

Coast of Bays Health Service Area



Community Health Assessment 2013

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- Participants in the provider and community consultations.

1. INTRODUCTION

1.1 WHAT IS A COMMUNITY HEALTH ASSESSMENT?

One of the responsibilities of a health authority within the provincial *regional Health Authorities Act* is to assess health and community services needs in its region on an ongoing basis.

A Community Health Assessment (CHA) is a dynamic, ongoing process undertaken to identify the strengths and needs of the population, to enable community-wide establishment of health priorities, and facilitate collaborative action planning directed at improving community health status and quality of life. The purpose of a community health assessment is to collect, analyze and present information so that the health of the population can be understood and improved, and to provide evidence to inform health service planning. It provides baseline information about the health status of community residents, encourages collaboration with community members, stakeholders, and a wide variety of partners involved in decision-making processes within the health care system, tracks health outcomes over time, and helps to identify opportunities for disease prevention, health promotion and health protection (CHAG, 2009, Manitoba).

Understanding the communities it serves will ultimately provide Central Health with evidence based knowledge to help it work towards its vision of *Healthy People, Healthy Communities*.

1.2 WHERE DID THE INFORMATION COME FROM?

Information for this profile was gathered from a variety of sources and included data from primary and secondary qualitative and quantitative sources. Part of a community health assessment is asking people about their opinions and attitudes as well as validating findings. For this profile, community consultations were carried out in Harbour Breton, English Harbour West and St. Alban's (See appendix A for consultations). Provider consultations were also carried out in Harbour Breton and St. Alban's as health care providers are knowledgeable about the strengths and challenges that define the communities within which they work (See appendix B for consultation). This information will be used by the Coast of Bays Primary Healthcare Leadership Team and the Community Advisory Committee (CAC) to assist with priority setting and operational planning. As well this information will be forwarded to the Senior VP Quality, Planning and Priorities for inclusion in the Central Health environmental scan to be used in the development of the Central Health Strategic Plan.

This information will be available to Central Health Staff via the Intranet. This report will be of interest to many outside the health sector as it provides an overview of the Coast of Bays Health Service area from the determinants of health perspective. A copy will be made available to community partners upon request.

1.3 DATA PRESENTATION AND INTERPRETATION

The Coast of Bays Primary Health Care facilitator and Community Development Public Health Nurse took a lead role in collecting, presenting and interpreting the data.

1.4 ABOUT CENTRAL HEALTH

Central Health is the second largest health region in Newfoundland and Labrador, serving a population of approximately 95,000 and offering a full continuum of healthcare services that are dispersed throughout the region. As seen in the figure below, the Central Health region extends from Charlottetown in the east, Fogo Island in the northeast, Harbour Breton in the south to Baie Verte in the west. Central Health is challenged by its rural land mass as the geographical area encompasses more than half of the total land mass of the island. The organization has approximately 3,000 employees including salaried physicians and over 900 volunteers. Within the region there is a diverse array of primary, secondary, long term care, community health, and some enhanced secondary services.



These services are provided through a number of health centres, long term care (LTC) facilities, and two regional referral centres. There are 842 beds throughout the Central region comprised of 264 acute care, 518 LTC, 32 residential units and 28 bassinets. Central Health is also responsible for the licensing and monitoring of personal care homes and approval of home support agencies within the region. The organization partners with the Miawpukek First Nation to support health services delivery in Conne River.

2. The Coast of Bays Health Service Area

2.1 HISTORY

The Harbour Breton Cottage Hospital, built in 1935 provided care to the entire Coast of Bays region. There was no road connection from the Connaigre Peninsula to any other community on the south coast or the rest of the province. Health care was delivered to residents on the South Coast by a medical boat called the Lady Anderson. This boat transported a doctor from community to community delivering medical service to those who needed it.

In 1970-1971 the road connection was achieved, connecting the Connaigre Peninsula to the remainder of the province; however several of the communities on the South Coast remained only accessible by boat or helicopter. In recent years ambulatory clinics have been established in these areas.

The Mose Ambrose Medical Clinic opened in 1974 replacing an older clinic at Belleoram. Previous to this, a hospital ship, the Lady Anderson, provided medical services for the residents of the Fortune Bay North Shore area. The Mose Ambrose Clinic responds to the everyday health care needs of the Fortune Bay North Shore area. A Nurse Practitioner is now permanently stationed in Mose Ambrose.

In the early 1940's a small clinic was opened in St. Alban's for visiting nurses or doctors. By April 1949, the town of St. Alban's raised a sum of money to build a clinic and a doctor's residence. In 1973, the foundation was laid for a new clinic, the Bay d'Espoir Medical Clinic, and completed in 1974 which served the Bay d'Espoir area.

In 1981 health care in the area became the responsibility of the Grand Falls Hospital Board. In 1985 this Board decided it was time to reassess the mission and role of its health care service and facilities on the Connaigre Peninsula. At that same time they began to lobby for a new health care facility to be built in Harbour Breton.

In June 1987 the first established Continuing Care Board was introduced in the Gander area. Following the recommendation of a 1984 Royal Commission into Hospital and Nursing Home service, it was recommended that a pilot project be introduced with a view to working towards the introduction of a comprehensive array of service options-the objective of which was to support independent living. Additionally the model would include the traditional home care nursing service as well as an expanded responsibility to develop a comprehensive range of home support services within a Case Management Framework. A single entry model of delivery was also introduced. This process also introduced the assessment for placement into a range of long-term care options including personal care homes and nursing homes.

In 1994 the Government of Newfoundland and Labrador decreased the number of Health Care Boards in the province and, therefore the facilities on the Coast of Bays became a part of the larger Board known as the Central West Health Corporation. Community Health remained under a separate Board known as the Central Region Community Health Board. As a result of a review of health services governance models in 1994, the province introduced new legislation bringing into being the concept of Community Health Boards. This resulted in the amalgamation of all Continuing Care and Regional Health Units. The Health Units were previously administered directly by the Department of Health. Such services included public health nursing, child health, environmental health, communicable disease control, consulting activities and other public health programs. The Continuing Care service was also expanded to include all resources such as home care nursing and supportive services in the Central region of the province. This restructuring also resulted in the transfer of licensing and administration of the personal care home sector. Additionally, the responsibility for addictions services was transferred from government. At that time seed funding was also introduced to begin the planning for comprehensive community based mental health services.

In 1997 a comprehensive Strategic Planning Process was undertaken by the province. The resulting strategy included a series of recommendations emphasizing the need to increase support for prevention and early intervention activities. Specific emphasis was placed on supporting vulnerable groups such as children, persons with disabilities, and seniors. To facilitate an integrated approach to supporting these target groups, it was recommended that special programs of the former Department of Human Resources and Employment be amalgamated with existing Community Health Boards under the auspices of a new governance model delivered through Regional Health and Community Services Boards. This resulted in the transfer of such services as Family and Rehabilitative Services, Child Welfare, and Community Corrections.

The period from 1998 to present day has seen a rapid development and expansion of community-based services. In addition to expansion of existing services, Regional Boards also became the conduit for the delivery of federal/provincial strategies under the National Child Benefit Program. This included such areas as child care subsidies and licensing, mental health services for adolescents and youth, enriched services for children with autism disorders and other disabilities, and residential alternatives for troubled youth. Regional Boards have also taken a lead role in the development and coordination of the Integrated Support Services Planning Process for Children (ISSP). Significant support is also provided to a network of Family Resource Centres and Community Youth Networks.

In September 2000 the new Connaigre Peninsula Community Health Centre opened its doors to the residents of the Peninsula. This facility was the beginning of a new era in health care delivery as it housed the staff of Health and Community Services-Central, all services of the Central West Health Corporation, as well as the dental clinic.

On April 1, 2005, a single regional integrated health authority was born, bringing together health and community services, long term care and institutional services. A provincial directive to reduce to four governing bodies saw the amalgamation of Health and Community Services Central, Central West Health Corporation and Central East Health Care Institutions Board to become the new Central Regional Health Authority.

In 2010-2011 Child Youth and Family Services began a major transition away from the Regional Health Authorities and back as a government department. This process began with the Western Regional Health Authority and is now completed throughout the province. Five CYFS employees in the Coast of Bays region are now with this new department.

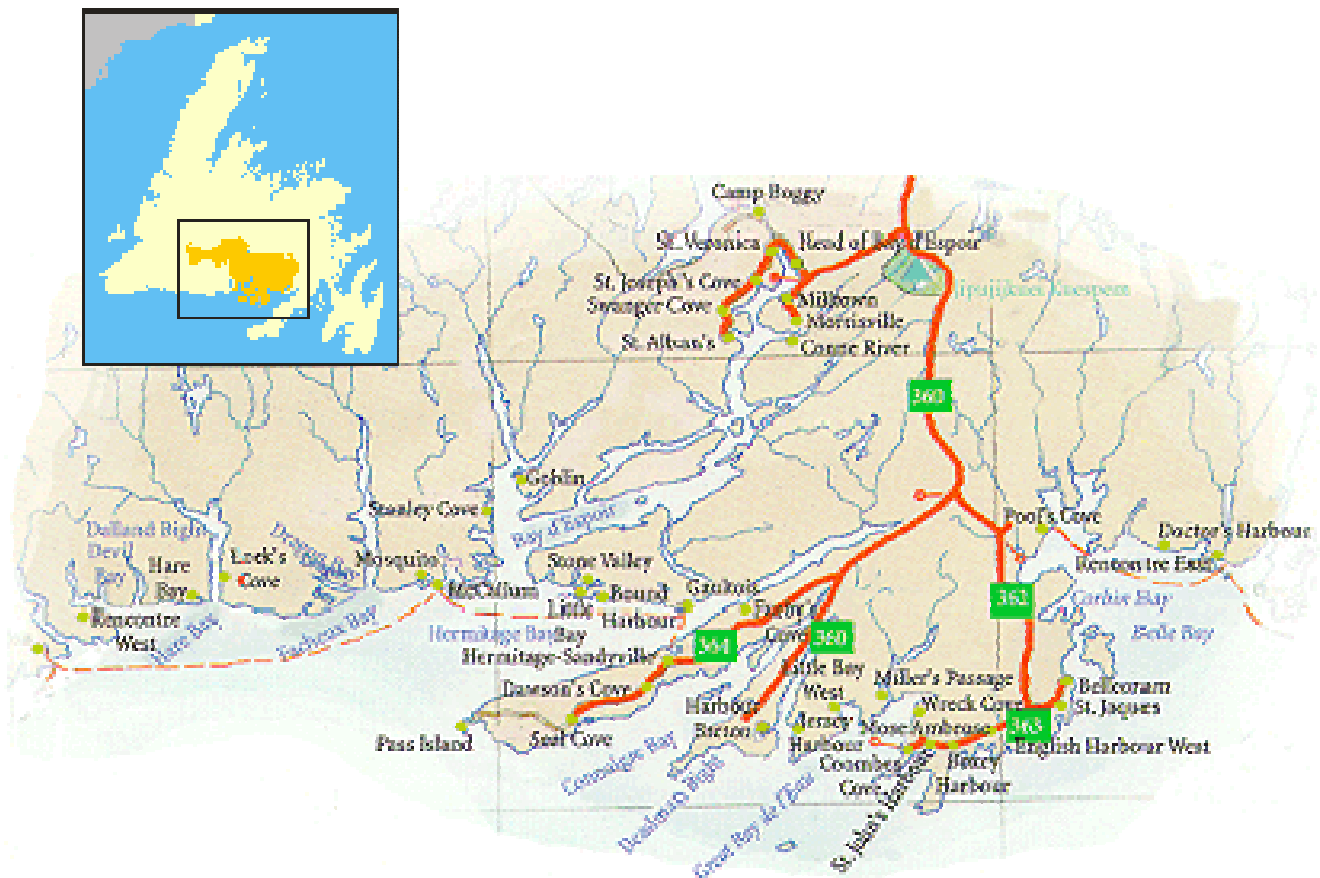
In 2011, the provincial government announced funding to develop a new satellite dialysis site in Harbour Breton. This site is currently under construction with the hopes of opening in spring 2014. Once open it will provide service to patients in their own region and reduce travel time to larger centres for care.



2.2 GEOGRAPHIC PROFILE

The Coast of Bays region is nestled on the south coast of Newfoundland, Canada, covering an area of approximately 11,292 square km. The total coastline of the region is approximately 1,365 kilometers. This region is 180 km from the Trans Canada Highway and 539 km from the provincial capital, St. John's, Newfoundland. The Coast of Bays region is located in regional Economic zone 13.

The Coast of Bays region spans the north shore of Fortune Bay, Bay d'Espoir, and the Connaigre Peninsula. In total, the Coast of Bays region is home to 22 communities with populations ranging from 90 to 1710 people (Statistics Canada, 2011). These communities include: Gaultois, Harbour Breton, Hermitage, McCallum, Sandyville, Seal cove, Belleoram, Boxey, Coombs Cove, English Harbour West, Mose Ambrose, Pool's Cove, Rencontre East, St. Jacques, Wreck Cove, Head of Bay d'Espoir, Milltown, Morrisville, St. Alban's, St. Joseph's Cove, St. Veronica's and Conne River. The region's total population for 2011 was 6350. For the purpose of this profile, the community of Conne River will not be included in the regional statistics as their health services is federally funded through the Miawpukek First Nation. See appendix E for Conne River Community Profile.



2.3 POPULATION

Population in the Central Regional Health Authority for 2011 was 93,906. This represents approximately 18 percent of the total provincial population for 2011. The Central Region was second only to the Eastern Health Authority with a population of 303,253 or 59 percent of the total population.

Table 1: Total population by Health Authority for 2011¹

Health Authority	Population¹
Central	93, 906
Eastern	303, 253
Western	77, 983
Labrador – Grenfell	36, 394
Province	514, 535

Data from Community Accounts Spatial Analysis Unit

1) Numbers may not add to total due to rounding

In addition to an overall decline in population, Central Health serves an aging population with 18.3 percent of the population over the age of 65 (NLCHI). From 2001 to 2006 there has been a considerable decrease in the number of people living in the Central region less than 50 years of age.

According to Statistics Canada the total population in the Coast of Bays for 2011 was 6315 people. This is a decrease in population of 695 since 2006.

A further break down of the population by sex for the Coast of Bays area can be seen in Table 2. There is a relatively even distribution between sexes in all communities. The community with the biggest difference in the male to female ratio is Milltown/Head Bay d’Espoir with approximately 35 more females than males. Hermitage/Sandyville reported approximately no difference in population by sex.

Table 2. Population by Sex, 2011¹.

Community	Male	Female	Total
Belleoram	210	200	410
Pool's Cove	85	95	180
Rencontre East	70	65	140
St. Jacques - Coomb's Cove*	315	305	620
Milltown / Head of Bay d'Espoir	375	410	790
St. Joseph's / St. Veronica's	65	70	135
St. Alban's	630	605	1230
Harbour Breton	840	870	1710
Hermitage – Sandyville	225	225	450
Morrisville	60	55	115
McCallum	50	45	90
Seal Cove (Fortune Bay)	125	140	265
Gaultois	95	85	180
Total	3145	3170	6315

Figures may not add to total due to random rounding of figures.

In 2011, as seen in Table 3 below, the 20-44 age group accounted for the highest percentage of population at approximately 25 percent in the Coast of Bays. The lowest percentage of population was reported in 0-4 years age group.

Table 3 also indicates that approximately 36 percent of the population is over the age of 55 while only 4 percent are from birth to age 4. This aging population trend can be seen as a supporting factor for the overall decreasing population from 2006-2011 as noted above.

¹ Statistics Canada Census 2011 data.

Table 3. Population by Age, 2011².

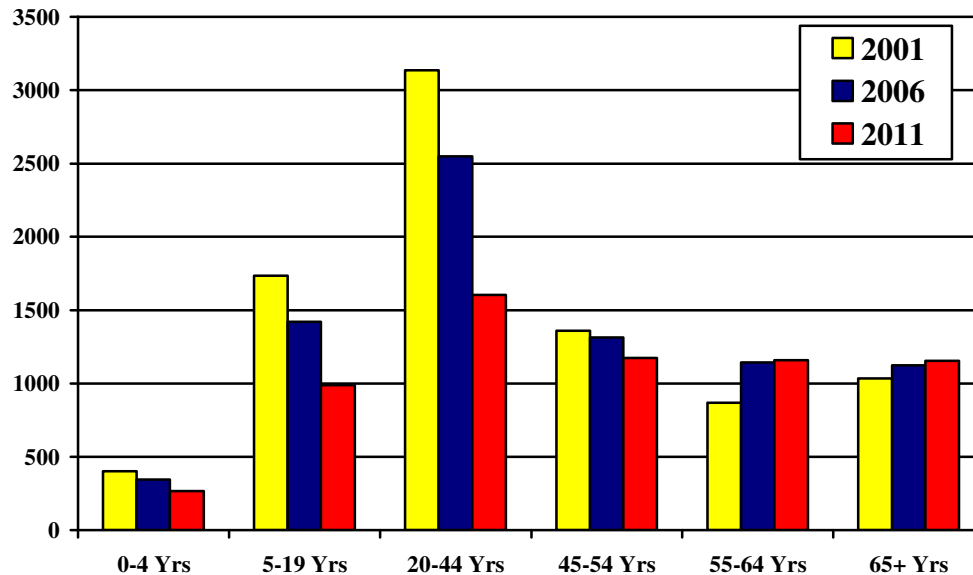
Community	0-4yrs	5-19yrs	20-44yrs	45-54yrs	55-64yrs	65+yrs
Belleoram	35	85	120	70	60	45
Pool's Cove	10	25	40	35	40	30
Rencontre East	10	20	45	35	15	25
St. Jacques - Coomb's Cove*	35	95	170	110	90	120
Milltown /Head of Bay d'Espoir	20	110	170	160	155	170
Morrisville	0	15	35	25	25	30
St. Alban's	50	185	275	230	265	230
St. Joseph's Cove / St. Veronica's	5	20	25	35	25	35
Harbour Breton	70	305	500	305	300	235
Hermitage – Sandyville	10	60	105	80	85	105
McCallum	5	15	35	10	15	20
Seal Cove	5	30	40*	45	50	90
Gaultois	10	25	45	35	35	20
Total	265	990	1605	1175	1160	1155
% of Population	4%	16%	25%	19%	18%	18%

Figures may not add to total due to random rounding of figures.

As seen in Figure 1 below, between 2006 and 2011, a decline in the population is true for all age groups under 55 years of age, after which the change is minimal. Figure 1 indicates a large decrease in population for the 20-44 age group over each consecutive year that data was collected. Figure 1 proves true that although there is an overall decline in the population, younger age groups are declining in numbers at a more rapid rate.

² Statistics Canada Census 2011 data.

Figure 1. Population Change by Age for Coast of Bays, 2001, 2006, 2011³.



One possible reason for the decrease in population under 55 years of age may be because of out migration for employment. Many young families have moved out of the region to seek employment; this leaves behind an aging population with relatively low birth rates. In many of the regions, kindergarten enrollment has been steadily decreasing.

2.4 MIGRATION

Out migration has increased and birth rates have declined, resulting in an aging population. When planning for the health of an aging population these factors must be considered:

- less young people/family members available for support
- declining workforce
- increase in chronic illnesses/conditions
- shift in the services required/location of services access to services
- impact school environment

Table 4 below indicates population changes from 2001-2006 and 2006-2011. A decline in the population from 2006-2011 is true for all communities in the region with the exception of St. Jacques - Coomb's Cove which experienced a minimal population increase of 0.8 percent. The three remote communities in the region experienced the largest population decline from 2006-2011; Gaultois (-32.1 percent), McCallum (-20 percent) and Rencontre East (-17.6 percent).

³ Data is compiled from www.communityaccounts.ca and Statistics Canada Census data 2011.

These communities which are accessed by ferry or sometimes helicopter have experienced high population decline since 2001 as evidenced by table 4.

Table 4. Migration Population Changes⁴.

Region	2001	2006	% Change (01-06)	2011	% Change (06-11)
Belleoram	480	420	-12.5 %	410	-2.4 %
Pool's Cove	210	190	-9.5 %	180	-5.3 %
Rencontre East	200	170	-15.0 %	140	-17.6 %
St. Jacques – Coomb's Cove*	635	615	-3.1 %	620	0.8 %
Milltown / Head of Bay d'Espoir	885	865	-2.3 %	790	-8.7 %
Morrisville	150	130	-13.3 %	115	-11.5 %
St. Joseph's Cove / St. Veronica's	150	140	-6.6 %	135	-3.6 %
St. Alban's	1370	1280	-6.6 %	1230	-3.9 %
Harbour Breton	2080	1905	-8.4 %	1710	-10.2 %
Hermitage – Sandyville	605	495	-18.2 %	450	-9.1 %
McCallum	140	115	-17.9 %	92	-20.0 %
Seal Cove	370	320	-13.5 %	265	-17.2 %
Gaultois	320	265	-17.2 %	180	-32.1 %
Central	99, 865	95, 460	-4.4 %	93, 906	-1.6 %
Province	512,930	505,470	-1.5 %	514,535	1.8 %

In spring 2013, the province of Newfoundland and Labrador announced a new resettlement package for residents of prospective isolated communities in the province of which included Gaultois, McCallum and Rencontre East. This package will offer as much as \$270,000 for each household to relocate to larger centres. Under this new policy, at least 90 per cent of residents in these communities will have to vote in favour of the decision to relocate. Community consultations for the resettlement package have yet to be conducted.

⁴ Statistic Canada Census 2001, 2006, 2011 data.

2.5 LIVE BIRTH TRENDS

The total number of births in the Central Health region for 2011 was 670; 350 or fifty two percent of these were male and 320 or forty eight percent were females. This is a 13 percent decrease since 2010 when there were 770 births. In the province in 2011, there were 4,465 live births compared to 4,860 in the previous year.

The crude birth rate is the ratio of live births to the population expressed per 1,000. In 2011 the total crude birth rate for Central Health region was 7.0. Among the four health authorities, Central Health had the lowest birth rate. The birth rate for the province for the same period was 8.8.

Table 5 below, indicates live birth trends from 2009-2012. McCallum has reported no births from 2009-2012; the Public Health Nurse responsible for the community recorded the last birth in 2007. Gaultois, with only one birth each year from 2009-2011, reported no births in 2012. These low birth rates may be seen as one possible factor attributing to the region's declining population.

Table 5. Live Birth Trends by Year (2006-2012)⁵

Area	2009	2010	2011	2012
Harbour Breton	15	17	17	15
Hermitage ⁱ	1	2	1	3
Gaultois	1	1	1	0
Bay d'Espoir ⁱⁱ	15	5	12	11
McCallum	0	0	0	0
Fortune Bay North ⁱⁱⁱ	11	18	15	10
Rencontre East	0	4	2	2

ⁱ Hermitage includes the communities of Hermitage, Sandyville and Seal Cove

ⁱⁱ Bay d'Espoir includes St. Alban's, St. Joseph's Cove / St. Veronica's, Milltown / Head Bay d'Espoir and Morrisville

ⁱⁱⁱ Fortune Bay North includes Belleoram, Pool's Cove, St. Jacques, English Harbour West, Mose Ambrose, Boxey, Coombs Cove and Wreck Cove

2.6 CHAPTER HIGHLIGHTS

We have a declining and aging population throughout the Coast of Bays region. In 2011, the population for the Coast of Bays was 6315. This is a decrease in population of 695 since 2006. It is important to note that the three remote communities in the region experienced the largest population decline from 2006-2011. With 36 percent of the population being over the age of 55, we are going to see a greater need for more resources in our communities and a greater impact on our health services.

Aging was a common theme throughout the entire community profile process. It was identified that there is a need for more affordable housing units for seniors and a demand for more long term care beds.

3. The Determinants of Health

The 1986 report *Achieving Health for All: A Framework for Health Promotion* focused on the underlying prerequisites or determinants of health and illness. It suggested that a number of influences and their interaction have major impacts on the health and well being of a population. Factors such as social, economic, cultural and physical environment play a role—for better or worse—in the health of a community. This means that making improvements in the health and well-being of Individuals and communities must go beyond delivery of health care services and include action on the broad determinants of health. The determinants covered in this report are:

- Education
- Employment and Working Conditions
- Income and Social Status
- Healthy Child Development
- Physical and Social Environments
- Personal Health Practices and Coping Skills
- Health Services

These determinants of health, as they exist in the Coast of Bays region will be examined in this section of the report.

EDUCATION

Education is an important determinant of health that provides individuals with the skills needed to be productive members in their communities and in their field of work. Education enables individuals to make healthy choices, promotes job stability and security, and offers control over life circumstances.

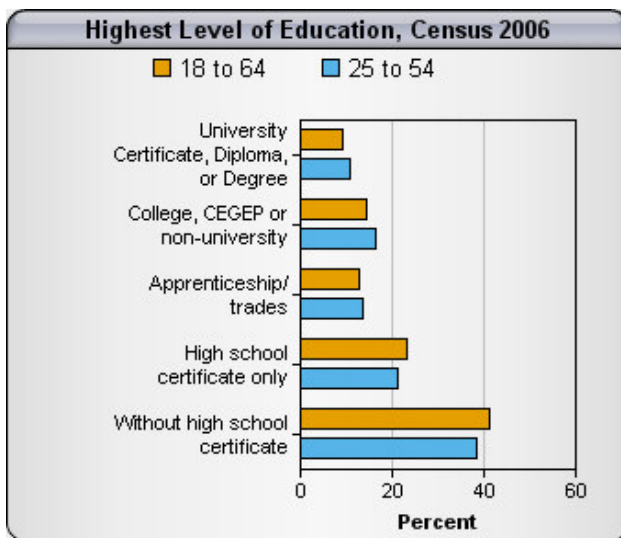
According to Health Canada, Statistical Report on Health of Canadians, educational attainment is positively associated with economic status and health outcomes including healthy lifestyles and behaviors. Education increases the opportunity for employment and income and contributes to self worth and control

3.1.1 Level of Education

Census 2006 reported, 41.1 percent of people in the Coast of Bays age 18-61 do not have a high school diploma. This is much higher than the Central Health region at 30 percent and the province at 22 percent. About 59.0 percent of people in the Coast of Bays aged 18 to 64 had at least a High School diploma in 2006 compared to 74.9 percent in the province as a whole. 6.7 percent of those people aged 18 to 64 had a Bachelor's Degree or higher in 2006 compared to 13.3 percent in the province as a whole.

Census 2006 reported in the Coast of Bays region, about 8.3 percent of people aged 25 to 54 had a Bachelor's Degree or higher compared to 15.1 percent in the province as a whole. 38.2 percent of people 25 to 54 years of age in the Coast of Bays region do not have a high school diploma compared to 22.0 percent of people in the entire province. 61.9 percent of people aged 25 to 54 had at least a High School diploma in 2006 compared to 78.0 percent in the province as a whole.

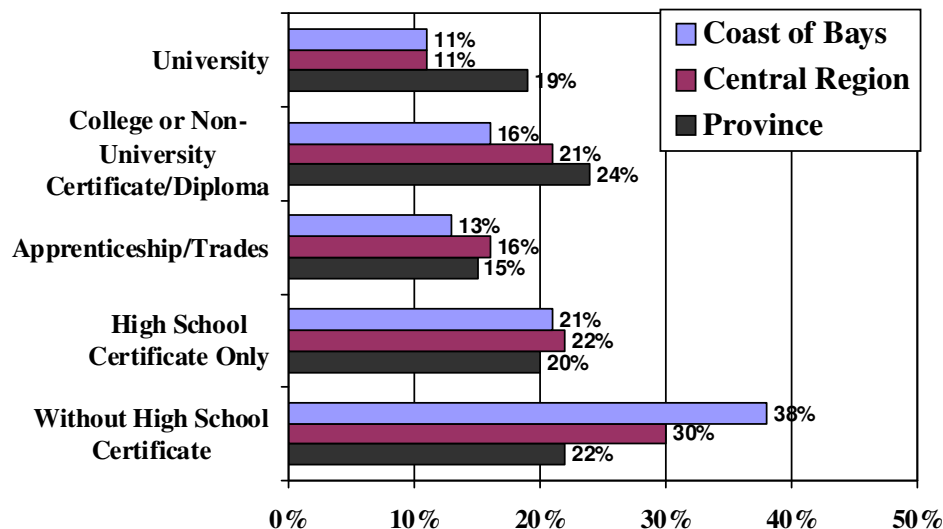
Graph 2: Highest Level of Education in the Coast of Bays



Source: Community Accounts

The following table depicts the highest level of schooling in the 25-54 year age group, which comprises the core of the labour force.

Graph 3: Educational Comparisons 2006 Ages 25-54 years



In 2006, the levels of education vary across the region. Belle Bay, which includes Belleoram, Pools Cove, Rencontre East, St. Jacques-Coombs Cove has the highest rates of no high school diploma at 46.8 percent, as compared to Central Health region at 33.6 percent, and the province at 25.1 percent.

Hermitage Bay which includes Gaultois, Hermitage-Sandyville, Seal Cove has the second highest rates of no high school diploma at 46 percent with Harbour Breton next at 41.4 percent. Bay d'Espoir (Milltown-head of the Bay, Morrisville, St. Alban's, St. Joseph's Cove and St. Veronica's) at 37 percent.

The percentage of students receiving at least a high school diploma also varies widely across the region. Bay d'Espoir has the highest rate at 63 percent, as compared to the Central Health region at 66.4 percent, and the province at 74.9 percent. Harbour Breton and area has the second highest percentage at 58.6 percent, Hermitage Bay at 54.7 percent and lastly Belle Bay at 53.2 percent.

The highest level of educational attainment was noted for Harbour Breton. They had 9.2 percent whom had received a bachelor's degree or higher as compared to Central Health region at 8.1 percent, and the province at 13.3 percent. Bay d'Espoir was the second highest at 8.1 percent, Belle Bay at 4.3 percent and Hermitage Bay at 1.4 percent.

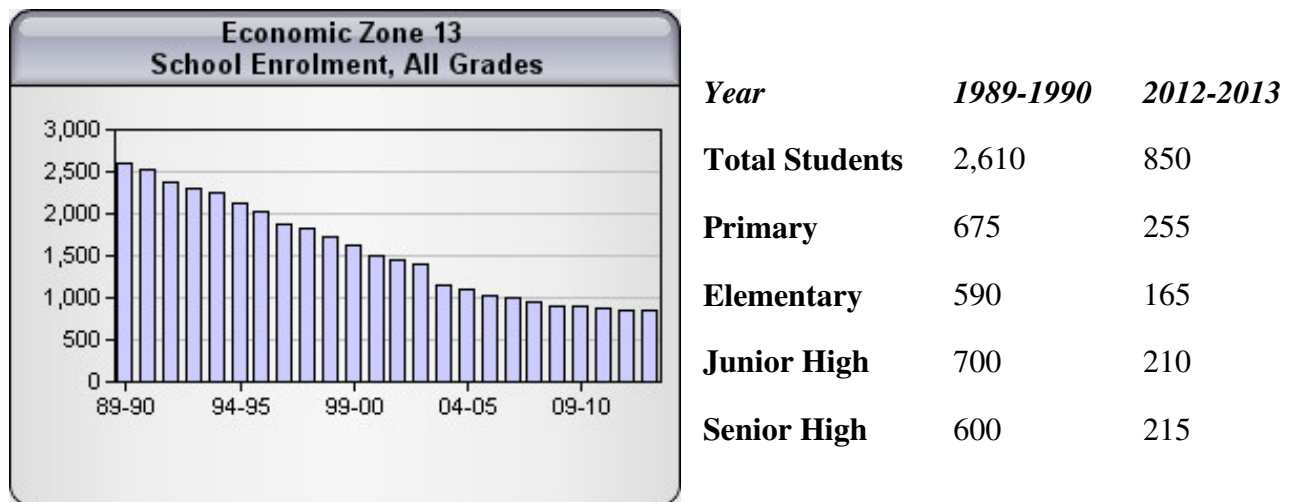
3.1.2 School Enrollment Graduation Rate

In the spring of 2013, Provincial Government released its 2013 budget plan. In this budget, major changes in education sector resulted in a proposed reduction of provincial school boards to a total of two boards – one English-language board and one French-language board. This will result in an amalgamation of the four current English-language school boards in the province. Provincial Government reports that since school board administration was last consolidated in 2004, school enrollment has declined by almost 14,000 students or 17 percent.

The school enrollment in the Coast of Bays for the current year (2012 -13) is 848 students. This is a 26.8 percent decrease in school enrollment since 2008. School enrollment in the Coast of Bays has been steadily declining in past years. More specifically, since 2001 enrollment had decreased by 44 percent; there are nearly half the number of students in the school system today then there had been in 2001.

The graduation rate for the Nova Central School District in 2011 was 91.15 percent, which corresponded to the 834 graduates out of 915 potential graduates. Of the 77 potential graduates in the Coast of Bays for 2011-2012 school year, there were 75 successful graduates. This corresponds to a graduation rate for the Coast of Bays of 97.4 percent for the 2011-2012 school year. This percentage is slightly above the English Speaking School District average.

Graph 4: Coast of Bays School Enrollment 1989-2013ⁱ



i) Table developed by Community Accounts, data retrieved from Gov. NL

There are currently eight schools in the Coast of Bays region, which are currently now under the English speaking school district

Table 6: Nova Central Schools in the Coast of Bays, 2012⁵.

	Number of Students
Bay d'Espoir Academy – Milltown	270
Fitzgerald Academy – English Harbour West	180
King Academy – Harbour Breton	135
St. Joseph's Elementary – Harbour Breton	130
John Watkins Academy – Hermitage	75
Victoria Academy – Gaultois	30
St. Stephen's All Grade – Rencontre East	20
St. Peter's All Grade – McCallum	10
Total	850

⁵ Data collected from individual schools.

3.1.3 School Environment

The schools in the Coast of Bays region are considered healthy active schools. This means they are following the school food guidelines, they offer daily physical activity to their students on non physical education days, and they have a smoke free grounds policy.

The School Food Guidelines outlines a selection of food and beverages that should be served in school cafeterias, canteens, and vending machines. These guidelines will ensure students are provided with healthy food choices and are given quality information to promote health and wellness.

The *Healthy Students Healthy Schools Initiative* started in 2006-2007 as a component of the Government of Newfoundland and Labrador's *Provincial Wellness Plan*. Intended to take place over five consecutive years, there were a number of key initiatives indicated to provide direction for schools to create healthy environments, in collaboration with health guidelines, including: introducing and updating school food guidelines; purchasing additional cafeteria equipment for schools and provide professional development for caterers to ensure the preparation of food and use of the new equipment was in accordance with the goals of the initiative; and to support the districts health promotion liaison consultants to carry out work in schools throughout the province (Annual Report, 2011).

In addition to healthy eating, there are provincial initiatives to increase the level of physical activity in all schools. As part of the Active Schools Project, teachers have been trained in Quality Daily Physical Activity (QDPA) - a program designed for grades kindergarten to six to incorporate 20 minutes of non competitive, physical activity into daily curriculums. In the junior and senior high levels, physical education plays more prominently in the required credits and new positions have been funded to support these initiatives and coordinate resources.

The "Safe and Caring Schools Policy" was launched in September 2006. The policy defines the roles of school districts, school communities, teachers, and administrators to ensure a respectful learning environment. Since its implementation, awareness has been raised as to the serious effects of bullying and harassment. Several aspects were included in the initiative, including: granting of awards to schools for successful projects undertaken in schools and communities; providing senior high school students with tuition vouchers for demonstrations of safe and caring actions; producing and distributing brochures on the Safe and Caring Schools program to parents; delivering teacher in service on supporting the elimination of violence and harassment in schools; and collaborating with other organizations, such as the Women's Policy Office to support and foster awareness and education at all levels of society (Department of Education, 2012).

3.1.4 Section Highlights

School enrollment in the Coast of Bays has been steadily declining in past years. More specifically, since 2001 enrollment had decreased by 44 percent; there are nearly half the number of students in the school system today then there had been in 2001. In the Coast of Bays, graduation rates are high, at 97.4 percent in the last school year however, Belle Bay (Belleoram, Pools Cove, Rencontre East, St. Jacques-Coombs Coves) has the highest rates of no highschool diploma at 46.8 percent. The schools in the Coast of Bays region are considered healthy active schools. It was noted throughout the community consultations that there were some concerns regarding the decrease in physical education time as well as lack of healthy food options being served in the schools.

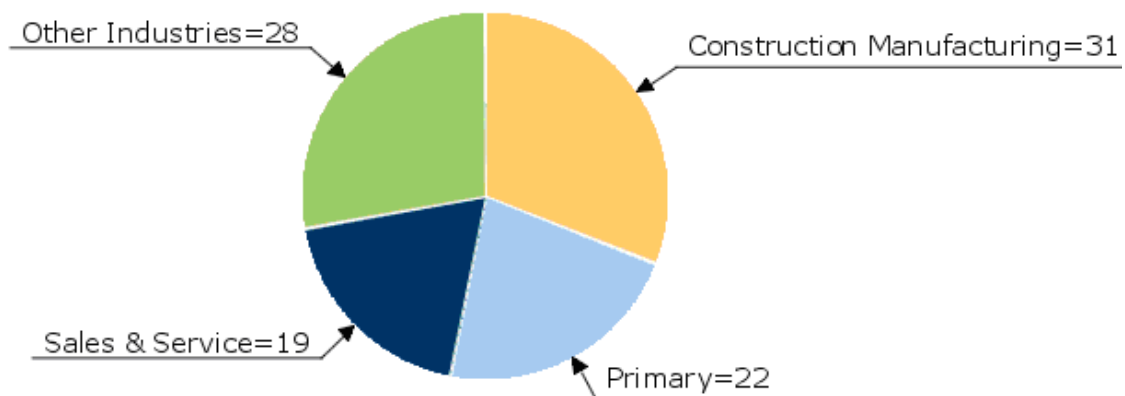
EMPLOYMENT AND WORKING CONDITIONS

3.2.1 Local Industry

Leading industry for the Central Health Region is sales and service followed by manufacturing construction and primary industry, 26 percent, 23 percent, 13 percent respectively (Census 2006).

In the Coast of Bays leading industry for 2006 was the construction (31 percent) manufacturing (22 percent) followed by primary industry then sales and services (19 percent).

Graph 5: Main Industries for the Coast of Bays, 2006⁶.



The primary sector includes:

- fishers
- loggers
- miners
- farmers
- etc.

The construction and manufacturing sector includes:

- construction
- mechanics
- equipment operators
- labourers
- fish plant workers
- etc.



⁶ Data is compiled from www.communityaccounts.ca.

The sales and service sector includes:

- health professionals and providers
- teachers and others employed in the education department
- sales and service industry, such as retail works, food and beverage workers, etc.
- office staff and other related positions
- etc.

3.2.2 Employment Rates

The labour force consists of people who are currently employed and people who are unemployed but were available to work in the reference period and had looked for work in the past 4 weeks. In 2006 the provincial employment rate of 78 percent was slightly above the employment rate for Central Health Region at 76 percent. The employment rate for the Coast of Bays in 2006 was 77percent which was similar to that of the Central Health Region and the province.

As Table 7 below indicates there were very little changes in employment rates between 2002 and 2006 in the Coast of Bays.

Table 7. Employment Rate Change 2002-06 by Community*

Geography	2002	2006	Rate Change % from 2002 - 2006
Hermitage/Sandyville	73.5	75.4	2.6
Gaultois	86.4	85.7	-1.0
Hr. Breton	80.5	81.5	1.2
Pool's Cove	74.1	72.0	-2.8
Rencontre East	69.6	70.0	1.0
Seal Cove	73.5	71.4	-2.9
St. Alban's	74.6	75.1	1.0
Belleoram	63.5	62.3	-1.9
Coast of Bays	76.9	77.3	0.5
Central Region	74.5	75.7	1.6
Newfoundland	76.1	77.8	2.2

*Data was not available for all communities.

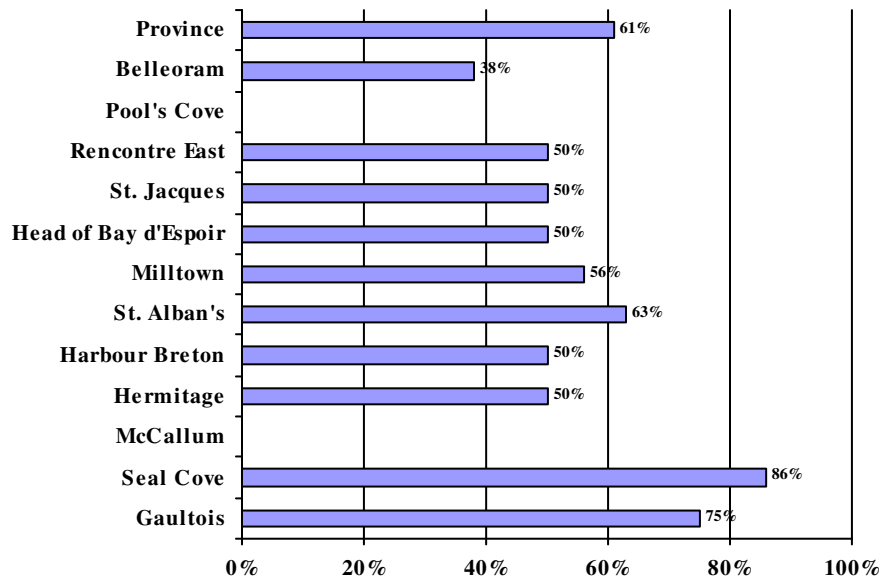
The unemployment rate is a traditional measure of the economy. Unemployed people tend to experience more health problems. The unemployment rate for Central Health region was 17 percent compared to 12.7 percent in Newfoundland and Labrador (Labour Force Survey, Statistics Canada, 2011).

3.2.3 Youth Employment Rates

According to Statistics Canada Health Profile, October 2011, 28.3 percent of the youth aged 15-24 are employed within the Central Health region. This is higher than the provincial rate of 21.5 percent. No stats were available for the Coast of Bays for 2011.

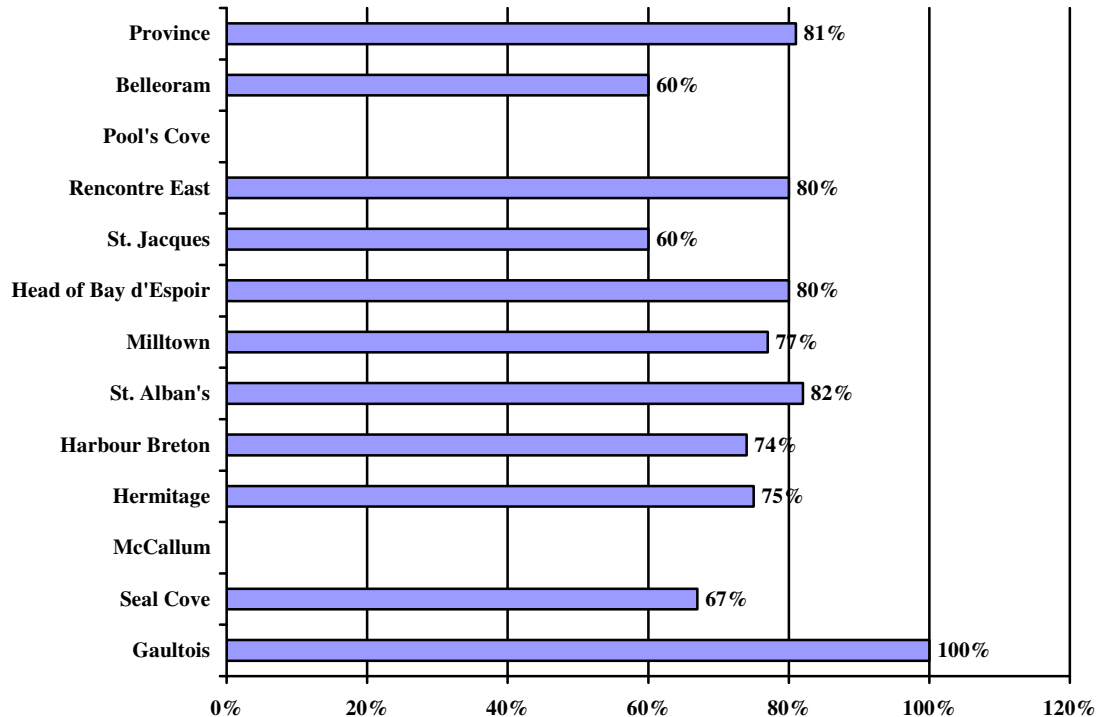
In 2005, the employment rate for youth ages 15-18 was relatively consistent throughout the Coast of Bays. Seal Cove had the highest percentage of youth employed at 86 percent and Belleoram had the lowest at 38 percent. No data was available for Pool's Cove and McCallum.

Figure 6: Coast of Bays Youth Employment Rate (15-18 years) for 2005



The employment rate for youth 18-24 years of age was very high in 2005. Gaultois had 100 percent of its youth in the community employed, while St. Jacques and Belleoram had 60 percent employed. There were no stats provided for Pools Cove and McCallum.

Figure 7: Coast of Bays Youth Employment Rate (18-24 years) for 2005



As per Community Accounts (2009), in the Coast of Bays region there were 500 youth ages 15-24 years whom reported employment income.

3.2.4 Employment Insurance Incidence

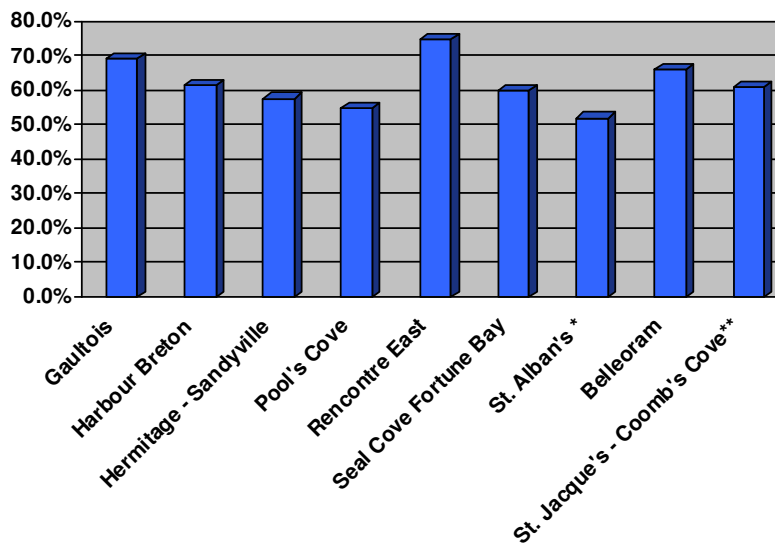
The employment insurance incidence reflects the number of people receiving employment insurance benefits in the year divided by the total number of people in the labor force. The labor force is defined as the number of people who received employment income or employment insurance within the year.

The employment insurance incidence for the Coast of Bays for 2011 was 61.5 percent compared to Central Health region rate of 44.1 percent and the Provincial rate of 31.3 percent. Since 1992, the employment insurance incidence in Central had dropped by 17 percent. However, Central has consistently had a higher rate of employment insurance incidence compared to the province and the other regional health authorities.

Many workers in the region are seasonally employed, receive short-term employment, or work in and out of the province. This is supported by the current statistics. For instance, a large and growing industry in the region is aquaculture; this is an industry that operates somewhat seasonally, requiring a higher labor demand in the summer than during winter months.

Figure 8 below shows Employment Insurance Incidence for some of the communities in the region. Data for several communities was not available.

Figure 8: Employment Insurance Incidence, 2011⁷.



3.2.5 Section Highlights

Many workers in the region are seasonally employed in the traditional fishing and aquaculture industry and many others still commute to and from Alberta and Labrador for employment. Employment insurance incidence in the Coast of Bays region for 2011 was 61.5 percent nearly doubling that of the province.

Since the aquaculture industry came on stream in 2006, we are seeing more people employed in the region. Men and women have left the traditional fishing industry for work in aquaculture. It was noted that the unemployment rates may have declined since 2011 as we are seeing more full time work in that field.

⁷ Data is compiled from www.communityaccounts.ca.

INCOME AND PERSONAL STATUS

3.3.1 Personal Income Per Capita

Personal income per capita is defined as income from all sources received by an individual and includes employment as well as government transfers, such as Canada Pension, Old Age Security, EI and Social Assistance. The 2010 gross income for every man, woman, and child in the Coast of Bays was \$22,100. This is lower than the Central Health region at \$24,700 and the province at \$28,900.

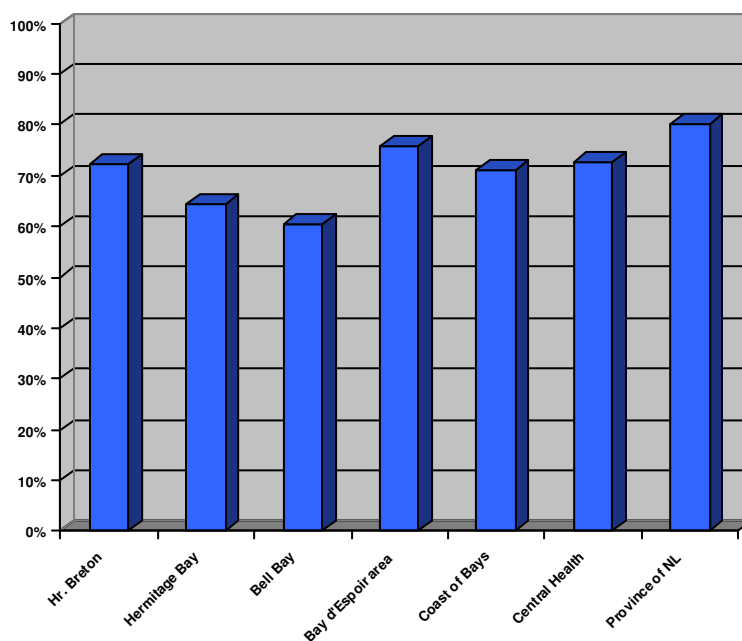
According to Community Accounts (2010), Harbour Breton had the highest gross income per capital at \$23,700, Bay d'Espoir area was \$22,700, Hermitage Bay area was \$21,900 and Bell Bay was \$18,600. After tax personal income per capita, adjusted for inflation, was \$16,000 for the Coast of Bays in 2010. For the province, after tax personal income per capita was \$20,100.

3.3.2 Self Reliance Ratio

A community's level of self-reliance is an indicator of the ability to earn income independent of government transfers, such as Canada Pension, Old Age Security, Employment Insurance and Social Assistance. The higher the level of self-reliance, the lower the dependence on government transfers.

In 2010 the self reliance ratio for the Coast of Bays area was 71.0 percent. This is lower than the Central Health region rate of 72.5 percent and the provincial rate of 80.1 percent. Figure 9 below represents the self reliance ratio for some of the communities within the Coast of Bays region.

Figure 9: Coast of Bays Self Reliance Ratio, 2010¹.



3.3.3 Income Support Assistance Status

Income Support Assistance, formerly known as social assistance, is the number of people receiving income support assistance during the year (including dependents).

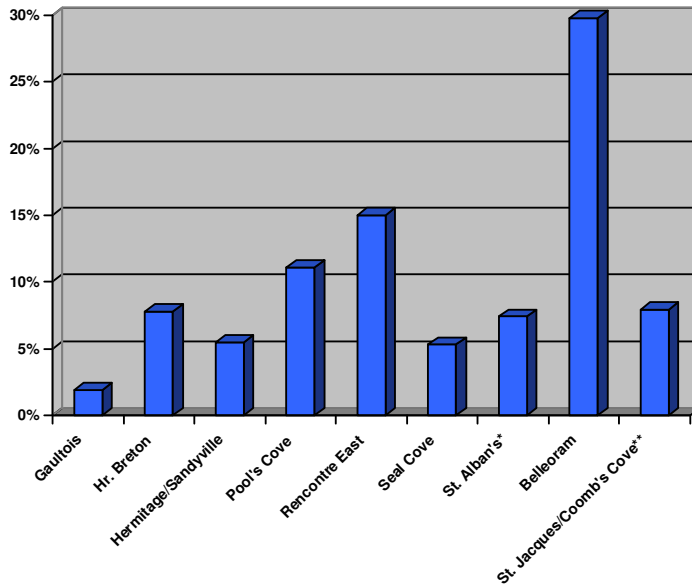
Incidence of income support assistance in the Coast of Bays for 2011 was 7.8 percent which is less than that of the Central Region at 9.7 percent and the province at 9.6 percent.

In 2011, the average benefit for those people collecting Income Support Assistance in the Coast of Bays was \$5,800. This is much lower than that of the Central Health region at \$7,000 and provincially \$7,100. The total number of children ages 0 to 17 in Central Health region who were in families receiving Income Support Assistance in 2011 was 2,315.

The average duration or the average number of months people were collecting Income Support Assistance in the Coast of Bays in 2012 was 9.1 months which is on par with the Central Health region and the province.

As Figure 10 below indicates, Income Support Assistance Incidence in communities of the Coast of Bays was relatively similar, or lower than that of the province with the exception of Belleoram at 30 percent. Of those communities where data was available, Belleoram experienced the fourth highest Income Support Assistance Incidence in the province for 2011.

Figure 10: Income Support Assistance Incidence, 2011¹.



*St. Alban's includes St. Joseph's Cove and St. Veronica's.
 **St. Jacques – Coomb's Cove includes English Harbour West.

¹Data not available for all communities.

Table 8: Income Support Assistance Incidence, 2011.

Geography	¹ Income Support Assistance Incidence^a
Newfoundland and Labrador	9.6 %
Central Health region	9.7 %
Gaultois (Municipality)	1.9 %
Harbour Breton (Municipality)	7.8 %
Hermitage-Sandyville (Municipality)	5.5 %
Pool's Cove (Municipality)	11.1 %
Rencontre East (Municipality)	15.0 %
Seal Cove, Fortune Bay (Municipality)	5.3 %
St. Alban's (Approx. Municipality)*	7.4 %
Belleoram (Municipality)	29.8 %
St. Jacques-Coomb's Cove (Municipality)*	7.9 %

Notes:

^aThe 2011 and 2010 Income Support Assistance incidence has been approximated using the 2009 Taxfilers and Dependents figure. This will be updated when more current data becomes available. In some geographies, 2008 and 2009 have been estimated with the 2007 taxfilers and dependents values, and 2010-11 incidences have been left blank.

For 2011, 360 families in the Coast of Bay were receiving Income Support Assistance while 5770 families in the entire Central Region were receiving these benefits.

3.3.4 Section Highlights

While there appears to be improvements in the overall Income Support Assistance Incidence in communities in the Coast of Bays region, it's important to note that the town of Belleoram still experienced the fourth highest Income Support Assistance Incidence in the province for 2011. Feedback from our Community Consultations in the Fortune Bay North area identified that since 2011, more people are now employed in the aquaculture industry; therefore the Income Support Assistance rates should be lower.

HEALTHY CHILD DEVELOPMENT

“Healthy child and youth development begins long before birth and is one of the key determinants for health and well-being throughout life. A healthy child is one who thrives through each developmental stage and is positioned to reach his or her potential in adulthood. “The capacity for a child to develop in a healthy manner depends greatly on the environment in which he or she is raised”.

(Department of Health and Community Services, 2011)

The effects of prenatal and early childhood experiences on subsequent health, wellbeing, coping skills, and competence is very powerful. Children born to low-income families are more likely than those born to high-income families to have low birth weights, to eat less nutritious food, and experience more difficulty in school.

3.4.1 Number of Children and Age Range

In 2011, the Central Health region had 18,450 children in the 0-19 year old age group, 1000 of which resides in the Coast of Bays region.

Table 9: Population of Children in 2011 (Statistics Canada, 2011)

Age Group	Canada	Newfoundland and Labrador	Central Health	Coast of Bays
0 - 19 yrs	7,785,480	106,225	18,450	1000
0 - 4 yrs	1,877,095	24,495	4,036	210
5 – 9 yrs	1,809,895	25,105	4,256	220
10 – 14 yrs	1,920,355	27,035	5,062	260
15-19 yrs	2,178,135	29,590	5,096	310



Table 10 below further breaks down the population of children by age in Coast of Bays in 2011.

Table 10: Coast of Bays population by Age 2011

Geography	¹ 0-4	² 5-9	³ 10-14	⁴ 15-19
Belleoram (Municipality)	35	25	25	35
Gaultois (Municipality)	10	10	10	5
Harbour Breton (Municipality)	70	85	105	115
Hermitage-Sandyville (Municipality)	10	15	25	20
Milltown-Head of Bay d'Espoir (Municipality)	20	35	30	45
Morrisville (Municipality)	5	10
Pool's Cove (Municipality)	10	15	5	5
Rencontre East (Municipality)	10	5	5	10
Seal Cove, Fortune Bay (Municipality)	5	10	10	10
St. Alban's (Approx. Municipality)*
St. Jacques-Coomb's Cove (Municipality)*	35	20	35	40
St. Joseph's Cove-St. Veronica's (Local Service District)	5	..	5	15

Source: Community Accounts

3.4.2 Lone-Parent Families and Income

In 2010, half of the lone parent families in the Coast of Bays had incomes of more than \$26,900 which is less than the Central Health region at \$28,400 and provincial rate at \$31,100. The national value was \$37,100.

In Newfoundland, the total number of lone parent families in 2011 was 24,420.

As Table 11 below indicates, the majority of lone parent homes in the Coast of Bays are female led, this is consistent with the province.

Table 11: Family Characteristics by Community 2011¹

Geography	Number of Families	Number of Lone Parent Families	Number of Female Lone Parent Families	Number of Male Lone Parent Families
Gaultois	60	5	-	5
Harbour Breton	565	65	50	10
Hermitage/Sandyville	160	10	5	-
Pool's Cove	60	5	5	-
Rencontre East	50	10	5	-
Seal Cove	105	5	-	-
Belleoram	125	20	20	5
St. Jacques/Coomb's Cove*	205	20	15	-
Morrisville	40	5	5	-
Milltown/Head Bay d'Espoir	270	15	15	-
St. Joseph's Cove/St. Veronica's	40	5	5	-
Province	159,385	24,420	19,725	4,695

Numbers may not add to total due to rounding

1 Data not available for all communities in the Coast of Bays

* St. Jacques – Coomb's Cove includes English Harbour West

3.4.3 Prenatal Care

Limited information is available in Canada on prenatal care. Prenatal care can impact infant morbidity and mortality. Nova Scotia Department of Health, (2002) recommends that women have visits for prenatal care every four to six weeks up to the 7th month of pregnancy, every two to three weeks in the 7th and 8th month, and every one to two weeks thereafter. This is the guideline followed by the province of Newfoundland and Labrador for prenatal care policy and best practice as well (Public Health New Life Series). Prenatal care can reduce risks, detect early complications and promote healthier pregnancies.

For the Coast of Bays in 2013, there were 25 referrals received by the public health nurses for prenatal care. Most of these referrals were received for women in their first trimester of pregnancy and the majority of these referrals were for mother's age 20-34 years. The most common referral source was from the Nurse Practitioner/General Practitioner. All PHN prenatal referrals are contacted and screened to determine their education and support needs. The screening is usually done in an individual session and then plans made for follow-up in prenatal classes or individual session (Public Health Program, Central Health, 2013).

3.4.4 Early Childhood Learning and Child Care Services

Prenatal and early childhood experiences have a powerful effect on subsequent health, well-being, coping skills and competence. Increasing evidence shows there are critical stages where intervention has the greatest potential to positively influence health. These stages include the period before birth, early infancy, the beginning of school and the transition from adolescence to adulthood.

There are many early learning programs that serve children from birth to age six and their families. These include regulated full-time or part-time child care centres, family childcare homes, family resource centre programs, school-based pre-Kindergarten programs, and early literacy programs such as those offered by public libraries and community centres. There are 96 public libraries located throughout Newfoundland and Labrador and most offer preschool programs (Province of NL, Dept of Education, 2013).

Licensed Child Care Centres

The Child, Youth and Family Services (CYFS) Department describes a child care centre as a place where care is provided for up to 60 children on either a part-time or full-time basis. Child care centres must be licensed before they can open (Province of Newfoundland and Labrador, 2012). According to CYFS, there are 27 licensed daycare centres in the Central Health region. In the province as a whole, this number totals 191 centres.

As of 2013 there is one Child Care Centre in the Coast of Bays area. Since the last Community Profile report, the Bay d'Espoir Preschool has closed. Building Blocks Quality Child Care, licensed by the Harbour Breton Community Youth Network is a part-time and full-time center located in Harbour Breton. Children from this centre range in age from 2-7 years and the centre has a capacity of 14 spaces, which are currently filled.

The Harbour Breton Community Youth Network will receive over \$77,000 in developmental funding from the Provincial Government to provide additional child care services in that community with the opening of a second child care centre. In 2008, the Provincial Government provided approximately \$65,000 in developmental and operational funding for the establishment of the first centre, Building Blocks Quality Child Care Centre. This centre is currently licensed for 14 regulated child care spaces, but will be relicensed for 16 part-time spaces in the morning and 15 after school spaces once the second site is opened. The new centre will be licensed for 28 preschool spaces and is expected to open in mid March 2014.

Community Youth Networks

Research indicates that one of the prime characteristics of a healthy community for youth is a rich array of structured opportunities for children and adolescents. A community youth network (CYN) aims to enhance opportunities for youth by providing learning, employment, community-building and recreational activities.

The CYN focuses on the assets and needs of youth to assist in the development of healthy families and communities. Through this network, all youth have equal opportunity for success. In the province of Newfoundland and Labrador there are 23 hub sites and 13 satellite sites. Of these, 8 are within the Central Health region.

There are two Community Youth Networks in the Coast of Bays region, located in Harbour Breton and in St. Alban's. The community youth network is a provincial initiative that was established, and still aims to, decrease barriers to education and/or employment and improve the quality of life for youth throughout the province. Youth are employed under various federal and provincial employment programs to include: Linkages, Skills Link (individual/group), SWASP, Canada Summer Jobs, etc.

Community Youth Networks continues to be very successful in creating partnerships to increase its ability to engage youth in many different capacities. While the target age group for community youth networks is Grade 7 to 18 years of age, the organization also reaches out to offer programming and activities to other age groups when funding opportunities, other financial and in-kind partnerships, enable the venture.

Family Resource Centres

Family resource centres provide a variety of community-based activities and resources for children from birth to 6 years of age and their families. These resource centres emphasize early childhood development and parenting support. They provide a place for families to gather in a friendly and informal setting.

A variety of programs are offered that reflect the needs of the families who are participating and the communities in which they are located. Types of programs might include everything from drop-in playgroups, Baby and Me groups, parenting workshops, clothing exchanges and toy-lending libraries to community kitchens and healthy lifestyle sessions (CYFS, Province of Newfoundland and Labrador, 2013).

According to CYFS, there are 8 Family Resource Centre hub sites in the Central Health region and 29 within the province. It is important to note that many of these hub sites have several satellite sites as well.

The Fortune Bay North Family Resource Center located in Belleoram provides families with young children age 0-6 years with enrichment, support and stimulation in a nurturing environment. The centre also services the surrounding communities of Rencontre East, English Harbour West and Pool's Cove.

BURPS

BURPS is a parenting education and support program for parents of children 0 to 12 months of age. The name BURPS was developed from the major concepts of the program. B- Baby's growth and development, U- Understanding role changes, R- Resources, P- Parenting and S- Support.

In 2013, there was a total of 37 BURPS sessions offered in the Coast of Bays region, with 19 new visits by parents and babies, with an average of 7 in attendance. There were no BURPS sessions offered in the Bay d'Espoir area in 2013, due to low number of babies in the area.



KinderStart

KinderStart is a school transition program offered in the year prior to Kindergarten entry. The program consists of five to ten one-hour orientation sessions organized and promoted at the school level for children and their parents/caregivers. The sessions support children's adjustment to the school environment, and provide parents/caregivers with information on how to support their children's learning at home (Department of Education, 2013).

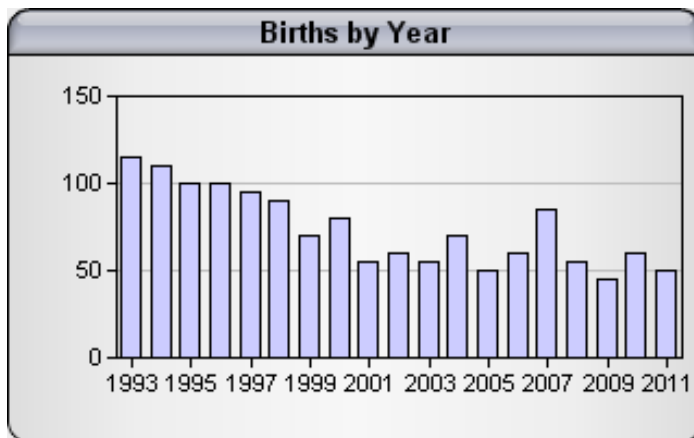
3.4.5 Live Births and High/Low Birth Weight

Births

The crude birth rate is the ratio of live births to the population expressed per 1,000. The total birth rate for 2011 for the Coast of Bays was 7.0 which is comparable to the Central Health region. Among the four health authorities, Central Health had the lowest birth rate. The birth rate for the province for the same period was 8.8.

In 2011 there were 50 births in the Coast of Bays region. This is a 16.7 percent decrease since 2010 when there were 60 births. The Central Health region reported 670 births in 2011. This is a 13.0 percent decrease since 2010 when there were 770 births.

Figure 11: Birth's by year for the Coast of Bays



Births by Age of Mother

Younger mothers and older mothers are at a higher risk of poorer pregnancy outcomes (e.g. preterm delivery for younger mothers, caesarean section for older mothers). While younger mothers are more likely to be underweight and smoke during pregnancy, older mothers are at an increased risk of being obese or having chronic medical conditions, such as hypertension or diabetes.

(Vaughan,2013)

In 2011, there were 377,636 births in Canada. Of these, 4,465 were born in Newfoundland and Labrador, including 670 births within the Central Health region, of which 60 births were to mothers under the age of 20 years and 15 births to mothers over the age of 40 years. In the Coast of Bays there were 5 children born to mothers under the age of 20 and no births reported to mothers over the age of 40, as referenced in table 12.

Table 12: Live Births by Age of Mother, 2011

Age Group	Canada	Newfoundland and Labrador	Central Health Authority	Coast of Bays Region
TOTAL	377,636	4,465*	670*	50
Under 15 yrs	99	5	0	
15 – 19 yrs	13,436	250	55	5
20 – 24 yrs	53,478	810	160	10
25 - 29 yrs	113,628	1,335	190	15
30 - 39 yrs	184,005	2,070	255	20
40+ yrs	12,915	85	15	0
Age not stated	75			

**Numbers may not add to total due to rounding*

Low Birth Weight

Low birth weight is an indicator of the general health of newborns, and a key determinant of infant survival, health and development. Low birth weight infants are at a greater risk of dying during the first year of life, and of developing chronic health problems.

Low birth weight is defined as weight at birth less than 2,500 grams. Risk factors for low birth weight include low BMI (<18.5) of the mother, multiple births, maternal age over 35 years, alcohol consumption, physical abuse, and/or smoking during pregnancy, as well as low income (Eastern Health, Health Status Report, 2012)

In 2012, 4.8 percent of live births in the Central Region have had a low birth weight (≤ 5.9 lbs); this is lower than the provincial rate of 5.6 percent (Statistics Canada Health Profile, 2012). No Stats are available for the Coast of Bays region.

High Birth Rates

High birth weight babies are defined as birth weight above 4,500 grams. High birth weight is associated with a higher risk for complications for the mother and baby at the time of birth. High birth weight may also be associated with increased risk for childhood obesity (Reilly, 2005). Data for the province was unable to be obtained for this topic but in Canada, there were 6,521 high birth weight babies born (Statistics Canada, 2012).

For 2005-07, the high birth weight rate for Central Health was 3.4%, which is higher than the province at 3.1% and Canada at 1.9%. In all the provinces, Newfoundland's rate was the second to highest next to the Northwest Territories. No Stats are available for the Coast of Bays region.

3.4.6 Child, Youth and Family Services

Under the Provincial Budget 2009, the new, separate department of Child, Youth and Family Services was created. This department is dedicated to the protection of children and youth from maltreatment by their parents and to the promotion of healthy development of children and youth in Newfoundland and Labrador. The department of CYFS is responsible for administering the following legislation:

- Child Youth Care and Protection Act
- Adoption Act
- Child Care Services Act
- Youth Criminal Justice Act
- Young Persons Offences Act

(CYFS Strategic Plan, 2010-2014)

The Clinical Program Supervisor from the Department of Child, Youth, and Family Services identified that as of November 1, 2013 there were 27 Protective Intervention Cases open in the Coast of Bays region with the department.

Furthermore, there are 8 children identified to be in foster care and 6 in kinship care. Please note that some of these children are not originally from the Coast of Bays, however have been placed in foster homes in the area due to lack of resources in their own area of the region.

There are currently 12 youth on the Youth Corrections caseload. The majority of these cases are from the Conne River area.

3.4.7 Section Highlights

Over the past several years, we have seen a decrease in the number of children being born in the Coast of Bays region. From 2010 to 2011, there was a 16.7 percent decrease. It is important to note that the last recorded birth for McCallum was in 2007, with Gaultois having only one birth each year from 2009 to 2011 and no births in 2012. While we are seeing less children being born, it was noted during the community consultations that there has been a minimal increase in the 0-15 age group from families moving into the communities of Hermitage and Bay d'Espoir. The area has a number of programs and resources that support healthy child development and positive growth in youth, especially through our Community Youth Networks, however there were needs identified for pre-school age children in the Bay d'Espoir area.

PHYSICAL AND SOCIAL ENVIRONMENTS

Physical environment has been identified as one of the health determinants and it includes human built factors such as housing, roads, transportation, and natural factors such as air and water quality.

3.5.1 Housing

According to the 2006 Census, in the Coast of Bays there were 2,930 dwellings. In the region, 90.6 percent of homes were owned versus rented compared to 78.7 percent for the province and 68.4 percent for Canada. Dwellings do not include private farm or reserve dwellings.

In 2006, people living in the Coast of Bays reported there were 1,260 dwellings constructed before 1971 and 1,665 were constructed afterwards. The values for the province were 77,020 (pre 1971) and 120,160 (post 1971), respectively.

Average Owner's Major Payment is the average monthly total of all shelter expenses paid by households that own their dwelling. The owner's major payments include, for example, the mortgage payment and the costs of electricity, heat and municipal services. In 2006, the average owner's major payment for the Coast of Bays was \$410, Central Health \$520, NL \$645 and Canada \$1000. The average gross rent for the Coast of Bays was \$486.25, Central Health \$530, province \$570 and Canada \$730.

As of 2012, under the direction of the NL Housing and Homelessness Network, there is now a Housing and Homelessness Coalition in the Coast of Bays. This group consists of health care staff, economic development officer, clergy as well as many other important community partners. The Coalition's goal is to reduce core housing and homelessness needs in the Coast of Bays region and to promote awareness of these issues in the region. The committee has identified four main priorities for the region and will be working with government to address the same. These included the need for more low income seniors housing, the need for affordable housing for persons living with disabilities, need for more Level 3 long term care beds and a regional food bank.

In 2011, as part of a Canada-Newfoundland and Labrador Investment for Affordable Housing 2011-2014, the Newfoundland government put out a call for proposals in both private and not for profit sector to build affordable housing units throughout the province. As a result, the Coast of Bays now hosts 14 of these newly built units – 10 in Harbour Breton operated by the Town of Harbour Breton and 4 in St. Alban's, privately operated. These housing units, with regulated rental costs are intended to increase availability of affordable housing in the region.

Newfoundland and Labrador Housing Corporation (NLHC) offers a Rental Housing Program that provides low income households for individuals and families that cannot obtain suitable and affordable rental housing on the private market. Currently in the Coast of Bays there are 29 Newfoundland and Labrador housing units (NL Housing, 2013). Greenwood Manor, situated in Milltown is a 12 unit senior's apartment complex which is owned and operated by a volunteer board.

KM Homes is a 30 bed personal care facility located in St. Alban's. In 2010, the Hillside Manor in Harbour Breton, providing level one and two care to approximately 16 residents, closed its doors. The residents from this facility were forced to leave their home community and move into facilities such as KM Homes or others outside the region.

The Connaigre Peninsula Health Centre has 12 bed long term care beds and 1 designated respite care bed. There is currently an extensive waitlist for placements. Throughout the community and provider consultations, the need for additional long term care beds within the Coast of Bays was identified as a priority. With an aging population in the region and the lack of resources for seniors, long term care is of major concern.

3.5.2 Water Quality

In Newfoundland and Labrador, regular sampling of public water supplies is carried out by Environmental Health officers. Boil water advisories (BWA) are preventative measures and are issued when water sampling and testing detects that there may or are higher than accepted amounts of bacteria or if there are deficiencies with regard to chlorination or other forms of disinfection.

The following table represents the boil water advisories that are in effect as of October 17th, 2013 in the Coast of Bays area. All information was taken from the Environment and Conservation section on the Government of Newfoundland and Labrador website.



Table 13: Coast of Bays Boil Water Advisories in effect as of October 17th, 2013

Community	Boil Advisory	Source type	Boil advisory issue date	Boil advisory reason
Seal Cove (Fortune Bay)	Yes	Big Black Duck Pond	Aug. 17, 2005	Water supply has no disinfection system
Gaultois	Yes	Piccaire Pond	Oct. 16, 2001	Disinfection system is off, due to maintenance or mechanical failure.
Hermitage	Yes	Granfer's Pond	Dec. 19, 2012	Harbour View Road site only- No free chlorine residual detected in the water distribution system

Many of the smaller communities are not listed in this table. One potential reason is that many smaller communities and local service districts in the Coast of Bays do not have municipal water supplies and therefore rely on personal water supplies. These water supplies are often artesian or shallow dug wells which often times may not provide safe drinking water.

3.5.3 Roads

According to public opinion conducted by Canadian Auto Association (CAA) two of the main highways in the Coast of Bays fell in the top ten worst roads in Atlantic Canada for 2012. According to the CAA website, Route 360 Harbour Breton was the number one worst road in Atlantic Canada while Route 360 Milltown was fifth. CAA reports that no work is planned for these roads in 2013 and currently there are also no tenders for upgrades on these roads.

3.5.4 Transportation

Public transportation varies greatly throughout the region. Independent licensed taxi services exist in St. Alban's as well as Harbour Breton.

Bussing companies throughout the region sometimes offer chartered trips within and throughout the region upon request.

Thornhill's Bus Service based in St. Joseph's Cove provides a consistent passenger and courier service connecting communities in the region with larger centres such as Grand Falls Windsor (daily, Monday to Friday) and St. John's (3 days a week).

Conniagre Courier, an independently owned courier service located in Harbour Breton also delivers freight throughout the region and central NL on a daily schedule.

On June 20, 2012 the Provincial Government released a 10 year strategy for long-term care and community support services. One of the projects in the strategy was for an age friendly transportation grants program which will address the challenges faced by seniors concerning transportation. This program will assist incorporated non-government organizations, municipal governments, Inuit community governments and/or reserves to explore public and private sector partnerships to create age-friendly transportation models. The 5 successful applicants for this project included: Town of Clarenville, Canadian Red Cross Society, Metrobus, Town of Springdale and Bay St. George South Area Development Association.

3.5.5 Safety

In 2010, 96 percent of residents in the Coast of Bays agreed that their community and the surrounding area was a safe place to live. Furthermore, 93 percent of residents reported feeling safe while home alone and while walking alone outside. In general, residents in the Coast of Bays felt a higher sense of safety than the province as a whole where only 89 percent of residents felt their community was safe and only 78 percent felt safe walking alone outside. Policing services in the Coast of Bays is part of the Grand Falls-Windsor (GFW) Royal Canadian Mounted Police (RCMP) District. In the Coast of Bays, there are RCMP detachments in Head Bay d'Espoir and Harbour Breton as well as a storefront office in Conne River. This region covers a large portion of the central and southern areas of the province (RCMP 2011).

In 2011, there were a total of 105 Criminal Code traffic violations in the GFW RCMP District, 55 of which were impaired driving violations. In 2011 there were also 505 violent criminal code violations and 1275 property related crimes (Community Accounts).

In comparison to the Province, the GFW RCMP District to Province ratio of violent criminal violations is 0.81; this ratio indicates a slightly lower incidence of violent criminal activity in this District than in the province.

3.5.6 Sense of Belonging to the Local Community

In 2009, 95 percent of the population aged 12 years and older in the Coast of Bays reported a very strong to somewhat strong sense of belonging to the local community. This rate of community belonging was higher than that of the Central Region at 83 percent and the province at 80 percent. Moreover, the Coast of Bays reported the highest rate of community belonging of all Economic Zones in the province.

3.5.7 Exposure to Second Hand Smoke

According to the Statistics Canada June Health Profile (2012), 6.3 percent of the non-smoking population 12 years and over in the Central Health Region reported at least one person inside their home smoke every day or almost every day. This was lower than the provincial rate of 7.2 percent.

15.3 percent of the non-smoking population 12 years and over in the Central Region reported being exposed to second-hand smoke while in vehicles and/or public places. This was higher than the provincial rate of 13.4 percent.

In 2011 the Government of Newfoundland and Labrador made amendments to the Smoke-Free Environment Act, 2005 which now prohibits smoking in motor vehicles where children 16 years of age and under are present.

As part of its commitment to the health and wellbeing of the public, Central Health continues to maintain its '*Smoke Free Properties*' policy. Along with enforcing anti tobacco usage on all Central Health property, the organization is also committed to assisting staff and the general public in reducing tobacco use through smoking cessation counseling and referrals as well as other anti tobacco initiatives. No local data available for the Coast of Bays region.

3.5.8 Section Highlights

As identified throughout the community consultations, housing, transportation and water quality are areas of concern for residents. Boil water advisory's are in effect for the communities of Seal Cove, Gaultois and Hermitage. Also, quality and safe drinking water was identified as a concern by residents in Head of Bay d'Espoir.

Housing or lack of affordable and accessible housing throughout the Coast of Bays was recognized as being a concern also. The need for additional long term care beds was brought fourth as a concern during the community and provider consultations. The LTC beds currently at the Connaigre Peninsula Health Care Center is not meeting the needs of the population, as there have been a waitlist for sometime.

Also, due to our unique geographic location, travel within the Coast of Bays and to other parts of the island proves to be very difficult at times. According to a public opinion poll conducted by the Canadian Auto Association (CAA), two of the main highways in the Coast of Bays fell in the top ten worst roads in Atlantic Canada for 2012.

Despite the many challenges faced by residents in the Coast of Bays, there is a strong sense of community. In 2009, 95 percent of the population aged 12 years and older in the Coast of Bays reported a very strong to somewhat strong sense of belonging to the local community.

PERSONAL HEALTH PRACTICES AND COPING SKILLS

3.6.1 Smoking

According to Health and Community Services (2011) tobacco use is the leading cause of preventable illness and death including lung cancer, heart disease, stroke, and emphysema in Canada. More than 800 people in NL die each year from the effects of smoking. Exposure to second-hand smoke is also dangerous to your health.

In 2010, Provincial Government made changes to its Tobacco Control Act which has changed how tobacco products are sold, promoted and displayed in Newfoundland and Labrador. Tobacco products can no longer be displayed in retail stores throughout the province and must be stored in a manner not visible before purchase, such as in a cabinet or closed drawer. Restrictions are also being enforced which prohibit and reduce tobacco related promotional materials and signage at point of sale locations.

In 2009-10, 71 percent residents in the Coast of Bays reported themselves as being a non smoker. This is a relatively high percentage of non smokers however it is slightly lower than the non smoking rates of the Central Health Region and the province, both being 77 percent.

From 2007 to 2010, an increase of 5 percent of residents in the Coast of Bays report themselves as being non smokers; 66 percent in 2007 to 71 percent in 2010 (Community Accounts).

Decreases in smoking rates may be due to a continued effort of the Provincial Government to reduce tobacco usage in the province. Increased services such as Smokers' Helpline along with reduction in tobacco promotion at point of sale may be changing attitudes towards tobacco use.

Table 14: Number of referrals and the source within Central Health from January 1, 2013 to December 31, 2013.

Referral Type	# of Referrals in Central Region
Doctors	25
Nurses	66
Pharmacists	5
Social Workers	1
Dietitians	3
Workplaces	6
Other Health Professionals/Community Leaders	1
Total	107

*Note: We also have categories for Dental Professionals and Respiratory Therapists. No referrals were noted during this time period for these 2 sources.

Table 15: Number of referrals from nurses within the Coast of Bays from January 1, 2013 to December 31, 2013.

Site/Unit	# of Nurse Referrals
Bay D'Espoir Clinic	1
Conne River Health & Social Services	3

Note: The above table only indicates Nurse Referrals. It is difficult to provide accurate #s on sites/units as we often depend on the health professional to provide this information. Many forms simply indicate Central Region and do not include more specific information.

Research has proven that students who take up smoking show a decrease in academic achievement (Youth Smoking Survey 2008/2009).

According to the department of Health and Community Services, 85 percent of youth aged 15-19 in Newfoundland choose to live smoke free. No data available for youth in the Coast of Bays region.

3.6.2 Alcohol Use

Health Canada states that high risk drinking is linked to such negative consequences as motor vehicle collisions, Fetal Alcohol Spectrum Disorder, health issues, family problems, crime and violence. Depending on the amount of consumption, alcohol can lead to chronic and acute health issues such as cancer, liver cirrhosis, alcohol poisoning as well as physical injury.

The Canadian Centre for Substance Abuse provides guidelines to Canadians that promote safer drinker practices for those who choose to consume alcohol. These guidelines recommend no more than two drinks on most days for women and 3 most days for men. These guidelines also recommend to drink no more than 3 drinks for women and 4 drinks for men on special occasions and to always stay within your limits.

In 2010, 32.9 percent of individuals living in the Grand Falls-Windsor - Baie Verte - Harbour Breton Rural Secretariat Region reported being a heavy drinker (5 or more drinks on one occasion, 12 or more times a year). This is an increase since 2008 when only 27.7 percent of the population reported being a heavy drinker.

Furthermore, in 2010 18 percent of the Coast of Bays reported drinking five or more drinks on a single occasion once a week (CCHS 2009-10). This rate is much higher than that of the Central Region of 11 percent and the province 9.4 percent.

3.6.3 Illegal Drug Use

With regards to drug use, there are several different types of drugs, including cannabis (marijuana), depressants (alcohol, sleeping medications), hallucinogens (acid, mushrooms), inhalants (gasoline), opiates (heroin, morphine) and stimulants (cocaine, crystal meth).

As reported in the Cross Canada Report on Student Alcohol and Drug Use, 2011, Newfoundland has the second highest percentage of daily or almost daily cannabis use at 4.6%. The percentage of youth reporting use of cocaine/crack within the last 12 months in Newfoundland was 5.3%, representing the highest rate reported in the study.

The Newfoundland and Labrador Student Drug Use Survey (NLSUDUS) reported that in 2007, 29.5 percent of students reported using cannabis within the last 12 months, with the average first age of use at 13.5 years. Other reported usage was 7.2 percent of students reported using ecstasy in the last 12 months, an increase of 5.2 percent from 2003 data. Prevalence of cocaine was found to occur in 5.3 percent of the population, an increase from 3.7 percent in 2003; 4.4 percent reported using inhalants; 4.2 percent reported use of acid, Psilocybin or Mescaline; and 2.4 percent reported using methamphetamines within the last 12 months. While these numbers are concerning, it is important to note that this survey identified that 40 percent of students in grade seven, nine, and levels one and three chose to remain substance free.

A Coast of Bays Student Survey was carried out in 2008 that targeted students from grade 9 to grade 12. Approximately 125 students were surveyed (42 male, 83 female). The survey questioned students on a range of issues related to health, bullying, physical activity, drug and alcohol use, and sexual health. According to the survey, approximately 77 percent of students had never tried smoking. Of those who had, 50 percent reported that they tried smoking because their friends smoked. As well, 72 percent of students reported they had tried alcohol. The majority of students had first tried alcohol when they were 13-14 years of age and the main reason for trying was because their friends had suggested it. Approximately 44 percent of students reported drinking alcohol 2-3 times a month or more.

According to the survey, approximately 84 percent of students report that they do not use drugs. Of the 16 percent of students that use drugs, approximately 47 percent do not have any desire to quit. The majority of students reported drugs (55 percent), alcohol (63 percent), and a lack of activities as the main concerns in their areas.

3.6.4 Gambling

According to the Department of Health and Community Services (1998), the signs of a problem gambler are an individual who:

- spends large amounts of time gambling
- begins to place larger, and more frequent bets
- has growing debt
- pins hopes on the big win
- promises to cut back on gambling
- refuses to explain behaviours, or lies about it
- feels frequent highs and lows
- boast about winning
- prefers gambling over a special family occasion
- seeks new places to gamble close to home and away.



According to the 2009 Newfoundland and Labrador Gambling Prevalence Study, gambling prevalence rates have declined to 72 percent in 2009, from 78 percent in 2005. Of those surveyed, 65 percent were identified as non-problem gamblers. This study showed a decrease in the prevalence of moderate risk gamblers, from 2.2 percent in 2005 to 1.1 percent in 2009; as well as problem gamblers (1.1 percent in 2005 to 0.1 percent in 2009). Finally, there was an increase in the prevalence of low risk gamblers from 4.3 percent in 2005 to 5.1 percent in 2004.

Provincially, the average number of hours spent gambling in a typical month was 2.4, slightly higher than what was found in 2005 (2.0 hours), and ranged from an average of 1.9 hours in Central to an average of 2.7 hours in Eastern.

In the past 12 months, the average overall amount spent on gambling activities per year was \$255.40 (~\$21.28/month), similar to the amount reported in 2005 (\$249.64, ~\$20.80/month). No data was available for the Coast of Bays region.

3.6.5 Physical Activity

“Regular physical activity is associated with a reduced risk of cardiovascular disease, some types of cancer, osteoporosis, diabetes, obesity, high blood pressure, depression, stress and anxiety. As well, strong evidence suggests that higher levels of physical activity are associated with health benefits. In fact, the more activity, the greater the health benefit” (Colley, et al., 2011).

According to the 2009-10 CCHS, 49.2 percent of those aged 12 years and over in the Central Health region reported being moderately active to active. This was higher than the provincial rate of 47.4 percent. More males (55 percent) than females (44 percent) reported being moderately active to active.

Many communities and community groups in the region have taken the initiative to develop walking trails – Belleoram, Harbour Breton, Rencontre, Hermitage, Mose Ambrose - all of which appear to be well used.

Harbour Breton Recreation Commission funds a full time fitness centre in Harbour Breton. St. Alban's, under the direction of the Community Youth Network, offers a fitness centre. English Harbour West has a privately run fitness center. Pools Cove Recreation Centre operates a fully equipped fitness room on site.

Through funding from the “Let Them Be Kids” foundation, two playgrounds have been developed in the region, English Harbour West and St. Alban's. Recreation facilities - Stadium, ball fields, running tracks, and gymnasiums are available in several communities.

Licensed childcare programs emphasize physical activity as a part of their program. School curriculum now mandates physical activity as a requirement with the Quality Daily Physical Activity (QDPA) Initiative.

3.6.6 Mammography

According to Public Health Agency Canada (2011) one of the most common forms of cancer for woman is breast cancer. Research studies indicate measures woman can initiate to aid in reducing the likelihood of developing this disease or dying from it including minimizing lifestyles and environmental risk factors and proper screening.

According to the Canadian Community Health Survey (2010), 67 percent of women surveyed in the Coast of Bays have completed mammogram testing at least once in their lives. This rate is similar to that of the Central Health Region at 68 percent and the province at 70 percent.

According to the CCHS 2009-2010, 92.7 percent of women aged 50-69 in the Central Health region have had a mammogram done at least once in their life time. This is higher than the provincial rate of 89.0 percent. 81 percent of women 18 years or older living in the Central Region have self-examined their breast for lumps; this is similar to the provincial rate of 80 percent.

In April 2012, Newfoundland and Labrador broadened their screening program to lower the initial screening age to 40. The National Breast Cancer Foundation indicates that forty percent of breast cancers are detected by women who feel a lump, therefore signifying the importance of regular self examination (John Hopkins Medical Centre).

3.6.7 Cervical Screening

A simple Pap test will detect early cell changes that are precursors to cervical cancer. Women who are, or have ever been sexually active are encouraged to see their regular health care provider for screening. In Newfoundland and Labrador approximately 85,000 women are screened and 8,000 women will have an abnormal Pap test each year. Unfortunately, that leaves about 14,000 women not screened (Central Health, 2008).

The Cervical Screening Initiatives Program for Central Newfoundland was launched in June 2003, with the goal to increase screening rates in the region. In this province, the mortality rate attributed to cervical cancer is 2.5 times greater than the Canadian rate. Early detection and treatment is considered to be effective in reducing mortality from this disease.

According to Central Health Cervical Screening Initiative Program (2012), 33 percent of females aged 20 years and older in Harbour Breton had a pap test, 31 percent in St. Alban's and 34 percent in Belleoram. This is higher than the Central Health region rate of 32 percent.

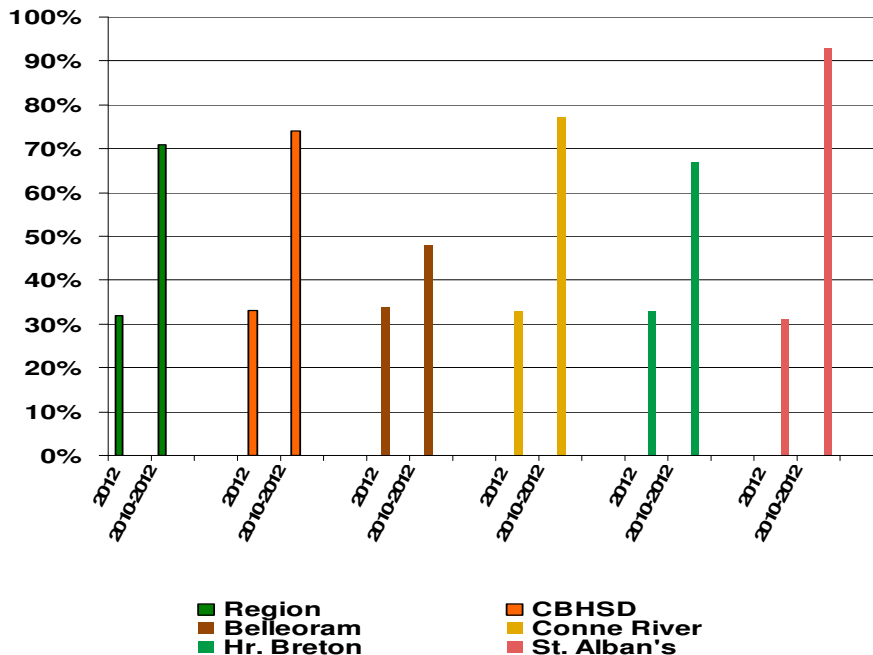
The total cervical screening rate captured by Central Health's Cervical Screening Initiative Program is reported as one Pap test in the last three years. For the period of 2010 to 2012, the Coast of Bays had a one in three year cervical screening rate of 74 percent for women aged 20-69.

The following tables and figures display in further detail the cervical screening statistics for the Coast of Bays region.

Table 16: Cervical Screening Rates (1 in 3 years) for Communities in the Coast of Bays (2010-2012)

Community	Rate (percent)
Belleoram	83
Pools Cove	55
Rencontre East	56
St. Jacques - Coombs Cove	25
Gaultois	52
Harbour Breton	66
Hermitage – Sandyville	81
Seal Cove, Fortune Bay	62
Milltown / Head Bay d'Espoir	88
St. Alban's	93
McCallum	66

Figure 12: The percentage of women in the Coast of Bays screened in 2012 vs. percentage of women who had at least 1 pap in 3 years (2010-2012)



*For the purposes of the above figure, Belleoram includes the communities of Belleoram, Pools Cove, Rencontre East and St. Jacques-Coombs Cove. Hr. Breton includes Gaultois, Hr. Breton, Hermitage-Sandyville and Seal Cove. St. Alban's includes St. Albans, St. Joseph's-St. Veronica's, Milltown/Head Bay d'Espoir, and McCallum.

3.6.8 Prostate Screening

Prostate Cancer Canada reports that prostate cancer is the most common cancer to affect Canadian men. Prostate cancer incidence increases almost exponentially with age with most cases being diagnosed in men ages 60 years or older (Public Health Agency of Canada, 2011).

There are currently two tests that are commonly used to screen for prostate cancer, the Prostate Specific Antigen (PSA) blood test and the physical Digital Rectal Exam (DRE) (Prostate Cancer Canada).

In 2009, 46 percent of the male population surveyed in the Coast of Bays had prostate specific antigen test (PSA) completed (CCHS 2009-10). This rate is lower than that of the Central Region and the province, both reporting PSA rates of 57 percent.

Also in 2009, 27 percent of the male population in the Coast of Bays has completed a Digital Rectal Exam (DRE). This rate is lower than that of the Central Region at 54 percent and the province at 52 percent.

It was identified through the community consultations, that more education/awareness is needed for men's health issues.

3.6.9 Colorectal Cancer Screening

The National Cancer Institute (2011) defines colorectal cancer as a disease in which cells in the colon or rectum become abnormal and divide without control, forming a mass called a tumor.

In 2009, 18 percent of the population in the Coast of Bays surveyed had a colonoscopy or sigmoidoscopy test completed. This rate is lower than that of the Central Region at 32 percent and the province at 31 percent for reporting colonoscopy and sigmoidoscopy rates.

3.6.10 Sexually Transmitted Infections

The World Health Organization (2012) defines Sexually Transmitted Infections (STI's) as infections that are spread primarily through person-to-person sexual contact. There are more than 30 different sexually transmissible bacteria, viruses and parasites.

For 2011, the most common form of an STI in the Central Health region and for the province is Chlamydia. In the last 11 years there have been 888 cases in the Central Health region and 7281 cases in the province. Less common infections for 2011 for the Central Region include Hepatitis C (6 cases) and Hepatitis B (4 cases). There were no reported cases of AIDS, HIV, Gonorrhoea, or Syphilis. No data is available for the Coast of Bays region.

3.6.11 Immunizations

A respiratory illness which affects millions of Canadians each year is commonly referred to as the flu or influenza. To aid in the prevention of this infection, reduce the severity, and the spread of the illness, individuals should receive the influenza immunization.

“In Canada, flu season usually runs from November to April and an estimated 10-25 percent of Canadians may get the flu each year. Although most of these people recover completely, an estimated 4000-8000 Canadians, mostly seniors, die every year from pneumonia related to the flu and many others may die from other serious complications of flu” (Health Canada, 2006).

Table 17 below provides an overall breakdown of Central Health’s records for Influenza vaccine administration for the Coast of Bays in 2012-2013.

Table 17: Influenza Vaccine Breakdown, 2012 - 2013.

Persons Administered to	# of Vaccines Administered
6 - 59 months, 1 st and 2 nd	45, 32
≥ 60 years of age	654
Years of age with chronic illness	274
Essential Community Workers	185
Pregnant Women	5
Aboriginal People	7
Household Contacts	255

Table 18 depicts the immunization status of children born in 2010 and turned two as of December 2012 in the Coast of Bays.

Table 18: Immunization Status at age 2 (Birth Year 2010)

Immunization	# that received immunization	% that received immunization
DTaP-IPV-Hib (4 doses)	38	97 %
MMR (2 Doses)	38	97 %
Pneumococcal (4 Doses)	38	97 %
Varicella (1 Dose)	38	97 %
Men – C (1 Dose)	38	97 %

Information collected from Central Health-PHN's.

Reasons for incomplete immunizations:

1- Refusal (DTaP-IPV-Hib, MMR, Pneum, Varicella, Men-C)

Table 19 depicts the immunization status of kindergartens in the Coast of Bays for the years 2012-2013.

Table 19. Immunization Status of Kindergarten Entrants, 2012-2013

Immunization	# that Received Immunization	% that received Immunization
DTaP - IPV - Hib (4 Doses)	81	97.6 %
DTaP - IPV (1 Doses)	81	97.6 %
MMR (2 Doses)	82	98.8 %
Pneumococcal (4 Doses)	81	97.6 %
Varicella (1 Dose)	82	98.8 %
Men – C (1 Dose)	82	98.8 %

**Kindergarten Enrollment for the Coast of Bays in 2012-2013 was 85 as reported by the Dept of Education. 83 children were registered and attended schools in the COB's as of Sept 1st 2012.*

Reasons for incomplete immunizations:

1- No record of DTaP-IPV-Hib, MMR, Pneum, Varicella, Men-C all for one child. (Mother reports that it was provided by pediatrician, no documentation found of same.)

1- Received DTaP-IPV-Hib vaccination in another province

1- 3 dose pneumococcal schedule in another province

1- Refusal for DTaP-IPV

Table 20 depicts the immunization status of school aged children in the Coast of Bays for the years 2012-2013.

Table 20: Immunization Status of School Aged Children, 2012-2013

Immunization	# that Received Immunization	% that received Immunization
Meningococcal (A,C,Y,W-135)	53	100 %
HPV (3 doses)	16	94.1 %
Hep B (2 doses)	50	96.2 %
Tdap	77	94 %

Information collected from Central Health-PHN's

Reasons for incomplete immunizations:

1- Refusal, HPV

1- Refusal, Hep B

5- Delayed schedule

1- Refusal, Tdap



3.6.12 Oral Hygiene

Having poor oral health can have significant impacts on other areas of the body other than the mouth. Evidence now shows that poor oral health has been connected to systematic diseases such as diabetes in people of all ages, and respiratory diseases among the elderly. Further evidence also indicates a correlation between poor oral health and heart disease and premature, low birth weight in babies (Healthy Canada, 2009).

The Canadian Community Health survey (2007-08) reported that 27.1 percent of males in the Coast of Bays perceived "Very Good" health of teeth and month and 44 percent had "Good" oral health. For females in the Coast of Bays 49.7 percent perceived having "Very Good" healthy teeth and month and 29.5 percent reported "Good" teeth.

As per CCHS (2007-08), 30.3 percent of the residence of the Coast of Bays region reported usually visiting the dentist once a year and 56.3 percent reported visiting the dentist only for emergencies. This is above the provincial average of 27.1 percent for yearly visits and 36.8 percent for emergencies.

According to Health and Community Services, there has been an unprecedented uptake of the expanded Adult Dental Program since being implemented in January 2012. As of result of this uptake a prior approval process was established in April 1, 2013. "The prior approval process will approve clients up to the limit of the existing budget, minus funding specifically allocated for exceptional or emergency cases throughout the year" (Health and Community Services, 2013). This process demonstrates an effort by government to ensure the continuation of this program. In order to offer appropriate dental services to the residents of the province, the government also increased the per person cap to \$150.00 for basic dental services and \$750.00 for dentures per year (Health and Community Services).

3.6.13 Fruit and Vegetable Consumption

According to the World Health Organization (2012) sufficient intake of fruit and vegetables can help eliminate about 14 percent of gastrointestinal cancer deaths, about 11 percent of ischemic heart disease deaths, and about 9 percent of stroke deaths.

According to the Community Health assessment (2009-10), 87 percent of the population, 12 years and older in the Coast of Bays reported consuming less than 5 servings of fruits and vegetable per day. This is higher then the provincial average of 70.3 percent. Only 20.4 percent of those living within the Central Health region reported eating fruits and vegetables at least 5 times or more per day. This was lower than the provincial average of 29.0 percent.

3.6.14 Section Highlights

With regards to personal health practices and coping skills, data suggests that the Coast of Bays struggles with higher than the average provincial rates for drinking and smoking as well as overweight and obesity rates. We also know that residents in the Coast of Bays are not consuming the minimal recommended amounts of fruits and vegetables each day and are less active. Screening rates for the area are difficult to obtain in most categories. Cervical screening rates for the region are consistent with provincial screening rates. For St. Jacques-Coomb's Cove it was identified for 2010-2012 that they had much lower rates of cervical screening. However, since then a full time Nurse Practitioner was hired for the area and rates have drastically increased for cervical screening since that time.

As for male health, the Coast of Bays has low rates of PSA or DRE testing for prostate cancer. Such low numbers indicate a need for more education and awareness of male health issues.

Feedback from our Community Consultations identified a long wait-time for specialty services. Statistics show that only 18% of the population in the Coast of Bays had a colonoscopy or sigmoidoscopy test completed as compared to 32 percent of the Central region. Reasons for such low rates were identified during the community consultations as being related to difficulty traveling to central NL to have the testing completed. It was also noted that it is financially and physically difficult to travel such a great distance especially in winter months. Residents have expressed concerns with long wait times after rescheduling due to inability to travel to Grand Falls-Windsor.

4. Health Services

Health services, particularly those designed to maintain and promote health, to prevent disease, and to restore health and function contribute to population health.

This section of the profile will discuss health services under the following headings: provider and service profile; regional services; secondary services; adjacency to secondary services; and migration patterns; population with access to Family Physician/PHC Provider and satisfaction with health care as well as and non-Central Health PHC Services

4.1 PROVIDER PROFILE

4.1.1 Primary Health Care Provider Profile

The residents in the Coast of Bays region receive primary health care services from health professionals of Central Health as well as private practice providers. A profile of providers employed by Central Health is highlighted in the following table and includes type of provider, number of positions, age range, years of services, and applicable collective agreements governing provision of service.

Table 21: Health Care Provider Profile – Coast of Bays (March 2014)

Primary Health Care Provider	Number	Collective Agreement	Age Range*	Years of Service**
Director of Health Services	1	MGMT	B	A
Manager of Client Care Services	1	MGMT	B	B
Manager of Support Services	1	MGMT		
Physiotherapist*****	1	NAPE HP	C	C
Physiotherapist Support Worker	1	NAPE HS	B	A
Continuing Care Nurse Coordinators	3 full time 1 part time	NLNU	C(2), B(2)	B(3), A(1)
Social Worker	4	NAPE HP	A(1), B(3)	A(1), B(2), C(1)
Nurse Practitioner	4	NLNU	B (2), C (2)	A(1), B (3)

RN's/ BN's	18 (3 Public Health, 1 Community Development)	NLNU	A(9) B(7) C(2)	
Child Management Specialist	1	NAPE HP	C	C
Behaviour Management Specialist	1	NAPE HP	A	A
Youth Outreach Worker	1	NAPE HS	A	A
Primary Health Care Facilitator	1	NAPE HP	A	A
Laboratory and X-Ray Tech	5	NAPE LX	A(1), B(1), C (3)	A(1), B (1), C (3)
Lab Tech I	1	NAPE LX	A (1)	A (1)
Dietitian*****	1	NAPE HP	A	A
LPN's	16	NAPE HS	A(3), B(5), C(8)	A(7), B(6), C(3)
PCA's	3	NAPE HS	A (3)	A (3)
Clerk Typist I	11	NAPE HS	A(4), B(5), C(2)	A(9), B(2)
Clerk IV	1	NB	C	B
Plant Maintenance	2	NAPE HS	C (2)	A (1), B (1)
Word Processing Equipment Operator 1	1	NAPE HS	C	B
Domestic Worker	15	NAPE HS	A(5), B(2), C(8)	A(8), B(6), C(1)
Laundry Worker I	1	NAPE HS	B	B
Cook II	3	NAPE HS	A(1), B(2)	A(1), B(2)
Food Service Worker I	2	NAPE HS	C(2)	C(2)

* A = <36, B = 36 - 45, C = >45

** A = ≤10, B = 11 - 20, C = ≥20

4.1.2 General Practitioner Profile

Having a regular family physician improves access to both routine and preventative services. According to the Canadian Institute for Health Information, in 2010 there were 116 general/family physicians per 100,000 in the Central Health Region, which was the lowest among the health authorities and slightly lower than the provincial rate of 118. The rate of specialists in the region was 66 per 100,000 which were lower than the provincial rate of 108. Physician to population rates are useful indicators and are published by a variety of agencies to support health resources planning (Scotts Medical Database, CIHI, 2010)

As of March 2014, there are 8 full time physicians within the Coast of Bays Health Service Area. Three positions are located at the Bay d'Espoir Community Health Centre, four at the Connaigre Peninsula Health Centre (1 fee for service), and one at the Hermitage Clinic.

The Connaigre Peninsula Health Centre and the Bay d'Espoir Community Health Centre provide 24 hour emergency services for the region.

4.2 SERVICE PROFILE

The provision and delivery of health services that are designed to maintain and promote health, prevent disease, and restore health and function - all contribute to population health. The Coast of Bays Health Service area offers or coordinates the following services:

Connaigre Peninsula Health Centre:

- Long Term Care- 12 long term care beds, 1 respite care bed, 1 palliative care bed, 1 trauma bed and 6 acute care beds.
- 24 hour emergency service
- Dietitian offers services for inpatient/outpatient and community development once a month
- Diagnostic services (laboratory and X-Ray) to all clients in the area.
- Physiotherapist visits bi-weekly
- Tele-health services
- Weekly Diabetes Education Clinics
- New Dialysis unit to be open in Spring 2014
- Public Health Nurse
- Community Supports Social Worker
- Continuing Care Nurse Coordinator
- Community Development Public Health Nurse (regional position)
- Primary Health Care Facilitator (regional position)

Mose Ambrose Medical Clinic:

- Dietitian services for outpatient and community development every second a month
- Laboratory services to all clients in the area once a week.
- Tele-health services
- Diabetes Education Clinics

Belleoram Health & Community Services:

- Public Health Nurse
- Continuing Care Nurse

Bay d'Espoir Community Health Center:

- 24 hour emergency service
- Dietitian offers services for outpatient and Community Development once a month
- Diagnostic services (laboratory and X-Ray) to all clients in the area.
- Tele-health services
- Diabetes Education clinics

St. Alban's Community Health Centre:

- Public Health Nurse
- Continuing Care Nurse Coordinator
- Community Supports Social Worker (regional position)
- Behavior Management Specialist (regional position)
- Child Management Specialist (regional position)
- Early Youth Outreach Worker (regional position)
- Mental Health and Addictions Services (regional position)
- Continuing Care LPN (regional position)

Hermitage Medical Clinic:

- Dietitian services for outpatient and community development every second month
- Laboratory services to all clients in the area once a week.

The following satellite clinics (Rencontre, McCallum, & Gaultois) offers or coordinates the following Services:

- Laboratory services to all clients in the area bi-weekly.
- Physician / Nurse Practitioner travel to isolated clinics on a bi-weekly basis pending weather condition and availability of staff.

Rehabilitative Services: Physiotherapy, Occupational Therapy and Speech-Language are regional primary health care services based in Grand Falls-Windsor and offer a preventative and curative focus. However, due to resource allocations, clients typically must travel to Grand Falls-Windsor to access these services and for many clients, this is not achievable due to scheduling, transportation and other related costs. Physiotherapy, Occupational Therapy and Speech-Language services do travel to the region on an as needed basis. To date, the Physiotherapist travels to Harbour Breton twice a month. Physiotherapy and Occupational Therapy services are also private based in Grand Falls. Many of the services are congruent with prevention and early intervention approach to individuals, families and communities.

Health Promotion: is the process of enabling individuals and communities to increase control over, and to improve their health.

Action is required on five strategies to achieve this:

- ➔ build healthy public policy,
- ➔ create supportive environments,
- ➔ strengthen community action,
- ➔ development personal skills, and
- ➔ reorient health services.

A key principle in health promotion is that we work to enable people to increase control over their health not just educate them about health. The movement towards reorienting health services requires the health sector to "move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services... to support the needs of individuals and communities for a healthier life".

The key to a successful health promotion is to work with all relevant parties to create a variety of strategies that are based on sound evidence. (Family Health Teams *Advancing Primary Health Care* Guide to Health Promotion and Disease Prevention January 16, 2006)

Services are delivered primarily by public health nurses in the region and programs aim to enable people to increase control over and improve their health, through health choices and supportive environments.

- | | |
|-----------------------------|---------------------------|
| ➔ Early Childhood Education | ➔ Preschool Health Checks |
| ➔ Healthy Beginnings | ➔ BURPS |
| ➔ School Health | ➔ Child Health Clinics |

Other programs are also available for nutrition, reproductive health, environmental health, communicable health, dental hygiene, and other health promotion areas.

Mental Health and Addictions services also offers health promotion in the Coast of Bays. Specifically, the Youth Outreach Worker offers health promotion and education on various mental health and addictions related issues to a target age group of 12-18 years of age. This program offers educational presentations and other learning sessions through the region's schools, youth centres and other locations that capture youth in their natural settings.

Health Protection: Assist in the identification, reduction, and elimination of hazards and risks to the health of individuals in the community. Programs include disease control with monitoring, monitoring of public water supplies, and surveillance of public buildings and institutions.

Chronic Disease Prevention / Management:

CDPM includes programs involved with prevention (primary) and management (secondary) of chronic disease contributing to premature mortality (ex: diabetes, heart disease, stroke, and cancer).

In February 2009, a regional steering committee was formulated as an advisory and decision making body for the Central Health Diabetes program. The team will review existing diabetes care delivery, identify the strengths, weaknesses and gaps in services, then recommend a standard that will facilitate reduction in variation and improve the quality of care delivered across the region. A newly funded position, Chronic Care Manager/Coordinator has been implemented for the Central Health region. This person will be responsible for overseeing the delivery of diabetes services for Central Health.

In September 2010, a Chronic Disease Prevention and Management (CDPM) Lead team was implemented for the Coast of Bays region to look at CDPM, with the first priority being diabetes services. This team is responsible for determining what has been done in the past, what services are currently being offered, and what the capacity is to enhance services for people in the region.

Many initiatives and services have been implemented since the CDPM lead team has been originated including:

- Diabetes Education Clinics are being offered by an interdisciplinary team on a regular basis throughout the region.
- Development of the Coast of Bays Diabetes Resource Package
- Feet First Clinics in designated sites
- World Diabetes Day Events

In 2011, Central Health implemented a Chronic Disease Self-Management program available to residents. This program entitled *Improving Health: My Way* is for individuals who have chronic health problems and share similar challenges every day. The program consists of group sessions, which are designed to help individuals with chronic conditions manage their health and in turn maintain active and fulfilling lives, despite the challenges associated with their chronic disease. Individuals can attend the sessions with a family member, friend, or other support person. This program is for any adult who has a chronic health condition, plus anyone who cares for/supports someone with a chronic condition. The CDSM program has been offered in Harbour Breton, St. Albans and Conne River. More classes are planned for winter/spring 2014.

Community Support Services: Includes a mix of health, social, and supportive services to maintain and where possible to improve the quality of life of individuals. Services include assessment and placement, nursing services, social work services, home supports and coordination, delegation of function to support/alternate care givers, personal care home licensing and monitoring, alternate family care home approvals and monitoring, individual living arrangements, cooperative apartments, specialized board and lodging and other residential alternatives, palliative care, respite care, and community behavioral services program. Pending financial eligibility and other criteria, these services are available to seniors and individuals with physical and/or intellectual disabilities.

Other services may include special assistance for supplies and equipment, drug card and medical transportation, and a limited assistance program for support of persons dealing with chronic health conditions.

Support services that include home care, alternative family care, and respite care for primary caregivers have made it possible for many clients and seniors to stay at home, and be supported in their own communities. A discussion paper on healthy aging released in March 2006 reports a strong sense of community within the province and identified that 84% of seniors in this province reside in their own homes.

While home support services are invaluable, the maximum number of hours provided under existing guidelines is up to 11 hours per day. Family members must then be responsible for the remaining hours of needed care. Therefore, the potential for caregiver stress and burnout is high.

Home Support is a benefit available within the Community Support & Residential Services Program of Central Health. Home Support enables eligible individuals, who require assistance with Activities of Daily Living (ADL's) and Independent Activities of Daily Living (Idles) to reside independently in their own home, board and lodging, alternate family care home, apartment,

condominium, assisted living unit or shared living arrangement. Home Support is intended to supplement, not replace, services provided by the individual's family and natural support network.

For January 2014 in Central Health region there were a total of 1746 home support cases: 1096 seniors; and 650 adults under 65 yrs old: these 650 are comprised of 279 physical disability and 371 intellectual disability. There has been an overall increase in home support of 279% since 2006 and a 128% increase since 2012 for the Central Health.

Within the Coast of Bays area, there are two Community Supports social workers and four Continuing Care nurses (three full-time, one permanent part-time) that work together to offer the services under the community supports program.

Mental Health Services: Geared to assist both adults and children with mental health issues, including counseling and case management. Currently in the Coast of Bays there are two staff dedicated to Mental Health counseling services: a Mental Health Nurse and a Mental Health Social Worker. In addition, the Early Youth Outreach Worker coordinates and facilitates Mental Health and Addiction promotion for the youth population.

Mental health was identified as a priority in the previous profile process. Since that time a Mental Health & Addictions Wellness Committee has been established in the area consisting of both health professionals and community partners. The purpose of this committee is:

- to actively promote the importance of mental health
- to educate the public about realities and danger of substance use and gambling
- to assist in bridging the gap between community needs and program services
- to assist in the alleviation of stigma experienced by individuals and families affected by mental health and addictions issues.

Toll free help lines, such as the Mental Health Crisis line and the Kids Help line, are available. Other services include psychiatry, psychology, and counseling may be accessed in Grand Falls-Windsor. All requests for mental health services will be coordinated and processed through a single entry system. These services, including 4 Psychiatrists, provide service to the former Central West Health area, which encompasses the PHC catchment area.

Addictions Services: Coordinates education, prevention and treatment services for alcohol, other drugs, gambling addictions to individuals, families, and communities. Currently in the Coast of Bays there is one Addictions Social Worker providing both Mental Health and Addictions services. Additional Addictions services are available in Grand Falls-Windsor as well as across the province. Toll free help lines are provided and widely advertised.

Early Learning and Child Development Division: Responsible for licensing, monitoring, and supporting group child care centers and family based child care; administering a subsidy program for child care fees and transportation. Direct home services are provided to children with developmental delays and support services, including applied behavioural analysis (ABA) therapy, which is provided to children with Autism.

Special child welfare allowance programs offer services to children 0 - 18 years with disabilities. If eligible, the child may qualify for transportation, respite hours, and drug cards. A social worker provides social work support to these clients. The Coast of Bays currently has one Child Management Specialist located in St. Alban's assisting in carrying out the above mentioned services for the region.

Audiology: This service is available at the referral center in Grand Falls-Windsor and Gander. There is one audiologist in full time private practice that travel to the Coast of Bays region on a monthly basis to hold a clinic.

4.3 REGIONAL SERVICES

In addition to those services provided locally, there is a network of providers who provide clinical or consultative services on a regional basis:

- Reproductive Health Nurse
- Communicable Disease Control Nurse
- Primary Health Care Consultant
- Cervical Screening Initiatives Coordinator
- Regional Nutritionist
- Environmental Health Services Coordinator
- Genetics Counselor
- Lactation consultants
- Parent and Child Health Coordinator
- Wound Care Consultant/ Enterostomal Therapist
- Financial Assessors
- Child Care Services Consultant
- Respiratory Therapist
- Medical Officer of Health
- Acute Care Home Supports Coordinator
- Asthma Care Clinic

4.4. NON-CENTRAL HEALTH

Primary Health Care services are also provided to the PHC area by various organizations and individuals in private practice.

These include but are not limited to:

Child, Youth, and Family Services: This is a new provincial department dedicated to helping ensure the protection and well-being of children and youth in Newfoundland and Labrador. It includes services that focus on promoting the safety, well-being and protection of children and supporting the capacity of families and communities, with preservation of family as a primary goal.

Community Youth Corrections: Provides justice services to youth aged 12 - 18 years who have come in conflict with the law. Services include an alternate measures program for young persons alleged to have committed a minor offence and community supervision services. Residential services for young persons under open custody is available in a regional group home located in Grand Falls-Windsor, a range of private community custody homes used for short term emergency housing.

Youth Services Program: Provides an opportunity for the provision of financial and social work support to youth ages 16 - 18 that, for reason of risk, cannot live with their natural family.

Early Learning and Child Development Division: Service agreements are in place with Family Resource Centre (FRC) to provide services to the area. The Fortune Bay North Family Resource Center located in Belleoram provides families with young children age 0-6 years with enrichment, support and stimulation in a nurturing environment. The center has satellite sites in Rencontre East, English Harbour West and Pool's Cove.

Foot Care: There are several certified foot care providers in the PHC area with home based or in-home service for a fee.

Optometry: Optometry services are available as a traveling clinic to the region through a private practice.

Dental: Dental services are available at the Connaigre Peninsula Health Centre and Bay d'Espoir Community Health Centre through a private practice.

Pharmacy: There are two community based pharmacies, Sagona Drugs in Harbour Breton and Pharma Choice in St. Alban's.

Ambulance Services: Four providers provide emergency transportation and planned medical transport to the region. Each Ambulance service is on stand by for each other when either of them is out of town or out of service.

The Harbour Breton Ambulance provides emergency service from the Harbour Breton area. This service is operated by the Harbour Breton Lions Club. Harbour Breton has 2 paramedics and 2 EMR's on payroll and another 3 EMR's on staff when needed.

The Hermitage Ambulance is operated by the Hermitage Lions Club. They cover Hermitage, McCallum, Seal Cove and Gaultois. They have 1 paramedic and 2 EMR's on staff with 1 EMR on call.

The Mose Ambrose Ambulance is operated by the English Harbour West Lions Club. They cover Mose Ambrose, English Harbour West, Rencontre East, Pools Cove, Coombs Cove, Belleoram, St. Jacques, Boxey and Wreck Cove. They have 1 paramedic and 3 EMR's on staff.

The Bay d'Espoir Ambulance is located in St. Alban's and is operated by the Bay d'Espoir Ambulance Committee. They cover all community from St. Alban's to Head of Bay d'Espoir including Milltown and Morrisville. They have 2 paramedics on staff and 4 EMR's.

4.5 SECONDARY SERVICES

The Central Regional Health Authority is responsible for the provision of the health care services to the Coast of Bays population. The majority of secondary care services are available from the Central Newfoundland Regional Health Centre (CNRHC) which is located in Grand Falls-Windsor. Services accessed at the CNRHC include surgery, internal medicine, ophthalmology, psychiatry/psychology, urology, respiratory technology, obstetrics/gynecology, neurology, dialysis, pediatrics, dermatology, speech-language pathology, otolaryngology, nephrology, and oncology. Orthopedics is available from James Paton Memorial Hospital in Gander.

In cases of emergency, the majority of patients will access primary health care at the Bay d'Espoir Community Health Centre or Connaigre Peninsula Health Centre for assessment and stabilization. Often these patients are then transferred to the appropriate secondary care centre. Provincial regulations require that all non-routine clients being transported by ambulance must access services at the nearest emergency centre.

Dr. Melvin, Cardiovascular and Thoracic Surgeon along with his team host a satellite clinic at the Conne River medical Centre for clients throughout Coast of Bays twice a year.

4.6 ADJACENCY TO SECONDARY SERVICES

The regional referral centre for the Bay d'Espoir Community Health Centre, Connaigre Peninsula Health Centre, Hermitage Medical Clinic and Mose Ambrose Medical Clinic is Central Newfoundland Regional Health Centre in Grand Falls-Windsor. All the communities in the Coast of Bays region are at least 205 km (approx. travel time of 2.5 hours) from Grand Falls-Windsor to access secondary health care services. Some secondary services (orthopedics) can be accessed at James Paton Memorial Hospital, Gander which is approximately 250-300 kilometers from communities in the Coast of Bays region.

Telehealth

Consulting with a specialist or other health care providers no longer means a long drive to a distant medical centre for residents of the Coast of Bays.

Telehealth is now more accessible throughout the region. Access is now available at the Connaigre Peninsula Health Centre, Mose Ambrose Medical Clinic and Bay d'Espoir Community Health Centre. Currently, access at the Mose Ambrose Medical Clinic is limited due to the poor broadband connection. The majority of the telehealth appointments are for oncology, mental health, physiotherapy and diabetes.

In 2012, patients in the Central NL area participated in 2,945 telehealth appointments with an average of over 245 appointments/month. This average increased to 276 appointments/month as of May 2013 (The Beacon, 2013). It was noted in 2013 by the provincial telehealth coordinator that there has been an increase in telehealth usage in the province by approximately 16 percent every year.

Healthline

Healthline is a toll free nurse telephone service that is available to residents of Newfoundland and Labrador 24 hours/day, seven days/week. Healthline was launched in 2006 as an alternate delivery model to improve access to services, to encourage self-care, and to reduce the number of inappropriate or unnecessary visits to the emergency department and/or physicians.

Services are provided by registered nurses and provide assessment of non-urgent issues to recommend a course of action, the provision of health information, and the referral to emergency departments when necessary. (NL Healthline, 2013) The number is 1-888-709-2929.

Evaluation of the Healthline indicated users are getting timely access to the service, are overall satisfied with the service, and the majority would recommend the service to others (NL Healthline, 2013).

For the period of March-August 2013, there were 94 calls received from the Connaigre region. The majority of these calls were for patients between the ages 20-64 (61 calls). Those aged 60+ years are using the service the least. In the Connaigre region, the number one reason for calls was for triage (symptom based assessment to determine the most appropriate level of care) followed by health care information for medication questions and general health inquires.

Table 22 below further explains the recommendation by the health line after being triaged.

Table 22: Final Dispositions for Connaigre Peninsula

Final Dispositions	Count
Refer to Primary Care Physician	32
Self-Care at Home	14
Refer to Alternate Health Care Professional	8
Refer to ED – Triage Directed	6
Refer to 911/EMS	0
Other	0
Refer to Poison Control	2
Total	62

Table 23: Top 10 Adult protocols Accessed for the Connaigre Region:

Top 10 Protocols	
Adult - Abdominal Pain - Female	3
Adult - Vaginal Bleeding - Abnormal	3
Adult - Abdominal Pain - Male	2
Adult - Back Pain	2
Adult - Eye - Red Without Pus	2
Adult - Abdominal Pain - Menstrual Cramps	1
Adult - Abdominal Pain - Upper	1
Adult - Animal Bite	1
Adult - Ankle Pain	1
Adult - Constipation	1

Table 24: Top 10 Pediatric Protocols Accessed for the Connaigre region:

Top 10 Protocols	
Peds - Abdominal Pain (Female)	2
Peds - Earache	2
Peds - Abdominal Pain (Male)	1
Peds - Anus Symptoms	1
Peds - Bee or Yellow Jacket Sting	1
Peds - Crying - Before 3 Months Old	1
Peds - Diaper Rash	1
Peds - Fifth Disease	1
Peds - Immunization Reactions	1
Peds - Newborn Rashes And Birthmarks	1

Source: Healthline (2013)

4.7 MIGRATION PATTERNS

The majority of patients in the Coast of Bays region seek their primary care from services available to them in their local area; however, a small percentage of patients have a family doctor at Grand Falls-Windsor. With more stability in health care providers and an aging population, more clients are seeking services within the region. Recently, there has been a rapid change in physicians in Grand Falls-Windsor, and a shortage of physicians in Gander that also impacted the decision of clients in Bay d’Espoir area.

Some patients in Rencontre East may seek primary or secondary care from the Peninsula’s Health Care Corporation in Burin or secondary services directly from the Health Sciences Centre, St. John’s. This is mainly because of proximity and easier access to health services.

4.8 ACCESS TO FAMILY PHYSICIAN / PHC PROVIDER

According to Canadian Community Health Survey (2010), 78 percent of the individuals living in the Coast of Bays reported having a regular medical doctor. This was lower than the provincial average of 88 percent and the national average of 85 percent.

4.9 SATISFACTION WITH HEALTH CARE

According to the Canadian Community Health Survey (2010), 87.9 percent of individuals aged 15 years and older living in Newfoundland reported being satisfied with the way health care services were provided. 87.0 percent were satisfied with the way the hospital services were provided, and 94.3 percent were satisfied with the way physician care was provided. This was higher than the national average of 86.5 percent for health care services, 81.9 percent hospital services, 90.8 percent for physician services. No data available for Coast of Bays region.

4.10 PRIMARY REASON FOR USE OF EMERGENCY DEPARTMENT

The Connaigre Peninsula Health Centre and Bay d'Espoir Community Health Centre has access to emergency services, 24 hours per day, 7 days per week. Lab and x-ray services are available and treatment is provided to any patient who presents.

For a select period (January 2013 and April 2013) data was collected on the use of the emergency department at Connaigre Peninsula Health Centre. The biggest reason for use was Respiratory Infections/Influenza like Illness (ILI) (155 visits), followed by symptom relief of pain (141) (Health Records Dept., CPHC).

4.11 SECTION HIGHLIGHTS

In the Coast of Bays region, there is a variety of health services that both focus on treatment and prevention. The population is aging and the demand for home support and/or facility placement has increased. This is noted as a great concern as many in the local area are awaiting placement in long term care in the region. There have also been improvements noted in telehealth advancements to improve access and service delivery in the area.

Throughout our community and provider consultations, maintaining current health services in the region was identified as a common priority. In the Bay d'Espoir area, access to 24 hour lab/x-ray and after hour nursing services was identified as a need. In the Fortune Bay North area, maintaining a full-time Nurse Practitioner was identified as a concern. In Hermitage, maintaining a full-time physician and RN was vital in servicing Hermitage, Sandyville, Seal Cove, Gaultois and McCallum. In Harbour Breton, the need for more long term care beds at the Connaigre Peninsula Health Centre and access to specialty services within the Coast of Bays was identified as a priority (i.e. ultrasound, speech and language pathology services, dialysis, and psychiatry).

5. Health Outcomes or Status

Health status is the level of health of the individual, group, or population as subjectively assessed by the individual or by more objective measures. How individuals feel about their health is usually a reflection of their physical, mental and social well being.

5.1 SELF PERCEPTION OF HEALTH

A major indicator of well-being is how a person rates their own health status. According to the Community Health Survey (CCHS) 2009-10, 55.2 percent of individuals age 12 and over in the Coast of Bays rated their health status as very good or excellent. This is below the Central Health rate at 59.7 percent and the province at 60.3 percent.

5.2 SELF PERCEPTION OF MENTAL HEALTH

The World Health Organization (2003) defines mental health as a “state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”.

Mental health is a crucial dimension of overall health and an essential resource for living. It influences how we feel, perceive, think, communicate, and understand. Without good mental health, people can be unable to fulfill their full potential or play an active part in everyday life. Mental health issues can address many areas from enhancing our emotional well-being, treating and preventing severe mental illness to the prevention of suicide” (Health Canada, 2009).

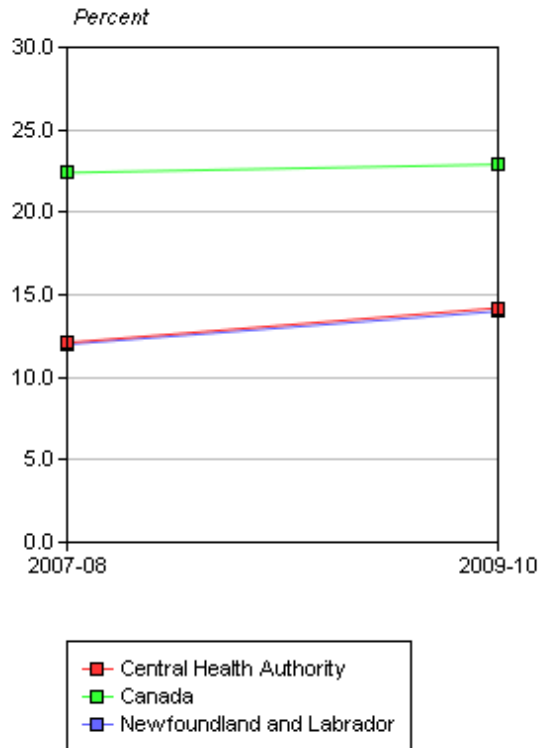
According to the 2009-2010 CCHS, 75.9 percent of the population in the Coast of Bays rated their mental health as excellent or very good. This was above both the Central Health rate of 72.5 percent and the provincial rate of 75.0 percent (Community Accounts 2010).

5.3 LIFE STRESS STATUS

Perceived life stress refers to the amount of stress in the individual’s life, on most days and is classified by asking respondents to rank their life stress into one of the five categories: Not at all stressful, not very stressful, a bit stressful, quite a bit stressful, or extremely stressful. Stress contributes to heart disease, high blood pressure, strokes, and other illness in many individuals. It also contributes to the development of alcoholism, obesity, suicide, drug addiction, cigarette addiction, and other harmful behaviors.

According to the CCHS (2009-2010), 13.4 percent of the population in the Coast of Bays rated their stress levels as quite or extremely high. This is lower than both the Central Region rate of 14.6 percent and the provincial rate of 14.2 percent.

Figure 13: Percentage of population with life stress as extremely or quite a bit, age 15+ (Multiple Year Comparison, with selectable Geographies)



5.4 OVERWEIGHT / OBESITY

Overweight is defined as having a Body Mass Index (BMI) between 25-29.9. Obesity is defined as having a BMI of 30 or greater. BMI is calculated by dividing the individual's body weight (kilograms) by their height (meters) squared.

Obesity is a risk factor in a number of chronic diseases. The number of Canadians who are overweight or obese has increased dramatically over the past 25 years. The proportion of children who are obese in Canada has almost tripled in the past 25 years (Health Canada 2006).

In 2009, in Central Health Region, 39.3 percent of the youth population was considered overweight or obese. Provincially, 21.2 percent of youth were considered to be overweight and 9.1 percent were considered to be obese (CCHS 2009-10).

In 2010, 81 percent of the population aged 18 and over in the Coast of Bays have a BMI of 25 or greater. This is significantly higher than the Central Health rate of 70 percent and provincial rate of 64.7 percent. Reports of obesity were higher in men at 82.4 percent than women at 60.1 percent. (CCHS 2009-10).

The table below breaks down the percentage of the population excluding pregnant women, with BMI 25 or greater in each region:

Table 25: Percentage of the population with BMI 25 or greater

<i>Geography</i>	<i>BMI >25</i>
Belle Bay (Belleoram, Pools Cove, Rencontre East, St. Jacques- Coombs Cove)	90.7 %
Harbour Breton area	77.0 %
Hermitage Bay (Gaultois, Hermitage-Sandyville, Seal Cove)	72.8 %
Bay d'Espoir area (McCallum, Milltown-Head of Bay d'Espoir, Morrisville, Conne River, St. Alban's and St. Joseph's Cove-St. Veronica's)	No data

5.5 UNDERWEIGHT

Underweight is defined as having a body mass index (BMI) below 18.5. Being underweight can increase your risk of osteoporosis, fertility problems, weaken your immune system, and cause other health problems including mental health issues such as low self-confidence and low self-esteem (Body & Health 2011).

According to the CCHS (2009-2010), 2.8 percent of the population in the Central Health region considered themselves to be underweight compared to 3.8 percent in 2007-08. Approximately, 1.0 percent of the population 18 years and over in NL were underweight compared to 2.5 percent of the Canadian Population aged 18 years and over. No data available for the Coast of Bays region.

5.6 CHRONIC DISEASE

A chronic disease is classified as one that has been present for three months or more. 95 percent of the province's residents aged 65+ and 61 percent of residents aged 12+ report having at least one chronic condition. Central Health is moving forward in the area of Chronic Disease Prevention and Management.

Table 26: Self-Reported Chronic Conditions 2009-10

Self-Reported Chronic Conditions 2009-10			
	Canada	NL	Central Health
Anxiety Disorders	5.2%	5.2%	5.4%
Arthritis	15.7%	23.2%	19.9%
<i>Asthma</i>	8.4%	8.4%	6.5%
Bowel Disorders	4.5%	6.8%	6.8%
Cancer	1.9%	2.1%	1.8%
COPD	4.2%	4.8%	3.8%
Diabetes	6.1%	8.1%	10.0%
Heart Disease	4.8%	6.5%	8.0%
High Blood Pressure	16.9%	22.9%	25.9%
Mood Disorder	6.6%	5.3%	4.5%

Source: Canadian Community Health Survey, Community Accounts, 2009-10

5.6.1 Diabetes

According to the Canadian Diabetes Association, there are three main types of diabetes. **Type 1 diabetes**, usually diagnosed in children and adolescents, occurs when the pancreas is unable to produce insulin. Insulin is a hormone that controls the amount of glucose in the blood. Approximately 10 percent of people with diabetes have type 1 diabetes.

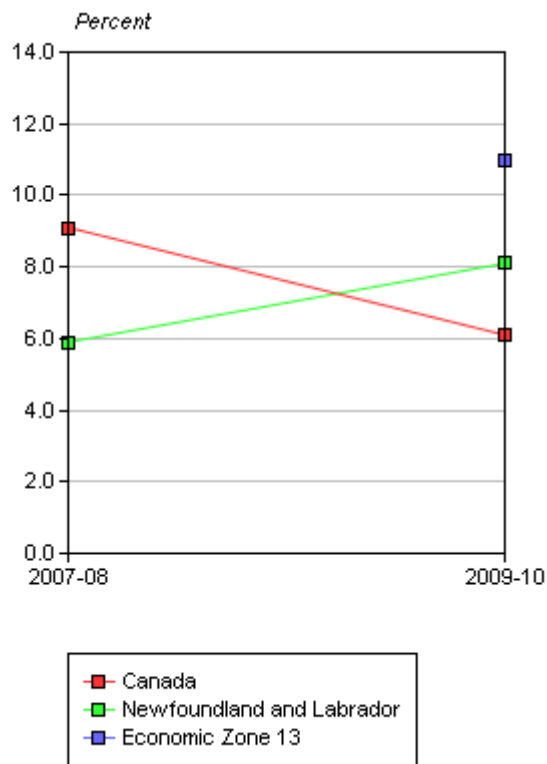
The remaining 90 percent have **type 2 diabetes**, which occurs when the pancreas does not produce enough insulin or when the body does not effectively use the insulin that is produced.

Type 2 diabetes usually develops in adulthood, although increasing numbers of children in high-risk populations are being diagnosed.

A third type of diabetes, **gestational diabetes**, is a temporary condition that occurs during pregnancy. It affects approximately 2 to 4 percent of all pregnancies (in the non-Aboriginal population) and involves an increased risk of developing diabetes for both mother and child.

According to Canadian Community Health Survey (2009-10), 11 percent of the population in the Coast of Bays has diabetes (this includes all three types of the disease). This is higher than both the Central Region rate of 10 percent and the provincial rate of 8.1 percent. This is the highest in Newfoundland and higher than Canada overall.

Figure 14: Prevalence of diabetes, age 12+



SOURCE: Compiled by the Community Accounts Unit based on information from the Canadian Community Health Survey (CCHS), 2001, 2003, 2005 and 2007-2008, Statistics Canada.

5.6.2 Cardiovascular Disease

Cardiovascular disease is a term that refers to more than one disease of the circulatory system including the heart and blood vessels, whether the blood vessels are affecting the lungs, the brain, kidneys or other parts of the body. Cardiovascular diseases are the leading cause of death in adult Canadian men and women (Public Health Agency of Canada, 2011).

According to Community Accounts (2010) 8.0 percent of people age 12 years and older living in Central Newfoundland have a heart disease. This is an increase since 2008, as the rate at that time was 5.6 percent. This is higher than the provincial rate of 6.5 percent.

Based on the NL Centre of Health Information 2008-2009, 11.7 percent of the population in the Coast of Bays region has a heart disease (Community Accounts). The table below breaks down the percentage of the population with heart disease in each region:

Table 27: Percentage of the population with heart disease in the Coast of Bays region (2008-2009)

<i>Geography</i>	<i>Heart Disease</i>
Belle Bay (Belleoram, Pools Cove, Rencontre East, St. Jacques- Coombs Cove)	10.7%
Harbour Breton area	14%
Hermitage Bay (Gaultois, Hermitage-Sandyville, Seal Cove)	12.5%
Bay d'Espoir area (McCallum, Milltown-Head of Bay d'Espoir, Morrisville, Conne River, St. Alban's and St. Joseph's Cove-St. Veronica's	8.9%

5.6.3 High Blood Pressure

High blood pressure (hypertension) is a major risk for heart disease and stroke. Hypertension is a condition that can be prevented and or controlled through healthy lifestyle options such as physical activity and healthy eating.

According to Canadian Community Health Survey (2009-10), 20.7 percent of the population in the Coast of Bays region reported that they have been diagnosed by a health professional as having high blood pressure. This is lower than both the Central Region rate of 27.7 percent and the provincial rate of 22.9 percent.

Again, when considering an older demographic, the rate of high blood pressure increases dramatically with 60.3 percent of the population within Central Region, age 65+ having been diagnosed with the condition.

5.6.4 Acute Myocardial Infraction

According to the Canadian Community Health Survey (CCHS 2008-09), 6.3 percent of the population age 45 and over in the province of Newfoundland and Labrador had a heart attack. This is higher than the country's rate of 5.9 percent. No stats are available for the Coast of Bays region.

5.6.5 Stroke

Stroke is one of the leading causes of long-term disability and death. Measuring its occurrence in the population is important for planning and evaluating of preventive strategies, allocating health resources and estimating costs. From a disease surveillance perspective, there are three groups of strokes: fatal events occurring out of the hospital, non-fatal strokes managed outside acute care hospitals and those admitted to an acute care facility.

Although strokes admitted to a hospital do not reflect all stroke events in the community, this information provides a useful and timely estimate of the disease occurrence in the population. (Statistics Canada Health Profile 2013).

In 2012, within the Central Region there were 133 hospitalized stroke events per 100,000 of the population. Provincially, the rate was 146 per 100,000 (Discharge Abstract Database, CIHI). No data available for the Coast of Bays region.

5.6.6 Arthritis

The term arthritis is used to describe more than 100 conditions that affect joints, the tissues which surround joints, and other connective tissue. These conditions range from relatively mild forms of tendonitis and bursitis to systemic illnesses, such as rheumatoid arthritis.

In 2009-2010, 15.7 percent of the population age 15 years and over in the Coast of Bays region reported that they had been diagnosed by a health professional as having arthritis. This was below the Central Health region average of 21.1 percent and the provincial average of 23.2 percent (Community Accounts)

While Coast of Bay's is still lower than the Province, the percentage of people living in Central NL with Arthritis within the 65+ age group is much higher at 42.3 percent and much higher in women than men (CCHS 2009-10).

5.6.7 Asthma

Asthma is a chronic health disorder affecting a substantial proportion of children and adults worldwide. It is characterized by coughing, shortness of breath, chest tightness, and wheezing. In 2009-2010, the percentage of people diagnosed with asthma in the Central Health region was 6.5 percent, which is lower than that of both the province and Canada at 8.4 percent (CCHS).

According to Community Accounts 2008-2009, 0.9 percent of the population in the Coast of Bays region was diagnosed with Asthma. The table below breaks down the percentage of the population with asthma in each region:

Table 28: Percentage of the population with asthma

<i>Geography</i>	<i>Asthma</i>
Belle Bay (Belleoram, Pools Cove, Rencontre East, St. Jacques- Coombs Cove)	No data
Harbour Breton area	1.8 %
Hermitage Bay (Gaultois, Hermitage-Sandyville, Seal Cove)	No data
Bay d'Espoir area (McCallum, Milltown-Head of Bay d'Espoir, Morrisville, Conne River, St. Alban's and St. Joseph's Cove-St. Veronica's)	0.8 %

5.6.8 Chronic Obstructive Pulmonary Disease (COPD)

COPD includes such disorders as chronic bronchitis or emphysema.

According to Community Accounts 2008-2009, 7.1 percent of the population age 35 and over in the Coast of Bays region has been diagnosed with COPD. This is much higher than the Central Health region at 3.9 percent and 4.8 percent for the province.

The table below breaks down the percentage of the population with chronic obstructive pulmonary disease in each region:

Table 29: Population with chronic obstructive pulmonary disease

<i>Geography</i>	<i>COPD</i>
Belle Bay (Belleoram, Pools Cove, Rencontre East, St. Jacques- Coombs Cove)	10.7%
Harbour Breton area	7.0%
Hermitage Bay (Gaultois, Hermitage-Sandyville, Seal Cove)	3.6%
Bay d'Espoir area (McCallum, Milltown-Head of Bay d'Espoir, Morrisville, Conne River, St. Alban's and St. Joseph's Cove-St. Veronica's)	5.6%

5.6.9 Mood Disorder

In 2010, 4.6 percent of the population in Central Newfoundland reported that they had been diagnosed by a health professional as having a mood disorder, such as depression, bipolar disorder, mania or dysthymia. This is lower than the rates in the province (5.2 percent) and Canada (6.6 percent). There was a noticeable difference in diagnosis based on gender with 8 percent of the female population diagnosed with the disorder in Central and 0 percent in men. There are no stats available for the Coast of Bays region.

5.6.10 Cancer

According to Statistics Canada (2011), cancer incidence has been on a steady rise in Newfoundland for a number of years. The incidence rate per 100,000 went from 412.1 in 2003, to 570.7 in 2009, and 570.7 for the years since 2003 - 2009 consecutively. According to the Canadian Cancer Society, in 2012 it is estimated that there will be a total of 3,150 new cases of cancer in NL this year. Of these, 1,750 will occur in men, while the other 1,400 will occur in women. In addition approximately, 790 men and 630 women will die from cancer this year.

In 2012, the Canadian Cancer Society reported the most common types of cancer in men are prostate, (27 percent), lung (14 percent), and colorectal (13 percent). The most common types of cancer in woman are breast, (26 percent), lung (13 percent), and colorectal (12 percent).

According to Community Accounts, for 2008-2009 there were 150 cases of cancer in the Coast of Bays. The table below breaks down the cases in each region:

Table 30: Number of Cases of Cancer within the Coast of Bays

Geography	Neoplasms (Cancer)
Belle Bay (Belleoram, Pools Cove, Rencontre East, St. Jacques- Coombs Cove)	25
Harbour Breton area	40
Hermitage Bay (Gaultois, Hermitage-Sandyville, Seal Cove)	30
Bay d'Espoir area (McCallum, Milltown-Head of Bay d'Espoir, Morrisville, Conne River, St. Alban's and St. Joseph's Cove-St. Veronica's)	60

The incidence of cancer throughout the Coast of Bays was identified as a main concern during community consultations. Residents felt that there was a need for more services and cancer care for patients i.e. access to chemotherapy in the region.

5.7 CHRONIC PAIN

Health and Welfare Canada considers chronic pain as that “persists (beyond) the normal time of healing, is associated with protracted illness, or is a severe symptom of a recurring condition”, and is of 3 months duration or more (Ospmia & Harstall 2002).

According to the Newfoundland and Labrador’s Improving Health Together (2011), 17 percent of Newfoundland and Labrador’s population reported living with Chronic Pain.

5.7.1 Pain or Discomfort, Moderate or Severe

In Central Region, 12.1 percent (9 percent males, 15.1 percent females) of the population reported pain or discomfort that was moderate or severe. This is on par with the provincial rate of 12 percent (CCHS, 2009-10). There are no stats available for the Coast of Bays region.

5.7.2 Pain or Discomfort that Prevents Activities

In the 2009-2010 CCHS, 12.7 percent of the population aged 12 and over residing in the Central Health region reported having pain or discomfort that prevents them from taking part in daily activities. This is on par with the provincial rate of 12.5 percent. There are no stats available for the Coast of Bays region.

5.8 PARTICIPATION AND ACTIVITY LIMITATION

In 2009-2010, 30.3 percent of the population in the Central Health region experience participation and activity limitation sometimes or often. The provincial rate was 31.2 percent. This rate increases with age with 46.1 percent of the population age 65+ in Central NL having this limitation sometimes or often (CCHS). There are no stats available for the Coast of Bays region.

5.9 SECTION HIGHLIGHTS

The rates of people whom are overweight and obese in the Coast of Bays are significantly higher than that of the Central region and of the province. Males have higher rates of obesity than females. Residents have higher rates of diabetes, heart disease, and COPD as compared to the province. Through the community and provider consultations, it was noted that there was a need for a full time diabetes educator/dietician in the Coast of Bays, due to the high incidence of chronic diseases.

6. Morbidity and Mortality

6.1 HOSPITAL MORBIDITY

Hospital morbidity refers to the number of separations from hospitals due to discharges, transfers and deaths. It is based on diagnosis most responsible for patient stay, but numbers do not reflect on an individual basis, for example, one person with multiple separations / re-admissions will be counted multiple times.

Central Health region has higher rates than the province for most categories except for injury and poisoning. The highest hospital admissions from 2000-2009 was attributed to diseases of the circulatory system at 16 percent, which is higher than the province at 13 percent.

Morbidity rates are influenced by the age structure of the population. In 2008-09, Central Health's median age of all hospital admissions was 57 years (61 years for males and 53 years for females), which was among the highest of the regional health authorities and was higher than the provincial age of 53 years. 39 percent of hospital admissions occurred in the 65+ age group which was 5 percent higher than the province (34 percent).

For the Coast of Bay's region, hospital morbidity numbers were the highest for diseases of the respiratory system. The remaining top 4 are listed below (excluding obstetrics).

Table 31: Causes of Hospital Morbidity in the Coast of Bay's

Geography	Hospital Morbidity	Diseases of the circulatory system	Diseases of the digestive system	Diseases of the respiratory system	Injury and Poisoning	Neoplasms (cancer)
Coast of Bays	1145	170	130	175	60	70

Community Accounts (2009), Economic Zone 13

In the Coast of Bays region, more than one diagnosis was tied for the highest percentage (14.9) of hospital morbidity/separations during the period 2008-2009, including diseases of the circulatory system and the respiratory system.

Figure 15: Hospitality Morbidity & Separation by Diagnosis for the Coast of Bays region (2008-2009)

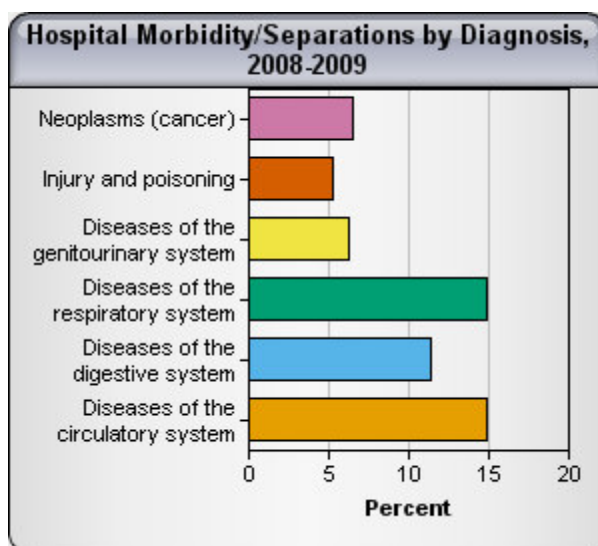


Table 32 below depicts the percentage of hospital Morbidity, average days in hospital and median age of people with a diagnosis in the Coast of Bays region.

Table 32: Percentage of hospital Morbidity, average days in hospital and median age of people with a diagnosis

Area	% of hospital morbidity / separations & disease	Average days in hospital	Median age of people with diagnosis
Belle Bay	19.6% -diseases of the respiratory system	4	62
Harbour Breton	17.0% -diseases of the circulatory system	5	69
Hermitage Bay area	17.9% -diseases of the circulatory system	5	69
Bay d'Espoir	12.9% -diseases of the circulatory & respiratory systems	Circulatory-5 Resp-4	Circulatory-69 Resp-62
Province NL	12.6% -diseases of the circulatory system & respiratory system	(average across the province) 8-respiratory 11-circulatory	No information listed.

Community Accounts, 2008-2009

6.2 MORTALITY

6.2.1 Total Mortality Rates

Information about mortality can be used to assess the health status of the population. Mortality rates are calculated for specific diseases or conditions and act as indicators of population health. In 2010, the Central Health region had a total of 925 deaths. 79 percent of individuals were aged 65 and older, which is comparable to the province at 78 percent. In 2010, males in the region had a higher number of deaths (55 percent) than that of the province (52 percent). Among the four health authorities, males in the Central Region had the second highest number of deaths. (Regional Profile, Central Health 2012).

Table 33 below illustrates the average mortality rate for the Coast of Bays region.

Table 33. Mortality Overview in the Coast of Bays region for 2011

Area	<20	20-64	65+	Median Age
Belle Bay	0	5	5	71
Harbour Breton	0	5	10	68
Hermitage Bay	0	0	5	No info
Bay D'Espoir	0	0	25	77

Community Accounts, 2011

The crude mortality rate refers to the number of deaths per 1,000 individuals in a given year. In Central Region in 2009, the crude mortality rate was 9.67 per 1,000 people. Central Region had the highest mortality rate of the four Regions and was also higher than the Provincial rate of 8.55. (Regional Profile, Central Health 2012)

Table 34 below illustrates the crude mortality rate for the Coast of Bays region.

Table 34: Crude Mortality Rates in Coast of Bay's for 2011

Area	Crude mortality rate (per 1000 people)
Belle Bay	6.0%
Harbour Breton	8.0%
Hermitage Bay	7.0%
Bay D'Espoir Area	7.0%

Community Accounts, 2011

6.2.2 Infant Mortality Rates

The number of infant deaths in the Central Health region was 19 in 2009 with an infant mortality rate of 7.8, which is higher than the provincial rate of 6.1. There is no data available for the Coast of Bays region.

6.2.3 Potential Years of Life Lost

Potential years of life lost for total mortality is the number of years of life “lost” when a person dies “prematurely” from any cause before the age of 75. A person dying at age 25, for example, has lost 50 years of life.

In the Central Region, the potential years of life lost rate for 2009 (per 100,000 population) was 4919.5. Comparatively, within the province, the potential years of life lost rate (per 100,000 population) for 2009 was 5293.0. (Mortality Statistics Newfoundland and Labrador 2010) There is no data available for the Coast of Bays region.

6.2.4 Potentially Avoidable Mortality

Potentially avoidable mortality is defined as deaths before age 75 that could potentially have been avoided through all levels of prevention (primary, secondary, tertiary). It refers to untimely deaths that should not occur in the presence of timely and effective healthcare or other public health practices, programs, and policy interventions. It serves to focus attention on the portion of population health attainment that can potentially be influenced by the health system (Regional Profile, Central Health, 2012).

For Central Health, this rate was lower than all health authorities and the province with a rate per 100,000 for 2006-08 of 188. The provincial rate was 220. (Vital Statistics Death Database, Statistics Canada). There is no data available for the Coast of Bays region.

6.2.5 Avoidable Mortality from Preventable Causes

Mortality from preventable causes is a subcategory of potentially avoidable mortality, representing deaths before age 75 that could potentially have been prevented through primary prevention efforts such as lifestyle modifications or population level interventions (e.g. vaccinations, injury prevention). This can inform efforts to reduce the number of initial cases (incidence reduction). For Central Health the avoidable mortality rate from preventable causes per 100,000 for 2006-08 was 114, which is lowest among the regional health authorities and lower than the provincial rate of 132. (Vital Statistics Death Database, Statistics Canada). There is no data available for the Coast of Bays region.

6.2.6 Avoidable Mortality from Treatable Causes

Mortality from treatable causes is a subcategory of potentially avoidable mortality, representing deaths before the age of 75 that could potentially have been avoided through secondary or tertiary prevention. The indicator informs efforts aimed at reducing the number of people who die once they have the condition or case-fatality reduction. For Central Health the avoidable mortality rate from treatable causes per 100,000 for 2006-08 was 74, which was among the lowest of regional health authorities, and was lower than the provincial rate of 88. (Vital Statistics Death Database, Statistics Canada). There is no data available for the Coast of Bays region.

6.2.7 Unintentional Injury Deaths

For the Central Health Region from 2005-2007, the rate of unintentional injury causing death was per 100,000 was 23.1. These injuries are related to transport accidents, falls, poisoning, drowning and fires but not complications of medical and surgical care (Statistics Canada).

Table 35 below depicts the causes of unintentional injury and death in the Coast of Bays region.

Table 35. Causes of Unintentional Injury Deaths in the Coast of Bays 2004

Geography	External causes of morbidity and mortality	Accidents
Coast of Bays	5	5

Community Accounts, 2004

According to the Social Determinants of Injury report by the Atlantic Collaborative on Injury Prevention, injury rates have been declining in recent decades. However, the report notes that there is a significant difference in injury rates according to socio-economic status (the poorest Canadians experience injury at a rate 1.3 times higher than the wealthiest) and that seniors, children, and adolescents are at a higher risk of injury than other age groups. Aboriginal peoples also experience injury at a significantly higher rate. These trends and differences should be considered when looking at prevention strategies.

6.2.8 Intentional Injury Deaths

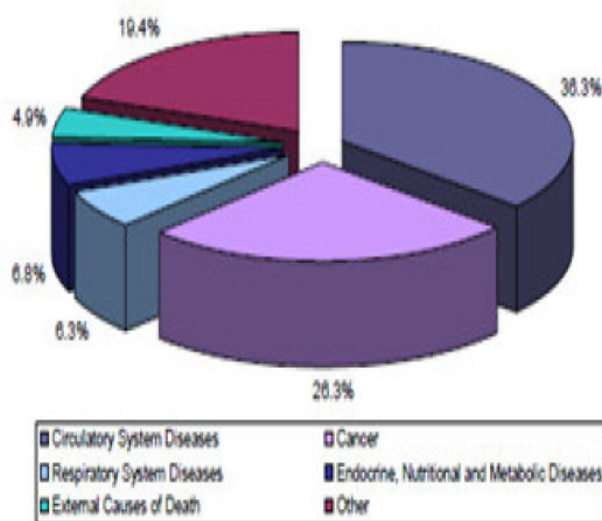
For the Central Health Region, there were 4.4 per 100,000 of the population suicides and self-inflicted injuries causing deaths (Statistics Canada, 2005-2007).

For the Coast of Bays in 2004, there were no deaths reported caused by intentional self harm.

6.2.9 Leading Causes of Death

In 2006, the leading cause of death in the Central Region was circulatory diseases (36.3 percent) which is down by 1.2 percent from the previous year. The second leading cause of death was cancer (26.3 percent) which is also down by 1.3 percent from the previous year.

Figure 16: Causes of death by disease-Central Health region, 2006



Source: Statistics Canada Annual Mortality Data File, 2006

According to Community Accounts (2004), the top 2 causes of mortality, or death for people living in the Coast of Bays were attributed to disease of the circulatory system and cancer.

6.3 SECTION HIGHLIGHTS

According to Community Accounts (2004), the top 2 causes of mortality, or death for people living in the Coast of Bays were attributed to disease of the circulatory system and cancer. Throughout the community consultations, cancer care was identified as a concern for residents. Due to the high rates cancer in the area, residents expressed the need for access to chemotherapy in the Coast of Bays as was provided from 2005-2006. Telehealth for things such as follow up appointments with oncology was viewed as beneficial, however the poor broadband connection was a barrier to its use in Mose Ambrose.

Most data for this section was regional as local data was difficult to obtain.

7. Community Assets

A community asset is anything that can be used to improve the quality of community life. It can be a person, a physical structure or place, and /or a business that provides jobs and supports the local economy. (Identifying Community Assets and Resources Community Tool Box: <http://ctb.ku.edu/>)

Some of the community assets identified in the Coast of Bays region, excluding primary health care providers previously referenced, include the following:

Gaultois

Major Employers:

- Gaultois Medical Clinic
- Aquaculture
- Lloyd's Grocery
- Victoria Academy

Volunteer Organizations:

- Fire Department
- Gaultois Lions Club
- Rangers & Junior Rangers
- Public Library
- Seniors Club
- Gaultois Firettes
- Victoria School Council
- Gaultois ACW

Recreational Resources:

- Playground
- Walking Trail
- Gymnasium

McCallum

Major Employers:

- Fudges Store
- McCallum Medical Clinic
- St. Peter's All Grade School

Volunteer Organizations:

- St. Peters ACW
- Fire Department
- Harbour Authority

Recreational Resources:

- Basketball Court
- School Fitness Room

Rencontre East

Major Employers:

- Judy's General Store
- Aquaculture
- Rencontre Medical Clinic
- St. Stephen's All Grade School

Volunteer Organizations:

- Fire Department
- Harbour Authority
- Fishers Committee

Recreational Resources:

- Gymnasium
- Ball Field

Harbour Breton

Major Employers:

- Connaigre Peninsula Health Centre
- Aquaculture Enterprises
- RCMP
- Quality Childcare Daycare
- Jackman's Home Hardware
- The Coaster
- CIBC bank
- King Academy
- St. Joseph's School
- Harbour Breton Community Youth Network
- There is an array of other sale and services business such as retail stores, restaurants, hotels, gas bars. etc

Volunteer Organizations:

- ACW
- Fire Department
- Lions Club
- Recreation Commission
- LOA Orange Lodge
- Funship 50+ Club
- Alternative Measure Committee
- Local Cancer Support Group
- Hospital Auxiliary
- Knights of Columbus
- Harbour Breton Minor Hockey Association
- Harbour Authority

Recreational Resources:

- Playground
- 2 Gymsnasiums
- 2 Ball Fields
- Tennis Court
- Arena
- 3 walking Trails (1 wheel chair assessable)
- South Coast Cardio

Hermitage-Sandyville & Seal Cove

Major Employers:

- Hermitage Medical Clinic
- Aquaculture
- Value Foods
- Trent Enterprises
- Community Credit Union
- John Watkins Academy

Volunteer Organizations:

- ACW,
- Fire Department
- Lions Club
- Recreation Commission
- LOA Orange Lodge
- 50+ Club
- Seal Cove Harbour Authority
- Public Library
- LOBA

Recreational Resources:

- 3 Playground- Hermitage, Seal Cove and Sandyville
- Gymnasium - Hermitage
- 2 Ball Fields- Hermitage and Seal Cove
- Walking Trail - Hermitage

Belleoram

Major Employers:

- Belleoram Health and Community Services
- Aquaculture
- Grocery Store
- Fortune Bay North Family Resource Centre

Volunteer Organizations:

- ACW
- Fire Department
- Recreation Commission
- LOA Orange Lodge
- North Shore 50+ Club
- Harbour Authority
- Public Library
- LOBA

Recreational Resources:

- Playground

English Harbour West / St. Jacques-Coombs Cove – includes Boxey, Wreck Cove & Mose Ambrose

Major Employers:

- J. Petite & Sons Store
- Boxey Mini Mart
- Mose Ambrose Clinic
- Evan's Fisheries
- Aquaculture
- Fitzgerald Academy

Volunteer Organizations:

- ACW, CWL
- Recreation Commission
- Cadet Corp.
- Lions Club
- Harbour Authority

Recreational Resources:

- 2 Playground – EHW, Boxey
- 3 Walking Trails
- Ball Field

Pools Cove

Major Employers:

- Aquaculture
- Hancock's Variety

Volunteer Organizations:

- Pools Cove Youth & Fitness Centre
- Recreation Committee
- Harbour Authority
- Fire Department

Recreational Resources:

- 1 Playground
- 3 Walking Trails
- Ball Field

Milltown – Head of Bay d'Espoir & Morrisville

Major Employers:

- Midway Clover Farm
- Bayview Groceteria
- RCMP
- Brushetts Home Hardware
- Bay d' Espoir Academy

There is an array of other sale and services business such as retail stores, restaurants, hotels, gas bars. etc

Volunteer Organizations:

- Lions Club
- Royal Canadian Legion
- Recreation Committee
- Harbour Authority
- Fire Department
- Triple 50+ Club
- ACW
- Alternative Measures Committee

Recreational Resources:

- Playground
- 2 Walking Trails
- Ball Field
- Volleyball court
- Gymnasium

St. Alban's (includes St. Joseph's Cove, St. Veronica's & Swanger's Cove)

Major Employers:

- St. Alban's Clover Farm
- Bay d'Espoir Bus
- CBDC South Coast
- Bay d'Espoir Medical Clinic
- St. Alban's Health & Community Services
- Aquaculture

There is an array of other sale and services business such as retail stores, restaurants, hotels, gas bars. Etc

Volunteer Organizations:

- Lions Club
- Royal Canadian Legion
- Recreation Committee
- Harbour Authority
- Fire Department
- 50+ Club
- CWL
- Community Youth Network
- Bay d'Espoir Association of Independent Living (BAIL)
- Local Cancer Support Group
- Army Cadets
- Knights of Columbus

Recreational Resources:

- Playground
- Soccer Field
- Gymnasium
- Arena

It is important to note that the above assets are not considered to be an all inclusive list and are up to date only at the time of profile development.

8. HEALTH PRIORITIES

8.1 We Learned

The community profile process has been very informative of the needs and strengths of the Coast of Bays Primary Care area. The data that was gathered through research and surveys was enhanced further by consultations with health providers and community members.

Three community consultations were held throughout the region. The first consultation was held in English Harbour West on January 20th with 35 residents in attendance. The second consultation was held in Harbour Breton on January 27th with 13 residents in attendance. The final consultation was held in St. Alban's on February 4th with 135 in attendance.

Provider Consultations were also completed at the Connaigre Peninsula Health Centre in Harbour Breton and at the St. Alban's Community Health Centre office in St. Alban's. There were a total of 26 health care providers that attended these sessions.

Trina Mercer, Primary Health Care Facilitator and Sandra Dominie, Community Development Public Health Nurse led the discussion during this consultation.

Through this process the priorities selected were as follows:

- 1) Maintain current health services offered at local health centres and clinics within the Coast of Bays and retain staff i.e. Lab/x-ray, NP, GP, Nursing
- 2) Need for additional long term care beds within the Coast of Bays
- 3) Decrease in wait-times for specialty services
- 4) Need for a subsidized food program to offset the cost of fruits, vegetables and fresh milk.
- 5) Need for a full time Diabetes Educator/Dietician in the region
- 6) More affordable and accessible housing and personal care homes for older adults and persons living with disabilities.
- 7) Increased Mental Health Awareness and reduction of stigma and bullying.
- 8) Access to defibrillators in public places (i.e. schools, arena's, clinics)
- 9) Need for specialty services in the Coast of Bays
 - o Services include Ultrasound, Ophthalmology, speech and language pathology and psychiatry
- 10) Transportation for seniors and persons with disabilities
- 11) More health promotion education and resources to combat obesity, inactivity and high rates of Chronic Illnesses

8.2 Recommendations

The 11 priorities identified during the community and provider consultations will be brought forward to the Community Advisory Committee and Primary Health Care Lead Team to identify 3-4 main priorities for action planning. The profile and all information gathered from the Community and Provider consultations will be sent to the Board of Trustees for Central Health to be apart of their environmental scan for setting priorities for this year.

9. NEXT STEPS

9.1 Action / Implementation Plan

The priorities identified through this profile process will be included in the Coast of Bays Primary Health Care operational plan (Appendix D). Action plans for specific priorities will be developed and used as the workplan for Primary Health Care for the next three years. Key stakeholders and providers will be consulted on an as needed basis for identified priorities.

9.2 Primary Health Care Model

Central Health has committed a PHC Model for service delivery. The primary health care approach, as a model for service delivery, is a philosophy of health care, a strategy for organizing health services and includes a range of health services. It extends beyond the traditional health care system to include all services that play a part in health, such as income, housing, education, and environments.

A health services system rooted in a primary health care philosophy emphasizes health and demonstrates a transparent, inclusive, team-based approach in planning and decision making processes. It incorporates a needs-based, population focused, community development, and intersectoral approach to health services planning, implementation, and evaluation.

Primary health care, as a strategy for organizing health services, is the first level of contact in a well-integrated continuum of health services. It addresses the main health concerns in a community, providing promotive, preventative, curative, supportive, and rehabilitative services. It includes well defined and effective linkages with health and community service programs, secondary and tertiary levels of health services, in order to facilitate efficient and effective client referral processes between the three levels of services.

Primary health care, as a level of health services, is the first point of contact with the health services system. At the primary health care level, teams work in collaborative partnership with clients/patients to determine the most appropriate health service providers to meet their needs in the initial and continuing team/client/patient relationship. Within this relationship, health service providers will be supported and enabled to fully use their knowledge and skills, and clients/patients will be enabled to take control of their own health. The community, as a client, will be supported by the team in building capacity to improve the health of the community population.

Primary health care, as a defined set of comprehensive services, will be evidence based, and cost-effective. It will provide a balance of services that promote health, prevent illness/ injury, and diagnose/treat episodic and chronic illness and injury. Primary health care services will encourage and support individuals, families, communities, and populations as a whole, in making decisions to prevent illness, and achieve and maintain the best health possible.

The Primary Health Care approached as described by the World Health Organization (1978) is guided by the principles of accessibility, equity, appropriate technology, intersectoral collaboration, interprofessional collaboration, health promotion and public participation that can be summarized as the following:

9.3 Strengths Challenges and Opportunities

The following are some of the identified strengths, challenges and opportunities for the implementation of a Primary Health Care Model for service delivery in the Coast of Bays area.

Interprofessional Collaboration

The collaborative approach is about health care providers working together to improve the continuity of care, reduce duplication and ensure individuals have access to appropriate health professionals. Patient-centered care is a guiding principle for interprofessional teams.

Our Team – Strengths

- The area has core teams set up with strong membership and leadership
- Teams have sub-committees as needed to accomplish specific tasks
- Goal and objectives of each team is clear to all members
- All teams consist of a variety of disciplines

Our Team- Challenges

- It can be difficult to be all inclusive of staff, especially shift workers.
- There is a lack of casual nursing staff available in this local area which makes it difficult to provide staff with leave. This leads to staff burnout.
- It's difficult to get teams together for regular meetings due to the large geographic region

Our Team- Opportunities

- Continued education opportunity regarding the Ottawa nursing model
- Participate in learning opportunities through Building a Better Tomorrow Newfoundland and Labrador (BBTNL)
- Health care providers and community members require education on the Scope of Practice of all service providers.
- Use of appropriate technology to maximized team communications

Health Promotion (HP) and Illness/Injury Prevention

Under a primary health care model there should be an increased emphasis on promotion of wellness and the prevention of illness and injury. Health promotion is the process for enabling people to increase their control over their own health and make improvements to their overall well-being.

Health Promotion- Strengths

- Strong community leaders in area of health promotion are evident in the recreation committees, municipalities, Community Youth Networks and other groups
- Availability of Health Programs such as Chronic Disease Self Management program, BURPS, Nobody's Perfect Program
- Schools in the area utilizing health promotion strategies. For example, School Health Food Guidelines, Anti-Bullying, Kids Eat Smart, Quality Daily Physical Activity
- Early Outreach Youth Worker position for the region
- Community Development Public Health Nurse for the region
- Public Health Nurses in all 3 regions offer variety of health promotion activities.
- PHC newsletter distributed to all household in the Coast of Bays 3 times a year.
- Access to regional consultants for health promotion resources
- Great partnerships with community groups and organizations throughout the Coast of Bays
- Falls prevention campaign in place at the Connaigre Peninsula Health Centre
- Falls Prevention education has been offered to many community groups in the region.

Health Promotion- Challenges

- Due to our geography, it is difficult to offer health promotion events/programs in the isolated communities of Gaultois, McCallum and Rencontre.
- It is difficult to recruit participants to education sessions, especially the male population.
- Lack of accessible and up to date resources for health promotion events.
- Lack of funding available to offer special health promotion events

Health Promotion- Opportunities

- The linkage with the education system and service providers in health promotion programs in the schools can be strengthened
- Partnerships with community groups and organizations

Community Engagement

PHC's approach is to promote health with input by the community in making decisions regarding their own health, identifying the needs of the community and then assisting in the planning and implementation of community health action plans.

Our Community- Strengths

- Community Development Public Health Nurse for the Coast of Bays region.
- Provincial funding available to support health promotion events.
- Community engagement sessions have been offered in partnership with the rural secretariat.

Our Community- Challenges

- Difficult to host regional events due to a widely dispersed geographic area.
- There is a declining volunteer base as the majority of volunteers are older adults.

Our Community- Opportunities

- Potential for further community engagement as identified through the community consultation process
- Encourage youth to become more active in community engagement i.e. CAC committee, CYN's

Access

Access, under a Primary Health Care model, involves more than wait times but involves consideration of availability of services, geographic location of services, how accommodating services are to the patients' needs, and whether or not the services are acceptable to what the patient requires.

Access- Strengths

- Provincial Healthline and Smoker's Help-line is promoted within the region.
- Telehealth is available and used by people in the community to connect with specialists. i.e. oncologists and dietician
- Increase Nurse Practitioner services in the region for special clinics i.e. cervical screening, diabetic clinics
- Accessibility of community supports
- Dr. Melvin, Cardiovascular and Thoracic Surgeon along with his team host a satellite clinic at the Conne River medical Centre for clients throughout Coast of Bays twice a year.
- Dialysis unit to be fully operational, Spring 2014

Access- Challenges

- Access to supportive living is a challenge in this area for seniors and persons with disabilities
- Cell phone services need to be accessible throughout the Coast of Bays Region.
- Poor Broadband connection is limiting the usage for tele-health
- Standard registration system is not being used in some centres.
- Access to services due to waitlist has been a concern. i.e. Ultrasound, Psychiatry, psychology, ENT, Ophthalmology and speech and language services
- Recruitment of retention of health care providers
- Access to transportation to avail of medical services throughout the Coast of Bays.

Access- Opportunities

- Further education/awareness of the Healthline and Smoker Help-line.
- Recruitment and retention strategies to improve continuity of care.
- Electronic health records throughout the entire region can improve accessibility for all health care providers.

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APPENDIX A

Community Consultations

English Harbour West Community Consultation

January 20th, 2014

35 Participants

Demographics

- The decrease in population may be due to changes in the fishing industry.
- Population decrease is surprising due to the increase in aquaculture in the area.
- Graduates are leaving for post secondary rather than staying home.

Education

- Fitzgerald Academy had 14 graduates from high school last year and next year there will be 13 students starting Kindergarten.

Employment and Working Conditions

- People feel that the number of Employment Insurance recipients has decreased since 2006 due to the aquaculture industry
- Many of the traditional fisherpersons has become employed with the aquaculture companies in the region, thus gaining full time employment.

Income and Personal Status

- Low income per capita

Healthy Child Development

- There is a need for more recreational activities for youth in the regions.

Physical and Social Environments

- Transportation for after school programs and for children who are sick at school has been a big concern.
- Transportation to avail of recreation and social programs along with medical appointments is a concern

Personal Health Practices and Coping Skills

- Pap screening is now up to par with a full-time Nurse Practitioner in the area.
- Availability of fruit and vegetables is limited.
- Cost of fruits and vegetables is high.
- If fruits and vegetables were made easily available people may make healthier choices i.e. school programs and healthy baby club.

Health Services

- Broadband connection causes problems with tele-health at the clinic.
- Need up-to-date technology in rural areas.
- Clinics should be fully equipped at all times i.e. defibrulators
- There is a need for 24 hour emergency care.
- Retention of staff at the Mose Ambrose Clinic i.e. NP
- Costs of Ambulance usage. (facility to facility is no charge and home to facility is \$115)
- Not having access to 24 hour care may be why there is a decrease in population.

Health Outcomes

- More steps need to be taken to address Diabetes Awareness.
- Wait times for specialist
- Taking control of our own health is important as well.
- High rates of no shows for diabetes services

Health Assessment Questions

1. What does being healthy mean to you?

- Quality of life
- Receiving good health services at all times.
- Being active.
- Participating in every day activities
- Being pain free.
- Ability to be active without depending on medications.
- Good physical and mental health.
- Being disease free.

2. Do you consider your community to be healthy? No

My community isn't healthy because

- Aging population. (majority of our community is seniors)
- Lack of specialty services
- People have too much garbage around their homes. (old cars and trucks)
- Not enough physical activity.

- Too many people have hypertension, diabetes, and obesity.
- Overuse of alcohol and drugs.
- Lack of self management.

3. What do you think are the main health concerns in your community?

- To have a fully equipped clinic and defibulators in public places.(25)
- To maintain a full-time nurse practitioner in the Fortune Bay North area.(24)
- Better cell phone and internet services in the Fortune Bay North area.(10)
- Transportation(7)
- Timely access to health care services and specialists.(7)
- Better self management.(5)
- Lack of 24 hour emergency medical services.(2)
- More recreational facilities and facilitators to lead programs.(2)
- Dental Services in the Fortune Bay North area.(1)
- More awareness of Heart and Stroke.(1)
- Increased Communication for health promotion activities.(1)
- Appointment scheduling and cancellation of appointments.
- Not enough recreational and social activity.
- Aging population.
- Obesity.
- Ability to obtain healthy foods.
- Affordable Housing for seniors and persons with disabilities
- No nursing supports at the Mose Ambrose Clinic.
- More video conference appointments with specialists.
- Not to remove items from the clinic especially things that were donated i.e. defibulators
- Focus on preventative medicine.
- Vehicle extraction unit close to this area (jaws of life)
- Increase Mental Health services for the area

4. What do you think our top 4 local health priorities should be?

1. To have a fully equipped clinic and defibulators in public places.
2. To maintain a full-time nurse practitioner in the Fortune Bay North area.
3. Better cell phone and internet services in the Fortune Bay North area.(10)
4. Transportation for all age groups for programs and services.

5. Based on these priorities, what needs to be done to address these issues?

- Have first responders teams implemented in the region with appropriate equipment available
- Management of Central Health need to ensure that clinic has all necessary equipment to provide adequate care to residents in the area
- Central Health needs to retain Physician / NP for clinic
- Need upgraded cell phone and internet services in the Coast of Bays

6. Have we missed anything that you would like to comment on regarding the health and community services-related needs of the Coast of Bays?

- All health services for the Fortune Bay North should be in one physical location, i.e. Public Health, Continuing Care and NP
- Long term care and acute care beds at the Connaigre Peninsula Health Centre do not meet the demands of the population in the Coast of Bays

Harbour Breton Community Consultation

January 27th, 2014

13 Participants

Demographics

- If the population continues to decrease in our area we won't have the necessary services that we need.
- Since 2011 it is expected that the population for our community have increased due to aquaculture.
- There has been a substantial growth in housing in our community
- Population in schools has not changed significantly in recent years.
- Population should be increasing because both young people and retirees are moving into the area.

Education

- Graduates are leaving the region for employment reasons

Employment and Working Conditions

- Many Government offices in the community have closed or been relocated
- Unemployment rates should be decreasing due to the aquaculture industry and increase in homecare workers.
- Traditional fishing has decreased due lack of resources. More stable income was accessible through the aquaculture industry and Alberta.
- Recent closure of local fish plant may cause population to decrease.

Income and Personal Status

- A high rate of employment with aquaculture keeps us in the average income range.
- Low income support rates are an issue for widowed persons.

Healthy Child Development

- New childcare centre is going to be very beneficial to the community

Physical and Social Environments

- Access to transportation is needed for seniors to attend meetings and social events.
- Through local charities, organizations, and community members food hampers are given to out to families during special seasons. A traveling food bank would provide a more even distribution of products.
- Lack of affordable housing for seniors and persons with disabilities
- Need for personal care home and more long term care beds in the community
- Safety identified as a concern with the recent increase in vandalism and car thefts.

Health Services

- People are very pleased with the advanced tele-health system.
- There is a need for more nurse practitioners in our area.
- It is difficult to retain Doctor's and nurses in this region. This may be due to population decrease. *i.e.*: fee for service physicians.
- There is a need for Long Term Care beds at the Connaigre Peninsula Health Centre.
- There is a need for additional guidance (i.e. school guidance counselor) and counseling services for youth in the Coast of Bays.
- Homecare workers' scope of care should be increased to include assisting clients to participate in social and recreational activities, as well as accompanying clients to Dr's appointments.
- Increased government funding for additional ambulance services.

Health Outcomes

- Obesity a major issue in our area.
- Affordable foods such as fruits, vegetables and milk were identified as a need.
- High numbers of people diagnosed with diabetes and cardiovascular disease was concerning.

Health Assessment Questions

1. What does being healthy mean to you?

- Not taking any medication.
- Staying active.
- To live in a clean environment.
- Eating healthy.
- Being able to maintain my own home.
- Being able to enjoy retirement.
- Remaining independent.
- Having a say in health services and being heard.

2. Do you consider your community to be healthy? Yes

a. My community is health because

- More people are looking after themselves. *Ex:* walking, sports, and eating habits.
- People are very active.
- Good health care services are available.
- We have a clean environment.

b. My community is not healthy because

- Too many people have diabetes.
- We have a lack of specialty services
- Obesity.
- Costs of healthy foods are way too high.
- Too many people are inactive.

3. What do you think are the main health concerns in your community?

- Need for additional long term care beds, personal care homes and affordable housing for seniors and persons with disabilities. (11)
- Retention of Physicians and Nurse Practitioners. (6)
- Aging population – Financial difficulties.(3)
- Healthy living – Health promotions for all ages. *Ex:* Age appropriate activities. (3)
- Mental health services for youth. (2)
- Access to services/transportation. (1)
- More paramedics – using to full scope of practice.
- Concerns with operation of Dialysis.
- Health care to be more efficient. *Ex:* Patient flows and medications.

4. What do you think our top 4 local health priorities should be?

1. Need for additional long term care beds, personal care homes and affordable housing for seniors and persons with disabilities.
2. Retention of Physicians and Nurse Practitioners.
3. Healthy living–Health promotions for all ages (3)
4. Increased financial concerns due to an Aging population (3)

5. Based on these priorities, what needs to be done to address these issues?

- Partnerships with municipalities and local services to access funding for additional housing options for seniors and persons with disabilities .
- Need to take more responsibility of our own health.
- Increase health promotion through media, meetings, local newspapers and community channel.
- Offer more incentives to physicians and NP's for retention
- Advocate for more spaces at medical school for local students.
- Partnerships with local municipalities for senior's incentives for property/water and sewer tax breaks.
- Food bank access in the community for seniors
- Medical subsidy for medications and supplies

St. Alban's Community Consultation
February 4th, 2014
135 Participants

Income and Personal Status

- Belleoram's 30% income support rate brings the entire Coast of Bays region up to 7.8%. If they were not included in the stats we would have a much lower rate.

Physical and Social Environment

- Shortage of affordable housing units for seniors in the area considering our aging population.
- There is a demand for level III long term care beds.

Personal Health Practices and Coping Skills

- Concerns with pap testing protocols (three years vs. one year screening)
- There is more awareness and campaigning to promote non-smoking. This has decreased the smoking rates amongst our younger generations.

Health Services

- The recruitment and retention of physicians and nurses at St. Alban's clinic has been an ongoing issue.
- Concerns were raised regarding having to travel to Harbour Breton for lab and x-ray services because of shortage of staff in the area
- Accessing an appointment to see a physician or nurse practitioner on Friday's had been an on going issue.
- Lack of 24/7 full medical services at the Bay d'Espoir clinic has been an issue i.e. lab/x-ray, RN on site
- Residents prefer to travel to Grand Falls Windsor rather than Harbour Breton via ambulance after hours.
- A need for monthly visits from a physiotherapist at local clinic.
- General practitioner appointment wait times need to be reduced.
- Residents would like to access 9-1-1 in case of an emergency.
- After hour phone calls should go directly to the Bay d'Espoir clinic for triaging and not the Harbour Breton Health Centre.

Morbidity and Mortality

- There is a need for care for cancer patients in the area
- Access to chemo treatment is needed in the area.
- Women need to have regular mammogram follow ups every year especially those with family histories compared to the protocol of every two years.

Health Assessment Questions

1. What does being health mean to you?

- a) Quality of physical and mental well being.
- b) Access to health services when needed.
- c) Active and healthy lifestyles.
- d) Not being sick.

2. Do you consider your community to be healthy? No

My community isn't healthy because....

- High incidents of cancer.
- Inactivity.
- Technology is affecting our youth's lack of activity.
- Lack of health awareness.
- Lack of referrals sent to specialists.
- Education system is lacking physical fitness for children.
- Lack of access to affordable fruits and vegetables.

3. What do you think are the main health concerns in your community?

- 24 hour emergency access to a physician or nurse practitioner at the Bay d'Espoir clinic. (59)
- Maintaining current lab/x-ray services at the Bay d'Espoir Clinic. (34)
- Community consultations are important prior to making changes in Health Service Delivery. (24)
- More efficient appointment scheduling system(19)
- Long term care beds. (16)
- Improve referrals/triage system. (13)
- Retention and Recruitment of Health Care Providers. (16)
- Improved wait times – clinic appointments and specialists. (9)
- Move towards advanced health care not away. (7)
- Improve communication systems. (5)
- More Health Education Prevention. (3)
- Access to healthy water. (Asbestos in current system) (2)
- Transportation

4. What do you think our top 4 local health priorities should be?

1. 24 hour emergency access to a physician or nurse practitioner at the Bay d'Espoir clinic.
2. Maintaining current Lab/X-ray services at the Bay d'Espoir Medical Clinic.
3. Community consultations are important prior to making changes in Health Service Delivery.
4. More efficient appointment scheduling system

5. Based on these priorities, what needs to be done to address these issues?

- People need to be more vocal, involved and informed.
- Central Health needs to meet with key stakeholders in the area to discuss health care alternatives.
- A registered nurse on site at the clinic providing 24 hour care
- Recruitment of more lab/x-ray staff
- Consultations and engagements on a regular basis with communities.
- All clerical staff need to be trained to use the electronic scheduling in Meditech

Community Advisory Committee Meeting
Community Health Assessment
December 5th, 2013
11 Participants

Demographics

Aging Population was the main concern. Increase in the population over the age of 55 and decrease in population under the age of 55. This could be due to out-migration but we cannot ignore that low birth rates play a factor here.

There was a concern to why the population of Coomb's Cove – St. Jacques has increased with the particular stats. A suggestion was made that maybe this because of people moving home (retirees), new births, and changes in economics.

Keep the isolated community's age range in mind for priorities in the future.

- housing issues
- level 3 and level 4 care
- Need to review age friendly report for Harbour Breton and Coast of Bay's

Education

The committee agrees that the graduate rate may not be significant due to the aging population. These numbers are likely to decrease due to our aging population.

Classification of graduates may be why our % is high. General diploma versus Academic diploma.

Comprehensive Arts and Science transfer program is available to precede to college or university and our region also relies on Distance Education (CDLI).

Employment and Working Conditions.

Comments were made that the Aquaculture companies have boosted our economy significantly in the past 2 – 3 years.

Are there any stats available for people in our region who commute to work? For example: Camp jobs and seasonal employment.

It was suggested that one of the reasons why it's hard to find accurate numbers in this category is because stats Canada has recently changed their surveys to "Voluntary"

Income and Personal Status

Conrad Fitzgerald Academy's attendance consists of more than 52% being from Belleoram. 30% of Belleoram people who receive social assistance are younger people.

Healthy Child Development

The Pool's cove youth centre is not under our provinces CYN's. Their centre is operated under a volunteer service which different grants are applied for.

Conne River's stats are noted to be included in our youth corrections category which is why the numbers tend to be higher.

There is a current demand for Foster Care in our region and the entire province.

Physical and Social Environments

Providing for our seniors

Providing for our seniors isn't good by our government. For example: Government pushes for our seniors to stay in their own homes because it is cheaper. Homecare costs are based on a client's income. Qualifications for homecare vary for day time and night time hours.

Resources

There are limited resources for our aging population. Fortune Bay North area currently has no facilities for housing.

Food Banks

There committee identified there is a need for Food Banks in our region. It was suggested that maybe we can partner with the local churches and schools to develop and food bank.

Support for Persons with Disabilities

There is a big demand for support for persons living with disabilities in our entire region since there is currently none available.

Personal Health Practices and Coping Skills

Awareness's

The committee identified a need for more promotion of prostate awareness. The percentage of pap testing in our region is significantly high mainly because our NP's travel to surrounding communities to provide the service.

Costs & Availability

Members expressed that one of the main reasons there is a problem with having fresh fruits and vegetables is because of the high cost. A resident of Gaultois and CAC member also addressed that the main reason isolated communities find it hard to avail of fresh fruits and vegetables is because they only receive a shipment once a week.

Education

It was noted that it is up to one's self to take Ownership to improve our health.

Health Services in the COB region

- N&L Help line needs more promotion (church bulletin, fridge magnets)
- Ultrasound Service (demand in our region due to central health's long wait list)
- Access to avail of services (crisis situation vs. non-crisis situation) Seniors access to health care is very limited.

Health Outcomes

The number of people in our area that have diabetes (diagnosed and undiagnosed) has risen tremendously. Studies have shown that Type II diabetes number one factor contributes to the decreased levels of physical activity.

The use of electronics was a factor mentioned that attributes to our high obesity rates.

How to embrace our technology? How we use it? We should be "practicing what we preach" is a quote that came up in a discussion about healthy lifestyles and physical activity. Someone noted that there needs to be a *happy medium* for the use of electronics

Morbidity & Mortality

There was a discussion of live births and deaths in the region according to 2009 stats. No concerns were addressed at this time.

APPENDIX B

Provider Consultations

Connaigre Peninsula Health Centre

Harbour Breton

February 19, 2014

11 Participants

Demographics:

- In isolated communities, seniors are leaving during the winter to stay with family on other parts of the island.
- There is a minimal increase in the population of kids in Seal Cove and Hermitage area due to families moving back

Education:

- The number of children in school in Rencontre East has increased due to the growth in the aquaculture industry

Employment and Working Conditions:

- Aquaculture has increased employment opportunities within the Coast of Bays

Healthy Child Development:

- Providers identified that the new childcare centre was beneficial to the community

Physical and Social Environment:

- Lack of Transportation a concern for after school sports in the Fortune Bay North area.
- Need for affordable housing and personal care homes for seniors and additional LTC beds

Personal Health & Coping Skills:

- Need for more health promotion for Men's wellness issues.
- Providers are really impressed with the new pap test reminder cards that are being sent to women reminding them that their pap is due.

Health Services:

- Tele-health is an asset in the region
- Long wait time and statistics show there is a need for ultrasound services in the area
- Need for Speech Language pathology services in the area for pre-school aged children
- Demand for ENT services in the region due to high demand and waitlist
- Need for Ophthalmology services in the local area. Diabetic patients are not visiting these specialists due to travel.
- Diabetic patients are being seen in Conne River by Dr. Melvin, and patients are pleased that they don't have to travel to St Johns.

Health Assessment Questions

1. What does being healthy mean to you?

- Not living in poverty
- Financial Stability
- Balance Diet
- Being Active
- Mental Health
- Prevention
- Regular Check-ups
- Access to Health Services
- Lack of Illness
- Positive, physical, mental and social well being

2. Do you consider your community to be healthy? NO

My community isn't healthy because.....

- increase obesity
- increase diabetes rates
- decrease access to resources/ services
- decrease in physical activity
- need for affordable housing
- low fruit and vegetable consumption due to high cost
- high rates of smoking
- lack of recreational facilities and services
- high rate of chronic diseases

3. What do you think are the main health concerns in your community?

1. More supports needed for care givers i.e.; mental health (0)
2. Need for support services for the aging population i.e.; home support (4)
3. Need for long term care beds at the Connaigre Peninsula Health Centre (11)
4. Decrease in wait times for specialty services (6)
5. Drug / Alcohol use in youth - need for more education and resources (4)
6. Need for more mental health awareness and reduction of stigma and bullying (7)
7. Need to offer regional resources locally i.e.; Ultrasound, Psychiatry, psychology, ENT, Ophthalmology and speech and language services (5)
8. Need for more education and awareness of behavioral issues i.e.: Autism, Aspergers Syndrome (1)
9. More recreational activities for children and youth (3)
10. High rates of chronic diseases in the region - more awareness and prevention- education for children and youth (2)
11. Lack of current resources for obesity, physical activity and diabetes (7)
12. Need for subsidized programs for healthy food and recreation (3)
13. Need for full time Chronic Disease Coordinator for the Coast of Bay (3)

4. What do you think our top 4 local health priorities should be?

1. Need for additional long term care beds at the Connaigre Peninsula Health Centre.
2. Need for more mental health awareness and reduction of stigma and bullying.
- 3 Lack of current resources for obesity, physical activity and diabetes.
4. Need to offer regional resources locally i.e.; Ultrasound, Psychiatry, psychology, ENT, Ophthalmology and speech and language services.

5. Based on these priorities, what needs to be done to address these issues?

- Advocate to provincial government for funding for additional long term care beds at the Connaigre Peninsula Health Centre
- Engage stakeholders in mental health promotion and awareness
- Request more current resources based on best practices from Central Health Consultants.
- Advocate with Central Health to offer specialty services within the Coast of Bays

Provider Consultation

St. Alban's Health & Community Services Building

February 18th, 2014

9 Participants

Demographics

- Decrease in births in the area in recent years.
- Population is aging.

Education

- Average number of children enrolled in school each year has been steadily decreasing.
- High percentage of graduates from Bay d'Espoir academy.

Employment and Working Conditions

- The number of E.I recipients may be due to seasonal workers living in the area.
- Unemployment rates are currently lower in the Bay d'Espoir area because of major employers such as aquaculture companies, NL hydro, and the Alberta/oil related industry.

Healthy Child Development

- The number of children from 0-4 years is the lowest of all age groups.
- There are no programs or services for preschool aged children.
- There are no programs or services for prenatal or postnatal women in the Bay d'Espoir area because of the low numbers of children being born. (i.e. BURPS and prenatal classes)
- There is no daycare or preschool in the area.

Physical and Social Environment

- Transportation is a concern for people of all ages. (Due to the large geographical area)
- Poor condition of the roads is of concern for residents especially those having to travel for medical reasons.
- Quality of drinking water identified as a concern. Asbestos lined water pipes were of much concern for the Head of the Bay area.
- Lack of affordable and accessible housing for seniors and people with disabilities.
- Inadequate number of long term care beds within the Coast of Bays to deal with the current demand

Personal Health Practices and Coping Skills

- Affordable and accessible fruits, vegetables and milk products.
- Government subsidy would be very beneficial for seniors and low income families to help offset the cost of healthy nutrition.
- There is an increase of physical inactivity due to increase usage of video games and technology in youth.

Health Services:

- A Diabetes Educator is needed in our region due to the high rates of diabetes and chronic diseases.
- Specialty services such as ultrasound, physiotherapy, psychiatry, and ophthalmology should be offered in Bay d'Espoir.

Health Outcomes or Status

- Inactivity in youth has increased
- Lack of recreational programs and services for youth and seniors
- Lack of services for cancer patients considering the high rates in the area.

Health Assessment Questions

1. What does being healthy mean to you?

- Being able to enjoy life to the fullest while being free of any major health concerns.
- Feeling mentally well.
- Having a balanced lifestyle including work and home.
- Access to health services when needed.

2. Do you consider your community to be healthy? Yes

(a) My community is healthy because....

- The general population is now more educated.
- Increase in self management.
- Increase in public awareness and action.
- Seniors seem to be more active.

Do you consider your community to be healthy? No

(b) My community is not healthy because....

- Too many people choose to be inactive.
- Lack of available resources.
- Substance use and abuse.
- Poor nutrition.

3. What do you think are the main health concerns in your community?

- 24 hour emergency access to a physician/ nurse practitioner or registered nurse at the Bay D'Espoir clinic. (8)
- Maintaining current lab/x-ray services at the Bay d'Espoir Clinic. (8)
- Need for a subsidized food program. (6)
- Need for a diabetic educator for the region. (3)
- Services for people with disabilities are income tested.(2)
- Lack of programs/services for Preschool aged children.(2)
- Access to health services in a timely manner. (1)
- Supportive living for peoples with disabilities.
- Need for Ultrasound service in the region. (2)
- Youth substance use and abuse.
- Lack of access to transportation for persons with disabilities, seniors, and youth.
- Need for physiotherapy services at St. Alban's Community Health centre.
- Need for psychology services at St. Alban's Community Health Centre.
- Need for Ophthalmology services in the area.
- Additional long term care beds within the region.
- Affordable and accessible housing for seniors and people living with disabilities. (3)

4. What do you think our top 5 local health priorities should be?

1. 24 hour emergency access to a physician/ nurse practitioner or registered nurse at the Bay d'Espoir clinic.
2. Maintaining current lab/x-ray services at the Bay d'Espoir Clinic.
3. Need for a subsidized food program.
4. Need for a diabetic educator for the region.
5. Affordable and accessible housing for seniors and people living with disabilities.

5. Based on these priorities, what needs to be done to address the issues?

- A need for a provincial committee to be in place to implement a subsidized food program. Central Health and its employees should be advocates for this beneficial program.
- Advocate for a full time diabetic educator.
- Partner with municipalities and other community organizations to elicit funding to build affordable housing for seniors and people with disabilities.

Appendix C

Community Assets

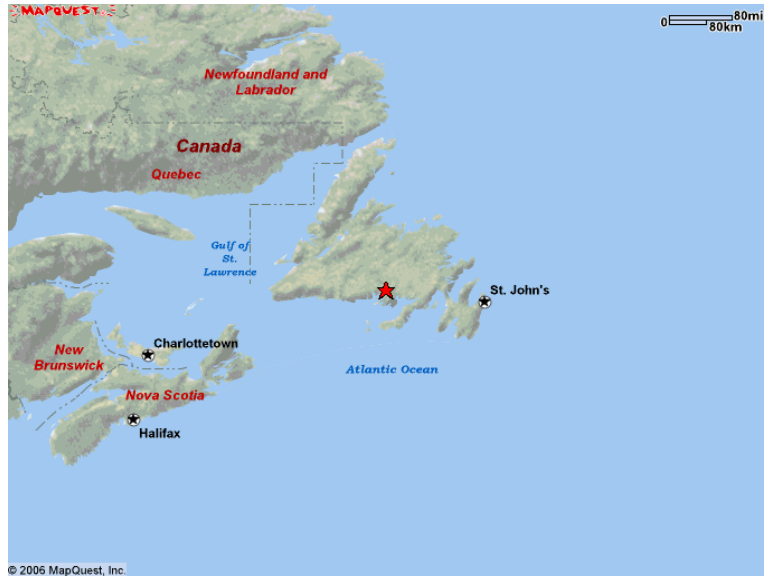
Appendix D

Primary Health Care Action/ Operational Plan to be included here when complete (March-April 2014)

Appendix E

MIAWPUKEK FIRST NATION PROFILE

General Community Background



The first map shows Conne River Community and the second locates Conne River within the Atlantic Community.

About Conne River

Conne River is a vibrant Mik'maq community located on the Connaigre Peninsula, found on the southern coast of the island of Newfoundland in the province of Newfoundland and Labrador. Conne River is also known as Samiajij Miawpukek. The only reserve on the island of Newfoundland, it covers an area of 14 square miles. It is found at the base of the Conne River, where it runs into Bay d'Espoir, of the Atlantic Ocean. By road, Conne River is connected to the Bay d'Espoir Peninsula Highway (Route 360) by a 12 kilometre paved Road. It is approximately 150 kilometres from the nearest large community (Grand Falls-Windsor) and 600 km from the provincial capital, St. John's.

The number of registered band members living in Conne River has increased by 15% since 2011 (853 in 2012, up from 739 in 2006).

Table 1 Population: Registered Band Members living On Reserve, 2012

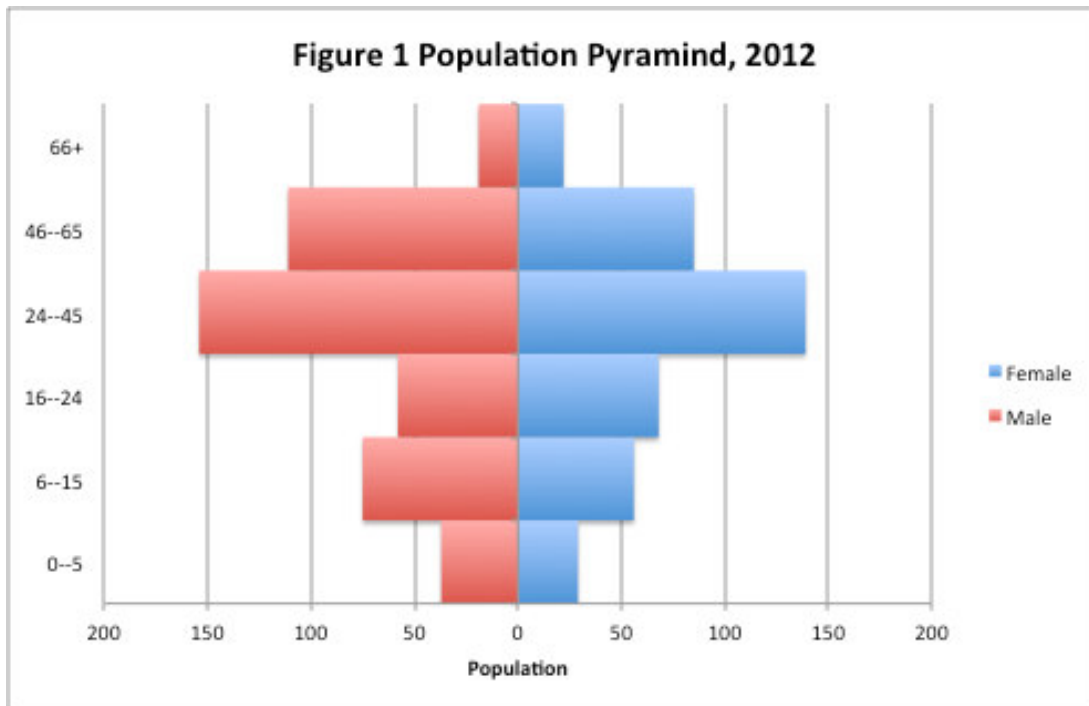
Age	Female	Male	Total	%
0-5	29	37	66	8
6-15	56	75	131	15
16-24	68	58	126	15
24-45	139	154	293	34
46-65	85	111	196	23
66+	22	19	41	5
Total	399	454	853	100%

Table 2 Population: Registered Band Members living On Reserve, 2012

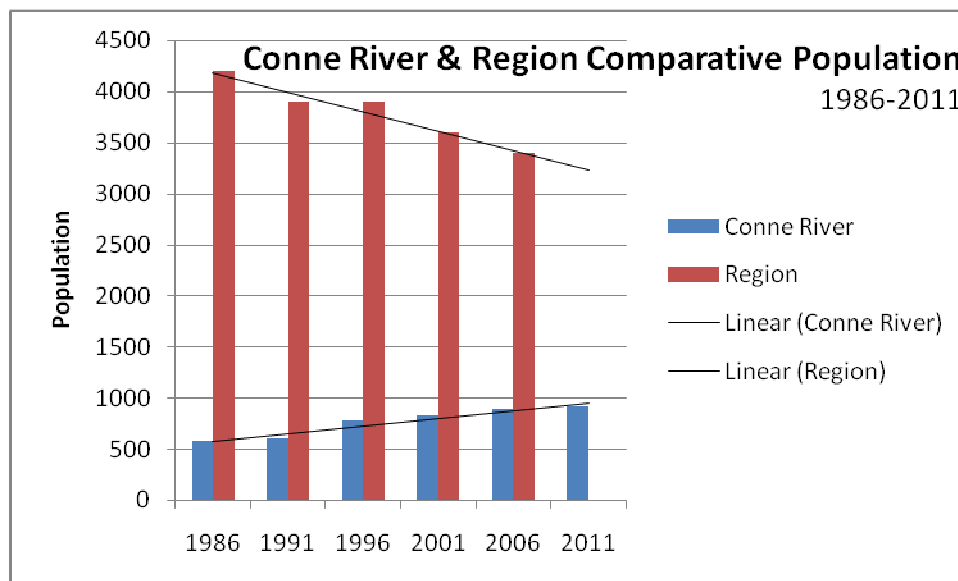
Age	Female	Male	Total	%
0-5	24	31	56	8
6-15	63	61	124	17
16-24	54	44	98	13
24-45	130	167	297	40
46-65	51	72	123	17
66+	20	22	42	6
Total	342	397	739	100%

Figure 1 Population Pyramid, 2012

There are fewer births in Conne River. In 2011 there were 5 births; a 66.7% decrease since 2010 when there were 15 births. In 2011 there were 5 deaths in Conne River; the same as the previous year.



The total community population (band members and non-band members) has grown since 1986, as per the attached table. The 2011 total population for Conne River is 920, a 2.8% increase since the 2006 census.



Conne River has a growing population, in contrast to the surrounding region, Bay d'Espoir, which has been steadily shrinking and aging since 1986.

Housing

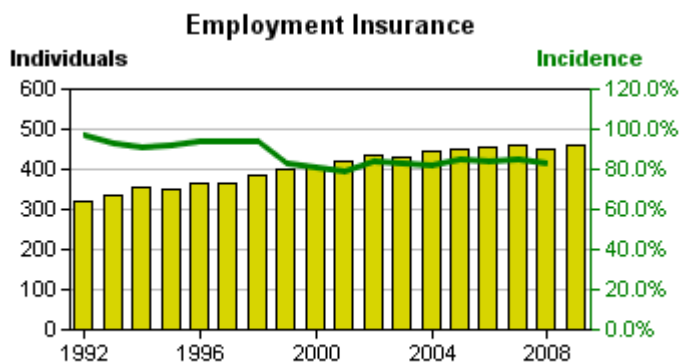
Housing conditions in the community are excellent. All houses are considered adequate and have indoor plumbing, electrical and hot and cold running water. The roads are paved with curb, gutter and sidewalks in the main portion of the community. There are many amenities in Conne River: a pre-Kindergarten to Grade 12 school; Craft Shop; Wellness Centre; Nutrition Centre; Youth Centre, Church, Medical & Dental Clinic, Fire fighting and Ambulance Services, Band Council Building and a Day Care.

Economic and Social Conditions

Economic and social conditions in the community generally are “Good” to “Very good”. Employment rates are good and while there are some incidents of crime and addiction, they are not widespread.

Employment Insurance The number of individuals in Conne River who collected Employment Insurance at some point in the year 2009 was 460. This was higher than the 1992 figure of 320.

The average benefits for those individuals collecting Employment Insurance in Conne River in 2009 were \$10,600 while the average benefits in 1992 were \$8,400. In comparison, the provincial average benefits in 2009 were \$8,900. 83.3% of the labour force in Conne River collected Employment Insurance in 2008. This was higher than the provincial rate of 34.1%.

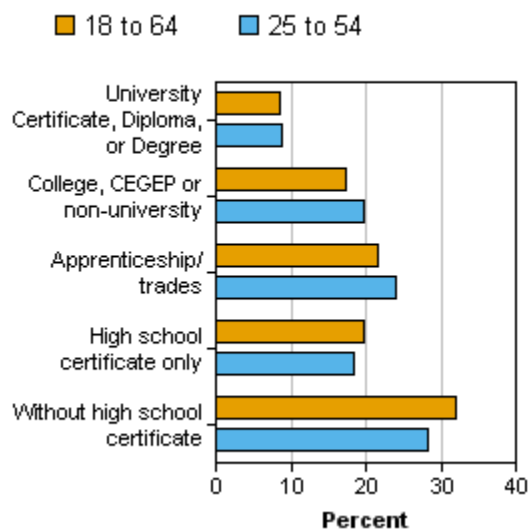


Education

Census 2006 reported 28.3% of people 25 to 54 years of age and older in Conne River do not have a high school diploma compared to 22% of people in the entire province.

In Conne River about 8.7% of people aged 25 to 54 had a university certificate, diploma, or degree in 2006 compared to 18.7% in the province as a whole. About 8.7% had a Bachelor's degree or higher in 2006 compared to 15.1% in the province.

Highest Level of Education, Census 2006

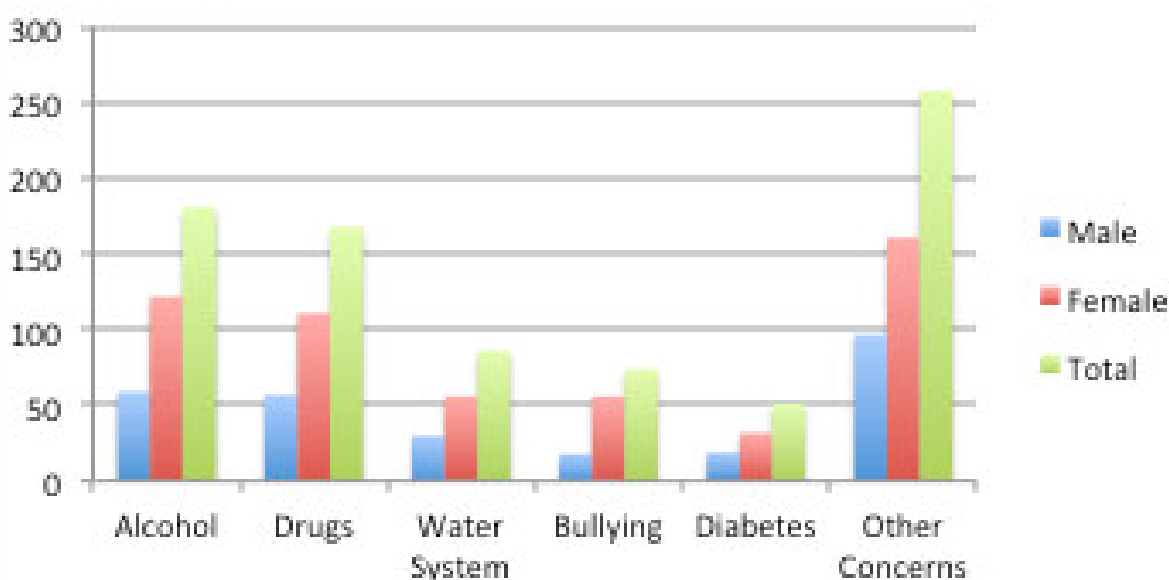


2.0 COMMUNITY HEALTH PRIORITIES

2.1 Priority

CRHSS completed a door to door health needs survey with 818 community members in 2012. Over 50% of the community members of Conne River identified alcohol, drugs, water quality, bullying, and diabetes as the top five (5) health priorities in this 2012 door to door survey.

Top Health Concerns of Conne River



Detail Q4	Male	Female	Total	% of Total	% of Female	% of Male
Alcohol	59	122	181	22%	23%	21%
Drugs	57	111	168	21%	21%	20%
Water System	30	56	86	11%	10%	11%
Bullying	18	56	74	9%	10%	6%
Diabetes	19	32	51	6%	6%	7%
Other Concerns	97	161	258	32%	30%	35%
Total Responses	280	538	818	100%	100%	100%

Diabetes

Diabetes as a chronic disease is identified as the top health priority and focus of program delivery for CRHSS. The 2012 health needs survey prioritized diabetes as its number five priority area; however, based on research completed with the Newfoundland & Labrador Centre for Health Information (NLCHI) and other research, diabetes is emerging as an increasing problem with 12% prevalence rate for the community. The majority of community members seen at weekly chronic disease clinics have diabetes and diabetes related ailments. CRHSS has supported one of its nurse practitioners and licensed practical nurses to complete advanced education in diabetes care in partnership with funding support from FNIHB to address the growing prevalence rate of diabetes within the community.

Alcohol and drugs

Smoking, abuse of illicit drugs and alcohol and other addictions have been identified as increasing, especially as the community stays prosperous with full employment under the Job Creation Program. Community members are spending their disposable income at the local lounge and video lottery machines within and

outside of the community. There are three convenience stores and a local lounge selling beer, spirits and tobacco making these items readily available within the community.

Water system

Upon further review of the community survey results for 2012, water quality emerged as a priority during the implementation of the survey due to the fact that the community water system was being upgraded after being off line for 2 years. The water treatment plant filtering system has been fixed so water quality is not a priority health issue.

Bullying

Several major bullying incidents with youth between the ages of 13 and 18 occurred during the survey time as well and have since been dealt with by the school.

The objectives and activities related to each of these priority areas can be found in the individual program work plans.