



# Primary Health Care Assessment:

Deer Lake/White Bay Area

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## **Forward**

Dates written in the form "2017" represent a calendar year from January 1 to December 31.

Dates written in the form "2016/17" represent a fiscal year from April 1 to March 31.

Dates written in the form of "2016 and 2017" represent the two calendar years.

Dates written in the form of "2014 to 2016" represent combined data for the three calendar years.

Many indicators presented in this report use updated population data, indicator calculations, and changes to coded data. Although indicator reporting years vary throughout the report, the most recent available data is reported.

## Introduction:

Primary Health Care (PHC) is typically a person's first point of contact with the health care system. It encompasses a range of community-based services essential to maintaining and improving health and well-being throughout an individual's entire lifespan. Primary Health Care can include interactions with providers, such as counsellors, family doctors, occupational therapists, pharmacists, social workers and others. It includes services that promote health and wellness, prevent illness, treat health issues or injuries, and diagnose and manage chronic health conditions (Government of Newfoundland and Labrador, 2015). In 2015, the Government of Newfoundland and Labrador released a provincial framework, "*Healthy People, Healthy Families, and Healthy Communities: A Primary Health Care Framework for Newfoundland and Labrador 2015-2025*" (Government of Newfoundland and Labrador). The provincial framework was developed after substantial consultation with key stakeholders, including Western Health, and the public.

The framework identifies four goals:

- 1) Engaged individuals, families, and communities sharing responsibility for health promotion, illness and injury prevention, early intervention, and self-management.
- 2) Individuals and families attached to a collaborative primary health care team.
- 3) Timely access to comprehensive, person focused primary health care services and supports.
- 4) Connected and coordinated services and supports across the health and social sectors.

There were also eight principles outlined to guide the development, implementation and evaluation of future PHC initiatives:

- *Access* – the right supports, from the right place, at the right time;
- *Continuity* – developing long-term relationships across an individual's lifespan;
- *Person-Focused* – partnering with individuals, families, and communities to meet a range of health care needs and preferences;
- *Collaborative and Team Based Practice* – PHC providers working together and at their full scope of practice;
- *Engaged Communities* – engaging individuals, families and communities in the planning, implantation and evaluation of initiatives focused on improving overall health and wellness;
- *Coordinated* – increased awareness of supports and services, clear communication between individuals, families, providers, community stakeholders and linkages between health and social sectors;
- *Quality Improvement* – on-going monitoring and evaluation;
- *Comprehensiveness* – a person focused approach that encompasses a full range of services and supports across the spectrum of health and wellness needs.

The Department of Health and Community Services continues to demonstrate their commitment to PHC renewal with plans to release a PHC Action Plan that builds on the *Healthy People, Healthy Families, and Healthy Communities: A Primary Health Care Framework for Newfoundland and Labrador* document. The PHC Action Plan introduces the Health Home Model and other key actions to support health care system transformation to ensure it is responsive to the needs of individuals and communities, coordinated, comprehensive and focused on team based care, while creating a sustainable health care system (Department of Health and Community Services).

There is strong evidence to demonstrate that high-functioning, inter-professional, collaborative PHC models can increase access, reduce wait times, improve health outcomes, and more efficiently utilize resources. To support PHC renewal within Newfoundland and Labrador, the Department of Health and Community Services has committed to implementing the Health Home Model of Team Based Care. Health Homes can be described as hubs for team-based PHC services and activities that support the wellbeing of people and communities across the lifespan. As focus points for health and wellness, Health Homes endeavor to consistently be an individual's first point of contact with the health care system. Health Homes foster a sense of belonging and continuity, by offering comprehensive services, and by aiding individuals in navigating access to extended services (Department of Health and Community Services).

Key attributes of the Health Home Model of Team Based Care include:

1. *Continuity and Attachment*: A documented and ongoing relationship between an individual and their core team of providers.
2. *Inter-Professional Collaboration*: A team of health care providers who work together towards a common objective.
3. *Active Community Engagement*: Community involvement in the design and improvement of Primary Health Care.
4. *Leadership and Internal Governance*: An internal structure that establishes procedures and sets priorities and ensures all team members are working towards a common vision.
5. *Electronic Record-Keeping*: The use of electronic record-keeping and the integration of digital health tools to support effective processes of care.
6. *Analytics and Evaluation*: The use of data to guide decision-making in the planning, delivery and management of health care.
7. *Quality Improvement Capacity*: The capacity of PHC systems to continuously evaluate and adjust services to ensure they meet the needs of individuals, families and communities.

Western Health is committed to supporting PHC renewal and integrating the Health Home Model of Team Based Care throughout the region to improve PHC delivery and achieve the goals identified in the *Primary Health Care Framework*.

The purpose of this document is to provide an assessment of PHC in the Deer Lake/White Bay Area. This includes: information on health service utilization, assessment of health needs and concerns, and an overview of health and emergency assets available within the Deer Lake/White Bay PHC Area. Western Health will use this information to engage residents, PHC providers and other key stakeholders in the planning for enhancement of PHC and implementation of the Health Home Model in the Deer Lake/White Bay area.

The Deer lake/White Bay PHC Area includes the following 19 communities: Humber Village, Little Rapids, Pasadena, Pynns Brook, Humber Valley Resort, St. Judes, Deer Lake, Howley, Cormack, Reidville, Bonne Bay Pond/Jackladder, Hampden (including surrounding communities of Beaches, Georges Cove, Fox Point, and Rooms), Pollards Point, Jackson's Arm, and Sop's Arm.

## **Data Collection and Analysis:**

This section provides an overview of the demographic profile for the area, information pertaining to health status and well-being, and utilization data for health care services supporting residents within the Deer Lake/White Bay (DL/WB) PHC Area.

Throughout this report '--' in data tables indicates that primary data suppression was used where cell counts were less than five or secondary data suppression was used to avoid inadvertent disclosure through subtraction, in accordance with privacy guidelines. When a 'zero' appears in a data table there are no cases to report. When +/- appears it indicates the precision of an approximation where the result is anywhere within the inclusive range.

## **Demographic Profile**

The 2016 census population for the Deer Lake/White Bay (DL/WB) PHC area was 12,040. This represents 15.5% of the population for the entire Western region. There has been a population growth of 530 since 2011. The DL/WB area has a median age of 49; however the median age for the White Bay area is slightly higher at 56 (Community Accounts). Over the same period the Western region experienced a slight population decline (2016 – 77,720 and 2011 - 77,980) and has a median age of 50. Please refer to Tables 1 and 2 on the next page for details (Community Accounts Unit, 2018).

**Table 1- Population by 5 Year Age Groups (2016 Census)**

Age Range (years)	Population (#)	
	PHC Area	Western Health Region
0 to 4	500	2,925
5 to 9	550	3,455
10 to 14	605	3,655
15 to 19	600	3,910
20 to 24	500	3,665
25 to 29	505	3,390
30 to 34	530	3,535
35 to 39	660	3,865
40 to 44	720	4,730
45 to 49	840	5,670
50 to 54	990	6,715
55 to 59	1,060	7,135
60 to 64	1,170	7,220
65 to 69	1,095	6,405
70 to 74	775	4,585
75 to 79	455	3,045
80 to 84	280	2,075
85 to 89	165	585
90 to 94	70	450
95 to 99	15	125
Over 100	...	...
<b>Total Population</b>	<b>12, 040</b>	<b>77,720</b>

**Table 2 – Population Comparison for 2011 and 2016 Census**

	Total Population 2011	Total Population 2016	Population difference	Median Age
<b>DL/WB PHC Area</b>	11,510	12,040	530	49
<b>Western Health Region</b>	77,980	77,720	-260	50

The average birth rate for the DL/WB area from 2015 to 2017 was 102. During the same time period, the average birth rate in the community of Deer Lake was 56, followed by Pasadena with 40. The White Bay Area had an average birth rate of six representing the smallest proportion for the DL/WB area. Refer to Tables 3 on the next page for details (Regional Clinical Nursing Consultant, 2018).

**Table 3 - Birth Rates for the PHC and Western Region (2015 to 2017)**

YEAR	Deer Lake	Pasadena	Hampden	TOTAL DL/WBS Area	Western Health Region
2015	044	039	008	91	535
2016	070	039	004	113	545
2017	054	042	005	101	500

The 2016 Census year indicates an increase in the number of deaths for both the DL/WB area, as well as for the Western region since 2015. It is worth noting that in 2016, the number of deaths was significantly higher in the Western region than the number of births for the same year; this trend is not as apparent within the DL/WB area where the number of births for 2016 was actually greater than the number of deaths for the same year. Refer to Tables 4 for details (Community Accounts).

**Table 4 – Number of Deaths for the PHC Area and the Western Region (2015 and 2016)**

	Number of Deaths		Median Age of Death
	2015	2016	
<b>DL/WBS PHC Area</b>	95	100	77
<b>Western Region</b>	860	880	78

School enrollment for the area is reflective of the population growth in the DL/WB area with higher enrollment in Deer Lake and Pasadena schools then in the schools in the White Bay Area. Refer to Table 5 for details (Community Health Manager, Deer Lake, 2018).

**Table 5 - School Enrollment for 2017-18 by School in the Deer Lake/White Bay Area**

	Schools	K	1	2	3	4	5	6	7	8	9	L 1	L2	L3	Total
Deer Lake	Elwood Regional High											88	87	54	229
	Xavier Junior High							64	69	75	75				283
	Elwood Elementary	60	78	75	70	75	75								433
	<b>TOTAL</b>	<b>60</b>	<b>78</b>	<b>75</b>	<b>70</b>	<b>75</b>	<b>75</b>	<b>64</b>	<b>69</b>	<b>75</b>	<b>75</b>	<b>88</b>	<b>87</b>	<b>54</b>	<b>945</b>
White Bay	Hampden Academy	4	3	5	6	3	8	7	5	7	7	6	8	5	74
	Main River Academy	4	5	1	5	2	4	2	4	3	6	2	3	6	47
	<b>TOTAL</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>11</b>	<b>5</b>	<b>12</b>	<b>9</b>	<b>9</b>	<b>10</b>	<b>13</b>	<b>8</b>	<b>11</b>	<b>11</b>	<b>121</b>
Pasadena	Pasadena Academy								52	48	36	53	33	35	257
	Pasadena Elementary	37	34	31	40	44	36	32							254
	<b>TOTAL</b>	<b>37</b>	<b>34</b>	<b>31</b>	<b>40</b>	<b>44</b>	<b>36</b>	<b>32</b>	<b>52</b>	<b>48</b>	<b>36</b>	<b>53</b>	<b>33</b>	<b>35</b>	<b>511</b>
	<b>GRAND TOTAL</b>	<b>105</b>	<b>120</b>	<b>112</b>	<b>121</b>	<b>124</b>	<b>123</b>	<b>105</b>	<b>130</b>	<b>133</b>	<b>124</b>	<b>149</b>	<b>131</b>	<b>100</b>	<b>1577</b>



## Health Status Summary

The following section provides an overview of the health status of individuals residing in the DL/WB PHC Area. This includes: self-assessed health status and mental health, health practices, self-reported chronic conditions, and hospital morbidity/ separations. Where possible a regional comparison is provided. Please note that Economic Zone 8<sup>1</sup> was found to be the best geography to use as a proxy for the DL/WB area when retrieving data from the Canadian Community Health Survey (CCHS).

A major indicator of well-being is how a person rates their own health and perceives the world around them. The majority of residents within the DL/WB PHC area report having excellent or very good health (58.9%) and excellent or very good mental health (76.4%); this is comparable to the region (57.3% and 72.2%). Refer to Tables 6 and 7 to view specific indicators related to how individuals evaluate their health status and mental health status (Community Accounts). Please note that <sup>E</sup> denotes a high sampling variability associated with the estimate, caution should be used when interpreting results.

**Table 6 - Self-Assessed Health Status of Individuals Age 12 and Over for the PHC Area and Western Health Region (2015-2016 CCHS)**

Self-Assessed Health Status	Economic Zone 8 (%)	Western Region (%)
Excellent	22.1 (+/-) 4.2	18.3 (+/-) 2.9
Very Good	36.8 (+/-) 4.8	39.0 (+/-) 3.7
Good	24.1 (+/-) 4.3	24.4 (+/-) 3.2
Fair	12.7 (+/-) 3.3	13.0 (+/-) 2.5
Poor	4.3 (+/-) 2.0 <sup>E</sup>	5.4% (+/-) 1.7 <sup>E</sup>

**Table 7 - Self-Assessed Mental Health of Individuals Age 12 and Over for the PHC Area and the Western Health Region (2015-2016 CCHS)**

Self-assessed Mental Health <sup>2</sup>	Economic Zone 8 (%)	Western Region (%)
Excellent	46.8 (+/-) 5.1	40.5 (+/-) 3.8
Very Good	29.6 (+/-) 4.7	31.7 (+/-) 3.6
Good	17.8 (+/-) 3.9	21.2 (+/-) 3.1
Fair	---	4.8 (+/-) 1.6 <sup>E</sup>
Poor	---	1.8 (+/-) 1.0 <sup>E</sup>

<sup>1</sup> Economic Zone 8 geographic boundaries encompass the DL/WB and CB/BOI PHC Areas. The following communities are included from the DL/WB area: Hampden, Howley, Jackson's Arm, Pasadena, Pollards Point, Sop's Arm, Deer Lake, Cormack, Reidville, and St. Judes. Communities from CB/BOI Area: Cox's Cove, Lark Harbour, Mount Moriah, York Harbour, Humber Arm South, Corner Brook, Gillams, Hughes Brook, Massey Drive, McIver's, Meadows, Steady Brook, Irishtown-Summerside.

<sup>2</sup> This question was not asked to those who answered via proxy.

Behaviors such as tobacco use, tobacco exposure, alcohol and drug use, physical inactivity, and poor eating habits are lifestyle behaviors that have a direct impact on an individual's health. It is important to consider these risk factors as individuals have the ability to change these behaviors and have a positive impact on their health and the health of their families. According to the 2016 CCHS the majority of the population within the DL/WB area and the Western Region reported that they do not smoke (77.2% and 76% respectively). Among those that did smoke, 61.8% (DL/WB) and 76.4% (Western region) reported initiating smoking before the age of 19. The CCHS also indicates that 80.8% of individuals in the DL/WB PHC area reported consuming alcohol in the last 12 months; this is higher than the region (73%). Of those who reported drinking alcohol in the past 12 months, 34% reported having 5 or more (males) or 4 or more (females) drinks 12 or more times a year (regional percentage 32.6%) with 9% of people reporting doing this more than once a week, compared to 4.1% for the region. In addition to smoking and alcohol consumption, the CCHS also indicated that 70.5% of residents in the DL/WB area were overweight or obese, with 35.5% of individuals reporting that they were in the Obese (BMI 30 or greater) category; this is higher than the regional percentage of 65.3% overall and 26.3% for Obese (30 or greater). Obesity has been linked with many chronic diseases, including hypertension, type 2 diabetes, cardiovascular disease, osteoarthritis and certain types of cancer. Refer to Table 8 for details (Community Accounts).

**Table 8 - Health Practices of Individuals Age 12 and Over for the PHC Area and the Western Health Region (2015-2016 CCHS)**

Health Practice	Economic Zone 8 (%)	Western Region (%)
<b>Smoking</b>		
Current daily smoker	18.4 (+/-) 3.9	19.1 (+/-) 2.6
Current occasional smoker	4.4 (+/-) 2.1 <sup>E</sup>	4.9 (+/-) 1.4
Do not smoke	77.2 (+/-) 4.2	76.0 (+/-) 2.8
Began smoking daily – under 19 years old	61.8 (+/-) 7.0	76.4 (+/-) 6.4
Began smoking daily under 15 years old	18.4 (+/-) 5.6	21.7 (+/-) 6.3
<b>Alcohol Consumption</b>		
Drank alcohol in the last 12 months:		
Yes	80.8 (+/-) 4.0	73.0 (+/-) 2.9
No	19.2 (+/-) 4.0	27.0 (+/-) 2.9
Frequency of having 5 or more (males) or 4 or more (females) drinks on one occasion (in past 12 months)		
Never	33.5 (+/-) 5.6	34.5 (+/-) 3.7
Less than once a month	32.5 (+/-) 5.5	32.9 (+/-) 3.6
12 or more times per year	34.0 (+/-) 5.6	32.6 (+/-) 3.6
Once a month	8.7 (+/-) 3.3 <sup>E</sup>	9.6 (+/-) 2.3
2 to 3 times a month	11.4 (+/-) 3.8 <sup>E</sup>	9.3 (+/-) 2.3
Once a week	5.0 (+/-) 2.6 <sup>E</sup>	9.6 (+/-) 2.3
More than once a week	9.0 (+/-) 3.4 <sup>E</sup>	4.1 (+/-) 1.5

Health Practice	Economic Zone 8 (%)	Western Region (%)
<b>Weight</b>		
Adult body mass index 18 plus (BMI)		
Neither overweight or obese (less than 24.9)	29.8 (+/-) 5.0	34.7 (+/-) 3.4
Overweight (25 to 29.9)	34.7 (+/-) 5.2	39.0 (+/-) 3.5
Obese (30 or greater)	35.5 (+/-) 5.2	26.3 (+/-) 3.1
Youth body mass index 12 to 17 (BMI)		
Neither overweight or obese	58.3 (+/-) 19.0 <sup>E</sup>	70.2 (+/-) 12.0
Overweight	---	---
Obese	---	---
Do you consider yourself overweight?		
Overweight	51.7 (+/-) 5.1	44.6 (+/-) 3.3
Underweight	5.7 (+/-) 2.4 <sup>E</sup>	2.9 (+/-) 1.1 <sup>E</sup>
Just about right	42.6 (+/-) 5.1	52.5 (+/-) 3.4

Immunizations are also an important health practice to prevent unnecessary illness and infection. Immunizations are given to children and adults according to the immunization schedule outlined in the Provincial Immunization Manual for Newfoundland and Labrador. Childhood immunization rates for the DL/WB area are above 95% in all categories, with the exception of HPV – grade 6 (82%). The main reason noted for immunizations not given was parent refusal. Refer to Table 9 for details (Communicable Disease Control Nurse, Western Health, 2018).

**Table 9 - Percent of Eligible Population Immunized According to the Provincial Immunization Schedule for the Deer Lake/White Bay PHC Area for 2017-18**

Immunization	Timeframe	% fully Immunized
<b>Human Papilloma Virus (HPV) Grade 6</b>	2017-18 school year	82
<b>Immunization status at 2 years of age:</b>		
DTaP-IPV-Hib	Birth year: 2015	99.3
Rotavirus	Birth year: 2015	95.5
Pneu-C-13	Birth year: 2015	99.3
MMRV	Birth year: 2015	99.3
MEN-C-C	Birth year: 2015	99.3
<b>Immunization status at Kindergarten:</b>		
DTaP-IPV-Hib	Birth year: 2012	98.7
Pneu-C-13	Birth year: 2012	98.7
MMRV <sup>3</sup> /MMR	Birth year: 2012	98.3
MEN-C-C	Birth year: 2012	98.7
DTap-IPV or Tdap-IPV	Birth year: 2012	97

<sup>3</sup> MMRV replaced MMR Jan. 1, 2012 for 12 month olds only. Please consider a child fully immunized if they have has 2 vaccines containing MMR and at least one vaccine containing V. MMRV was not introduced at 18 months until July 1, 2014.

According to the 2016 CCHS the top self-reported chronic conditions were arthritis, high blood pressure, back problems and diabetes. There was very little different between self-reported chronic conditions by residents in the DL/WB area and the Western region. A slightly higher percentage of individuals in the DL/WB area reported having asthma, back problems, mood disorders (depression, bipolar disorder, mania or dysthymia) and anxiety disorders (phobia, obsessive-compulsive or panic disorder); while there was a slight decrease in self-reporting for COPD and high blood pressure. Refer to Table 10 for more detail (Community Accounts).

**Table 10 - Rate of Self-Reported Chronic Conditions for Individuals Age 12 and Over Living in the PHC Area and the Western Health Region (2016 CCHS)**

<b>Chronic Conditions <sup>4</sup></b>	<b>Economic Zone 8 (%)</b>	<b>Western Region (%)</b>
<b><i>Physical</i></b>		
Asthma	11.6 (+/-) 3.2	9.7 (+/-) 2.2
Arthritis	33.3 (+/-) 4.8	33.5 (+/-) 3.6
Back problems	21.0 (+/-) 4.1	19.9 (+/-) 3.0
Cancer	---	2.2 (+/-) 1.1 <sup>E</sup>
Diabetes	13.1 (+/-) 3.4	13.7 (+/-) 2.6
COPD	5.2 (+/-) 2.6 <sup>E</sup>	6.3 (+/-) 2.1 <sup>E</sup>
Heart disease	8.5 (+/-) 2.8 <sup>E</sup>	8.7 (+/-) 2.1
High blood pressure	27.6 (+/-) 4.5	28.8 (+/-) 3.4
Migraine headaches	9.8 (+/-) 3.0 <sup>E</sup>	9.9 (+/-) 2.2
<b>Chronic Conditions</b>		
Effects of Stroke	---	1.7 (+/-) 1.0 <sup>E</sup>
<b><i>Non-Physical</i></b>		
Mood disorder (depression, bipolar disorder, mania or dysthymia)	8.2 (+/-) 2.7 <sup>E</sup>	6.8 (+/-) 1.9
Anxiety disorder (phobia, obsessive-compulsive or panic disorder)	8.1 (+/-) 2.7 <sup>E</sup>	7.4 (+/-) 2.0
<b><i>Need help with:</i></b>		
Preparing meals	4.1 (+/-) 2.0 <sup>E</sup>	3.9 (+/-) 1.4 <sup>E</sup>
Personal Care	---	2.5 (+/-) 1.2 <sup>E</sup>
Housework	5.8 (+/-) 2.3 <sup>E</sup>	6.8 (+/-) 1.9

The top four chronic conditions with the highest prevalence rate for DL/WB area in 2016/17 are: hypertension, COPD, heart failure and asthma, with diabetes also rating quite high. This is comparable to both the region and the province. Refer to Table 11 on the next page for details (Health Analytics and Evaluation Services Department, 2018).

<sup>4</sup> Respondents could choose more than one answer in this section, so the percentages may not add to 100%

**Table 11 – Prevalence of Select Chronic Conditions in the DL/WB PHC Area, Western Health Region, and the Province for Fiscal Year 2016-17**

Chronic Conditions	Age Inclusion Criteria (Years)	Prevalence (%)		
		Age-Standardized Rate <sup>5</sup>		
		PHC Area	Western Region	Province
Asthma	1+	10.4	9.4	10.6
COPD	35+	11.2	12.3	9.9
Diabetes	0+	9.9	11.1	10.9
Heart Failure	40+	10.9	10.6	4.1
Hypertension	20+	28.6	27.4	31.4
Ischemic Heart Disease	20+	5.9	6.1	7.7
Acute Myocardial Infarction	20+	1.7	2.4	2.7
Stroke	20+	1.6	2.0	2.1
Mood and Anxiety Disorders	0+	8.9	7.7	9.9

## Health Related Assets

The purpose of this section is to provide a high-level summary of the health related assets located within the boundaries of the DL/WB PHC area. Where possible, information was included to describe hours of operation and the type of services provided. Much of the information was taken from Western Health’s *Community Health Needs and Resources Assessment: Assets Summary for the Deer lake/White Bay PHC Area* (2018) (Community Health Manager Deer Lake, Western Health, 2018).

### Deer Lake

#### *Deer Lake Medical Clinic*

The Deer Lake Medical Clinic operates Monday to Friday (8:30 am to 4:30 pm) and provides the following services:

- Family physician services;
- Nurse Practitioner services;
- Out-Patient Blood Collection services;
- X-Ray services.

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<sup>5</sup> Age-standardized rates are often used to make comparisons between two different time periods or two different geographical areas, as it is more representative when taking into account differences in the age structure of the two populations. This is particularly true if the characteristics being observed varies by age, such as chronic conditions.

### *Western Health Farm Road Office*

Western Health Farm Road Office operates primarily Monday to Friday 8:30 am to 4:30 pm with some access to afterhours services based on client need. Programs and services include:

- Mental Health and Addiction services (including counseling in person, via telehealth, or over the phone; case management services, and mental health promotion and addiction prevention initiatives). Outreach services are provided to the area by the Early Psychosis Program and the Assertive Community Treatment Team (ACTT) which are based in Corner Brook); DoorWays, introduced in Deer Lake on April 25<sup>th</sup>, 2018, is a single session walk in mental health and addictions counselling service available to youth and adults without an appointment or referral. This service is offered one afternoon a week with option of evening appointments.
- Community Health services (including preconception and prenatal services, post-natal follow-up, breastfeeding support, child health clinics, immunizations, school health, diabetes services, direct home services, applied behavior analysis (ABA), speech-language pathology, and health education and health promotion);
- Community Supports services (including home nursing care services (non-ambulatory) such as wound care, intramuscular/subcutaneous injections, venipuncture and Catheter insertion and care; enhanced home nursing services which includes the home infusion program, home chemotherapy program, end of life program, and negative pressure wound therapy; and long term care/supportive services such as the home support program, special assistance program, long term care placement services, personal care home services, health care status monitoring/supportive, ostomy care/support, cardiac follow up and financial benefits).
- Outpatient Dietitian Services one day a week
- Telehealth equipment is available on site

### *Pediatric Clinic*

The Pediatric clinic operates Monday to Thursday from 8:30 am to 1:00 pm. The following services are provided:

- Pediatrician Services

### *Ambulance Services*

Community operated ambulance services are located in Deer Lake.

### *Additional PHC services*

Additional services in the area include: pharmacies, physiotherapy clinics, dental clinics, a chiropractic clinic, and optometry services (refer to Table 12 for details).

### *Provincial Programs and Services*

There are a variety of provincial programs and services that are accessible to all residents of Newfoundland and Labrador by way of toll free numbers, apps and the internet. These include

the Provincial Health Line, the Dial a Dietitian Service, Planned Parenthood Sexual Health Centre, Bridge the Gapp, Mental Health Crisis Line, Gambling Help Line, and Strongest Families.

## **Pasadena**

### *Pasadena Community Health Office*

Pasadena Community Health Office operates primarily Monday to Friday 8:30 am to 4:30 pm however there is some access to after hours services based on client need. The following programs and services are provided at this site:

- Mental Health and Addiction services - Outreach services are provided to the area by the Early Psychosis Program, Youth Case Management, and the Assertive Community Treatment Team (ACTT) which are based in Corner Brook;
- Community Health (including preconception and prenatal services, post-natal follow-up, breastfeeding support, child health clinics, immunizations, school health, and health education and health promotion; the following services are based out of Deer Lake but provide outreach to the community as home based services: direct home services, applied behavior analysis (ABA); while diabetes services, and speech language pathology services require clients to travel to the Western Health Farm Road Office);
- Community Supports services (including home nursing care services (non-ambulatory) such as wound care, intramuscular/subcutaneous injections, venipuncture and Catheter insertion and care; enhanced home nursing services which includes the home infusion program, home chemotherapy program, end of life program, and negative pressure wound therapy; and long term care/supportive services such as the home support program, special assistance program, long term care placement services, personal care home services, health care status monitoring/supportive, ostomy care/support, cardiac follow up and financial benefits).

### *Pasadena Medical Clinic*

Pasadena Medical Clinic operates Monday to Thursday 8:30 am to 4:30 pm, and Friday 8:30 am to 12 noon. An evening clinic is held on Thursday from 6:00 to 8:00 pm. The following services are provided:

- Family Physician Services

### *Additional PHC services*

Additional services in the area include a pharmacy and a dental clinic.

### *Provincial Programs and Services*

There are a variety of provincial programs and services that are accessible to all residents of Newfoundland and Labrador by way of toll free numbers, apps and the internet. These include the Provincial Health Line, the Dial a Dietitian Service, Planned Parenthood Sexual Health

Centre, Bridge the Gapp, Mental Health Crisis Line, Gambling Help Line, and Strongest Families.

## **White Bay Area**

### *Hampden Medical Clinic*

The Hampden Medical Clinic is open Monday to Friday from 8:30 am to 4:30 pm. Programs and services include:

- Family Physician Services;
- Blood Collection;
- Pharmacy;
- Community Health (including preconception and prenatal services, post-natal follow-up, breastfeeding support, child health clinics, immunizations, health education and health promotion and school health; the following services are based out of Deer Lake but provide outreach to the community as home based services: direct home services, applied behavior analysis (ABA); while diabetes services, and speech language pathology services require clients to travel to the Western Health Farm Road Office);
- Community Supports services (including home nursing care services (non-ambulatory) such as wound care, intramuscular/subcutaneous injections, venipuncture and Catheter insertion and care; enhanced home nursing services which includes the home infusion program, home chemotherapy program, end of life program, and negative pressure wound therapy; and long term care/supportive services such as the home support program, special assistance program, long term care placement services, personal care home services, health care status monitoring/supportive, ostomy care/support, cardiac follow up and financial benefits).
- Mental Health and Addiction services – the following services are provided to the area but are based out of Deer Lake: counseling in person, via telehealth, or over the phone; DoorWays single session counseling, case management services, and mental health promotion and addiction prevention initiatives.

### *Pollards Point Medical Clinic*

The Pollards Point Medical Clinic operates Monday, Wednesday and Friday from 8:30 am to 4:30 pm. Programs and services include:

- Family Physician Services;
- Blood Collection;
- Pharmacy;
- Community Health (including preconception and prenatal services, post-natal follow-up, breastfeeding support, child health clinics, immunizations, health education and health promotion and school health; the following services are based out of Deer Lake but provide outreach to the community as home based services: direct home services, applied behavior analysis (ABA); while diabetes services, and speech language pathology services require clients to travel to the Western Health Farm Road Office);



- Community Supports services (including home nursing care services (non-ambulatory) such as wound care, intramuscular/subcutaneous injections, venipuncture and Catheter insertion and care; enhanced home nursing services which includes the home infusion program, home chemotherapy program, end of life program, and negative pressure wound therapy; and long term care/supportive services such as the home support program, special assistance program, long term care placement services, personal care home services, health care status monitoring/supportive, ostomy care/support, cardiac follow up and financial benefits).
- Mental Health and Addiction services – the following services are provided to the area but are based out of Deer Lake: counseling in person, via telehealth, or over the phone; DoorWays single session counseling, case management services, and mental health promotion and addiction prevention initiatives
- Telehealth equipment is available on site.

#### *Jacksons Arm Medical Clinic*

The Jacksons Arm Medical Clinic operates Tuesday and Thursday from 8:30 am to 4:30 pm.

Health Services provided at the clinic include:

- Family Physician Services;
- Pharmacy;
- Community Health (including preconception and prenatal services, post-natal follow-up, breastfeeding support, child health clinics, immunizations, health education and health promotion; the following services are based out of Deer Lake but provide outreach to the community as home based services: direct home services, applied behavior analysis (ABA); while diabetes services, and speech language pathology services require clients to travel to the Western Health Farm Road Office);
- Community Supports services (including home nursing care services (non-ambulatory) such as wound care, intramuscular/subcutaneous injections, venipuncture and Catheter insertion and care; enhanced home nursing services which includes the home infusion program, home chemotherapy program, end of life program, and negative pressure wound therapy; and long term care/supportive services such as the home support program, special assistance program, long term care placement services, personal care home services, health care status monitoring/supportive, ostomy care/support, cardiac follow up and financial benefits).
- Mental Health and Addiction services – the following services are provided to the area but are based out of Deer Lake: counseling in person, via telehealth, or over the phone; DoorWays single session counseling, case management services, and mental health promotion and addiction prevention initiatives

#### *Ambulance Services*

Community operated ambulance services are located in Jacksons Arm and Hampden.

*Additional PHC services*

Additional services in the area include pharmacy delivery to the area (refer to Table 12 for details).

*Provincial Programs and Services*

There are a variety of provincial programs and services that are accessible to all residents of Newfoundland and Labrador by way of toll free numbers, apps and the internet. These include the Provincial Health Line, Dial a Dietitian, Planned Parenthood Sexual Health Centre, Bridge the Gapp, Mental Health Crisis Line, Gambling Help Line, and Strongest Families.

**Table 12: Health Related Assets by Location**

<b>Health Asset</b>	<b>Deer Lake</b>	<b>Pasadena</b>	<b>White Bay Area</b>
Medical Clinics	Deer Lake (1) <ul style="list-style-type: none"> <li>• Out-Patient Blood Collection Services</li> <li>• Primary Care Providers</li> <li>• X-Ray Services</li> </ul>	Pasadena (1) <ul style="list-style-type: none"> <li>• Primary Care Providers</li> </ul>	Hampden (1) <ul style="list-style-type: none"> <li>• Primary Care Provider</li> <li>• Pharmacy</li> <li>• Blood Collection</li> </ul> Pollards Point (1) <ul style="list-style-type: none"> <li>• Primary Care Provider</li> <li>• Pharmacy</li> <li>• Blood Collection</li> </ul> Jacksons Arm (1) <ul style="list-style-type: none"> <li>• Primary Care Provider</li> <li>• Pharmacy</li> </ul>
Population Health Offices	Deer Lake (1) <ul style="list-style-type: none"> <li>• Mental Health and Addictions</li> <li>• Community Health</li> <li>• Community Support</li> </ul>	Pasadena (1) <ul style="list-style-type: none"> <li>• Mental Health and Addictions</li> <li>• Community Health</li> <li>• Community Support</li> </ul>	Hampden (1) <ul style="list-style-type: none"> <li>• Mental Health and Addictions</li> <li>• Community Health</li> <li>• Community Support</li> </ul> Pollards Point (1) <ul style="list-style-type: none"> <li>• Mental Health and Addictions</li> <li>• Community Health</li> <li>• Community Support</li> </ul>

Health Asset	Deer Lake	Pasadena	White Bay Area
			Jackson's Arm (1) <ul style="list-style-type: none"> <li>• Mental Health and Addictions</li> <li>• Community Health</li> <li>• Community Support</li> </ul>
Telehealth Equipment <sup>6</sup>	Deer Lake (1)		Pollards Point (1)
Ambulance Services	Deer Lake (1)		Hampden (1) Jackson's Arm (1)
Pharmacy	Deer Lake (2)	Pasadena (1)	Note: pharmacy delivery to White Bay Area
Physiotherapy Clinics	Deer Lake (2)		
Chiropractor	Deer Lake (1)		
Optical	Deer Lake (2)		
Pediatric Clinic	Deer Lake (1)		
Dental Clinics	Deer Lake (2)	Pasadena (1)	
Personal Care Homes	Deer Lake (1)		Pollards Point (1)
Provincial Health Programs and Services such as: <ul style="list-style-type: none"> <li>• NL Health Line</li> <li>• Dial a Dietitian</li> <li>• NL Planned Parenthood Sexual Health Center</li> <li>• Bridge the Gapp</li> <li>• Mental Health Crisis Line</li> <li>• Strongest Families Program</li> <li>• Smokers Help Line</li> <li>• Gambling Help line</li> </ul>	Provincial Services available in all areas		

<sup>6</sup> A variety of services are available through telehealth such as oncology, psychiatry, diabetes services, mental health and addictions, occupational therapy, ABA services, etc.

## Health Service Utilization Data

This section highlights health service utilization data specifically focusing on Ambulatory Care Sensitive Conditions, Emergency Department data from Western Memorial Regional Hospital (WMRH), and PHC services located in the DL/WB PHC area. Efforts were made to gather data on all PHC services; however data specific to the PHC area for the following Western Health programs or services was not available: developmental health (direct home services program, speech language pathology, audiology, and developmental psychology); dietitian, physiotherapy, occupational therapy.

### Ambulatory Care Sensitive Conditions (ACSC)

Hospitalizations related to ACSCs are often referred to as avoidable hospitalizations and are considered an indirect measure of access to PHC, care in the community, and the ability of the health care system to manage chronic conditions (CIHI). If untreated, ACSC can result in high use of health care services (CIHI, 2012). When assessing patterns of hospital usage and patient flow it is important to consider hospital morbidity/separations, number of hospitalizations, and average length of stay.

The highest percentage of hospital morbidity/separations during the period of 2014 and 2015 for the DL/WB area was due to diseases of the circulatory system (12%) with heart disease rating the highest at 10%. At the regional level, diseases of the circulatory system also accounted for the highest percentage at 13%. Refer to Table 13 for details (Community Accounts Unit, 2018).

**Table 13 - Highest Percentage of Hospital Morbidity/Separations for the PHC Area and the Western Health Region 2014-2015 (calendar years)**

Selected Diagnosis	PHC Area		Western Region	
	Count	Percentage (%)	Count	Percentage (%)
Hospital Morbidity/Separations <sup>7</sup>	2,794	100	19,455	100
Circulatory	346	12	2,530	13
Heart disease	295	10	2,020	10
Digestive	225	8	1,715	9
Intestine and peritoneum	90	3	680	4
Gallbladder	55	2	480	3
Esophagus, stomach, and duodenum	20	1	140	1
Ulcer	5	0	40	0
Respiratory	225	8	1,735	9

<sup>7</sup> Hospital morbidity is the number of separations from hospitals including discharges, transfers and deaths. Separations are based on the most responsible diagnosis which causes a patient to stay in hospital. Numbers do not reflect individual cases, as one person with multiple stays for the same condition will be counted multiple times. Figures exclude medical day care and surgical day care cases.

Pneumonia	40	1	335	2
Chronic obstructions, pulmonary diseases, etc.	90	3	865	4
Asthma	5	0	45	0
Upper respiratory tract	30	1	150	1
Chronic diseases of tonsils and adenoids	5	0	45	0
Acute upper respiratory infections	10	0	45	0
Genitourinary	210	8	1,220	6
Female genital organs	55	2	295	2
Urinary system	75	3	135	1
Male genital organs	20	1	470	2
Injury and poisoning	170	6	1,225	6
Fractures	75	3	595	3
Neoplasms	210	7	1,230	6
Malignant neoplasms	175	6	1,025	5
Other <sup>8</sup>	1,415	51	9,800	50

The highest number of hospitalizations for ACSC in patients less than 75 years for the DL/WB area was from COPD for both 2015-16 and 2016-17 (43 and 54 respectively), with an increase of 11 hospitalizations in 2016-17. In 2016-17, the highest cause for hospitalizations for the DL/WB Area was COPD, representing 15.4% of total admissions for WMRH and the second highest cause was grand mal status and other epileptic convulsions, representing 31.4% of total admissions to WMRH. Refer to Table 14 for details (Health Analytics and Evaluation Services Department, 2018).

**Table 14 - Number of Hospitalizations for ACSC in Patients Aged Less Than 75 Years in the PHC Area, the Western Health Region and the Province, 2015/16 and 2016/17**

ACSC Group	PHC Area		Western Health		Province	
	15/16	16/17	15/16	16/17	15/16	16/17
Angina	--	--	91	61	302	271
Asthma	--	--	20	20	160	179
COPD	43	54	317	351	1,672	1,933
Diabetes	9	0	75	77	438	392
Grand mal status & other epileptic convulsions	9	11	39	35	180	170
Heart failure and pulmonary edema	0	0	80	65	483	431
Hypertension	0	0	18	7	103	65
<b>All groups</b>	<b>86</b>	<b>88</b>	<b>640</b>	<b>616</b>	<b>3,338</b>	<b>3,441</b>

<sup>8</sup> The other category includes a compilation of the following categories: Symptoms, signs and ill-defined conditions, diseases of the musculoskeletal system and connective tissue; mental disorders, diseases of the nervous system and sense organs, endocrine, nutritional, infectious and parasitic diseases, diseases of skin and subcutaneous tissue, diseases of the blood and blood-forming organs, congenital anomalies, certain conditions originating in the perinatal period, complications of pregnancy, childbirth and the puerperium, and supplementary classifications.

When ACSC rates for 2016-17 were calculated per 100,000 population, the Western region and the DL/WB area rates were higher than the Province for COPD and Grand Mal status and other epileptic convulsions; with the rate for Grand Mal status and other epileptic convulsions for the DL/WB area (98.3) being almost three times higher than that of the Provincial rate (34.5). Refer to Table 15 for details (Health Analytics and Evaluation Services Department, 2018).

**Table 15 - ACSC Hospitalization Rates per 100,000 Population Aged Less Than 75 years in the PHC Area, the Western Health Region and the Province, 2015/16 and 2016/17**

ACSC Group	PHC Area		Western Health		Province	
	15/16	16/17	15/16	16/17	15/16	16/17
Angina	--	--	124.5	84.2	61.4	55.1
Asthma	--	--	27.4	27.6	32.5	36.4
COPD	383.2	482.7	433.7	484.4	340.1	392.7
Diabetes	80.2	0	102.6	106.3	89.1	79.6
Grand mal status & other epileptic convulsions	80.2	98.3	53.4	48.3	36.6	34.5
Heart failure and pulmonary edema	0	0	109.4	89.7	98.2	87.6
Hypertension	0	0	24.6	9.7	20.9	13.2
<b>All groups</b>	<b>766.5</b>	<b>786.6</b>	<b>875.6</b>	<b>850.2</b>	<b>678.9</b>	<b>699.1</b>

The average length of stay (in days) for patients admitted with COPD in 2015-16 was higher in the DL/WB area (8.5) than both the region and the province (7.6 and 7.0); however in 2016-17 the average length of stay (in days) for COPD was comparable across the board with the region remaining slightly higher than the province (province: 6.8, region: 7.3, DL/WB: 7.0). The average length of stay (in days) for patients with Grand mal status and other epileptic convulsions from the DL/WB area for 2016-17 remains lower than both the region and the Province (DL/WB: 2.6; region: 5.0; province: 4.4). Refer to Tables 16 and 17 for details (Health Analytics and Evaluation Services Department, 2018).

**Table 16 - Average Acute Length of Stay (in Days) for ACSC Conditions in Patients Aged Less Than 75 years in the PHC Area, Western Region, and Province, 2015/16 and 2016/17**

ACSC Group	PHC Area		Western Health		Province	
	15/16	16/17	15/16	16/17	15/16	16/17
Angina	--	--	7.2	4.9	7.1	6.4
Asthma	--	--	4.6	4.9	3.8	4.1
COPD	8.5	7.0	7.6	7.3	7.0	6.8
Diabetes	6.9	0	6.4	5.6	5.0	4.8
Grand mal status & other epileptic convulsions	2.3	2.6	4.2	5.0	4.4	4.4
Heart failure and pulmonary edema	0	0	9.2	8.3	9.4	9.2
Hypertension	0	0	4.4	4.7	3.9	3.3
<b>All groups</b>	<b>6.8</b>	<b>5.8</b>	<b>7.2</b>	<b>6.7</b>	<b>6.7</b>	<b>6.5</b>

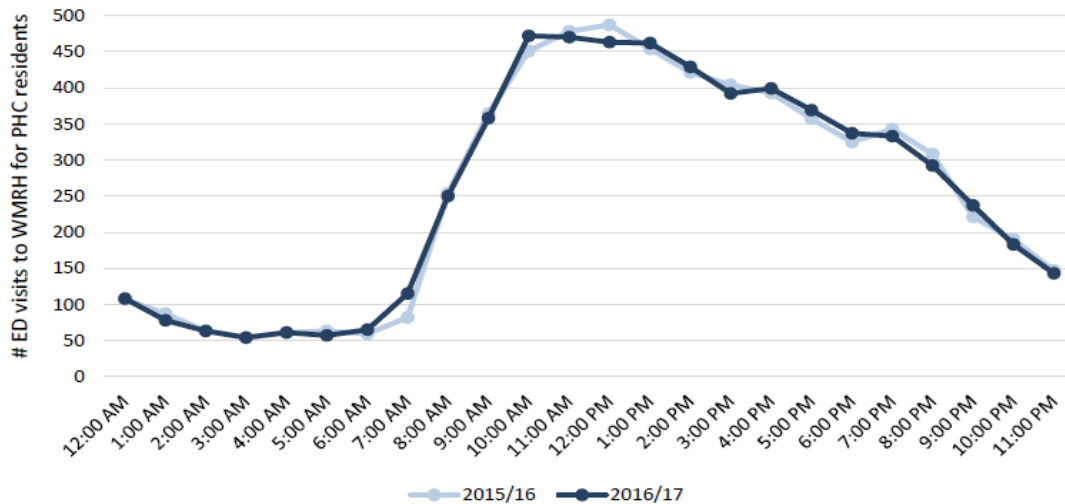
**Table 17 - Patient Days per 10,000 Population Aged Less Than 75 years in the PHC Area, the Western Health Region, and the Province, 2015/16-2016/17**

ACSC Group	PHC Area		Western Health		Province	
	15/16	16/17	15/16	16/17	15/16	16/17
Angina	--	--	92.6	42.4	44.8	35.2
Asthma	--	--	12.4	13.4	12.4	14.9
COPD	371.7	392.4	370.3	391.1	252.5	291.8
Diabetes	55.3	0	66.4	127.3	46.6	52.4
Grand mal status & other epileptic convulsions	18.7	25.9	22.7	42.5	16.5	19.6
Heart failure and pulmonary edema	0	0	102.9	95.0	100.2	97.2
Hypertension	0	0	10.8	4.6	8.5	4.3
<b>All groups</b>	<b>566.0</b>	<b>508.6</b>	<b>678.2</b>	<b>716.2</b>	<b>481.5</b>	<b>515.3</b>

### Emergency Department Utilization

There were 38,439 visits to the Emergency Department (ED) at WMRH during 2016-17, an increase from the previous year (2015/16: 37,588). Sixteen percent (6,190) of those visits were from residents residing within the DL/WB area. The average number of visits per day by PHC area residents was 17 for 2016-17. The highest number of visits to the ED of WMRH for residents of DL/WB occurred between 12-1 p.m. in 2015/16 and between 10-11 a.m. in 2016/17. Additional detail is available in Figure 1 and Table 18 (Health Analytics and Evaluation Services Department, 2018).

**Figure 1 – Total Number of Emergency Department Visits, by Time of Day, for PHC Area Residents to WMRH, Corner Brook, 2015-16 and 2016-17**



**Table 18- Total Number of Emergency Department Visits to Western Memorial Regional Hospital (WMRH), and Total and Average Visits for PHC Area Residents to WMRH, Corner Brook, 2015/16 and 2016/17**

Year	Total # Visits	Visits for PHC Residents	Average # Visits for PHC Residents per day
2015/16	37,588	6,173	16.9
2016/17	38,439	6,190	17.0

Efficient ED management requires a team of health care providers capable of correctly identifying patient’s needs, setting priorities and implementing appropriate treatment and/or investigation. The Canadian ED triage & acuity scale (CTAS) has 5 levels; as the levels increase the acuity/severity becomes less severe or life threatening. Level 1 refers to conditions that are threats to life or limb (or immediate risk of deterioration) requiring immediate aggressive intervention; while level 5 refers to non-urgent issues which may be part of a chronic problem with or without evidence of deterioration (Canadian Association of Emergency Physicians). In 2016-17, 58.9% of the visits to the ED for residents of the DL/WB PHC area were CTAS level 4 and 5; this is comparative to the previous year (60.8%). Refer to Table 19 for details (Health Analytics and Evaluation Services Department, 2018).

**Table 19 - Total Number of Emergency Department Visits, and Percentage of Visits by CTAS Level 4 and 5 for PHC Area Residents to WMRH, 2015/16 and 2016/17**

Triage Level (CTAS)	Fiscal Year			
	2015/16		2016/17	
	# PHC resident visits	% less or non-urgent	# PHC resident visits	% less or non-urgent
1 (Resuscitation)	15		35	
2 (Emergent)	420		461	
3 (Urgent)	1,888		1,998	
4 (less urgent/ semi-urgent)	2,487	60.8%	2,686	58.9%
5 (Non Urgent)	1,119		885	



## Community Health

The Community Health program offers a variety of services which focus on communicable disease control, maternal child and family health, developmental health, adult speech and hearing, health promotion, and chronic disease prevention and management. It also supports services at rural medical clinics in the DL/WB area. Community Health programs and services are provided by a variety of staff such as Child Management Specialists (CMS), Speech Language Pathologist (SLP), Community Health Nurses (CHNs), Diabetes Nurse Educator, Dietitian, and Wellness Facilitators.

### *Maternal, Child, and Family Services (Public Health/School Health)*

Maternal, child and family services include services that enable individuals and families to achieve optimal preconception and prenatal health and to prepare for parenthood so that infants and children may attain and sustain the best health and development possible. Examples of services include: breastfeeding support, child health clinics, healthy beginnings (short term and long term), post-natal follow up, prenatal education and support, and school health. There are five Community Health Nurses (CHNs) working in the DL/WB area that support maternal, child and family health services. The unique client count for maternal, child and family health services for the Deer Lake area for 2017-18 was 904; numbers for the Pasadena area for the same time period were 574, and for White Bay area there were 113. Refer to Table 20 for details (Clinical Information Manager, Western Health, 2018). NOTE: numbers for the mass influenza campaign for both fiscal years are not included in the information presented in Table 20 and 21.

**Table 20 – Number of Unique Clients for Community Health Nurses (Public Health Focus) Working in the PHC Area for 2016-17 and 2017-18**

Location	# Staff/FTEs	# Unique Clients	
		2016-17	2017-18
Deer Lake	3 CHN/3.0 FTE	906	904
Pasadena	1 CHN/1.0 FTE	610	574
White Bay	1 CHN Blended/ 1.0 FTE	126	113

The service categories utilized most often in maternal, child and family health are school aged health services, healthy beginnings short term, and adult services. Refer to Table 21 on the next page for details (*Clinical Information Manager, Western Health, 2018*).

**Table 21 – Client Service Category Information for Public Health for the DL/WB PHC Area, 2016-17 and 2017-18**

Client Service Category	Activity Count					
	Deer Lake		Pasadena		White Bay	
	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
School-Aged Health Services <sup>9</sup>	369	344	257	254	58	52
Healthy Beginnings - Short Term	275	283	262	250	22	23
Healthy Beginnings - Long Term	79	68	26	23	8	5
Prenatal	47	29	28	18	--	0
Postnatal	35	37	39	32	--	--
Adult Services <sup>10</sup>	203	230	140	107	45	40
Facility/Organization <sup>11</sup>	28	35	--	--	--	--
<b>Area Total</b>	<b>1036</b>	<b>1026</b>	<b>756</b>	<b>688</b>	<b>142</b>	<b>124</b>

### *Improving Health My Way Self-Management Program*

An important component of chronic disease management is self-management. Western Health supports the Provincial program Improving Health My Way: Self-Management Program (*IHMW*) throughout the region. Programs are offered throughout the DL/WB area based on demand and availability of volunteer lay leaders. There were 29 referrals to the IHMW program in the DL/WB area in 2017-18; this is a decline from the previous year (46) (Chronic Disease Self-Management Coordinator, Western Health, 2018).

### *Diabetes Services*

There are a team of providers that support diabetes services in the DL/WB area, this team includes a Diabetes Nurse Educator, Registered Dietitian, Nurse Practitioner, and Community Health Nurse. There were 106 referrals to diabetes services in the DL/WB PHC area in 2017-18; this is down from the previous year (117). While the majority of clients referred are seen within expected timeframes according to their priority score, the percentages are down for both Priority

<sup>9</sup> School aged health services include school immunizations, hearing and vision screenings, disease control, ISSP, Crisis support, STI counselling, school health promotion, and school coordination

<sup>10</sup> Adult services include STBBI follow-up, adult immunizations, Well Women’s Clinics, Parent/Caregiver Support, TST

<sup>11</sup> Facility/Organization includes wellness education, health promotion teaching, injury prevention education, health policy consultation, crisis support, mass flu clinics

1 and 3 clients from the previous year. Refer to Table 22 for details (Clinical Information Manager, Western Health, 2018).

**Table 22 – Number of Referrals and Average Wait Times for Diabetes Service in the DL/WB PHC Area**

Priority Level <sup>12</sup>	# Referrals Received		Ave. wait time from referral received to 1 <sup>st</sup> apt (days)		% Seen within expected timeframe	
	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
Priority 1	--	6	1.7	3.5	83.3	66.7
Priority 2	45	66	9.8	8.6	75.8	77.1
Priority 3	68	34	14	21.5	80.3	65.8
<b>Totals</b>	<b>117</b>	<b>106</b>				

## Community Supports

The Community Support Program provides a variety of services to adults and children with an intellectual disability and/or physical disability, and seniors. Community Support services are provided by a variety of staff such as Behaviour Management Specialists (BMS), Community Health Nurses, Occupational Therapists, Physiotherapist, Dietitians, Social Workers, Licensed Practical Nurses (LPNs), and Nurse Practitioners. Refer to Table 23 for details (Community Support Manager Deer Lake, Western Health, 2018).

**Table 23 – Staffing Levels for the Community Supports Program in the DL/WB PHC Area**

Profession	# Staff	FTE	Location/geography
BMS II	1	1.0	All DL, BB and PS PHC Area
Community Health Nurse (Continuing Care Focus)	4 CC focus 1 Blended	4.0 FTE 1.0 Blended	Pasadena, Deer lake, Hampden
Occupational Therapist	1	1.0	DL PHC Area
Social Workers	2	2.0	DL PHC Area
Licensed Practical Nurse	2	1.5	Deer Lake

<sup>12</sup> Priority Level 1 – most complex clients (under 18 years of age, existing DM during pregnancy, gestational DM, insulin pump therapy, unstable complicated T1DM; Level 2 – uncomplicated T1DM, complicated T2DM; Level 3 – pre-DM, uncomplicated T2 DM (not on insulin, pediatric, or pregnant)

The Community Support Program offers an array of services to meet the needs of individuals and their families in the DL/WB area.

#### *Home First*

The Community Support Program has placed a renewed emphasis on supporting clients to remain at home by utilizing a Home First approach across the health care system to ensure access to timely supports and services for individuals with complex needs and palliative/end-of-life care. This means improved access to health professionals and when necessary additional resources/services will be wrapped around clients in the community to avoid or reduce hospital admission or length of stay and improve health outcomes. As of September 2018, over 50 clients have been referred from the DL/WB Area.

#### *Ambulatory Care Clinic*

There is an ambulatory care clinic located at the Western Health Farm Road Office in Deer Lake. This clinic services clients from Pasadena to Sops Arm and is staffed by one Registered Nurse (RN) and one Licensed Practical Nurse (LPN). The clinic is open Monday to Friday 8:30 am to 4:30 pm and has on average 12-18 clinic visits a day. There was an increase in the number of referrals from 480 to 1021 in 2017-18, an increase of 113% since the service started seven years ago (Regional Director Community Support, Western Health, 2018). Services provided at the clinic include wound care, blood work, medications, and suture removal which reduces the number of visits and inpatient utilization of the WMRH Medical Daycare service.

#### *Community Health Nurses – Continuing Care (CC) Focus*

CHNs (CC Focus) provide a variety of services which include: personal care home monitoring, personal care home clients, cardiac, non-ambulatory clients, clinic clients, and long term care supportive clients (long term care supportive means – home support, placement, and special assistance). There are on average 120 referrals a month processed through a central intake process for the area. There are five CHNs servicing the DL/WB Area. On average, each CHN has a case load of approximately 65 clients.

#### *Social Work*

Community Support Social Workers in the DL/WB area have an average of 66 clients each. At present, the Bonne Bay social worker also has 14 clients on their workload from the DL/WB Area.

#### *Occupational Therapy*

The Occupational Therapy position is a new position that started mid-August 2018 and is currently building a caseload of clients in the DL/WB area who would have normally received services from Corner Brook.

### *Behaviour Management Specialist (BMS)*

The BMS consultant position provides clinical leadership to other BMSs within the organization and also carries a case load. This position supports clients from Deer Lake north to Bartlett's Harbour. There are currently 15 clients on the case load.

On March 26<sup>th</sup>, 2018 Western Health initiated the DIVERT-CARE (Collaboration Action Research & Evaluation) Trial: A Multi-provincial Pragmatic Trial of Cardio-Respiratory Management in Home Care Project with McMaster University and Department of Health and Community Services. Western Health is one of four sites selected across Canada to implement this approach to care targeted at supporting clients with Congestive Heart Failure, Coronary Artery Disease and Chronic Pulmonary Obstructive Disease who are in receipt of home care to manage their illness using a best practice approach and reduce the need for visits to emergency departments. Within the DL/WB area there are 11 clients involved in the DIVERT-CARE project (four clients in the intervention group and seven clients in the control group) (Regional Director Community Support, Western Health, 2018).

### **Mental Health and Addictions**

Mental Health and Addiction services in the DL/WB area are provided by a Mental Health Counselor (1.0 FTE) and an Addiction Counselor (1.0 FTE) based out of the Western Health Deer Lake Clinic on Farm Road. Both positions service the entire DL/WB area; services are provided in-person, through telehealth, or over the phone, with an increased focus on the development of e-mental health within the full continuum of services. There were 70 new referrals for addictions and 301 new referrals for mental health services in 2017-18, compared to 85 (addictions) and 249 (mental health) the previous year. Despite an increase in the number of referrals for mental health services, the medium wait time (MWT) to first appointment decreased from 67 days in 2016-17 to 40 days in 2017-18, while the MWT to first appointment remained the same for addiction services (36: 2017-18 and 37: 2016-17). Since April 2018, with the introduction of DoorWays, there have significant improvements in access to community based counselling with a decreased median wait time from referral to first appointment ( Median wait time of 18 days for Addiction services and zero days for Mental Health). Also, as of September, 2018, there were only 20 people waiting for services (five waiting for Addictions services and 15 waiting for Mental Health services).The top referral source for both Addictions and Mental Health services continues to be self-referrals, followed by Physician/Nurse Practitioner; and the top three presenting issues remain the same for the past two fiscal years for both addictions (alcohol use, prescription drug use opiates, and street drugs cannabis) and mental health (anxiety, depression, and stress). Refer to Table 24 on the next page for details (Mental Health and Addictions Manager Corner Brook and North, Western Health, 2018).

**Table 24 - Mental Health and Addictions Utilization Data for the DL/WB PHC Area by fiscal year**

	Addictions		Mental Health	
	2016-17	2017-18	2016-17	2017-18
New Referrals	85	70	249	301
Intakes	65	36	116	147
Uptakes	28	29	94	103
Waitlisted as of fiscal year end	21	0	28	17
Medium Wait Time (days) to intake	7.5	5	7	8
Medium Wait Time (days) from date of referral to first apt <sup>13</sup>	37	36	67	40
Top 3 referral agents	Self (49) MD/NP (14) CYS (12)	Self (33) MD/NP (13) Acute Care (5)	Self (88) MD/NP (76) CYS (12)	Self (119) MD/NP (76) CSSD (32)
Top 3 presenting issues	Alcohol Use (17) Rx drug use Opiates (18) Street Drugs Cannabis (9)	Alcohol Use (14) Rx drug use Opiates (12) Street Drugs Cannabis (13)	Anxiety (71) Depression (62) Stress (16)	Anxiety (61) Depression (54) Stress (26)

Case Management services for adults are also provided to the DL/WB area. These services are designed to ensure that individuals living with complex mental illnesses receive an appropriate and integrated level of care, treatment, and support. The Case Management program for the DL/WB area is supported by the Community Mental Health Nurse (1.0 FTE) based out of Bonne Bay Health Center in Norris Point. Currently there are 13 clients in the DL/WB area receiving this service (Community Mental Health Nurse Case Manager, Western Health, 2018). There is also a Youth Case Management program based out of Corner Brook which provided service as far as Pasadena. Service demand was less than five cases in the last year (Youth Case Manager, Western Health, 2018).

The Early Psychosis Program and the Assertive Community Treatment Team (ACCT) are located in Corner Brook, but provide outreach services to the DL/WB area. The Early Psychosis program is designed to meet the needs of people with severe and persistent mental illness and limited supportive services. Currently there are eight clients in the DL/WB area, and there is no wait list for service. Client visits occur in the homes and/or at the Deer Lake Community Health Office on Farm Road (Early Psychosis Program, Western Health, 2018). The ACT Team is a service delivery model for providing comprehensive community based treatment, rehabilitation,

<sup>13</sup> With client delays excluded.

and support to persons living with severe and persistent mental illnesses. There are currently ten clients in the DL/WB area receiving services from the ACT Team (ACT Team, Western Health, 2018).

## **Outpatient Dietitian Services**

Outpatient dietitian services are provided one day a week at the Western Health Deer Lake Clinic on Farm Road. In 2018, there were 52 new referrals for dietitian services, with an average wait time of two weeks. The majority of the referrals were for weight loss; however there were also referrals for other issues such as healthy heart, food allergies, gastrointestinal issues, etc. Patients requiring frequent follow up or specialized care (e.g. eating disorders, renal clients, infants, tube feeds, etc.) are often seen in Corner Brook (Clinical Dietitian, Corner Brook, Western Health, 2018).

## **Primary Care Services**

According to the World Health Organization (WHO), primary care is first-contact care that is accessible, continued across the lifespan, comprehensive, and coordinated. Primary care is a subset of PHC, and is typically provided by professionals such as physicians and nurse practitioners (World Health Organization).

Within the DL/WB area there are three salaried physicians (1 full time physician at the Deer Lake Medical Clinic, 1 full time physician at the Hampden Medical Clinic, and 1 full time physician shared between Pollards Point and Jackson's Arm Medical Clinic); there are also four fee for service physicians (3 Family Physicians and 1 Pediatrician) in Deer Lake and two fee for service physicians in Pasadena. In addition to the physician complement for the area, there is one nurse practitioner based out of the Deer Lake Medical Clinic.

### *Nurse Practitioner Services*

The nurse practitioner at the Deer Lake Medical Clinic saw on average 10.7 clients per day during 2017-18, this is a slight increase from the previous year (9.7). The top three reasons for visit for 2017-18 remains the same as the previous year: medical appointment, patient re-check, and prescription refills. There was a noted decline in the number of women's wellness checks, and diabetes collaborative appointments in 2017-18, and an increase in new patient visits. Refer to Table 25 on the next page for details (Community Health Manager Deer Lake, Western Health, 2018).

**Table 25 - Nurse Practitioner Utilization Statistics**

Reason for Visit	Number of Visits	
	2016-17	2017-18
Medical Appointment	813	831
Patient Recheck	368	393
Prescription refill-visit	253	226
Women's Wellness Check	152	99
Injection	29	35
New Patient Visit	36	72
Diabetes Collaboration	70	10
Prenatal Appointment	14	5
Prescription refill-no visit	60	87
Meeting	12	--
Emergency/Fit in	27	20
Minor Procedure	16	15
Suture Removal	0	--
<b>Total Attended</b>	<b>1862</b>	<b>1795</b>
<b>Average Clients Seen per day</b>	<b>9.7</b>	<b>10.7</b>
<b>Cancellations</b>	<b>116</b>	<b>178</b>
<b>No Shows</b>	<b>104</b>	<b>78</b>

*Physician Services*

For the purpose of this report utilization data pertains to salaried physicians only. Physicians at the Deer Lake Medical Clinic had a total attendance rate of 2,736 for 2017-18 which is almost double that of the previous year (1480). A slight increase in total attendance was also observed in Pollards Point Medical Clinic with 1908 attendances for 2017-18 compared to 1851 for the previous year. A decrease in attendance rate was observed for both Hampden and Jackson's Arm Medical Clinics for the same time periods. The top three reasons for physician visit for 2017-18 for all clinics remains the same as the previous year: medical appointment, patient recheck, and prescription refills. There was an increase in the number of women's wellness checks and emergency fit-ins for the Deer lake Medical Clinic during 2017-18, as well as injection appointments; while the three rural medical clinics (Hampden, Pollards Point, and Jacksons Arm) saw a reduction in the number of injections and emergency fit-ins for the same time period. Refer to Table 26 on the next page for details (Community Health Manager Deer Lake, Western Health, 2018).



**Table 26 - Physician Utilization Stats for Western Health Clinics throughout the DL/WB PHC Area**

Reason for visit	Deer Lake Physician		Hampden Physician		Pollards Point Physician		Jackson`s Arm Physician	
	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18	2016-17	2017-18
<b>Medical Appointment</b>	762	1281	156	86	1182	1034	650	506
<b>Patient Recheck</b>	326	637	2492	2068	258	338	98	136
<b>Prescription refill-visit</b>	89	212	0	0	0	0	0	0
<b>Women`s Wellness Check</b>	82	135	14	12	0	0	0	--
<b>Injection</b>	23	49	76	19	46	24	19	8
<b>New Patient Visit</b>	39	54	16	--	14	15	5	7
<b>Prenatal Appointment</b>	7	33	--	--	0	--	--	0
<b>Prescription Refill-No Visit</b>	61	176	123	106	338	483	131	157
<b>Emergency Fit in</b>	70	133	40	22	7	--	6	--
<b>Minor Procedure</b>	21	26	18	18	6	10	--	5
<b>Total Attended</b>	<b>1480</b>	<b>2736</b>	<b>2937</b>	<b>2338</b>	<b>1851</b>	<b>1908</b>	<b>912</b>	<b>823</b>
<b>Cancellations</b>	<b>n/a</b>	<b>159</b>	<b>n/a</b>	<b>93</b>	<b>n/a</b>	<b>99</b>	<b>n/a</b>	<b>34</b>
<b>No-Shows</b>	<b>62</b>	<b>126</b>	<b>212</b>	<b>208</b>	<b>68</b>	<b>98</b>	<b>38</b>	<b>22</b>

*Blood Collection/Laboratory Services*

The number of patients for blood collection daily is fairly consistent over the past year at all four Medical Clinics throughout the DL/WB area, with the volume of patients being greater in the Deer Lake Medical Clinic (43 to 48 patients per day). The Hampden and Pollards Point Medical Clinics typically provide services to 10 to 15 patients per blood collection day (service offered three hours a week). Refer to Table 27 on the next page for details (Regional Director of Laboratory Services, Western Health, 2018).

**Table 27 - Data for Blood Collection Services in the Deer Lake/White Bay PHC Area from April 2017 to July 2018**

<b>SITE</b>	<b># of patients for Blood Collection</b>	<b>Average # of patients for Blood Collection Daily</b>	<b>Hours of Service</b>
Deer Lake Clinic	18,203	45	Monday to Friday 8:00 -2:30 pm
Hampden Medical Clinic	670	10	3 hours/week
Pollard's Point Medical Clinic	966	14	3 hours/week

### *Medication Dispensing*

Community based pharmacies in the Deer Lake PHC area have started providing services in the White Bay Area. Western Health currently offers medication dispensing by salaried physicians at rural medical clinics located in Hampden, Pollards Point and Jackson's Arm. Western Health is the only Health Authority in NL that provides pharmacy services at rural medical clinics. There has been a decline in the number of prescriptions filled at the rural medical clinics since 2010/11. Refer to Table 28 for details (Community Health Manager Deer Lake, Western Health, 2018).

**Table 28 - Number of Prescriptions Filled at Rural Medical Clinics by Fiscal Year**

<b>Clinic</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017-18</b>
<b>Hampden</b>	4767	3925	2588
<b>Pollards Point</b>	2313	2001	2107
<b>Jackson's Arm</b>	1293	1337	1133
<b>Total</b>	<b>8373</b>	<b>6059</b>	<b>5828</b>

### **Ambulance Services**

There are three community based ambulance services within the DL/WB Area (Deer Lake, Hampden, and Jackson's Arm). The emergency call volume in the Hampden and Jackson's Arm area is less than two calls per week, compared to the 21 calls per week for the Deer Lake service. Refer to Table 29 on the next page for details (Regional Director of Paramedicine and Medical Transport, Western Health, 2018).

**Table 29 – Staffing and Call Volume Information (2017) for Ambulance Services Located Within the DL/WB PHC Area**

Site/Service	Staffing	Emergency Call Volume	Approx. calls per week	Geography
<b>Deer Lake Ambulance Service</b>	5 PCPs 4.5 EMRs 2 Ambulances	964	21 (3 calls/day)	Pasadena, Deer Lake and surrounding area
<b>Hampden Ambulance Service</b>	3 PCPs 2 EMRs 1 Ambulance	87	Less than 2	Hampton and surrounding area
<b>Jackson’s Arm Ambulance Service</b>	1 PCP 3 EMR 1 Ambulance	93	Less than 2	Jackson’s Arm and surrounding area

### Telehealth

In the DL/WB PHC area there are two sites that have telehealth equipment: the Western Health Farm Road Office and Pollards Point Medical Clinic in White Bay. There were 248 individual client telehealth appointments in 2017-18 in the DL/WB area; with the majority of appointments in the Deer Lake office (240). Pollards Point had only eight individual telehealth appointments in 2017-18. The top three reasons for individual client appointments for the DL/WB area were: Mental Health (including: Methadone and Operational Stress Injury (OSi) Clinic), Psychiatry (adult and pediatric) and Hematology. The top uses for individual client appointments hosted by Western Health staff at the Deer Lake site were from the Diabetes Nurse Educator to support diabetes services in the Bonne Bay and Port Saunders area, as well as the Methadone Nurse to support the Methadone treatment throughout the region. Refer to Table 30, 31 and 32 for more detail (Regional Telehealth Coordinator, Western Health, 2018).

**Table 30 - Telehealth Utilization for Individual Client Appointments and for Group Events (Clinical and Non-Clinical) 2017-18 for the PHC Area**

Site	Admin Mtg Group	Clinical Group	Individual client apts <sup>14</sup>	Individual client apts hosted by WH Staff <sup>15</sup>
<b>Western Health – Deer Lake Office</b>	8	34	240	126
<b>Pollards Point</b>	0	0	8	0
<b>Total</b>	<b>8</b>	<b>34</b>	<b>248</b>	<b>126</b>

<sup>14</sup> Individual client appointments refers to appointments with clients that reside within the DL/WB area.

<sup>15</sup> Individual client appointments hosted by Western Health Staff refers to appoints where the provider is located in the DL/WB area and the client resides elsewhere in the region.

**Table 31 – Telehealth Utilization Details for Individual Client Appointments Hosted by Western Health Staff for the PHC Area, April 1, 2017 - March 31, 2018**

<b>Deer Lake PHC Team Area: Sites</b>	<b>Procedure</b>	<b>Total</b>
Western Health-Deer Lake Farm Road	Mental Health - Methadone Clinic	86
	Diabetes	40
<b>Western Health-Deer Lake Farm Road Total</b>		<b>126</b>

**Table 32 – Telehealth Utilization Details for Individual Appointments for the PHC Area, April 1, 2017 - March 31, 2018**

<b>Deer Lake PHC Team Area: Sites</b>	<b>Procedure</b>	<b>Total</b>
Pollards Point Clinic - Pollards Point	Surgery – General	--
	Oncology	--
	Diabetes	--
	Mental Health - Psychiatry Adult	--
<b>Pollards Point Clinic - Pollards Point Total</b>		<b>8</b>
Western Health - Deer Lake Office (20 Farm Road)	Mental Health - Methadone Clinic	86
	Mental Health - OSi Clinic	42
	Hematology	24
	Mental Health - Psychiatry Adult	24
	Mental Health - Psychiatry Pediatric	19
	Endocrinology	12
	Surgery - General	11
	Surgery - Bariatric	7
	Genetics	--
	Child Development	--
	Obstetrics/Gynecology	--
	Oncology - Lymphedema	--
	Respirology	--
	JASPER	--
	Surgery - Plastic	--
Child Management	--	
Mental Health - Psychology	--	
<b>Western Health - Deer Lake Office (20 Farm Road) Total</b>		<b>240</b>
<b>Grand Total</b>		<b>248</b>

In addition to individual appointments telehealth is also used to support group events, clinical and non-clinical in nature. There were a total of 42 group events in the Deer Lake office and none in the Pollards Point location. The top two reasons for group appointments (client education/consultation only) include: Applied Behavior Analysis (ABA) training and clinical support-education. Refer to Table 33 for details (Regional Telehealth Coordinator, Western Health, 2018).

**Table 33 – Telehealth Utilization details for Group Events for the PHC Area, April 1, 2017 - March 31, 2018**

<b>Group Event by Meeting Name</b>	<b>Total</b>
ABA Training	7
<b>Group Event by Meeting Type/Topic</b>	<b>Total</b>
Administrative Meeting	6
Clinical Support - Client Education	--
Clinical Support – Education	9
Clinical Support, Other	--
Rounds - Pathology/Lab Medicine	19
Staff Education	--
<b>Grand Total</b>	<b>42</b>

## **Community Survey**

In January/February 2016 Western Health conducted a community survey with residents of the DL/WB area as part of a regional Community Health Needs and Resources Assessment process. This section will highlight main themes from the survey results focusing on community concerns as well as strengths and challenges as they relate to health and wellbeing, service access, and how one receives health information. This information will aid in creating local context and further validation of area need (Community Health Manager Deer Lake, Western Health, 2018).

According to the 2016 Community Health Needs and Resources Assessment Survey report for the DL/WB area, survey respondents indicated that most health-related services were adequate and accessible for the population, and comparable to other communities of similar size. Some of the concerns expressed included access to a family physician and wait times for some health services such as mental health and addictions. Throughout the survey, respondents identified concerns around issues of alcohol and/or drug use, and the potential issues associated with this, such as increase in crime and drinking and driving.

The vast majority of survey respondents indicated that they seek routine health care from their physician followed by the nurse practitioner and emergency department. Similarly, most people responded that the physician was also their main source of health-related information followed by the internet and pharmacies.

The following are additional highlights from the survey report:

- 106 surveys were completed in the Deer Lake White Bay PHC 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%).
- 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%).
- 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%).
- 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.

## Discussion

A significant amount of information has been presented in this report related to PHC service delivery and health status in the DL/WB area. Some general themes that emerge are as follows:

### Changing Communities:

The demographics and needs of communities in the DL/WB area are changing, and it is important that PHC services adapt to meet the changing needs of the area. There has been a small growth in population overall in the DL/WB area, with most growth being observed in the communities of Pasadena and Deer Lake. The population in the White Bay area is decreasing. While the overall trend for the entire region is an aging population, this is more evident in the White Bay area, compared to the Pasadena/Deer Lake area. Service utilization within the DL/WB area reflects these population changes, with an increased demand for services supporting an aging population and a decreased demand for maternal, child and family services. Additionally, service volumes are low in the White Bay area for ambulance services and blood collection.

### Health Status:

While the majority of residents in the DL/WB PHC area report having excellent or very good health (58%) and excellent or very good mental health (76.4%), the health status of the population is still a concern from both a disease prevalence and health behavior perspective.

*Health Behaviors:* While the majority of the population (77.2%) reported that they do not smoke, among those that did smoke, 61.8% reported initiating smoking before the age of 19. Additionally, 80.8% of individuals reported consuming alcohol in the last 12 months; of these 34% reported consuming five or more (males) or four or more (females) drinks 12 or more times a year with 9% of people reporting doing this more than once a week. In the DL/WB area, 70.5% of residents were overweight or obese (age 12 and over), with 35.5% of individuals reporting that they were in the obese category. There is an opportunity to explore and improve health promotion with a goal of improving individual lifestyle practices to positively impact health.

*Chronic Disease:* The chronic conditions with the highest prevalence rate for 2016/17 were hypertension, COPD, heart failure, asthma, and diabetes. Arthritis, high blood pressure, back problems and diabetes are the top four self-reported chronic diseases. The highest percentage of hospital morbidity/separations were due to diseases of the circulatory system (12%) with heart disease rating highest at 10%. The highest number of hospitalizations for Ambulatory Care Sensitive Conditions (ACSC) in patients less than 75 years in 2016/17 was from COPD (54) and Grand Mal status and other epileptic convulsions (11). High rates of admission for ACSC is an

indirect measure of access to PHC and therefore the high rate of admission for these conditions represents an opportunity to improve access and care at the community level.

#### Health Related Assets:

There are a variety of health assets located throughout the DL/WB area including primary care services, ambulance services, community health, community support, mental health and addictions services, as well as a number of community based private health providers such as physiotherapy clinics, dental clinics, chiropractor, optometry and pharmacies. While Deer Lake is the hub for many services, there are some services located in smaller communities, and outreach provided via travelling clinics and telehealth. Telehealth equipment is available at two sites: Western Health Deer Lake Office Farm Road and Pollards Point Medical Clinic. Compared to other sites in the region, uptake of telehealth is low within the White Bay area.

Some services are accessible only via Western Memorial Regional Hospital. There are also a variety of provincial programs and services accessible to all residents by way of toll free numbers, apps, and the internet.

The availability of these health assets is a strength for the DL/WB area. There is an opportunity to improve utilization of telehealth and other remotely offered services as well as improve access to services not currently provided in the DL/WB area.

#### Access to Services:

Access to health services varies for different services. The demand for service has increased for Community Support and Mental Health and Addictions programs, however despite the increased demand, response times have remained within identified timeframes. Referrals to Diabetes services have decreased slightly, with 70% of referrals seen within the expected timeframes.

There are ten primary care providers located in the DL/WB area. Utilization information is only available for the four salaried primary care providers (three physicians and one nurse practitioner). The no show/cancellation rate for this group of providers was approximately 10.2% in 2017/18.

There are limited after hours primary care services offered in the DL/WB area (after hours services available at Pasadena Medical Clinic one evening a week). Emergency services are available by way of ambulance or through the Emergency Department (ED) at Western Memorial Regional Hospital (WMRH). In 2016-17 there were 6,190 ED visits at WMRH from residents of the DL/WB area; that is 16.1% of the total ED visits at WMRH for that year. The highest number of visits to the ED at WMRH occurred between 12 -1 pm in 2015-16 and 10-11 am in 2016-17. In 2016-17, 58.9% of the ED visits were CTAS level 4 and 5. These are visits



that would normally be viewed as non-urgent and could be attended to by a primary care provider (family physician/nurse practitioner).

Emergency call volume to ambulance services in Hampden and Jackson's Arm is less than two calls per week; compared to the 21 calls per week for the Deer Lake ambulance service. There is an opportunity to explore increased utilization of this resource through the community paramedicine program.

Telehealth is a technology that allows clients to access services remotely, closer to their home and decreasing travel and associated costs. While uptake of telehealth in the Deer Lake area was good, there is an opportunity to explore ways to increase utilization in the White Bay area to improve access to services. There is also an opportunity to explore additional services that could be offered through telehealth for the DL/WB area.

## **Next Steps**

The PHC assessment process will inform the development of a PHC quality improvement plan for the DL/WB area. It is anticipated that this quality improvement plan will support improved health status for residents of the area, through the implementation of the Health Home Model. The assessment process is a multi-phased approach that includes data gathering and analysis; data validation and stakeholder consultation; and recommendations for service improvement. This report supports the initial phase (data gathering and analysis) providing an overview of area demographics, health and emergency assets, health status summary, health service utilization, and community concerns related to health and well-being for the DL/WB area. Themes identified in this report indicate the need to consider ways to build on health and community assets to improve health status with a focus on: recognizing the changing population needs, improving health behaviors/promotion of health, addressing high rates of ambulatory care sensitive conditions, and considering ways to improve access to primary care services and better utilize available assets.

The next phase of the assessment process will include a review of other relevant data sources, and consultation with key stakeholders. The goal of these activities is to gather additional information to assess the strengths and challenges of implementing the Health Home Model of team based care to enhance PHC in the DL/WB area. Following these activities, a quality improvement plan will be developed with actions identified to improve PHC service delivery and overall health and well-being of residents in the DL/WB area.

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