Respondents were most satisfied with emergency services (97.4%).
- According to survey results the majority of respondents that use or require community services such as child care/day care (61.9%), children and youth programs (72%), seniors programs (66.7%), and food banks (77.8%) were not satisfied with these services.
- Survey respondents were also asked to indicate if there were any community services that they had/have trouble getting and 42.9% reported yes, and 57.1% reported no. Some of the services respondents indicated they were having trouble getting include physician/family physician, dentist, after school programs for children and youth, child care services and services to support seniors living in their own homes.
- The top three community concerns identified were alcohol and/drug abuse (55.6%), unemployment (33.3%), and outmigration (28.9%).
- In addition, survey respondents reported the following issues to a significant degree: drinking and driving (24.4%), care of the older person (20%), loneliness (17.8%), and suicide (17.8%).
- When asked how the community helps to deal with challenges, the majority of respondents reported that there is a strong social network and many caring people, active volunteers groups, and strong partnerships with the school and the church.

Health Services:

- Respondents were most satisfied with pharmacy services (100%), immunization services (100%), and services for pregnant mother/new moms/babies (100%), and least satisfied with Meals on Wheels type services (85.7%) and dental services (85.2%).
- In addition, survey data indicated a high level of dissatisfaction with the following health services: rehab services such as vision services (84%), physiotherapy (80.8%), specialist services (72.7%), family doctor services (67.4%), respiratory services (66.7%), and intervention services including services for people with developmental and physical disabilities and autism (66.7%).
- Survey respondents were also asked to indicate if there were any health services that they had/have trouble getting and 56.4% reported yes and 43.6% reported no. Some of the services respondents indicated they were having trouble getting include psychiatrist, specialist, eye doctor, dentist, dialysis, mental health and addictions counseling and physiotherapy.
- The top three health problems identified were: cancer (60%), addictions (37.8%), and arthritis (24.4%).
- Diabetes (22.2%), unhealthy eating habits (22.2%), suicide (20%) and mental health (20%) also ranked high as health concerns.
- Survey respondents reported the following sources for routine healthcare: family physician (40%), hospital emergency department/health center (17.8%), nurse practitioner (46.7%), I do not receive routine healthcare (13.3%), and 6.6% reported other.

Health Information:

- Survey respondents were asked where they get their health related information. The top three sources were: internet (68.9%), physicians (51.1%), and nurse practitioner (48.9%).
- When respondents were asked to report if the Western Health website provides the health related information that they need, 17.8% responded yes, 17.8% responded no, 22.2% responded that they did not know that Western Health had a website, and 42.2% reported that they have not been to the Western Health website.

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

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

Appendix A

Community Health Needs and Resources Assessment Survey

Community Health Needs and Resources Assessment Survey

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

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

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

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

Demographics

1. What is your age?			
Mark only one oval.			
16-20			
21-25			
26-30			
31-35			
36-40			
41-45			
46-50			
51-55			
56-60			
61-65			
66-70			
71-75			
76+			
2. What is your gende	er?		

What is your race or ethnicity? Mark only one oval.				
White/Caucasian				
Aboriginal				
Othor				
Other.			_	
 What is your primary language? Mark only one oval. 				
English				
French				
Other:				
Other.			_	
5. What community do you live in?				
6. How many years have you lived in	thic comm			
How many years have you lived in Mark only one oval.	uns comm	iuiiity :		
less than one year				
1-5 years				
6-20 years				
21+ years				
211 years				
Community Services				
For each of the following communi you are satisfied or not satisfied wi skip and go to the next service.	ity services th that ser	s that you USE vice. If you do	or REQUIRE not use or re	, please indicate if equire the service,
Mark only one oval per row.				
man only one or all per rom				
	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, fire department, emergency preparedness)				

8.	Please provide comments about why you are satisfied with the community services listed 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
ev	Lack of access for people with disabilities (e.g., accessible buildings, wheelchair ramps valks 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
7	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.

Not satisfied	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)
	\rightarrow	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
		· ·

6.	Please provide comments about why you are satisfied with the health services listed above
7.	Please provide comments about why you are not satisfied with the health services listed above.
8.	Are there any health services that you had/have trouble getting? Mark only one oval.
	Yes
	No
9.	What are they?
0.	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:

	se select the 3 health problems you are most concerned about in your community. all that apply.
	Addictions
	Arthritis
	Cancer
	Chronic pain
	Diabetes
	Eating disorders
	Heart disease
	High blood pressure
	HIV/AIDS
	Kidney disease
	Lack of physical activity
	Lung disease
	Mental health
	Overweight/obesity
	Sexually transmitted infections
	Smoking
	Stroke
	Suicide
	Unhealthy eating habits
	Other:
	does your community help deal with these health challenges? (e.g., community groununity belonging)
When	e do you go for routine healthcare?
	all that apply.
	Family physician
	Hospital emergency department/health centre
	Nurse practitioner
	I do not receive routine healthcare
	i do not receive routine neatthcare

	Internet
	Facebook or Twitter
	Other social media
F	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:
	rk only one oval. Yes No I did not know that Western Health had a website I have not been to the Western Health website
	Thave not been to the western health website
Wh	at types of information would you like to see on the Western Health website?
••••	at types of information would you like to see on the Western Health Western

27.	Please provide any other comments that relate to community health needs and resources in your community.
<u>Th</u>	ank you.
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