



Western Health

PRIMARY HEALTH CARE IN ACTION

**A Community Needs and Resources Assessment
for the Bay St. George Area**

2013

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*“Never doubt that a small
group of thoughtful,
committed citizens can change
the world. Indeed, it is the only
thing that ever has”*

Margaret Mead (1901 - 1978)

Executive Summary

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

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

The Community Health Needs and Resources Assessment policy and process was developed and implemented through a partnership between the Health Promotion and Primary Health Care, Population Health Branch, and Planning and Research, Quality Management and Research Branch. The purpose was to assess community health needs and resources to support planning within Western Health. The Community Health Needs and Resources Assessment completed in 2009 took a regional approach to identifying community health needs. This Community Health Needs and Resources Assessment assessed health needs in the Primary Health Care areas throughout the region.

Overall, the findings of this needs assessment indicate that access is an issue. Access was defined on many levels from access to health services, lack of awareness of what services people could access, lack of access to public transportation to avail of these services, and limited access to grocery stores and fresh healthy food. Other issues

included those related to chronic diseases such as cancer and diabetes, distracted driving, healthy eating, and physical activity especially in terms of recreation programs and facilities.

The information obtained will be valuable in determining organizational priorities and identifying the unique concerns in the Bay St. George Primary Health Care Area. Some of these areas include improved access and awareness of Western Health's programs and services through the use of technology such as Telehealth and the internet, considering barriers to programs and services, enhanced service delivery within the Chronic Disease Prevention and Management model, particularly related cancer and diabetes, and ensuring strong partnerships with the Aboriginal and Francophone populations of the Bay St. George Area to work towards addressing their specific access concerns.

The conclusions and recommendations made in this report will be instrumental in the development of work plans to moving forward to addressing concerns using a population health approach in the Bay St. George Area.

Community Health Needs and Resources Assessment

Survey Overview

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

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

When identifying the top three and lowest three community services and health related community services, community groups, and community concerns, the “don’t know” and “not available” and “no response” categories were excluded. The “don’t know” responses could have been a result of either the survey respondents needing specific programs and services but not being aware of them or not needing the specific

programs or services and therefore not being aware of them. The “don’t know” and “not available” responses were considered when recommendations were identified. The surveys collected both quantitative and qualitative data that described the households’ perceptions of health beliefs and practices, satisfaction with health and community services, major community problems and concerns, and utilization of selected health services. The surveys were categorized according to the households’ awareness of the availability of health and community services workers, satisfaction with community services, satisfaction with health and community services, utilization of health services, awareness of self-help groups, influence of community groups and community concerns.

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

The following report provides a summary of the information collected in the Bay St. George Area surveys.

Survey Results

Demographics

A total of 96 surveys were conducted in the Bay St. George Area (confidence level of 95% and confidence interval of 10%). Given that the surveys were only one

means of collecting data on the communities and additional information would be collected through other methods, it was agreed that this number would be appropriate.

Of the 96 surveys collected, 70.8% were female and 29.2% were male. The average age of the respondents were 50.6 and the average years living in that community was 29.44.

Community Services

Survey respondents were asked to report on whether they were satisfied with a list of community services (See Table 1). Of those services that respondents knew about or used, the top three services that respondents were most satisfied with were: university/college, libraries, and postal services. When all of the responses were considered, the three community services with the higher percentages of satisfaction included postal services, telephone, and libraries. Of those community services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses) respondents reported being less satisfied with shopping, career development, and food bank services. When all of the responses were considered, the three community services with the lower percentages of satisfaction included recreation programs, recreation facilities, and child care/day care.

Respondents indicated that there needs to be more seniors programs, recreation programs, a food bank, recycling and hazardous waste program as these were not available in their communities. They also commented that there should be public transportation and that police should be more visible. Many respondents reported that the shopping, particularly groceries, was limited, very expensive and that there was a lack of fresh fruit and vegetables.

Table 1: Percent Satisfied with Community Services

Community Services	Yes	No	Don't know	Not available	No response
1. Preschool programs	44.8% (43)	9.4% (9)	41.7% (40)	4.2% (4)	
2. University / College	53.1% (51)	1.0% (1)	25.0% (24)	20.8% (20)	
3. Schools	67.7% (65)	6.3% (6)	24.0% (23)	2.1% (2)	
4. Child Care/day care	26.0% (25)	11.5% (11)	47.9% (46)	14.6% (14)	
5. After school programs	27.1% (26)	8.3% (8)	54.2% (52)	9.4% (9)	1.0% (1)
6. Children/Youth programs	37.5% (36)	9.4% (9)	44.8% (43)	7.3% (7)	1.0% (1)
7. Seniors programs (55+)	38.5% (37)	14.6% (14)	36.5% (35)	9.4% (9)	1.0% (1)
8. Recycling	46.9% (45)	28.1% (27)	4.2% (4)	19.8% (19)	1.0% (1)
9. Water and sewage	80.2% (77)	13.5% (13)	4.2% (4)	1.0% (1)	1.0% (1)
10. Garbage collection and disposal	83.3% (80)	11.5% (11)	4.2% (4)		1.0% (1)
11. Hazardous waste disposal	39.6% (38)	15.6% (15)	30.2% (29)	12.5% (12)	2.0% (2)
12. Community planning (Town Council)	63.5% (61)	13.5% (13)	18.8% (18)	3.1% (3)	1.0% (1)
13. Telephone	90.6% (87)	6.3% (6)	2.1% (2)		1.0% (1)
14. Fire protection	85.4% (82)	5.2% (5)	6.3% (6.3)	2.1% (2)	1.0% (1)
15. Police	79.2% (76)	17.7% (17)	1.0% (1)	1.0% (1)	1.0% (1)
16. Libraries	89.6% (86)	2.1% (2)	5.2% (5)	2.1% (2)	1.0% (1)

17. Postal services	94.8% (91)	3.1% (3)	1.0% (1)		1.0% (1)
18. Banking	76.0% (73)	14.6% (14)		8.3% (8)	1.0% (1)
19. Grocery stores	63.5% (61)	18.8% (18)		16.7% (16)	1.0% (1)
20. Shopping	34.4% (33)	49.0% (47)		15.6% (15)	1.0% (1)
21. Public transportation (Ex. buses, taxis)	45.8% (44)	21.9% (21)	9.4% (9)	21.9% (21)	1.0% (1)
22. Recreation programs	49.0 % (47)	27.1% (26)	13.5% (13)	9.4% (9)	1.0% (1)
23. Recreation facilities	54.2% (52)	22.9% (22)	13.5% (13)	8.3% (8)	1.0% (1)
24. Career development services	28.1% (21)	14.6% (14)	42.7% (41)	13.5% (13)	1.0% (1)
25. Literacy support	39.6% (38)	7.3% (7)	41.7% (40)	10.4% (10)	1.0% (1)
26. Food bank	36.5% (35)	24.0% (23)	14.6% (14)	24.0% (23)	1.0% (1)

Health Related Community Services

Respondents were asked to indicate whether they were satisfied with a number of health related community services (See Table 2). The respondents indicated that most services were not available in their area and that they had to travel to Stephenville to access many of these services. Of those health related community services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses), respondents reported being more satisfied with: ambulance services, Telehealth services , and services for new mothers/babies. When all of the

responses were considered, the three health related community services with the higher percentages of satisfaction included pharmacy services, immunization services, and ambulance services. Of those health related community services that respondents knew about or used (excluding the “don’t know”, “not available”, and “no response” responses), respondents reported being less satisfied with: services for victims of physical or sexual abuse, adult day programs, and wellness/illness prevention. When all of the responses were considered, the three health related community services with the lower percentages of satisfaction included addiction services, physician services, and drug addiction services.

Respondents indicated that there is a lack of awareness about existing mental health and addiction services and that there was a perceived lack of mental health and addictions services. The respondents reported long wait times for emergency health and physician services. They had positive comments about the long term care facility but also commented that more were needed. Respondents commented that they had to travel to receive dental health and pharmacy services. The health line was reported to be a good service, but that they often recommended that callers go to the emergency department.

Barriers to access were reported to be lack of transportation, distance to travel, perceived wait times for doctors and mental health services, and perceived lack of awareness of available services.

Table 2: Percent Satisfied with Health Related Community Services

Health related Community Services	Yes	No	Don't know	Not available	No response
1. Mental health services	25.0% (24)	25.0% (24)	36.5% (35)	12.5% (12)	1.0% (1)

2. Addiction services	21.9% (21)	28.1% (27)	37.5% (36)	11.5% (11)	1.0% (1)
3. Drug addiction services	20.8% (20)	27.1% (26)	37.5% (36)	13.5% (13)	1.0% (1)
4. Alcohol addiction services	21.9% (21)	26.0% (25)	40.6% (39)	10.4% (10)	1.0% (1)
5. Gambling addiction services	18.8% (18)	25.0% (24)	40.6% (39)	14.6% (14)	1.0% (1)
6. Addiction treatment centres	15.6% (15)	26.0% (25)	37.5% (36)	19.8% (19)	1.0% (1)
7. Counselling services	27.1% (26)	24.0% (23)	34.4% (33)	13.5% (13)	1.0% (1)
8. Family planning	26.0% (25)	17.7% (17)	43.8% (42)	11.5% (11)	1.0% (1)
9. Sex education	27.1% (26)	14.6% (14)	49.0% (47)	8.3% (8)	1.0% (1)
10. Ambulance services	71.9% (69)	11.5% (11)	10.4% (10)	5.2% (5)	1.0% (1)
11. Emergency health services	61.5% (59)	13.5% (13)	17.7% (17)	6.3% (6)	1.0% (1)
12. Income support services	28.1% (27)	14.6% (14)	42.7% (41)	13.5% (13)	1.0% (1)
13. Home support services	47.9% (46)	6.3% (6)	40.6% (39)	4.2% (4)	1.0% (1)
14. Respite care services	43.8% (42)	5.2% (5)	43.8% (42)	6.3% (6)	1.0% (1)
15. Supportive housing (e.g. personal care alternate family care)	34.4% (33)	9.4% (9)	47.9% (46)	7.3% (7)	1.0% (1)
16. Long term care	49.0% (47)	8.3% (8)	30.2% (29)	11.5% (11)	1.0% (1)
17. Services for pregnant women	33.3% (32)	6.3% (6)	51.0% (49)	8.3% (8)	1.0% (1)
18. Services for new mothers/babies	38.5% (37)	6.3% (6)	46.9% (45)	7.3% (7)	1.0% (1)
19. Services for seniors (e.g. foot care)	43.8% (42)	12.5% (12)	38.5% (37)	4.2% (4)	1.0% (1)
20. Services for people with chronic	31.3% (30)	16.7% (16)	39.6% (38)	11.5% (11)	1.0% (1)

diseases (disease longer than 3 months for example, asthma, diabetes, cancer)	(30)	(16)	(38)	(11)	(1)
21. Wellness/Illness prevention	37.5% (36)	15.6% (15)	39.6% (38)	6.3% (6)	1.0% (1)
22. Services for people with Disabilities	25.0% (24)	20.8% (20)	43.8% (42)	9.4% (9)	1.0% (1)
23. Rehabilitation services	20.8% (20)	14.6% (14)	54.2% (52)	9.4% (9)	1.0% (1)
24. Physiotherapy services	29.2% (28)	12.5% (12)	44.8% (43)	12.5% (12)	1.0% (1)
25. Services for victims of physical or sexual abuse	18.8% (18)	10.4% (10)	57.3% (55)	12.5% (12)	1.0% (1)
26. Adult day programs	27.1% (26)	10.4% (10)	47.9% (46)	13.5% (13)	1.0% (1)
27. Meals on wheels type services	35.4% (34)	6.3% (6)	40.6% (39)	16.7% (16)	1.0% (1)
28. Dental health services	64.6% (62)	10.4% (10)	10.4% (10)	13.5% (13)	1.0% (1)
29. Health inspection services	26.0% (25)	2.1% (2)	60.4% (58)	10.4% (10)	1.0% (1)
30. Pharmacy services	83.3% (80)	7.3% (7)	1.0% (1)	6.3% (6)	2.0% (2)
31. Immunization services	77.1% (74)	2.1% (2)	14.6% (14)	4.2% (4)	2.1% (2)
32. Health education services	45.8% (44)	3.1% (3)	43.8% (42)	6.3% (6)	1.0% (1)
33. School health services	41.7% (40)	4.2% (4)	47.9% (46)	5.2% (5)	1.0% (1)
34. Occupational therapy	32.3% (31)	9.4% (9)	46.9% (45)	10.4% (10)	1.0% (1)
35. Physician services	61.5% (59)	27.1% (26)	5.2% (5)	5.2% (5)	1.0% (1)
36. Nurse practitioner services	38.5% (37)	12.5% (12)	33.3% (32)	14.6% (14)	1.0% (1)
37. Diabetes programs	28.1% (27)	12.5% (12)	49.0% (47)	9.4% (9)	1.0% (1)

38. Chronic disease self-management program	21.9% (21)	5.2% (5)	60.4% (58)	11.5% (11)	1.0% (1)
39. Primary Health Care Teams	25.0% (24)	5.2% (5)	60.4% (58)	8.3% (8)	1.0% (1)
40. Services for Young Offenders	32.3% (31)	10.4% (10)	49.0% (47)	7.3% (7)	1.0% (1)
41. Diagnostic Services	34.4% (33)	13.5% (13)	39.6% (38)	11.5% (11)	1.0% (1)
42. Child Protection Services	40.6% (39)	3.1% (3)	47.9% (46)	7.3% (7)	1.0% (1)
43. Adoption Services	33.3% (32)	6.3% (6)	52.1% (50)	7.3% (7)	1.0% (1)
44. Health Line	65.6% (63)	5.2% (5)	25.0% (24)	3.1% (3)	1.0% (1)
45. Telehealth Services	33.3% (32)	1.0% (1)	60.4% (58)	4.2% (4)	1.0% (1)
46. Cervical Screening	33.3% (32)	8.3% (8)	51.0% (49)	6.3% (6)	1.0% (1)
47. Nutrition Services	35.4% (34)	8.3% (8)	45.8% (44)	9.4% (9)	1.0% (1)
48. Dietitian Services	36.5% (35)	4.2% (4)	47.9% (46)	10.4% (10)	1.0% (1)
49. Respiratory Services	25.0% (24)	9.4% (9)	53.1% (51)	11.5% (11)	1.0% (1)
50. Emergency Preparedness	29.2% (28)	6.3% (6)	57.3% (55)	6.3% (6)	1.0% (1)
51. Speech and Hearing Services	41.7% (40)	12.5% (12)	32.3% (31)	11.5% (11)	2.0% (2)
52. Vision Services	46.9% (45)	11.5% (11)	30.2% (29)	10.4% (10)	1.0% (1)
53. Foot Care	34.4% (33)	8.3% (8)	51.0% (49)	5.2% (5)	1.0% (1)

Community Groups

Respondents were asked to indicate whether they were satisfied with a list of community groups (See Table 3). Respondents reported that cancer support groups such as breast cancer and prostate cancer are very helpful.

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

- Private vegetable gardens
- Space to hold venues
- Community café
- Community Advisory Committee Initiatives
- Taking Off Pounds Sensibly(TOPs)
- Advocacy, community events, trails
- Recreation facilities like gyms and Curves
- Seniors groups and walking clubs

Table 3: Percent satisfied with Community Groups

Community Groups	Yes	No	Don't know	Not available	No response
1. Self Help/Support Groups	62.5% (60)	8.3% (8)	20.8% (20)	5.2% (5)	3.1% (3)
2. Town Councils	64.6% (62)	12.5% (12)	12.5% (12)	7.3% (7)	3.1% (3)
3. Service Organizations (e.g. Kinsmen, Knights of Columbus, Lion's Club)	63.5% (61)	8.3% (8)	16.7% (16)	8.3% (8)	3.1% (3)
4. Churches	78.1% (75)	2.1% (2)	15.6% (15)		4.1% (4)

5. Sports Clubs (e.g. minor hockey, softball)	68.8% (66)	5.2% (5)	18.8% (18)	4.2% (4)	3.1
6. Recreation Clubs (e.g. Girl Guides, Cadets)	70.8% (68)	7.3% (7)	15.6% (15)	3.1% (3)	3.1% (3)
7. School Council	43.8% (42)	7.3% (7)	44.8% (43)	1.0% (1)	3.1% (3)
8. Health Related Groups (e.g. Cancer Society, Lung Association, Seniors Wellness)	57.3% (55)	6.3% (6)	27.1% (26)	5.2% (5)	4.1% (4)
9. Advocacy Groups (e.g. Status of Women, Tobacco Free Network)	51.0% (49)	4.2% (4)	35.4% (34)	6.3% (6)	3.1% (3)
10. Family Resource Center (e.g. Healthy Baby Clubs)	54.2% (52)	3.1% (3)	35.4% (34)	4.2% (4)	3.1% (3)
11. Hospital Foundations and Auxiliary Groups	52.1% (50)	5.2% (5)	34.4% (33)	5.2% (5)	3.1% (3)
12. Western Health Community Advisory Committee	44.8% (43)	2.1% (2)	43.8% (42)	4.2% (4)	5.2% (5)

Community Concerns

Respondents were asked to indicate whether a list of potential community concerns were actually concerns for their communities (See Table 4). Of those community concerns that respondents knew about (excluding the “don’t know”, “not available”, and “no response” categories), respondents reported being more concerned with: cancer, out migration, and diabetes. When all of the responses were considered, the three community concerns with the higher percentages included cancer, distracted driving and diabetes.

The following other community concerns were noted by respondents:

- Drinking and driving across all age groups
- Alcohol abuse across all age groups

- Loneliness across all ages groups
- Sidewalks are in bad condition especially dangerous for seniors
- Mental health issues across all age groups
- Unhealthy eating habits across all age groups
- Illegal drug use across all age groups
- Abuse of prescription and over counter drugs across all ages
- Unemployment, particularly for youth
- Bullying in school aged children
- High blood pressure
- Access to health care services
- Access for people with disabilities
- Cat population
- Loitering around public buildings

Table 4: Community Concerns

Community Concerns	Yes	No	Don't know	Not available	No response
1. Drinking and driving	80.2% (77)	10.4% (10)	6.3% (6)		3.1% (3)
2. Distracted driving	82.3% (79)	12.5% (12)	4.2% (4)		1.0% (1)
3. Alcohol abuse	78.1% (75)	15.6% (15)	5.2% (5)		1.0% (1)
4. Loneliness	54.2% (52)	17.7% (17)	27.1% (26)		1.0% (1)
5. Suicide	29.2% (28)	35.4% (34)	31.3% (30)		4.2% (4)
6. Age Friendly/Senior Friendly	33.3% (32)	34.4% (33)	31.3% (30)		1.0% (1)

7. Care of the older person	35.4% (34)	28.1% (27)	35.4% (34)		1.0% (1)
8. Care of People with disabilities	38.5% (37)	19.8% (19)	40.6% (39)		1.0% (1)
9. Mental health problems	59.4% (57)	13.5% (13)	26.0% (25)		1.0% (1)
10. Unhealthy eating habits	67.7% (65)	7.3% (7)	24.0% (23)		1.0% (1)
11. Elder Abuse	45.8% (44)	17.7% (17)	35.4% (34)		1.0% (1)
12. Illegal drug use	76.0% (73)	3.1% (3)	19.8% (19)		1.0% (1)
13. Abuse of prescription drugs	67.7% (65)	6.3% (6)	25.0% (24)		1.0% (1)
14. Abuse of over the counter drugs	60.4% (58)	7.3% (7)	30.2% (29)		2.1% (2)
15. Unemployment	79.2% (76)	6.3% (6)	10.4% (10)		4.1% (4)
16. Smoking	72.9% (70)	12.5% (12)	12.5% (12)		2.1% (2)
17. Physical inactivity	75.0% (72)	12.5% (12)	9.4% (9)		3.1% (3)
18. Poverty	52.1% (50)	19.8% (19)	26.0% (25)		2.1% (2)
19. Gambling	52.1% (50)	10.4% (10)	35.4% (34)		2.1% (2)
20. Illiteracy	42.7% (41)	15.6% (15)	38.5% (37)	1.0% (1)	2.1% (2)
21. Garbage disposal	31.3% (30)	39.6% (38)	27.1% (26)		2.1% (2)
22. Water pollution	21.9% (21)	43.8% (42)	31.3% (30)		3.1% (3)
23. Noise pollution	18.8% (18)	46.9% (45)	31.3% (30)	1.0% (1)	2.1% (2)
24. Road accidents	35.4% (34)	33.3% (32)	29.2% (28)		2.1% (2)
25. Housing conditions	30.2% (29)	34.4% (33)	33.3% (32)		2.1% (2)

26. Homelessness (e.g. couch surfing)	26.0% (25)	36.5% (35)	35.4% (34)		2.1% (2)
27. Crime	52.1% (50)	20.8% (20)	25.0% (24)		2.1% (2)
28. Vandalism	54.2% (52)	20.8% (20)	22.9% (22)		2.1% (2)
29. Bullying	53.1% (51)	14.6% (14)	31.3% (30)		1.0% (1)
30. Violence in the home	41.7% (40)	17.7% (17)	38.5% (37)		2.1% (2)
31. Violence in the community	39.6% (38)	22.9% (22)	35.4% (34)		2.1% (2)
32. Child abuse/Neglect	36.5% (35)	24.0% (23)	37.5% (36)		2.1% (2)
33. Sexual abuse	30.2% (29)	21.9% (21)	45.8% (44)		2.1% (2)
34. Personal safety	29.2% (28)	30.2% (29)	38.5% (37)		2.1% (2)
35. On the job risks for injury	30.2% (29)	26.0% (25)	40.6% (39)		3.1% (3)
36. Parenting difficulties	41.7% (40)	13.5% (13)	42.7% (41)		2.1% (2)
37. Teenage pregnancy	43.8% (42)	15.6% (15)	37.5% (36)		3.1% (3)
38. Young people in trouble with the law	47.9% (46)	12.5% (12)	37.5% (36)		2.1% (2)
39. Unplanned pregnancy	37.5% (36)	16.7% (16)	42.7% (41)	1.0% (1)	2.1% (2)
40. Abortion counselling	27.1% (26)	15.6% (15)	50.0% (48)	5.2% (5)	2.1% (2)
41. Education system concerns	30.2% (29)	20.8% (20)	44.8% (43)	2.1% (2)	2.1% (2)
42. Day care problems for children	27.1% (26)	22.9% (22)	44.8% (43)	2.1% (2)	3.1% (3)
43. Dental health	36.5% (35)	34.4% (33)	26.0% (25)	1.0% (1)	2.1% (2)
44. High blood pressure	78.1% (75)	11.5% (11)	7.3% (7)	1.0% (1)	2.1% (2)

45. Stoke	68.8% (66)	14.6% (14)	14.6% (14)		2.1% (2)
46. Heart disease	72.9% (70)	8.3% (8)	16.7% (16)		2.1% (2)
47. Circulatory problems	65.6% (63)	11.5% (11)	20.8% (20)		2.1% (2)
48. Cancer	90.6% (87)	3.1% (3)	4.2% (4)		2.1% (2)
49. Diabetes	82.3% (79)	5.2% (5)	10.4% (10)		2.1% (2)
50. Eating disorders	39.6% (38)	14.6% (14)	43.8% (42)		2.1% (2)
51. Hepatitis (or other liver disease)	26.0% (25)	11.5% (11)	60.4% (58)		2.1% (2)
52. Sexually transmitted infections	27.1% (26)	11.5% (11)	59.4% (57)		2.1% (2)
53. HIV/AIDS	21.9% (21)	15.6% (15)	60.4% (58)		2.1% (2)
54. Lung disease	38.5% (37)	9.4% (9)	50.0% (48)		2.0% (2)
55. Kidney disease	34.4% (33)	12.5% (12)	51.0% (49)		2.1% (2)
56. Out migration	81.3% (78)	4.2% (4)	12.5% (12)		2.1% (2)
57. Access to health services	66.7% (64)	18.8% (18)	11.5% (11)	1.0% (1)	2.1% (2)
58. Littering	54.2% (52)	22.9% (22)	19.8% (19)		3.1% (3)
59. Access for people with disabilities	47.9% (46)	16.7% (16)	30.2% (29)	2.1% (2)	3.1% (3)

Other

When respondents were asked where they get their health information, most indicated that they got it from the doctor, internet, health line or family. Just over 60% of

the participants reported that they did not know Western Health had a website and 79% reported that they would use the site if it had relevant health information.

When asked about the strengths of their communities, the comments were numerous. Most indicated that their communities were supportive, clean, safe, peaceful, and friendly. However, many qualified their statements by saying that it was too bad that they had to go to Stephenville for most services.

Focus Group Overview

The purpose of the focus group process of the Community Health Needs and Resources Assessment was to strengthen and authenticate the information that was collected in the telephone surveys. In addition, the information obtained from focus group participants provides further insight into qualitative results by capturing experiences, values, beliefs, and needs. As indicated earlier, issues with access was a general overall theme in the Bay St. George (BSG) Area. Access was defined on many levels from access to health services, lack of awareness of what services people could access, lack of access to public transportation to avail of these services, and limited access to grocery stores and fresh healthy food.

The area is home to two unique population groups: the Francophone population and the Aboriginal population. As such, there were two focus groups completed with these specific population groups as well as one with a general population of participants, for a total of three focus groups for the Bay St. George Area. The groups were comprised of a variety of health professionals and identified community members who were identified as community champions.

An invitation was distributed to identified community groups and key stakeholders in the BSG Area to identify and discuss their experiences as it relates to overall access. The three focus groups were facilitated by the Primary Health Care Manager and utilized scripts that were tailored to each group (Appendix C,D,E). A focus group summary was sent to participants to ensure the summary accurately reflected the discussion and the no issues were missed.

Focus Group Results

General Population: BSG Area

The focus group for the general population of the BSG Area was held on January 14, 2013 at Sir Thomas Roddick Hospital and there were 5 participants with representation from different communities.

The participants felt that overall access to health services in the BSG Area is good and that the area is fortunate to have Sir Thomas Roddick Hospital (STRH) and dedicated ambulance services in many communities. However, they identified that wait times at the emergency room at STRH are a concern for many in the area, especially for those who do not have access to a family physician. The participants in the focus group were not familiar with Telehealth (i.e.: Tele-oncology, Tele-Diabetes) services. The Newfoundland and Labrador Healthline was a service that did not receive positive reviews from the focus group participants. They also identified that there is no 911 service in the area.

With regards to access to healthy foods, participants were concerned about produce that is dependent on the ferry schedule and the quality of produce particularly over the winter months. The community garden projects in the Town of Stephenville and the Town of Kippens were highlighted as being very active with a significant number of participants.

When the participants were asked about what it means to be healthy they strongly felt that being free from illness, having access to fresh healthy foods, and infrastructure to support physical activity were essential.

In order to stay healthy, the participants felt that the area needs to at least retain the current health resources in the area. The expansion of the Chronic Disease Self-

Management program was identified as important as well as the expansion and education of the Telehealth service for this area. Health literacy was a concern for the participants as they cited many examples of family members who are not able to understand simple health information and diagnostic tests. They also felt that collaboration needs to exist between government services and departments (i.e. Advanced Education and Skills, Tourism, Culture, and Recreation and Tourism, Education, etc.) to promote health as a holistic approach.

When the participants were asked what the population can do to help improve the health of our communities in the BSG Area they felt that the health promotion activities of the area need to continue to reach the population that is not engaged. The Chronic Disease Self-Management program is very popular in this area and its expansion to community groups would help its sustainability.



Aboriginal Population: Flat Bay Indian Band

The focus group for the Aboriginal population was held at the Flat Bay Indian Band office in No'kmaq Village on January 23, 2013 with 5 participants who represented their concerns as well as the identified concerns from band members. The questions for this focus group were developed (see Appendix E) to identify any specific concerns related to the aboriginal population.

Participants were asked about what it was like to live in their community being Mi'kmaq and the majority of the responses were related to access concerns. There are concerns about the costs related to most health services being located in Stephenville which is located 45 km away from the village. It was stated that most people spend the whole day in Stephenville if they are going for blood work or a doctor's appointment

which is costly and can be burdensome for those who do not have a vehicle as there is no public transportation. They valued the services of the public health nurse for the area and most residents/band members utilize the St. George's medical clinic for their family physician (located 21 km away). Participants also stressed the importance their members place on traditional means of healing.

When participants were asked about what it means to be healthy as a Mi'kmaq person the overwhelming response was to be able to be healthy enough to live a traditional lifestyle and be self-sufficient. The example of being able to hunt until your 80's without illness getting in the way was used to illustrate this point. They believe that health is about treating the whole person and not just the illness and that there is tremendous emphasis placed on the value of the entire community rather than focusing on one individual.

In order to stay healthy, the participants felt that band members and the residents of the Village will continue to place emphasis on traditions and their importance in health. This includes things such as drumming groups and the annual Pow Wow. The participants felt there is already a strong sense of community to build on. They identified that they have a lay leader trained for the Chronic Disease Self- Management program and will be offering the program to the Aboriginal population in Flat Bay.

The issues that the participants identified as being important for Western Health to address included education about lifestyle factors that contribute to chronic diseases such as diabetes, heart disease, cancer, and mental health. However, there needs to be a better understanding by health professionals about the traditional native lifestyle. Participants specifically cited the aboriginal patient navigator project that is utilized in

Eastern Health and the positive experiences band members have had with that program. The aboriginal patient navigator position has decreased anxiety for patients and allowed them to have a better understanding of their diagnosis and treatment. Health literacy is an issue and if the Band was able to have someone to help members “mediate” through their health questions it would be beneficial for professionals with Western Health as well as the patient.

Collaboration between Western Health and the Flat Bay Indian Band could include things like increasing the awareness of the emphasis place on traditional methods of healing, a patient navigator project as identified above, satellite blood collection (currently they have to go to STRH which is 44 km away), and the expansion of Telehealth to a site that is closer to Flat Bay than Stephenville. Most members go to the grocery store in Stephenville Crossing (located 31 km away) for their groceries and participants questioned if there was a Telehealth site or satellite blood collection clinic service at that location or in St. George’s it would increase access to services and decrease the expense of travel.

Participants were asked about cultural differences that Western Health should be aware of when working with Mi’kmaq people to ensure cultural safety. They identified that there needs to be more understanding that the native personality is not confrontational, that there needs to be more compassion and relationship building with health professionals, and a stronger emphasis placed on spirituality. With regards to spirituality, the BSG Mi’kmaq population is growing at an exponential rate and members who are admitted to STRH have identified that there is no location at the hospital to perform a traditional ceremony. The participants also pointed out that you do not have to

be native to benefit from traditional healing ceremonies. The last issue that was identified at the focus group was the need for more mental health and addictions services that focus on traditional health practices and ceremonies. The native counselling perspective is very different from Western medicine.



Francophone Population on the Port au Port Peninsula

The focus group for the Francophone population was held at École Sainte-Anne La Grande-Terre on February 14, 2013 with 5 participants who represented their concerns as well as the identified concerns from members of the Francophone community. The questions for this focus group were developed (see Appendix F) to identify any specific concerns related to the Francophone population.

When participants were asked what it means to be healthy they felt it was important to be mobile with no concerns or limitations. However, they identified that concerns about chronic diseases and the aging population on the Port au Port Peninsula are overwhelming. Access to health services, access to healthy fresh foods, and unhealthy eating habits were the main barriers to being healthy. No emergency 911 service was also identified as a concern.

When the group was asked about what specific issues related to access for the Francophone population there were a number of things including:

- The environment is a barrier as the weather is very unpredictable at any time of the year (fog, snow, roads being washed out, etc.)
- There is only one taxi cab with a significant charge to go to Stephenville (\$60-\$70 one way)

- There is a bus that goes 3 days a week to a grocery store in Stephenville but the bus does not come to the Cape side of the Port au Port Peninsula. It only makes one stop in Stephenville so people cannot use this option for medical appointments.
- Many health services are not available in French. Older Francophones have to rely on their families to take them to appointments to assist in translating and understanding. Francophones 19 years of age and younger are much more likely to speak English as a mother tongue. They did identify that there is a provincial resource developed by the Fédération des francophones de Terre-Neuve et du Labrador titled Passeport Santé that is a guide to facilitating communication between Francophone patients/clients and English speaking health care providers.

Other concerns that were identified included a lack of awareness of where to go for mental health help and the need to address the stigma of mental health. It was identified that the Francophone community places an emphasis on caregiving in families to older family members and there is a lot of caregiver stress. There are no seniors clubs and therefore, seniors are also at higher risk for social isolation.

When the group was asked what the population can do to stay healthy they stressed the importance of intergenerational programs. They identified that the biggest motivator to getting people out of their homes and participating in activities is when it involves their children/grandchildren.

The issues that the participants identified as being important for Western Health to address were the expansion of Telehealth to have a site on the Port au Port Peninsula, the promotion of healthy eating and an intergenerational community gardens. The expansion

of the Chronic Disease Self-Management program in this area was also identified as important, however it would be beneficial to have the leaders trained in English but have the program available in French. The population is comfortable in the French language but not as confident when it comes to English terminology related to the Self-Management program.

Key Informant Interview

The Primary Health Care Manager also conducted a key informant interview with the Manager of Mental Health and Addictions for BSG South area to discuss the identification of caregiver stress through the focus groups as well as the identified areas of concern in the quantitative data that there is a lack of knowledge of services provided. It was identified that the Wellness Facilitator for the area would continue to promote mental health at community events (Community Café, Wellness Days, etc.) as well as identifying ways through the BSG Primary Health Care Team to promote mental health services. It is important to note that with any service the fact that the population did not know about the services does not always equate that they are not satisfied, rather it may mean that they simply do not avail of the service and therefore do not know about it.

Focus Group Highlights

Although the questions may have been different for all three focus groups, the results were very similar. Focus group participants discussed the barriers to accessing health services and healthy foods that included transportation, weather, and lack of knowledge. However, participants also emphasised that they were appreciative that there were a significant amount of health services in Stephenville and they did not have to travel longer distances to Corner Brook and further east.

It was widely noted during the consultation process that there is a wait time of approximately two weeks to get an appointment to see a family doctor. This was also confirmed by some of the local physician offices that were involved in the consultation process. There are spaces left in the day for “medical emergencies in the community” (i.e. high fever in a child, etc) but most patients are advised to go to the local emergency department for treatment if they cannot wait for an appointment. This factor has led to what is termed as “double doctoring” where people are using up to two and three family physicians when trying to see how quickly they can get an appointment to see a physician. There is currently no tracking mechanism to capture patient migration patterns, as providers all have individual client files.

The following were recommendations from the focus groups to assist improving access in the BSG Area:

1. Continued expansion of the Chronic Disease Self- Management Program. This includes having the program materials available in French.
2. Expansion of the Telehealth service to the Port au Port Peninsula
3. Expansion of the Telehealth service to St. George’s/Stephenville Crossing
4. Development of promotional materials for the Telehealth service for areas with low literacy.
5. Development of promotional materials for the Telehealth service in French.
6. Exploration of the possibility of having the 911 services expanded in the province.
7. Identification of community champions for implementing best practice programs in skill development for cooking.

8. Development of intergenerational health promotion programs to encourage participation such as Community Gardens programs.
9. Development of a communication strategy for the results of the Community Health Needs and Resources Assessment to highlight community resources that can be utilized for community programs.

Bay St. George Area Overview

The Bay St. George Area is known for its scenic coastline, natural beauty and ethnic diversity. The area is home to a blend of French, English, Scottish and Mi'kmaq Indian ancestries, combining to form a unique mixture of culture and tradition. The geographic area for this needs assessment includes the communities within the Bay St. George Area (see map below).



Communities in the BSG Area

The communities that are included in the Bay St. George catchment area include: Barachois Brook, Flat Bay, Journois, St. George's, St. Teresa, McKay's, Heatherton, Highlands, Jeffery's, Robinsons, St. David's, St. Fintan's, Black Duck, Cold Brook, Fox Island River, Kippens, Mattis Point, Noels Pond, Point au Mal, Port au Port East, Spruce Brook, Stephenville, Stephenville Crossing and the Port au Port Peninsula.

Within these communities, there are 6 municipalities: Stephenville, Kippens, Lourdes, Port au Port East, St. George's, and Stephenville Crossing as well as 2 local service districts: Barachois Brook and Bay St. George South. Stephenville is the main service centre for the surrounding smaller communities. The table below shows the distance in kilometers each community is located from Stephenville.

Table 5: Community distance from the Town of Stephenville

Community	Distance from Stephenville (km)
Barachois Brook	25
Flat Bay	48
Journois	57
St. George's	30
St. Teresa	56
McKay's	73
Heatherton	73
Highlands	89
Jeffery's	77
Robinsons	70
St. David's	83
St. Fintan's	80
Black Duck	20
Cold Brook	8
Fox Island River	29
Kippens	5
Mattis Point	22
Noels Pond	8
Point Au Mal	27

Port au Port East	12
Spruce Brook	60
Stephenville Crossing	18
Cape St. George	58

Statistical Data Overview

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

Statistical Data

Population Profile and Age Groupings

Based on 2011 Census populations, BSG population totals are unrounded numbers. However, the age groups for some geographies are based on rounded numbers added together, and therefore there is an error associated with the values (see the +/- column on the right). For example, in the St. George's Area there are about 240 people aged 0-14, and we are 95% sure that this value is within 6 of the true value. So, there might be between 234 and 246 people in this age group.

Table 6: BSG Area Population Statistics

Populations (2011)	Total	0-14 years	15-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-79 years	80+ years	+/-
Local Area 35: Crabbes River	1,300	125	115	85	145	245	250	265	65	4
Local Area 36: St. George's	1,935	240	240	135	250	345	385	270	60	6
Local Area 37: Stephenville / Port au Port	15,800	2245	1840	1355	1985	2810	2685	2250	640	9
Gallants	60	5	0	0	5	5	25	10	0	4
Bay St. George Total	18,970	2605	2195	1575	2375	3395	3295	2775	765	7

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Note: Mattis Point is included in Local Area 36: St. George's for this population data but for other data it is included in Local Area 37: Stephenville / Port au Port.

The Bay St. George Area has two unique population groups: the francophone population and the aboriginal population. The provincial Francophone population is estimated at 2,500 with 28% of this population (700) living in the Bay St. George Area, specifically on the Port au Port Peninsula (Fédération des francophones de Terre-Neuve et du Labrador, 2013).

There is also a significant aboriginal population with a number of local band councils including Flat Bay Indian Band, Indian Head First Nations, Port au Port Indian Band and St. George's Indian Band (see Table 7). Qalipu Mi'kmaq First Nations Band was officially formed in 2011 and includes council members from St. George's, Stephenville and Port au Port.

Table 7: Aboriginal Band Profiles

INDIAN BAND	COMMUNITY BOUNDARY POINTS	
Flat Bay Indian Band	Flat Bay West Fishels River	Flat Bay East St. Teresa's
Indian Head First Nation Band	Black Duck Mattis Point Stephenville Crossing	Cold Brook Noels Pond Stephenville
Port au Port Indian Band	Aquathuna Campbell's Creek Kippens Point au Mal Port au Port West	Boswarlos Felix Cove Fox Island River Port au Port East
St. George's Indian Band	Barachois Brook Flat Bay Brook Mattis Point Sandy Point	Seal Rocks Shallop Cove Steel Mountain St. George's

It is difficult to obtain accurate numbers of current members due to the large number of applications for aboriginal status as both the Government of Canada and the Federation

of Newfoundland Indians (FNI) originally estimated the first nation would include between 8,700 to 12,000 members. However, since that time, they have stated that:

“It was neither reasonable nor credible to expect more than 100,000 applications to be members of the Qalipu band, given the numbers of individuals who identified themselves as members of the Mi’kmaq group of Indians of Newfoundland when the agreement was signed. In fact, according to the 2006 Census, there were approximately 23,450 residents of Newfoundland and Labrador who identified themselves as Aboriginal. Furthermore, it has become clear that the majority of the more than 100,000 applicants appear to no longer reside in those communities. In fact, FNI and Canada estimate that almost 70 per cent of the applicants do not reside in any of the Mi’kmaq communities targeted for recognition in this initiative, but elsewhere in Canada” (www.qalipu.ca).

Migration

The face of rural Newfoundland is changing as many communities are being impacted by outmigration, declining birth rate, and an aging population. Many towns in this area are referred to as “seasonal villages” as much of the population leaves the province to work for 6-9 months of the year and return to live in their homes for the remaining three months of the year.

Net migration using the residual method is calculated by subtracting the current population from the population in the previous year and then removing the affect that births and deaths has on the population. By doing so, the remainder/residual is the number of people who migrated into or out of the BSG area.

Table 8: BSG Area Migration Rates

Area	Residual Net Migration in 2011
Local Area 35: Crabbes River	0.83% (10 individuals)
Local Area 36: St. George’s	-0.6% (-15 individuals)
Local Area 37: Stephenville - Port au Port	0.41% (70 individuals)
Bay St. George Region Total	0.32% (65 individuals)
Western Health Authority	0.18% (145 individuals)
Newfoundland and Labrador	0.51% (2605 individuals)
Canada	0.49% (158365 individuals)

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Note: Includes George’s Lake and Gallants.

Birth Rates

Calculations are based on unrounded numbers, but include Gallants and Georges Lake.

Table 9: BSG Birth Rates

Area	Number of Births in 2011	Change since 2010	Birth Rate the ratio of live births to the population expressed per 1,000
Local Area 35: Crabbes River	5	..	3.8
Local Area 36: St. George's	20	..	10.3
Local Area 37: Stephenville - Port au Port	120	17.2% decrease	7.6
Bay St. George Region Total	145	9.4% decrease	7.6
Western Health Authority	615	5.4% decrease	7.7
Newfoundland and Labrador	4,465	8.1% decrease	8.8

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Note: The birth rates are calculated using the 2011 census populations.

Mortality Rates

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

Table 10: BSG Mortality Rates

Area	Number of Deaths in 2011	Change since 2010	Death Rate
Local Area 35: Crabbes River	20
Local Area 36: St. George's	20
Local Area 37: Stephenville - Port au Port	145	17.1% decrease	..
Bay St. George Region Total	185	5.1% decrease	9.72
Western Health Authority	780	0.6% increase	9.71
Newfoundland and Labrador	4,475	0.9% increase	8.79

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Hospital Morbidity

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

Table 11: BSG Numbers Hospital Morbidity Rates

	Local Area 35: Crabbes River	Local Area 36: St. George's	Local Area 37: Stephenville - Port au Port	Bay St. George Region	Western Health Authority	NL
Circulatory diseases	45	45	530	620	2535	14,145
Respiratory diseases	40	35	335	410	1605	10,130
Cancer (Neoplasms)	30	25	260	315	1295	7,590
Injuries and Poisoning	35	20	225	285	1250	7,295

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Table 12: BSG Rates per 1000 people Hospital Morbidity Rates

	Local Area 35: Crabbes River	Local Area 36: St. George's	Local Area 37: Stephenville - Port au Port	Bay St. George Region	Western Region	NL
Circulatory diseases	17	12	16	16	16	14
Respiratory diseases	15	9	10	10	10	10
Cancer (Neoplasms)	11	6	8	8	8	7
Injuries and Poisoning	13	5	7	7	8	7

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Education and School Enrolment

Table 13: Overall School Enrolment Year 2012-13 BSG Area

	Local Area 35: Crabbes River	Local Area 36: St. George's	Local Area 37: Stephenville - Port au Port	Bay St. George Region	Western Health Region	Newfoundland and Labrador
Total Students	140	310	2075	2525	9985	68,315

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Note: Gallants and Georges Lake do not have schools; therefore this enrolment number is accurate.

Table 14: BSG Area Education Attainment

	Local Area 35: Crabbes River	Local Area 36: St. George's	Local Area 37: Stephenville - Port au Port	Bay St. George Region	Western Region	NL	Canada
Percentage of population with a certificate, diploma or degree, 18 to 64 years of age (2006)	66.3%	68.1%	69.4%	69.0%	70.4%	74.9%	84.2%
Percentage of population with a Bachelor's Degree or Higher, 25 to 54 years of age (2006)	4.5%	7.3%	10.2%	9.5%	11.9%	15.1%	24.2%

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Note: Based on values from the 2006 census. The region total was calculated using rounded numbers. Gallants and Georges Lake are included.

Income

Table 15: BSG Income Statistics

	Local Area 35: Crabbes River	Local Area 36: St. George's	Local Area 37: Stephenville - Port au Port	Bay St. George Region Total	Western Region	NL	Canada
Personal Income Per Capita (2009)	\$19,500	\$20,400	\$22,200	\$21,800	\$24,400	\$27,700	\$31,000
Average Couple Family Income (2009)	\$52,900	\$60,200	\$66,700	\$65,000	\$71,300	\$82,500	\$94,900
Incidence of Low Income: All families	18.4%	21.1%	22.3%	21.9%	N/A	15.3%	N/A

(2009)						
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Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Note: The incidence of low income was calculated using rounded data. Regional values for personal income and average couple income were calculated using rounded data. Gallants and Georges Lake are included.

Employment

The BSG employment rate is based on the percentage of people aged 18-64 in the population who worked at least one week in 2005.

Table 16: BSG Area Employment Rates

	Local Area 35: Crabbes River	Local Area 36: St. George's	Local Area 37: Stephenville - Port au Port	Bay St. George Region	Western Region	NL
Employment Rate, 18 to 64 years of age (2005)	72.5%	61.7%	65.9%	65.4%	73.8%	76.7%
Employment Insurance Incidence (2011)	57.4%	48.9%	37.4%	39.9%	39.1%	31.3%
Income Support Assistance Incidence (2011)	13.4%	21.7%	19.8%	19.6%	11.7%	9.6%

Source: Community Accounts, Newfoundland and Labrador Statistics Agency

Note: The regional values in this section are calculated using rounded numbers, except for the Income Support Assistance value for which only the population is rounded. Gallants and Georges Lake are included.

Health and Well-Being

The following tables provided information on the health, well-being and health practices of the population of the BSG Area.

Table 17: Self-Assessment of Health Status

	Bay St. George Region	Western Region	NL
Self-Assessed Health Status as Excellent (%)	16.4 % (+/- 5.0%)	15 % (+/- 2.5%)	16.2 (+/- 1.2%)
Self-Assessed Health Status as Very Good (%)	31.8 % (+/- 6.3%)	39.1 % (+/- 3.4%)	43.9 % (+/- 1.6%)

Self-Assessed Health Status as Good (%)	31.3 % (+/- 6.3%)	30.9 % (+/- 3.2 %)	26.3 % (+/- 1.4%)
Self-Assessed Health Status as Fair (%)	16.3 % (+/-5.0%)	11.1 % (+/- 2.2%)	10.5 % (+/- 1.0%)
Self-Assessed Health Status as Poor (%)	4.2 % (+/-2.7%)	4.0 % (+/- 1.4%)	3.1 % (+/- 0.6%)

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

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

Table 18: Self-Assessment of Personal stress

	Bay St. George Region	Western Region	NL
Population that is very satisfied or satisfied with life in general (%)	85.1 % (+/- 4.9%)	88.1 % (+/- 2.3%)	87.7 (+/- 1.1%)
Population that has extreme or quite a bit of self-perceived life stress (%)	13.7 % (+/- 4.8%)	13.2 % (+/- 2.4%)	14.0 % (+/- 1.2%)
Population that has extreme or quite a bit of self-perceived work stress (%)	15.7 % (+/- 5.8%)	19.9 % (+/- 3.0%)	18.2 % (+/- 1.4%)
Population that has a strong or somewhat strong sense of belonging to community (%)	72.5 % (+/- 6.1%)	81.8 % (+/- 2.1%)	80.3% (+/- 1.3%)

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

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

Table 19: Self-Reported Health Behaviours

	Bay St. George Region	Western Region	NL
Population who smoke daily (%)	N/A *	21.9 % (+/- 2.9%)	18.6 (+/- 1.3%)
Population who drink once a week (%)	7.4 % (+/- 4.8%)	7.8 % (+/- 2.2%)	9.4 % (+/- 1.1%)
Population that has BMI > 25 aged 18 + (%)	67.3 % (+/- 6.9%)	63.4% (+/- 3.6%)	6.47 % (+/- 1.7%)

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

Note: * 68.8% of respondents indicated they do not smoke at all

Table 20: Regional Breastfeeding Rates

BSG Area	Western Region	NL
Not available	61.4%	68%

Cervical Screening

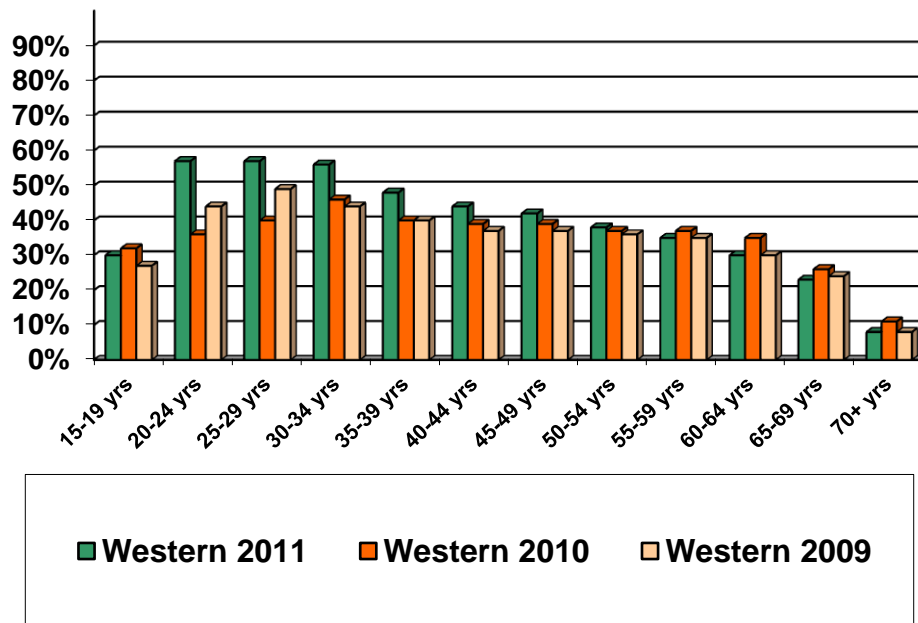
Table 21: Annual Cervical Screening Participation Rates 2009- 2011: BSG Area

Bay St. George Area	Percentage of Women Screened Total Annual Average		
	2009	2010	2011 (20-69)
	2555/7809 = 32.7%	2794/8317 = 33.5%	2050/6427 = 31.8%

Source: Western Health Cervical Screening Initiatives

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

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



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

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

- Western Region Participation rate: 69%
- Provincial Participation rate: 72%
- BSG Participation Rate: 76%

Immunization Rates

Table 22: Flu shot rates

	BSG Area	Western Region	NL
Population who have had a flu shot (%)	49.8% (+/- 6.8%)	43.0 % (+/- 3.5%)	41.8% (+/-1.6%)
Population whose last flu shot < 1 year (%)	60. (+/- 9.5%)	52.7% (+/-5.2%)	60.2% (+/- 2.4%)
Population whose last flu shot was 1 to < 2 years (%)	15.7 (+/- 7.1%)	19.0% (+/- 4.0%)	14.6% (+/- 1.7%)
Population whose last flu shot was more than 2 years (%)	25.3% (+/- 8.4%)	28.4% (+/- 4.7%)	25.2% (+/-2.1%)

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

Table(s) 23: Childhood/School aged Immunizations

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

Immunization status by Age 2 (2011-2012)	BSG Area
DaPTP/Hib	126/132 = 95.4%
Pneumococcal	122/132 = 92.4%
MMR	122/132 = 92.4%
Varicella	128/132 = 96.9 %
Men-C	129/132 = 97.7%

Overall Average = 94.6%

Immunization Status at Kindergarten (2011-2012)	BSG Area
DTaP/IVP/Hib 4	163/168 = 97%
DaPT-IPV	164/168 = 97.6%
Pneumococcal	159/168 = 94.6 %
MMR	164/168 = 97.6%
Varicella	165/168 = 98.2 %
Meningococcal	165/168 = 98.2%

Overall Average: 97.2 %

Immunization Status at Grade 4 (2011-2012)	BSG Area
Men-C-ACYW-135	149/156 = 95.5 %
Immunization Status at Grade 6 (2011-2012)	BSG Area
HPV (3 doses)	84/89 = 94.3 %
Immunization Status at Grade 9 (2011-2012)	BSG Area
Tdap	198/210 = 94.2%

Table 24: Breast Screening Rates: Mammography

	BSG Area	Western Region	NL
Population who have had a mammogram (%)	70.9 % (+/-9.4 %)	69.1 % (+/-4.8 %)	69.7 % (+/-2.4%)
Population whose last mammogram was < 6 months (%)	25.2% (+/-10.8%)	30.4 % (+/-5.7%)	27.2% (+/-2.7%)
Population whose last mammogram was 6 months to < 1 year (%)	40.2 (+/- 12.2%)	36.4% (+/-5.9%)	31.4% (+/-2.8%)
Population whose last mammogram was 1 year to < 2 years (%)	20.6% (+/- 10.1%)	16.9% (+/-4.6%)	20.4% (+/-2.5%)
Population whose last mammogram was 2 years to <5 years	-	10.3% (+/- 3.7 %)	12.1% (+/-2.0%)
Population whose last mammogram was 5 years of more	-	5.9% (+/- 2.9%)	9.0% (+/- 1.7%)

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

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

Daily Consumption of Fruits and Vegetables

Table 25: Male Rates

	BSG Area	Western Region	NL
Population with less than 5 servings per day (%)	73.4% (+/- 9.1%)	68.6% (+/- 5.1%)	77.1% (+/- 2.1%)
Population with 5-10 servings per day (%)	-	27.0% (+/- 4.9%)	20.9% (+/- 2.0%)
Population with more than 10 servings per day (%)	-	4.5% (+/- 2.3%)	2.0% (+/- 0.7%)

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

Table 26: Female Rates

	BSG Area	Western Region	NL
Population with less than 5 servings per day (%)	-	57.6% (+/- 4.5%)	64.0% (+/- 2.1%)
Population with 5-10 servings per day (%)	50.5% (+/- 9.1%)	39.0% (+/- 4.5%)	33.3% (+/- 2.1%)
Population with more than 10 servings per day (%)	-	3.4% (+/-1.7%)	2.6% (+/- 0.7%)

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

Community Resource Listing Overview

The following section highlights the community resources for the BSG Area that was compiled utilizing the Community Education Network's Resource Guide for Southwestern Newfoundland, local municipality websites, and community organization websites.

Community Resource Listing

Health Care Services in the BSG Area

The Sir Thomas Roddick Hospital is located in Stephenville and provides many of the essential health care services for the area. The following is a summary of the services available:

Sir Thomas Roddick Hospital (Stephenville)

44 acute care beds

- Acute Medicine
- General Surgery
- Intensive Care
- Internal Medicine
- Renal Dialysis
- Pharmacy
- Respiratory Therapy
- Clinical Nutrition
- Occupational Therapy
- Diagnostic Imaging
- Emergency Medicine
- OBS/Gynecology clinics
- Outpatients
- Anaesthetic Services
- Palliative Care
- Laboratory
- Social Work
- Physiotherapy
- Diabetes Education
- Psychiatry

It is important to note that it is situated 87 km (approximately 1 hour) from the Western Memorial Regional Hospital in Corner Brook, which is the major acute health care site for Western Health.

Western Health Psychiatry Clinic

One Outpatient Psychiatrist who also provides consultation to Sir Thomas Roddick Hospital on a daily basis.

Long Term Care

Bay St. George Long Term Care Centre is a 114 bed facility in Stephenville Crossing that provides nursing, dietitian, occupational therapy, and physiotherapy services to its residents. It also has a senior's adult day program and meals on wheels service. The Emile Benoit House is also located at this site and has 20 apartments in the congregate housing and 38 cottages for senior independent living.

Rural Medical Clinics

In addition to Sir Thomas Roddick Hospital, there are 7 rural medical clinics located throughout BSG:

- ***Jeffery's Medical Clinic (Jeffery's)***
1 Family Physician available 5 days/week
- ***Bay St. George Medical Clinic (Stephenville)***
3 Family Physicians available 5 days/week
- ***DeGrau Medical Clinic (DeGrau)***
1 Family Physician available 2 days/week (shared with Lourdes Medical clinic)
1 PHC Nurse Practitioner available 3 days/week (shared with Lourdes Medical clinic). This position is currently vacant.
- ***Lourdes Medical Clinic (Lourdes)***
1 Family Physician available 3 days/week (shared with DeGrau Clinic)
1 PHC Nurse Practitioner available 2 days/week (shared with DeGrau Medical clinic). This position is currently vacant.

- ***St. George's Medical Clinic (St. George's)***
1 Family Physician available 5 days/week
- ***Stephenville Community Clinic (Stephenville)***
3 Family Physicians available 5 days/week
- ***Stephenville Crossing Medical Clinic (Stephenville Crossing)***
2 Family Physicians available 5 days/week

Community Based Health Services

- Mental Health and Addictions (Stephenville)
- Speech Language Pathology (Stephenville)
- Audiology (Stephenville)
- Community Health Nurses: Continuing Care Focus
- Community Health Nurses: Public Health Focus
- Community Occupational Therapist
- Community Supports
- Primary Health Care Wellness Facilitator

Privately Owned Health Care Services

With the exception of pharmacies, which are located throughout the BSG Area, all these privately owned health care services are located in Stephenville.

- | | |
|--------------------------------------|---------------------------------|
| • Dentists (4 in the area) | • Chiropractors (2 in the area) |
| • Physiotherapists (2 in the area) | • Pharmacies (6 in the area) |
| • Massage Therapists (2 in the area) | • Optometrists (2 in the area) |

Seniors Health and Wellness

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

- Bay St. George Long Term Care Centre (Stephenville Crossing)
 - 114 long-term care beds
 - Adult Day Program

- Meals on Wheels Service for Stephenville Crossing, St. George's and Stephenville area
- Emile Benoit House (Stephenville Crossing)
 - 20 Congregate style Apartments
 - 38 Independent Cottages
- Acadian Village Retirement Home (Stephenville)
- Silverwood Manor Personal Care Home (Kippens)
- Crosswinds Seniors Resort (Robinson's)
- There are also private health services available through Tender Loving Care Nursing service for the BSG population.

Emergency Services

- The regional RCMP detachment is located in Stephenville
- Barchois Search and Rescue (located in Stephenville Crossing) and Stephenville-Kippens-Port au Port Search and Rescue service the BSG area.
- The Stephenville Fire Department is a dedicated fire department. In addition, the following are volunteer fire departments:
 - Lourdes Volunteer Fire Department
 - Cape. St. George Volunteer Fire Department
 - Port au Port West Volunteer Fire Department
 - Port au Port East Volunteer Fire Department
 - Kippens Volunteer Fire Department
 - Stephenville Crossing Volunteer Fire Department
 - St. George's Volunteer Fire Department
 - Bay St. George South Volunteer Fire Department
- Stephenville is also home to a fire fighter training facility: Safety and Emergency Response Training (SERT) Centre. The SERT Centre is one of the premiere fire training facilities in Canada with the capability and equipment to provide Aircraft Rescue & Firefighting, Structural, Marine & Industrial Firefighting Training.
- Ambulance Services are provided by:
 - Russell's Ambulance Service is located in Stephenville
 - Knights of Columbus Ambulance Service is located in West Bay
 - Cape St. George Ambulance Service located in DeGrau

- Royal Canadian Legion Ambulance Service is located in Jeffery's
- The Community Paramedicine Working Group for Western Health has developed a *Community Paramedicine Program (C.P.P.)* which requires health care professionals work collaboratively to facilitate access to Primary Health Care Services. The Community Paramedicine Program will expand the duties of Community Paramedics (CPs) to support professionals to work in their full scope of practice in order to improve access to healthcare and to provide assistance when required. For the Bay St. George Area communities served by Cape St. George and Lourdes ambulance services initiated the project in May 2012 with a signed Memorandum of Understanding and are now completing the training required to begin the program. This initiative will be evaluated one year following implementation to identify how this model may be beneficial to the effective and efficient provision of rural health care.

Churches

The BSG Area is home to various churches and religion organizations. The Bay St. George Ministerial Association is a group of religious leaders from the area who meet monthly to address the spiritual needs of the communities together. The following is a list of the various denominations in Bay St. George:

<i>Roman Catholic</i>	<i>Anglican</i>
<ul style="list-style-type: none"> • Our Lady of Lourdes (Lourdes) • St. Philomena's Chapel (Three Rock Cove) • Chapel de Ste. Anne (Mainland) • Our Lady of the Cape (DeGrau) 	<ul style="list-style-type: none"> • St. Augustine's (Stephenville) • All Saints (Stephenville Crossing) • St. Mary the Virgin (St. George's) • St. George's (Robinson's) • St. Mary Magdalene (Jeffery's)

<ul style="list-style-type: none"> • Our Lady of Fatima (Piccadilly) • Maria Regina (Port au Port East/West) • St. Stephen's (Stephenville) • Assumption Parish (Stephenville Crossing) • St. Joseph's (St. George's) • St. Anne's (Flat Bay) • St. Joseph's (Heatherton) • St. Columcille (St. Fintan's) • Highlands Church (Highlands) 	<ul style="list-style-type: none"> • St. Michael's (St. David's)
<i>Pentecostal</i>	<i>United</i>
<ul style="list-style-type: none"> • DeGrau Pentecostal (DeGrau) • Zion Pentecostal (Stephenville) • United Pentecostal (Stephenville) 	<ul style="list-style-type: none"> • United Church of Canada (Stephenville) • United Church of St. George's (St. George's)
<i>Other</i>	
<ul style="list-style-type: none"> • Revival Ministries (Boswarlos) • Non-Denominational Christian Faith (St. George's) • Salvation Army (Stephenville) • Jehovah's Witness (Stephenville) 	

Education

There are 15 schools located in the Bay St. George Area including; one primary school, eight elementary/junior high schools, three high schools, two kindergarten to grade 12 schools and one alternative school. Overall enrolment for the BSG Area schools was outlined in the statistical section of this report.

SCHOOL	DESCRIPTION
Appalachia High School (St. George's)	This school includes grades 9-12 from Stephenville Crossing, St. George's
EA Butler (McKay's)	This school includes grades K-12
École Notre Dame du Cap	This school includes grades K-8 in a total

(DeGrau)	French setting.
École Sainte-Anne La Grande-Terre (Mainland)	This school includes grades K-12 in a total French setting. This school also has a Family Resource Centre/ Healthy Baby Club
Lourdes Elementary (Lourdes)	This school includes grade K-8 This school also has a Family Resource Centre/ Healthy Baby Club
Our Lady of Mercy Elementary (St. George's)	This school includes grades K-8
Our Lady of the Cape (DeGrau)	This school includes grades K-8 This school also has a Family Resource Centre/ Healthy Baby Club
Pathfinders/Directions Alternative School	This school is an alternate educational facility integrating computer-managed curriculum with traditional and innovative teaching and learning opportunities for at risk individuals aged 16-30.
Piccadilly Central High School (Piccadilly)	This school includes grades 9-12
St. Michael's Elementary (Stephenville Crossing)	This school includes grades K-8 This school also has a Family Resource Centre/ Healthy Baby Club
St. Thomas Aquinas Elementary (Port au Port East)	This school includes grades K-8. This school also has a Family Resource Centre/ Healthy Baby Club
Stephenville Primary (Stephenville)	This school includes K-3 and offers a French immersion program
Stephenville Elementary (Stephenville)	This school includes grades 4-5 and offers a French immersion program
Stephenville Middle School (Stephenville)	This school includes grades 6-8 and offers a French immersion program
Stephenville High School (Stephenville)	This school includes grades 9-12 and offers a French immersion program

There are two college facilities located in the town of Stephenville. Western College is a part of the CompuCollege family and offers a variety of career training courses. The College of the North Atlantic's Bay St. George campus is a large campus

consisting of five main buildings. The campus has a residence with a capacity of 170 students and features full dining facilities. Full-time credit course registration is approximately 750 students per semester, with another 100 registered part-time. Upwards of 1,000 students participate in continuing education evening courses. The provincial headquarters for College of the North Atlantic is also located in Stephenville.

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

Early Learning and Childcare

Early learning and childcare is an essential part of healthy child development. In the BSG Area, the CEN operates 3 Healthy Baby Clubs that provide support to pregnant women and their families to help ensure a healthy pregnancy and healthy newborns, 9 Family Resource Centres that provide fun and supportive environment for children from birth to age 6 and their parents/caregivers and Child Car Seat Safety clinics.

FAMILY RESOURCE CENTRES	HEALTHY BABY CLUBS
Ship Cove Family Resource Centre	Stephenville Healthy Baby Club
Mainland Family Resource Centre	Lourdes Healthy Baby Club
Cape St. George Family Resource Centre	St. George’s Healthy Baby Club
Port au Port East Family Resource Centre	** These Healthy Baby Clubs service the areas they are located in and the surrounding communities**
Lourdes Family Resource Centre	
Stephenville Crossing Family Resource	

St. George's Family Resource Centre	
Flat Bay Family Resource Centre	
Stephenville Family Resource Centre	

Preschools and nursery schools in the area provide early learning support to children up to kindergarten age. They are available in various settings in the BSG Area with only a few offering day care services.

PRE-SCHOOL/NURSERY SCHOOL	DAY-CARE SERVICES
Lourdes Elementary Pre-School Program (Lourdes)	Care-A-Lot Daycare (Stephenville)
La Prématernelle – École Ste. Anne (DeGrau)	Stephenville High School Infant Care Centre (Stephenville)
La Prématernelle – École –Notre Dame du Cap (Mainland)	
Kindergarten Readiness – St. Thomas Aquinas (Port au Port East)	
Happy Tots Nursery School (Stephenville Crossing)	

Libraries

Most schools highlighted in the section above contain libraries in the schools that are can be accessed to the public in both English and French. The francophone population has a unique literacy program that provides home visitation for children aged 3 and up entering the French School system. In addition to these, the BSG Area libraries include:

- Bibliotheque Publie la Grand Terre (Mainland)
- Lourdes Public School Library
- Cape St. George Public School Library
- Port au Port Public School Library
- Kindale Public Library (Stephenville)
- Stephenville Crossing Public Library
- St. George's Public Library

- Bay St. George South Public Library (McKay's)

The Bay St. George Literacy Council also operates in Stephenville and provides assistance to adults with their basic reading, writing and numeracy skills.

Community and Volunteer Organizations

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

- Royal Canadian Legion has active branches in Stephenville, Jeffery's
- Lions/Lioness Clubs have active chapters in Stephenville, Stephenville Crossing and McKay's
- Stephenville Kinsmen Club meets weekly
- Stephenville has a very active Lion's/Lioness Club that is involved in many of the events in the area. In particular, they are the host site for the Stephenville Community Gardens Project and weekly Community Market from the spring into the fall.
- The Town of Kippens also has a volunteer Community Garden Committee
- There are active Ladies Auxiliary groups for the STRH and Bay St. George Long Term Care Centre.
- Knights of Columbus has 2 active councils, one in Stephenville and one in Stephenville Crossing.

- The Bay St. George Sick Children's Foundation is a volunteer organization that provides financial assistance to patients and family members towards the cost of travel, accommodations, meals, and other related necessities.
- Bay St. George Community Advisory Committee is a group of volunteer community members who work with Western Health Primary Health Care teams to assist in planning, implementing and evaluating initiatives to improve the overall health and well-being of the Bay St. George Area.

Public Facilities

Stephenville is the main centre and most people travel there to attend to their shopping and banking needs. Stephenville is home to an Arts and Culture Centre as well as a variety of other services including financial institutions, hotels, restaurants, car dealerships, and retail outlets

The Stephenville International Airport that was built by the United States Air Force as part of the Ernest Harmon Air Force Base is still operational and receives many flights a week.

The West Coast Correctional Centre is a minimum/medium security facility also located in Stephenville. The institution was established in 1978 as a regional provincial correctional facility. In 1996, it was restructured as the primary location to provide core programs for federal and provincial offenders in this province.

Recreation and Leisure

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

- The Stephenville Dome, constructed for the 1999 Canada Winter Games offers hockey, figure skating, recreational skating, broomball, and has a walking track available for use.
- The Caribou Curling Club is located in Stephenville.
- Harmon Seaside links is an 18 hole golf course located in Stephenville.
- The West Coast Training Centre, also located in Stephenville, has facilities for judo, karate, squash, badminton, basketball, volleyball, weight lifting and tennis providing year-round activities for the active lifestyle.
- Whaleback Nordic Ski Park in Stephenville has over 40 kilometers of trails, with 2 kilometers lighted for night skiing.
- The Regional Aquatic Centre in Stephenville is a multi-use family facility that contains a 6-lane competitive leisure pool, a junior pool, a tots pool, and a whirlpool.
- The Mayfield Soccer pitch is located in the Town of Stephenville.
- The town of Stephenville has a Walk-a-Ways Trail System that takes pedestrians throughout the town, from the Base, to Port Harmon, into the downtown.
- The Town of Kippens has an outdoor recreation complex with a soccer field, tennis courts, beach volleyball court, playground, and cross country running trail.

- The Town of St. George's Recreational facility has an ice rink and 4 lanes for 5 pin bowling.
- The Town of Stephenville Crossing has a .5 km walking trail called the Prairie Pond Habitat Walking Trail.
- The Port au Port Peninsula boasts six different trails through that area including the Lourdes hiking trail, the Gravels in Port au Port, the Twelve Mile Trail from Mainland to Cape St. George, the Lewis Hill Trails, the Bird Blind Walk in Piccadilly, and My Grandfather's Trail in Cape St. George.
- The Bay St. George Snowmobile and ATV Association are responsible for ensuring that the numerous trails in the area are safely maintained.
- Barachois Provincial Park is the largest provincial park in Newfoundland and Labrador and is located on the Trans-Canada Highway, Route 1, the park is 20 km from Stephenville

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

- Stephenville Minor Hockey Association
- Stephenville Minor Soccer Association
- Stephenville Minor Baseball Association
- Stephenville Skating Club
- Aboriginal Sport and Recreation Circle
- Walk-A-Ways Trails and Parks Committee
- Stephenville Recreation and Leisure Council
- Bay St. George Community Advisory Committee

- Bay St. George Artists Association
- Bay St. George Folk Art Council
- Lynx 3012 Army Cadets (Port au Port)
- Calypso 194 Sea Cadets (St. George's)
- Stephenville District Girl Guides including 2 Sparks groups, 1 Brownie group, 1 Pathfinder group and 1 Ranger group.
- Stephenville District Scouts including 1 Beaver group, 1 Cub group, 1 Scout Group

Strengths

The process used for the Community Health and Resources Needs Assessment allowed for the public to participate and inform Western Health of the needs specific to their communities. The participants felt that the communities in the Bay St. George Area were supportive, clean, safe, peaceful and friendly. They also believed that the support groups in the area were essential to supporting their efforts to stay healthy. The examples of the Community Gardens projects with the Town of Stephenville and the Town of Kippens were highlighted as being important to how the community works together to promote health and wellness. The Bay St. George area has a strong volunteer base and a long history of community partnerships in the health, education, and business sectors of the area.

In particular, participants felt very positive about the Long Term Care facilities in the Bay St. George Area, that the PHC Nurse Practitioner service was a very positive service, and that we were fortunate to have the services of the Sir Thomas Roddick Hospital in the area and dedicated ambulance services in many communities.

The strengths identified illustrate that there are strong foundations to build upon. The following section outlines recommendations to improve services and strengthen well-being throughout communities within the Bay St. George Area.

Recommendations

This section of the report is intended to highlight recommendations for an implementation plan for moving toward a healthier community using a primary health care approach in the Bay St. George area. It is important to note that there are more specific recommendations from the community consultations during focus groups included in that section of this report. A partnership between the Bay St. George Primary Health Care Team and Bay St. George Community Advisory Committee would assist in achieving the following recommendations:

- Continue to improve access to and awareness of Western Health's programs and services through the use of technology such as Telehealth and the internet.
- Promote the Community Paramedicine Program in Cape St. George and Lourdes to enhance access to healthcare programs and services.
- Continue to promote the Improving Health My Way Program for clients with chronic diseases such as diabetes
- Address barriers to programs and services including travel costs, distance, and childcare/daycare when developing work plans and offering programming

- Enhance service delivery within the Chronic Disease Prevention and Management model, particularly related cancer and diabetes.
- Continue to promote healthy eating and physical activity through health promotion programs and intergenerational and age specific events.
- Continue community partnerships with health, education, and business sectors.
- Continue partnerships with the Aboriginal and Francophone populations of the Bay St. George Area to work towards addressing their specific access concerns.
- Share the information presented in this report with the BSG Primary Health Care Teams, BSG Community Advisory Committee, identified community partners and the population of the BSG Area.
- Ensure that the community concerns related to distracted driving are included in Western Health's work on injury prevention.

Conclusion

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

Western Health has identified two goals related to health promotion in its 2011-2014 strategic plans. One goal is that "By March 31, 2014, Western Health will have implemented priority initiatives in the diabetes chronic disease prevention and management work plan to support enhanced management". The second goal is that "By March 31, 2014, Western Health will have enhanced health promotion through the implementation of priority initiatives in a health promotion plan to support improving population health. The work that had been completed to date by the Health Promotion

Steering Committee includes the identification of two main priority initiatives in relation to achieving this strategic goal. Priority Initiative 1 is that Western Health will enhance health promotion to address healthy eating necessary for healthy growth and the prevention of obesity in children aged 12 and under including their families. Priority Initiative 2 is that Western Health will enhance health promotion to address physical activity necessary for healthy growth and the prevention of obesity in children aged 12 and under including their families.

The results of this Community Health Needs and Resources Assessment will be central in work plan development for the BSG Primary Health Care Team and BSG Community Advisory Committee. Although access was identified as the biggest concern of the community health needs and resources assessment, the vision of healthier communities was also strong with the participants of the telephone surveys and focus groups. This needs assessment is the first step in getting to know our community and setting the stage for action and Western Health will be better equipped to attain this vision and address health inequities and changing demographics that shape our communities.

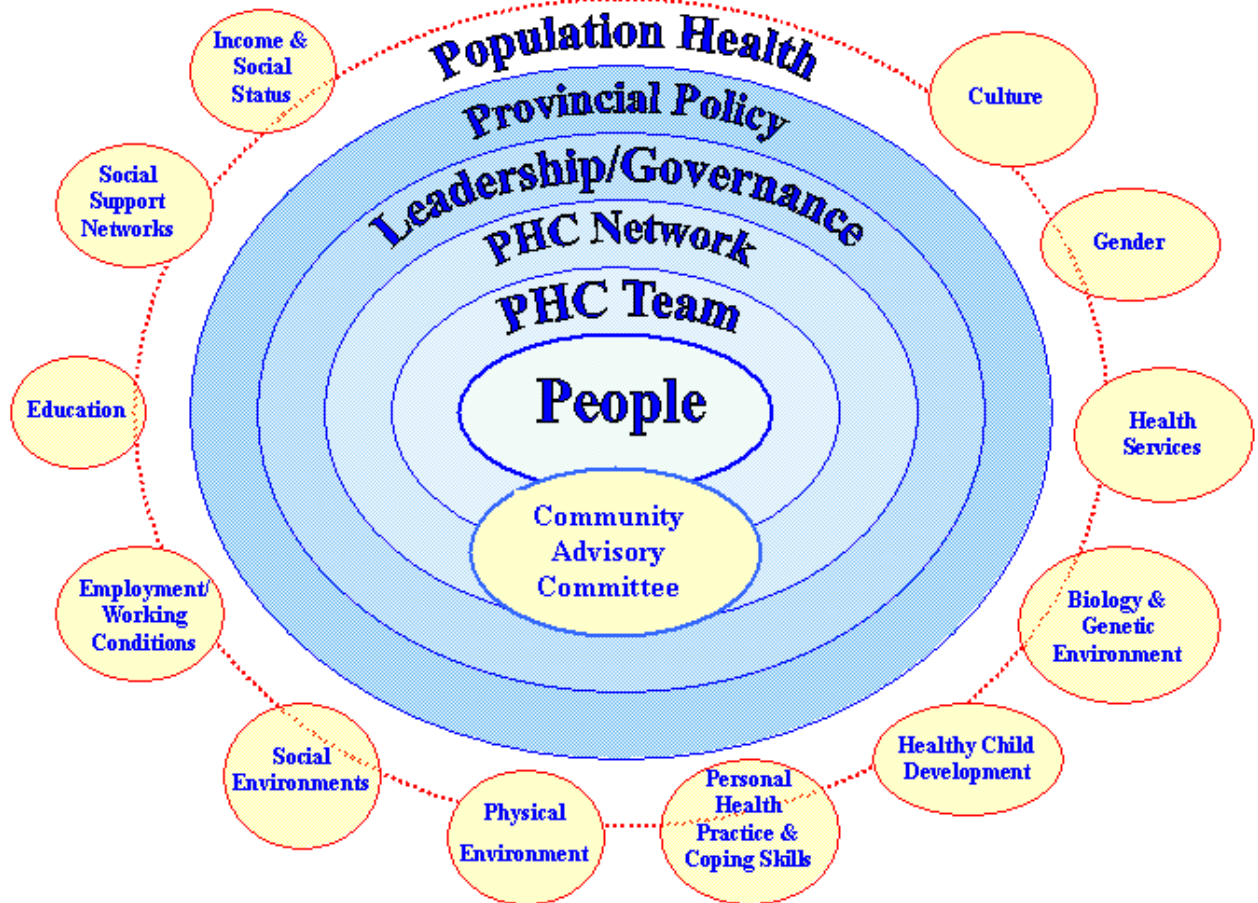
References

- Community Accounts (2012). Communities in area and population.
- Community Accounts (2012). Canadian Community Health Survey Results.
- Community Education Network (2013). Resource Guide Southwestern Newfoundland.
- Fédération des francophones de Terre-Neuve et du Labrador (2013). Retrieved March 1, 2013 from <http://www.francotnl.ca/>
- Fédération des francophones de Terre-Neuve et du Labrador (2013). Passeport Santé.
- Federation of Newfoundland Indians (2010). Health needs assessment of off-reserve Mi’Kmaq Indians in Western and Central Newfoundland: Results of the FNI Health Transition Project.
- Qalipu Mi’Kmaq First Nations Message from the Chief (2011). Retrieved March 1, 2013, from <http://qalipu.ca/>
- Western Health Cervical Screening Initiatives (2013). Annual Cervical Screening Participation Rates 2009 – 2011: BSG Area.
- Western Health Community Health Nursing(2013) Public Health Focus Area “B” Report

APPENDIX A

Primary Health Care Model

Primary Health Care Model



Appendix B

Community Health Needs and Resources Assessment Policy

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

PURPOSE

To identify the processes used in assessing community health needs and resources to support planning within Western Health.

POLICY

The Community Health Needs and Resources Assessment (CHNRA) must be completed every three years. The CHNRA will be used for organizational strategic planning and primary health care team planning

Primary Health Care Managers must:

1. Utilize the Community Health Needs and Resources Assessment Template (Appendix A) to complete the team area report.
2. Consult with the Regional Manager of Research and Evaluation.
3. Forward the Community Health Needs and Resources Assessment team area reports to the Regional Director of Health Promotion and Primary Health Care.

The Regional Director of Health Promotion and Primary Health Care (PHC) must:

1. Forward Community Health Needs and Resources Assessment team area reports to the Regional PHC Management Team for feedback.
2. Once feedback is received, forward team area reports to VP Population Health and VP Quality Management and Research for approval.
3. Once approved, forward approved team area reports to Regional Manager of Research and Evaluation.

The Regional Manager of Research and Evaluation must:

1. Provide expertise on data collection and analysis.

2. In the third year, complete the Community Health Needs and Resources Assessment, which includes a synthesis of the team area reports and the annual Western Health Environmental Scan.
3. Place the Community Health Needs and Resources Assessment on the Planning and Research Intranet site.

REFERENCES

Western Health (2009). A Summary Report on the Community Health Needs and Resources Assessment Study of the Western Region.

The New Brunswick Health and Wellness (2002). The New Brunswick Community Health Needs Assessment. Author.

KEYWORDS

Community Health Needs and Resources Assessment, CHNRA, Primary Health Care, Primary Health Care Managers, Needs Assessment, Needs Assessments

Approved By: Chief Executive Officer	Maintained By: Regional Director of Health Promotion and Primary Health Care
Effective Date: 06/August/2010	<input type="checkbox"/> Reviewed: <input type="checkbox"/> Revised: <i>(Date of most recent changes to the policy)</i>
Review Date: 06/August/2013	<input type="checkbox"/> Replaces: <i>(Indicates name and number of policy being replaced) OR</i> <input checked="" type="checkbox"/> New

APPENDIX A

Community Health Needs and Resources Assessment Template

Four categories of information in a Community Health Needs and Resources Assessment:

1. Health Status (statistics)
2. Community Assets (profile)
3. Health needs identified by community (survey)
4. Public feedback (key informants, focus groups, consultation with community advisory committee)

	Data to be Collected	Source	Timeframe
1. Collect data for health status (statistics)			Every 3 years commencing January 2012
	Population	Community accounts	
	Age groupings	Community accounts	
	Communities in area	Organizational Data	
	Migration	Community accounts	
	Birth rates	Newfoundland and Labrador Centre for Health Information	
	Mortality rates	Newfoundland and Labrador Centre for Health Information	
	Overall school enrolment	Community accounts	
	Income	Community accounts	
	Employment	Community accounts	
	Education	Community accounts	
	Well being	Canadian Community Health Survey	
	Self assessment of health	Canadian Community Health Survey	
	Tobacco use	Canadian Tobacco Use Monitoring Survey	
	Alcohol use	Canadian Community Health Survey	

	Data to be Collected	Source	Timeframe
	Obesity	Canadian Community Health Survey	
	Physical activity	Canadian Community Health Survey	
	Cervical Screening	CSI Coordinator	
	Breast Screening rates	Canadian Community Health Survey	
	Consumption of fruits and veggies	Canadian Community Health Survey	
	Breastfeeding		
	Flu vaccine uptake	Canadian Community Health Survey Organizational Data	
	HPV	Organizational Data	
	Child immunization	Organizational Data	
	Circulatory diseases	Health Indicators Report	
	Respiratory diseases	Health Indicators Report	
	Cardiovascular disease	Health Indicators Report	
	Cancer	Health Indicators Report	
	Other (unintentional injury data)	Health Indicators Report	
2. Community assets			
		Community Advisory Committee, staff of Western Health, community key stakeholders/members	January to December every three years commencing January 2012
	Churches		
	Daycares		
	Public facilities		
	Health facilities		
	Recreational facilities		
	Community agencies and Volunteer organizations		

Appendix C

Telephone Surveys

Demographics:

Questionnaire completed by: male _____ or female _____

Age: _____

Years living in the community: _____

Are you satisfied with the following community services?

Community Services	Yes	No	Don't know	Not Available
1. Preschool programs	1	2	3	4
2. Schools	1	2	3	4
3. University / College	1	2	3	4
4. Child Care/day care	1	2	3	4
5. After school programs	1	2	3	4
6. Children/Youth programs	1	2	3	4
7. Seniors programs (55+)	1	2	3	4
8. Recycling	1	2	3	4
9. Water and sewage	1	2	3	4
10. Garbage collection and disposal	1	2	3	4
11. Hazardous waste disposal	1	2	3	4
12. Community planning (Town Council)	1	2	3	4
13. Telephone	1	2	3	4
14. Fire protection	1	2	3	4
15. Police	1	2	3	4
16. Libraries	1	2	3	4
17. Postal services	1	2	3	4
18. Banking	1	2	3	4
19. Grocery stores	1	2	3	4
20. Shopping	1	2	3	4
21. Public transportation (Ex. buses, taxis)	1	2	3	4
22. Recreation programs	1	2	3	4
23. Recreation facilities	1	2	3	4
24. Career development services	1	2	3	4

25. Literacy support	1	2	3	4
27. Food bank	1	2	3	4
Are there other community services that were not in this list that you would like to add?				

Are you satisfied with the following health related community services?

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

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

75. Dietitian Services	1	2	3	4
76. Respiratory Services	1	2	3	4
77. Emergency Preparedness	1	2	3	4
78. Speech and Hearing Services	1	2	3	4
79. Vision Services	1	2	3	4
80. Foot Care				
Are there other health related community services that were not in this list that you would like to comment on? (Please explain reasons if you are not satisfied with these services)				
Are there barriers to accessing any of these services?				

Do you think that any of the following community groups improve the health of your community?

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

90. Family Resource Center (e.g. Healthy Baby Clubs)	1	2	3	4
91. Hospital Foundations and Auxiliary Groups	1	2	3	4
91. Western Health Community Advisory Committee	1	2	3	4
Are there other community groups that are not in this list that you would like to comment on who influence the health of your community?				
Please provide examples of how your community supports your efforts to be healthy.				

Do you feel any of the following are problems in your community?

Please include age group of those you are concerned about?

Community Concerns	Yes	No	Don't Know	Not Available
92. Drinking and driving	1	2	3	4
93. Distracted driving	1	2	3	4
94. Alcohol abuse	1	2	3	4
95. Loneliness	1	2	3	4
96. Suicide	1	2	3	4
97. Age Friendly/Senior Friendly	1	2	3	4
98. Care of the older person	1	2	3	4
99. Care of People with disabilities	1	2	3	4
100. Mental health problems	1	2	3	4
101. Unhealthy eating habits	1	2	3	4
102. Elder abuse	1	2	3	4
103. Illegal drug use	1	2	3	4
104. Abuse of prescription drugs	1	2	3	4
105. Abuse of over the counter drugs	1	2	3	4

106.	Unemployment	1	2	3	4
107.	Smoking	1	2	3	4
108.	Physical inactivity	1	2	3	4
109.	Poverty	1	2	3	4
110.	Gambling	1	2	3	4
111.	Illiteracy	1	2	3	4
112.	Garbage disposal	1	2	3	4
113.	Water pollution	1	2	3	4
114.	Noise pollution	1	2	3	4
115.	Road accidents	1	2	3	4
116.	Housing conditions	1	2	3	4
117.	Homelessness (e.g. couch surfing)	1	2	3	4
118.	Crime	1	2	3	4
119.	Vandalism	1	2	3	4
120.	Bullying	1	2	3	4
121.	Violence in the home	1	2	3	4
122.	Violence in the community	1	2	3	4
123.	Child abuse/Neglect	1	2	3	4
124.	Sexual abuse	1	2	3	4
125.	Personal safety	1	2	3	4
126.	On the job risks for injury	1	2	3	4
127.	Parenting difficulties	1	2	3	4
128.	Teenage pregnancy	1	2	3	4
129.	Young people in trouble with the law	1	2	3	4
130.	Unplanned pregnancy	1	2	3	4
131.	Abortion counselling	1	2	3	4
132.	Education system concerns	1	2	3	4
133.	Day care problems for children	1	2	3	4
134.	Dental health	1	2	3	4

135. High blood pressure	1	2	3	4
136. Stoke	1	2	3	4
137. Heart disease	1	2	3	4
138. Circulatory problems	1	2	3	4
139. Cancer	1	2	3	4
140. Diabetes	1	2	3	4
141. Eating disorders	1	2	3	4
142. Hepatitis (or other liver disease)	1	2	3	4
143. Sexually transmitted infections	1	2	3	4
144. HIV/AIDS	1	2	3	4
145. Lung disease	1	2	3	4
146. Kidney disease	1	2	3	4
147. Out migration	1	2	3	4
148. Access to health services	1	2	3	4
149. Littering	1	2	3	4
150. Access for people with disabilities				
Please list other concerns in your community:				
Are there other community concerns not listed that you would like to comment on?				

Where or how do you get your health information?

What are some of the strengths of your community?

Thank you for your time.

Based on the responses of the survey, we will be hosting small group discussions about some of the main issues, would you be interested in participating?

If you have any questions or concerns about this survey, please contact.....

Appendix D

General Focus Group Questions

BSG General Population Focus Group Questions

1. What is it like to live in your community with access to health services?
2. What is it like to live in your community with access to healthy foods?
3. What does being healthy mean to you and your family?
4. What are some strengths in the community that help you be healthy?
5. What kinds of things need to happen at a community level to help you and your family stay healthy?
6. What are the issues facing you that you would like to see addressed by Western Health? What are the priorities?
7. What do you feel needs to be done to improve the health of your community? Or what needs to happen at the community level to make the health of your family (client) better?
8. What role do you see for yourself in addressing what needs to be done to improve the health of your community (client)?

Appendix E

Aboriginal Focus Group Questions

Aboriginal Focus Group Questions

1. What is it like to live in your community when you are a Mi'kmaq? What does healthy mean to you as a Mi'kmaq person?
2. What kinds of things need to happen at the community level to help you and your family stay healthy?
3. What are the issues facing you and your family that you would like Western Health to address?
4. What role do you see for yourself and your family in addressing what needs to be done to improve the health of your Aboriginal community?
5. How can Western Health and the Mi'kmaq communities collaborate to improve services? Are there particular cultural differences that WH should be aware of when working with Mi'kmaq people to ensure cultural safety?
6. Can you tell us about your use of or interest in traditional forms of medicine or practices to health and wellbeing?

Appendix F

Francophone Focus Group Questions

Francophone Focus Group Questions

1. What is it like to live in your community when you are? What does healthy mean to you as a Francophone person?
2. What kinds of things need to happen at the community level to help you and your family stay healthy?
3. What are the issues facing you and your family that you would like Western Health to address?
4. What role do you see for yourself and your family in addressing what needs to be done to improve the health of the Francophone community?
5. How can Western Health and the Francophone communities collaborate to improve services? Are there particular cultural differences that WH should be aware of when working with Francophone people to ensure cultural safety?
6. Can you tell us about your use of or interest in traditional forms of medicine or practices to health and wellbeing?



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