



Situational Assessment Final Report (October 2006)



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Acknowledgements

The following final report of the situational analysis is the product of just over one year of work. An enormous amount of time and effort went into this essential process towards the development of the first strategic plan for the Whitewater Bromley Community Health Centre Satellite (WBCHCS), A part of Lanark Health and Community Services. We collected a lot of information through this process to help us to better understand the existing community needs and capacities in the Townships of Whitewater Region and Admaston-Bromley. The summary of this information in the following report was a key element in the strategic planning process which will guide the work of the WBCHCS over the next five years.

We would like to thank the residents in the Townships of Whitewater Region and Admaston-Bromley and our community partner representatives for their valuable time to respond to surveys, participate in interviews, and share their ideas with us. We would also like to recognize the effort of our staff, consultants, reviewers, volunteers from our local Advisory Board and the printing companies (TurboGraphics Ltd. and LaBine Printers) who helped to develop, revise and print draft copies of surveys and reports, stuff envelopes, staple booklets and edit, edit, edit!

Finally, we would like to recognize the contribution of our consultant, Kate Mullin of KM&A whose professionalism and skill helped us to navigate through our first venture into the strategic planning process as a Satellite Health Centre.

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I. INTRODUCTION

The Whitewater Bromley Community Health Centre Satellite (WBCHCS) (also referred to in this report as "the Health Centre") is in the process of developing a strategic plan to guide the delivery of our programs and services for the next five years. This work began in the fall of 2005 after our official opening as a Community Health Centre Satellite just over one year ago. The first step in this process was the completion of the situational assessment of our community (see Section 2).

Situational Assessment (SA) Design:

The SA involved three main components:

1. Community health surveys delivered through unaddressed ad-mail service of Canada Post in the Townships of Whitewater Region and Admaston-Bromley (3,861) in February 2006 with 583 surveys returned.
2. Community partner surveys by telephone and face-to-face interviews with 46 community partners in February and March 2006.
3. Focus groups (Admaston-Bromley Municipal Council, Cobden Civitan Club, Mennonite Women's Quilting Group, Cobden Seniors Association, Women's Institute, Zion-Line Branch)

Several existing community health surveys were reviewed and questions adapted (with permission) including surveys by the North Lanark County CHC (Ontario, 2005) and the Rainbow Valley CHC (Ontario, 2001). Community health surveys were distributed using a census design to all residents in our catchment area with a mailbox registered with Canada Post (see 1. above). Extra copies of the surveys were made available to those requesting additional copies. Surveys were received, counted and delivered to the Health Centre through the Beachburg postal office.

While the Township of Admaston was included in this survey, Admaston residents are presently not defined as living in the catchment area for the Health Centre. Thus, the surveys received from Admaston residents were excluded from calculations of the response rate of 18% which is considered very good for this type of survey. A MS Access data base was designed by our data management staff who also conducted the data analysis, developed the graphics for data presentation, and created sub-reports as requested for the final report. Qualitative and quantitative data entry was conducted by one receptionist dedicated to this task for the ICHS.

The WBCHCS local Advisory Board assisted with the development of the community partner list (Appendix 1) that would be representative of the local service providers and business members. Similar to the data analysis process above, for the community partner surveys and focus groups a combined MS Access data base was developed by our IT staff member. One receptionist and the Health Promoter entered the data (qualitative and quantitative). The data management staff then conducted the data analysis, developed the graphics for data presentation, and created sub-reports as requested for the final report.

Some notes about this report:

- Numbers are rounded off to the nearest percentage, therefore percentages may not add to exactly 100%
- For some questions, respondents were asked to “check all that apply,” and for these results percentages do not add to 100%

The purpose of this final report is to:

1. Summarize the findings of the community health survey, the community partner survey and the 5 focus groups;
2. Assist the management and staff of the Health Centre to prioritize and plan the delivery of health-related programs and services over the next five years;
3. Share the results of these surveys with our community partners and community members.

Throughout this report there are charts and graphs, as well as quotes from respondents which further highlight some of the qualitative results. This information was collected from 583 community health surveys that we received as well as the 46 community partner interviews and focus groups that were conducted in early 2006.

II. SITUATIONAL ASSESSMENT PROCESS

"A situational assessment influences planning in significant ways by examining the legal and political environment, stakeholders, the health needs of the population, the literature and previous evaluations, as well as the overall vision for the project. The phrase "situational assessment" is now used rather than the previous term "needs assessment". This is intentional. The new terminology is used as a way to avoid the common pitfall of only looking at problems and difficulties. Instead it encourages considering the strengths of and opportunities for individuals and communities. In a health promotion context, this also means looking at socio-environmental conditions and broader determinants of health."

-The Health Communication Unit, The Centre for Health Promotion, University of Toronto, Health Promotion Planning Course Description, Step 2: Situational Assessment. Retrieved June 12, 2006, from <http://www.thcu.ca/infoandresources/planning.htm>

A. PURPOSE

To collect information from community members in the Whitewater Bromley Region as part of the process for developing a five-year strategic plan for the WBCHCS.

B. STRATEGIC PLAN

Provides overall direction on the path from where things are now to where we hope they will be. Community work can be greatly enhanced by a clear vision, a mission statement, objectives, strategies, and an action plan.

As a Satellite Community Health Centre under the direction of Lanark Health and Community Services we follow the same vision, mission and beliefs. However, the strategic and operational plan (activities and services that we offer locally) will reflect local input and priorities.

C. VISION

Together we seek to build a healthy, safe, just and supportive community for all.

D. MISSION

We are committed to assisting people within the community we serve to achieve the best possible health and well-being. We provide a full range of primary health care and health enhancing services, which are accessible and responsive to the changing needs of our community. Through support and leadership, we encourage the active participation of individuals and groups in building a healthier community.

E. BELIEFS AND VALUES

We believe:

that all people have the right to conditions and resources for good health, including peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity;

that communities and individuals have the right to services that are respectful, relevant and effective;

that there should be no barriers that prevent people and communities from achieving their full potential;

in providing support to enable persons to remain in, and participate in, the life of their community; and in seeking and sharing knowledge and resources so that individuals and communities are empowered to achieve their best possible health and social well-being.

III. WHITEWATER BROMLEY COMMUNITY HEALTH SERVICES

"It is the province of knowledge to speak, and it is the privilege of wisdom to listen."

-Oliver Wendell Holmes, Jr.

The Whitewater Bromley Community Health Centre Satellite (WBCHCS) designed the community health survey so that we could have the "wisdom to listen" to community members ideas and suggestions about health and medical services. The following sections provide a summary of what we heard from our Whitewater and Admaston-Bromley residents.

A. Who We Are

A profile of our Health Centre:

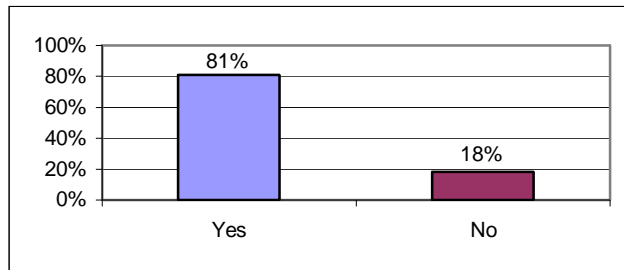
The Whitewater Bromley Community Health Centre Satellite (WBCHCS or "Health Centre") is a non-profit organization that provides primary health (medical services) and health promotion programs for people living in the Townships of Whitewater and Bromley Regions. We are called a "Community Health Centre Satellite" because we receive financial and administrative support from Lanark Health and Community Services in the neighbouring Lanark County as part of their organization. Operation of the Health Centre is managed locally by the Program Director with the support of a local advisory board.

We are working towards "stand-alone" status as a distinct Community Health Centre with all operations managed locally separating us from Lanark Health and Community Services. Our staff team includes: the Program Director, Office Administrator, family physicians, nurse practitioners, nurses, receptionists, a social worker and a health promoter. We provide medical care just like any other family doctor's office and we can offer a greater range of other services such as: foot care, laboratory services, nurse and nurse practitioner services, urgent-care walk-in, community programs like fitness, youth and drop-in programs, counselling for individuals, couples or families, and much more.

B. Our Services

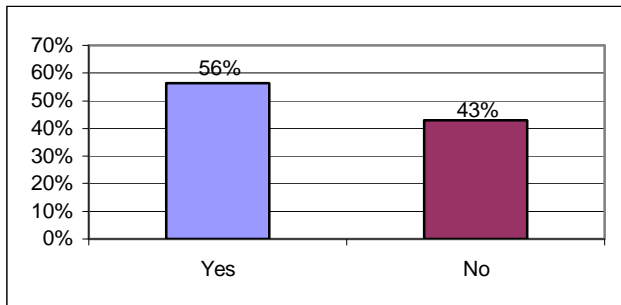
Eighty-one percent (81%) of the community health survey respondents said that they have heard of the Health Centre and 56% know about the services we offer. Similarly, 86% of our community partners have heard of our Health Centre and 69% know about our services. Almost half (48%) of the respondents to the community health survey have visited the Health Centre. This suggests that promotion of our services in the community will be a key focus for the future.

Respondents that have heard of the Health Centre:



Yes	No
81%	18%

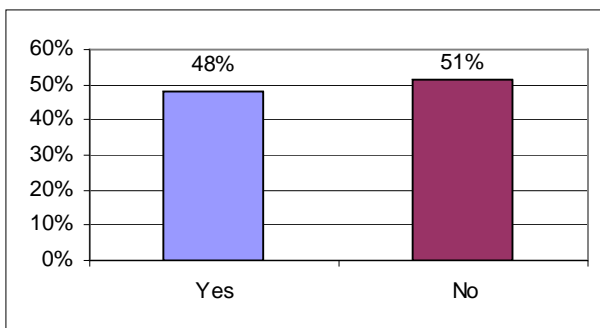
Respondents that know about the health services provided by the Health Centre:



Yes	No
56%	43%

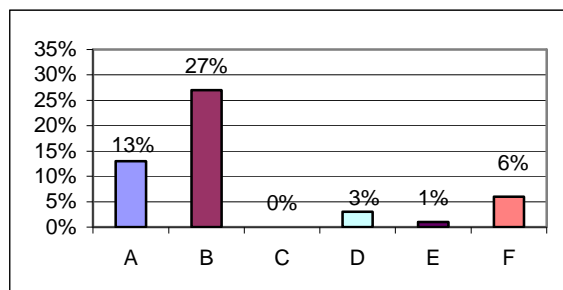
Almost half (48%) of respondents reported that they have visited the Health Centre. Of the 51% who have not, one third (27%) of the respondents told us that their reason for not using medical services at the Health Centre was that they already have a family doctor. Thirteen percent (13%) of the respondents said that they didn't know about the services.

Respondents that have visited the Health Centre:



Yes	No
48%	51%

Reasons why respondents have not used the medical services at the CHC:



A	13%	Didn't know the service was available
B	27%	Already had a family doctor
C	0%	Don't have O.H.I.P.
D	3%	Prefer to use other medical services in the community
E	1%	have other medical services closer to home
F	6%	Selected other (see responses below)

About one quarter (24%) of respondents reported using the urgent care walk-in clinic and almost half of respondents would like to use this service. Just under half of the survey respondents (46%) said that they have had an appointment with one of the medical staff and 20% said they would like to use this service. Approximately 8% of respondents have used other services provided by the Health Centre including attending activities and events, visiting with other health providers or attending group programs. However, 23% said that they would like to attend Health Centre activities and events, visit with another service provider (21%) and attend a group program (29%).

In addition to the responses shown in the charts above, "Other" comments included:

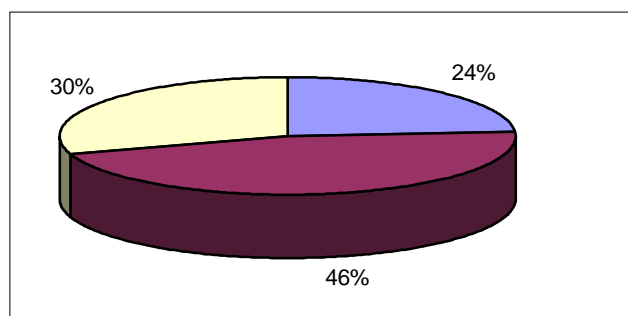
"I didn't know there was an alternative to the 4-hour wait at the ER in Renfrew."

"The hours of operation aren't consistent with my schedule (I work in Pembroke during the day). The Centre has not been open when I needed it."

"...didn't think I could unless I gave up my family dr. Family dr. is often away. Health Centre would be more convenient at times."

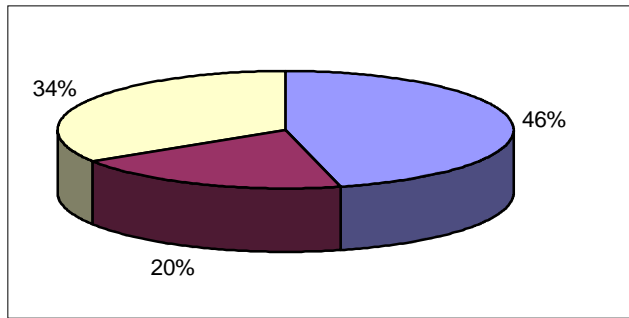
"Need more doctors in this area, ones that will stay"

Walk-in clinic for urgent care:



24%	Have used
46%	Would like to use
30%	No response

Appointment with medical staff:



46%	Have used
20%	Would like to use
34%	No response

C. What Should We Be Doing?

This question was very important to include in both the community health survey and the community partner survey. The top 4 priorities for our Health Centre to provide, in order, are:

Priorities for Health Centre:

Priority Number	Community Health Survey	Community Partner Survey
1	Community Health Programs	Clinical and Medical Services
2	Clinical and Medical Services	Walk-In Clinic/Emergency Services
3	Nutrition Services and Programs	Community Health Programs
4	Physical Activity Programs	Youth Programs

Specifically, from the Community Health Survey, the top priorities for community health programs were for youth and walking programs. Following these, programs for smoking cessation, seniors, weight management or weight loss and specialized health professional services like chiropractic and mental health were reported to be equally important to provide. Other suggestions were to offer nutrition services, physical activity services such as fitness programs, disease prevention programs and services, and many people suggested more visibility and promotion of the services offered by our Health Centre.

What time can you come?

We wanted to know if our hours of operation are meeting the needs of our community. Our current office hours are listed on the following page for the Beachburg and Cobden offices.

Office Hours of the Whitewater Bromley Community Health Centre:

Office	Mon.	Tues.	Wed.	Thurs.	Fri.
Cobden	8:30-7:00	8:30-5:00 Urgent Care Walk-in Clinic 2:00-4:00 pm	8:30-7:30 Urgent Care Walk-in Clinic 2:00-4:00 pm	8:30-5:30 Urgent Care Walk-in Clinic 2:00-4:00 pm	8:30-12:30
Beachburg	8:30-5:00	8:30-7:00	8:30-5:00	8:30-7:00	8:30-4:30

Regarding times for medical appointments, respondents told us:

- the best time to see a Doctor, Nurse, Nurse Practitioner or other service provider was between the hours of 9:00 a.m. and 5:00 p.m., Monday to Saturday with the exception of Tuesday (approximately 50%)
- evening hours on Monday to Saturday between 5:00-8:00 pm would be the next best time (approximately 46%) Note: we are already providing some appointments during these hours
- they would come for appointments on Saturday between 9:00-5:00 pm (55%) or between 5:00-8:00 pm for medical appointments (approximately 52%). At our current staffing levels, we cannot provide Saturday appointments.

Regarding times for community health events:

- fewer responses from the community health survey were returned regarding the timing and days for planning health events - 30% did not respond
- more than 35% said that evening hours between 5:00-8:00 pm on Monday to Friday would be the best times and days for them to attend health events
- the exception was Saturday, with 35% of respondents suggesting that events held during the day would be better while 29% said they would attend evening events on the same day between 5:00-8:00 pm.

This information will help to guide the planning of our community health programs.

Most respondents (55%) to the community partner survey said that there was no specific day and time that would be better than another for their clients to attend medical appointments or health events. Many commented that "it depends on circumstances and work hours." The best times "are when someone needs it".

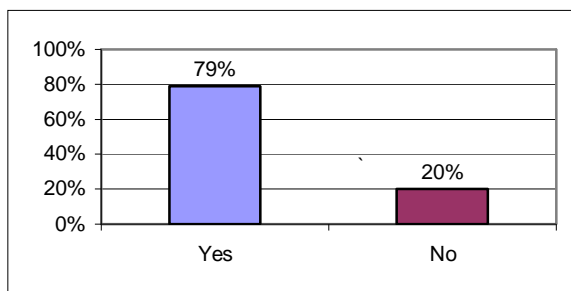
IV. HEALTH AND MEDICAL SERVICES

A. Medical Care

Of the 20% of respondents who said that, in general, they were not receiving adequate medical care over the past year, 59% said that shorter waiting times would help them to receive the medical care they need. Other resources or services that would improve their health include: medical staff closer to home (40%), money to buy the prescribed medication (19%), transportation to get to medical services (13%), and a smaller number of respondents (3%) said that having someone go with them to medical appointments, help to understand how to take medication, and information on obtaining a health card would help them to receive the medical care they need.

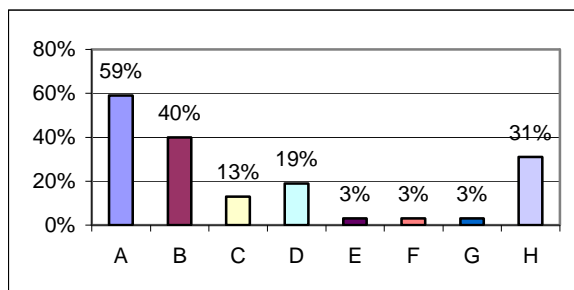
“I have been looking for a doctor for over 4 years, and was glad to receive help from a Nurse Practitioner in Cobden.”

Respondents that have received adequate medical care, in general, in the past 12 months:



Yes	No
79%	20%

Respondents would receive better medical care if there were:



A	59%	Shorter waiting times
B	40%	Medical staff closer to home
C	13%	Transportation to get to medical services
D	19%	Money to buy medication prescribed
E	3%	Help to understand how and when to take medication
F	3%	Someone to go with them to medical appointments
G	3%	Information on how to get a health card
H	31%	Other

Suggestions for "H" in the previous table, "Other" responses included:

"Money (lack of) for non-funded medical needs i.e. physiotherapy, homeopathy"

"Shorter distance to travel"

"Can't take time off work for an appt."

"I can't always get in when I am ill and have to go to the ER"

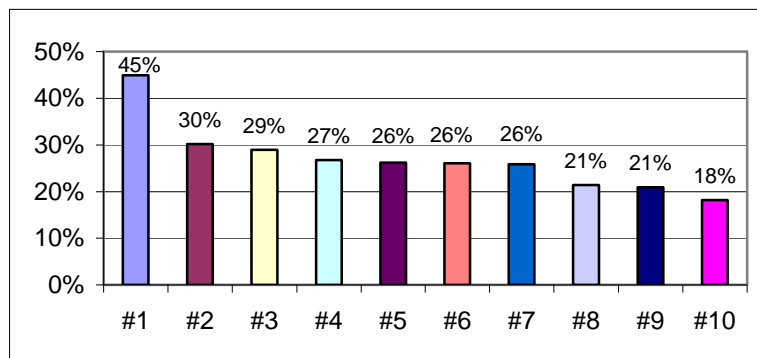
"Money to buy health food"

"Better hours of operation"

B. Health Services We Need In Our Community

We asked community members about specific health services they needed themselves or that they felt someone else might need. Not surprisingly, 45% of respondents indicated a personal need for a walk-in medical clinic services. We are pleased to be able to provide an urgent-care, walk-in service to our community at the Cobden office three days per week. Other services needed for themselves included: first aid and CPR, medical care, nutrition, eye care, healthy cooking and eating programs, and chiropractor services.

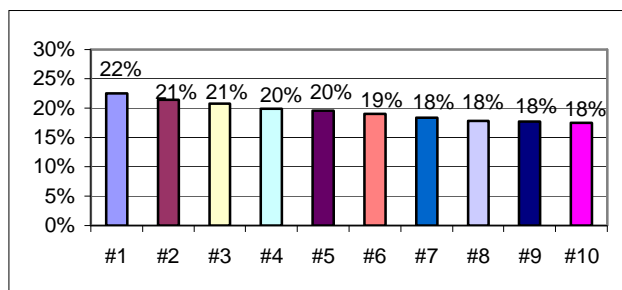
I need... (Top 10):



# 1	45%	Walk-In clinic
# 2	30%	First aid and CPR
# 3	29%	Medical care
# 4	27%	Dietitian/Nutrition counselling
# 5	26%	Eye care
# 6	26%	Healthy cooking/eating program
# 7	26%	Chiropractor
# 8	21%	Sports activities or clubs
# 9	21%	Walking programs
# 10	18%	Physiotherapy

Respondents indicated slightly different health needs for someone they know, with 22% indicating that support groups for people with chronic diseases would be something they thought others might need. Services that respondents felt other people would need included: Dietitian/nutrition counselling, transportation services, walk-in medical clinic, stop smoking support. It is important to recognize that this reflects only the opinion of the respondents about what other community members need. This does not necessarily reflect the services that would be actually used.

I know someone who needs... (Top 10):



# 1	22%	Support groups for people with chronic disease
# 2	21%	Dietitian/nutrition counselling
# 3	21%	Transportation service
# 4	20%	Walk-In medical clinic
# 5	20%	Stop smoking support
# 6	19%	Counselling
# 7	18%	Addiction
# 8	18%	Seniors recreation programs
# 9	18%	Chiropractor
# 10	18%	Anger management

When responses were combined for health services that were needed by respondents themselves as well as by people they knew the top three services needed were: 1) walk-in medical clinic, 2) Dietitian/nutrition counselling and, 3) medical care. It is important to point out that the walk-in service and medical care appointments are already being offered by the Health Centre.

Other services that respondents felt were needed in the community included:

Preventive dental problem programs (how dental disease and difficulties arise...)

Budgeting tips

Teen programs (male and female)

Community fitness centre (similar to YMCA)

Diabetes specialists

Walking trails

Depression support

Stress management workshops

Men's shelter, affordable housing

Respite

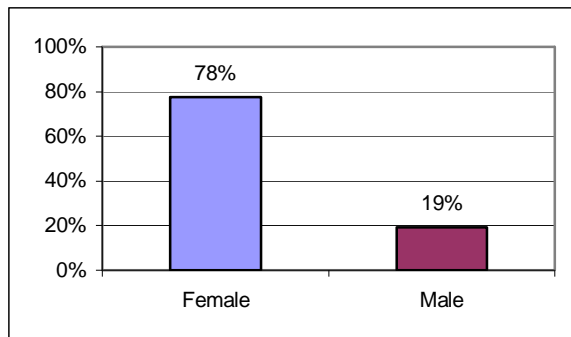
Meditation and relaxation

V. YOUR HEALTH AND INFORMATION ABOUT YOU

A. About Our Survey Respondents

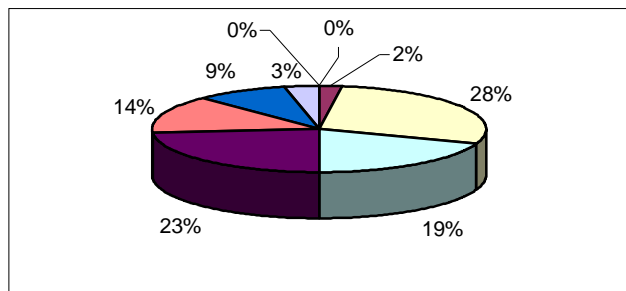
The following graphs and charts show the proportion of respondents for the categories of age, gender, number of people living in the household and education.

Respondents gender:



Female	Male
78%	19%

Age groups:



0%	19 years and under
2%	20 to 24 years
28%	25 to 44 years
19%	45 to 54 years
23%	55 to 64 years
14%	65 to 74 years
9%	75 to 84 years
3%	85 years or older
0%	No response

There are some contrasts between the age categories of our survey respondents and total population statistics by age and gender from Statistics Canada data. Clearly, the survey was answered by the “woman of the house” in our Whitewater-Bromley region with just under 20% of the survey respondents being male and 78% female. Only one survey was mailed per household, however, additional copies were made available at the Health Centre as sending more than one survey per household was cost prohibitive. Comparing the respondents by age category to the percentage distribution by age for Whitewater and Bromley Regions from Statistics Canada, it is clear that there was an over-representation of female respondents in all age categories with the exception of those aged 25-44 years. The most distinct over-representation from the survey respondents was in the age category of those

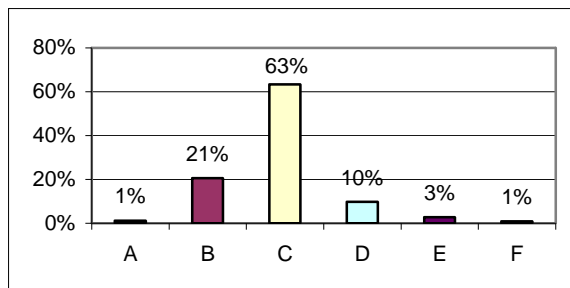
55-64 years of age. By contrast, those aged 24 and under were underrepresented in our survey respondents. As future programming develops for youth, we will be working with the youth in our communities to more specifically define their needs regarding health promotion planning.

Population distribution by age and gender:

Population Description	Survey Respondents	Whitewater Region	Bromley Township	Renfrew County	Ontario
Age (Years):					
19 or less	0	1810	340	24,950	3,002,170
20-24	13 (2%)	295 (5%)	75 (6%)	4,860 (5%)	718,420 (6%)
25-44	162 (28%)	1,765 (27%)	325 (28%)	26,970 (28%)	3,518,010 (31%)
45-54	111 (19%)	900 (14%)	190 (16%)	13,325 (14%)	1,635,280 (14%)
55-64	134 (23%)	645 (10%)	120 (10%)	9,805 (10%)	1,064,000 (9%)
65-74	81 (14%)	605 (9%)	75 (6%)	8,315 (9%)	818,165 (7%)
75-84	51 (9%)	365 (6%)	35 (3%)	5,275 (6%)	503,930 (4%)
85+	19 (3%)	130 (2%)	10 (.8%)	1,630 (2%)	150,075 (1%)
Total	571	6,520	1,180	95,140	11,410,050
Male	113 (19%)	3,245 (50%)	585 (50%)	46,710 (49%)	5,577,055 (49%)
Female	452 (78%)	3,270 (50%)	595 (50%)	48,425 (51%)	5,832,990 (51%)

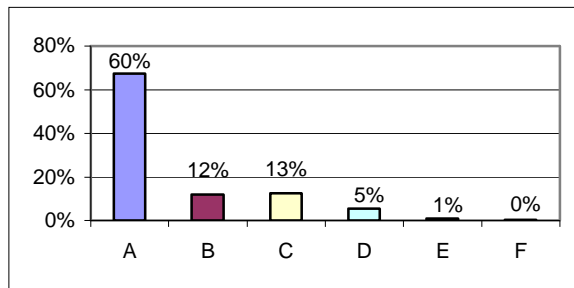
Note: surveys were mailed to all households in both the Townships of Whitewater and Admaston-Bromley Regions by community request.

Number of adults in the home:



A	1%	No Response
B	21%	1
C	63%	2
D	10%	3
E	3%	4
F	1%	More than 4

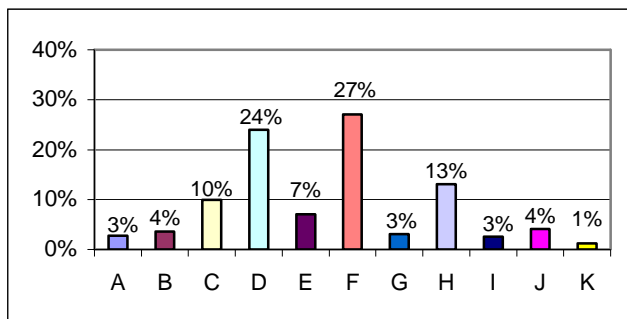
Number of children in the home (under 18):



A	60%	0
B	12%	1
C	13%	2
D	5%	3
E	1%	4
F	0%	More than 4

Note: 8% did not respond

Highest level of education:



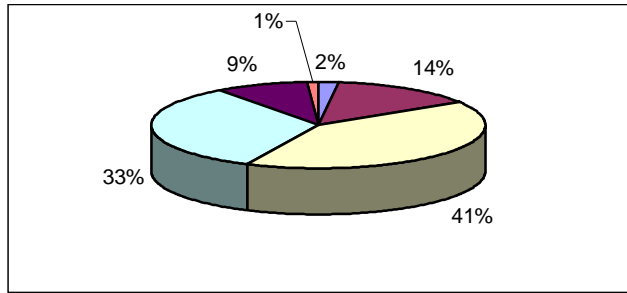
A	3%	Some grade school
B	4%	Grade school graduate
C	10%	Some high school
D	24%	High school graduate
E	7%	Some community college
F	27%	College diploma
G	3%	Some university
H	13%	University degree
I	3%	Masters or Doctoral degree
J	4%	Other
K	1%	No response

B. Respondents Health

Canadian statistics indicate that the more rural the population, the lower the proportion of the population age 12 and older who rate their health as "excellent." Research suggests that obesity and smoking are the two main health risk factors that may contribute to a lower health status rating¹. Our survey did not ask specific questions about body weight however a discussion of the results related to smoking can be found on page 33.

As indicated in the following charts, 33% of survey respondents rated their health as 'Very Good', 41% rated their health as 'Good' and only 9% rated their health as 'Excellent'. This is lower than the 20.2% of Canadians living in rural Canada who rated their health as excellent compared to 28.6% of Canadians who live close to metropolitan cities (population over 1 million) in Canada¹.

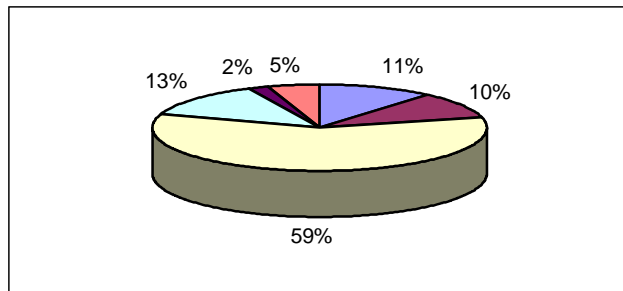
Respondents health today is:



2%	Poor
14%	Fair
41%	Good
33%	Very good
9%	Excellent
1%	No response

“People, including myself, are their own worst enemy. We all know what causes problems, but self gratification is today’s mantra.”

Respondents health compared to last winter is:

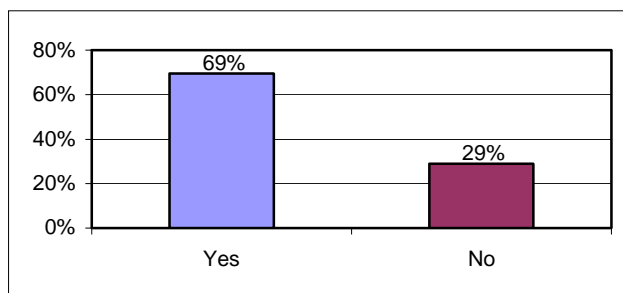


11%	Much better
10%	A little bit better
59%	About the same
13%	A little bit worse
2%	Much worse
5%	No response

C. Using A Computer

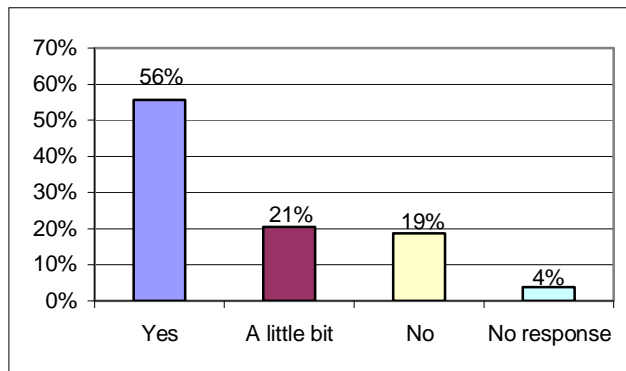
Almost 70% of respondents reported that they have a computer in their home. More than half (56%) know how to use a computer and 60% of these respondents use their computers at least 2 times a week. This information is helpful to us to understand the ways people are using information and how we can reach residents in Whitewater-Bromley about our services and programs.

Respondents with computers in their homes:



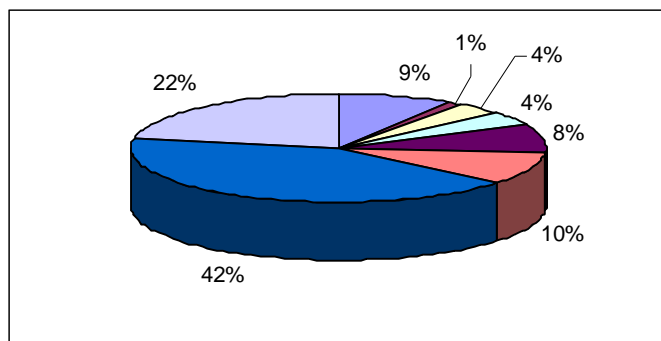
Yes	No
69%	29%

Respondents that know how to use a computer:



56%	Yes
21%	A little bit
19%	No
4%	No response

Respondents use a computer:



9%	Less than once a month
1%	Once a month
4%	2 or 3 times a month
4%	Once a week
8%	2-3 times a week
10%	4-5 times a week
42%	Everyday
22%	No response

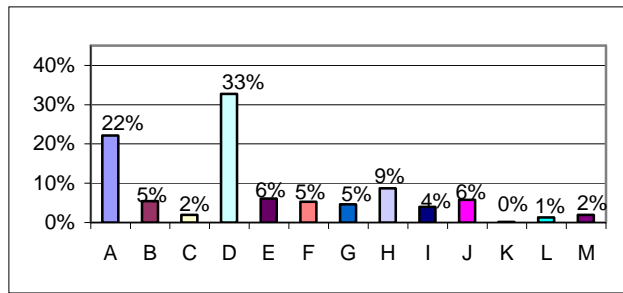
VI. LIVING IN THE WHITEWATER BROMLEY COMMUNITY

A. Your Home

Residents from Cobden (33%) and Beachburg (22%) represented the majority of those who responded to our survey. Over half (52%) are long-time residents in the area (20+ years), 10% have lived in the area 6-10 years and 15% have lived in the area for 1-5 years.

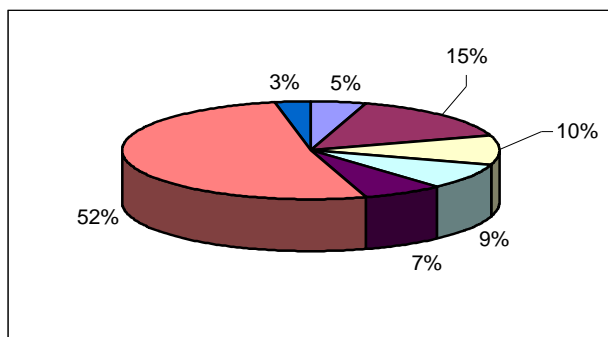
The most frequently mentioned reason for living in this area was that "they wanted to be close to friends and family". Other reasons were: feeling safe (39%), wanting to remain in the area where they were raised (32%), lower cost of living (31%), and having a job here (28%). Many respondents said that they preferred the quiet life in a smaller community and that they chose a rural area to raise their children or moved after marriage because their new spouse had a family farm in the area.

Respondents homes are closest to:



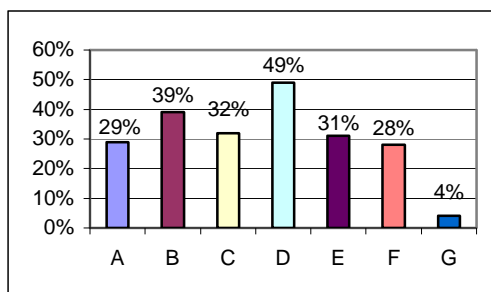
A	22%	Beachburg
B	5%	Haley Station
C	2%	Osceola
D	33%	Cobden
E	6%	Foresters Falls
F	5%	LaPasse
G	5%	Douglas
H	9%	Westmeath
I	4%	Pembroke
J	6%	Renfrew
K	0%	Eganville
L	1%	Micksburg
M	2%	No Response

Respondents have lived here for:



5%	Less than 1 year
15%	1 to 5 years
10%	6 to 10 years
8%	11 to 15 years
7%	16 to 20 years
52%	More than 20 years
3%	No response

Respondents live in the Whitewater Bromley region because:



A	29%	Have a job here
B	39%	Feel safe here
C	32%	Wanted to stay in the same area they were raised
D	49%	Want to be close to their family and friends
E	31%	Find it cheaper to live here
F	28%	Other
G	4%	No response

B. Community Connections

The figures below clearly show that most respondents feel a sense of belonging in this community. However, almost one quarter of the respondents were neutral when asked if they felt a sense of belonging in the community. This will be a topic brought forward to our community through focus groups in the fall of 2006.

Although 69% reported that they do feel a sense of belonging in this community 61% report that they do not feel that the community is friendly to newcomers. This seems to be a contrast with the description of the “friendly small town” that most people describe in the comments below. This topic will also be a focus at our planned community meetings.

Respondents agree with the statement:
“I feel that I belong in this community”

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	No Response
41%	29%	24%	4%	1%	2%

Respondents agree with the statement:
“Our community is friendly to newcomers”

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	No Response
3%	4%	31%	37 %	23%	1%

We asked respondents to tell us the best think about living in this community. Many comments referred to the “quiet, welcoming and friendly atmosphere” and the “people who live here”.

Other comments included:

- “Friendly, caring, helpful, safe, committed to wholesome lifestyles”
- “Security of walking down the street at night and not have to worry!”
- “Beautiful scenery”
- “There is none. We have “nothing” in Haley’s.”
- “It is a small place and you know your neighbours and you care about one another, look out for each other”
- “Wide open spaces”
- “Location central to larger cities for work”

"Whitewater!"

"I have lived here all my life and wouldn't want to live anywhere else."

"It's quiet. Bad roads keep the tourists away."

"Fresh air, good friends"

"Everything is close by and you can manage without a car."

"Some people were very welcoming, and others not so much. It's an agricultural driven community."

"Kind people in time of need, great neighbours and good medical centre"

"The area is beautiful. My children feel safe which is very important."

"The Ottawa River"

"No heavy traffic; no rush hours; neighbours not intrusive (yet friendly and helpful)"

"I feel it is important to raise my children with some "small town" values as I was raised with."

"I have a job, I love the country."

C. Out and About In Our Community

Transportation in a rural community can be a challenge for some people. The majority of respondents (38%) were neutral when asked if they found it easy to get rides when they need to go somewhere. One third (34%) of respondents indicated that transportation was difficult for them.

Respondents that agree with the statement:

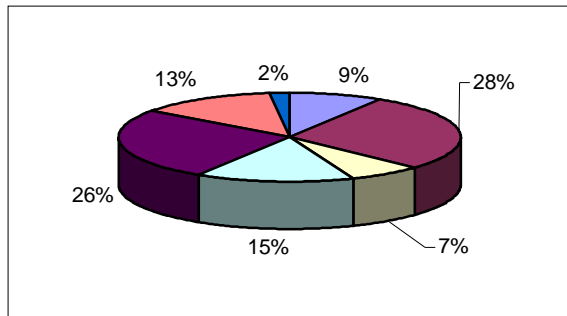
"It is easy to get rides (transportation) when I need to go somewhere."

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	No Response
9 %	9%	38%	15%	19%	10%

Regarding the frequency that respondents attended community events, we found that:

- 28% attend local events and activities a few times a year
- 26% attend 1-2 times per week
- 15% attend 2-3 times per month
- 9% rarely or never attend events
- More women (80%) than men attend community events (Note: 78% of survey respondents were women)
 - Of these, 26% are 25-44 years old and most (51%) said they attend community events at least 1-2 times per month while 32% said they attend a few times per year
 - 18% of respondents are 55-64 years old and of these, 59% attend community events 1-2 times per month while 28% said they attend a few times per year.

Respondents that attend local events and activities:



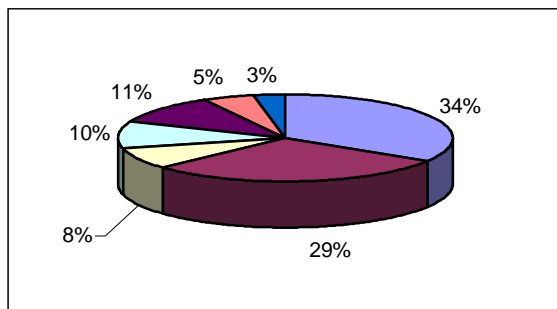
9%	Rarely or never
28%	A few times a year
7%	Once a month
15%	2 to 3 times a month
26%	1 to 2 times a week
13%	More than 2 times a week
2%	No response

Regarding the frequency that respondents volunteer at community events, we found that:

- 29% volunteer a few times a year
- 11% volunteer 1-2 times per week
- 10% volunteer 2-3 times per month
- 34% rarely or never volunteer
- Similar to above, more women (80%) than men volunteer at community events (Note: 78% of survey respondents were women)
 - Of these, 27% are 25-44 years old and about 20% volunteer 1-2 times per month or more often while 41% said they volunteer rarely or never and 30% volunteer a few times per year
 - 18% of respondents are 55-64 years old and of these, 30% volunteer at events at least 1-2 times per month or more often while 35% said they volunteer a few times per year.

This indicates that though fewer women aged 55-64 report that they volunteer at community events, of those that do volunteer, they do so more often than those in other age categories.

Respondents that volunteer at local events and activities:



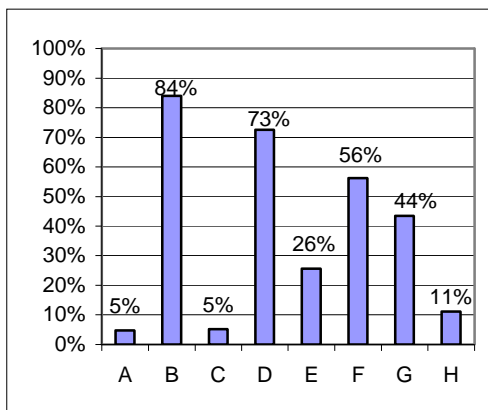
34%	Rarely or never
29%	A few times a year
8%	Once a month
10%	2 to 3 times a month
11%	1 to 2 times a week
5%	More than 2 times a week
3%	No response

VII. FINDING OUT WHAT IS GOING ON IN WHITEWATER BROMLEY

A. Finding Information

For communication and marketing reasons we were interested in knowing more about the sources of information residents rely on. We found that respondents rely on the local newspaper (84%) and then family and friends (73%) to get information about local events in the community. Other sources used were posters in local businesses (55%), radio (44%) and television (26%). This information is helpful for us in planning our communication strategy to promote our services.

Respondents get information about what is happening in the community from:



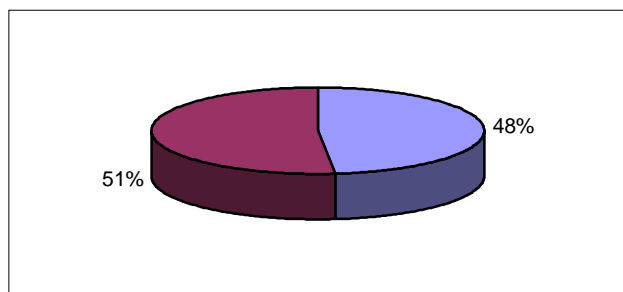
A	5%	Internet
B	84%	Local newspaper
C	5%	E-mail
D	73%	Friends and relatives
E	26%	Television
F	56%	Poster in local business
G	44%	Radio
H	11%	Other

Eleven percent (11%) of respondents told us that they get information from “other” sources included community newsletters such as the Westmeath & District Recreation Association (WDRA) newsletter, the school newsletter, flyers or information delivered to their mailbox, local business staff, through their church and through the local Postmasters.

B. Health Happenings Newsletter

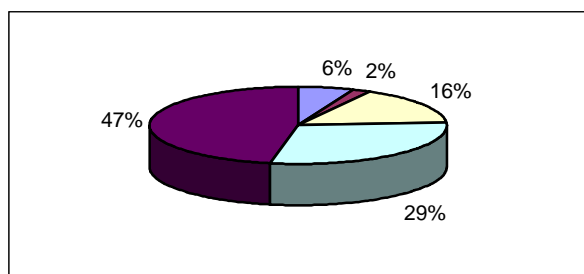
We were interested to know about the effectiveness of the Health Centre’s monthly newsletter Health Happenings as a source of information for residents about local events. This newsletter is sponsored by local businesses and sent as an insert monthly to all who subscribe to the Cobden Sun newspaper. We learned from respondents that most (51%) have not seen the newsletter. When asked how many have read the Health Happenings newsletter, 47% did not respond but almost one-third (29%) said that they always read it and 16% said that they read it “sometimes.” When asked how the Health Happenings newsletter could be improved some of the suggestions included sending a copy to all households by mail instead of as an insert in the Cobden Sun as not all residents subscribe to the Cobden Sun. This information is very helpful as we develop a communication plan for reaching as many of our Whitewater Bromley residents as possible.

Respondents that have seen the Health Happenings newsletter:



Yes	No
48%	51%

Respondents that read the Health Happenings newsletter



6%	Never
2%	Rarely
16%	Sometimes
29%	Always
47%	No response

VIII. PHYSICAL ACTIVITY AND NUTRITION

A. Physical Activity

The relationship between physical activity and good health is well documented. Health Canada recommends a minimum of 30 minutes of moderate physical activity per day such as brisk walking, dancing or raking leaves to name a few². Scientists recommend doing 60 minutes of physical activity every day to stay healthy or improve your health². A 2003 report on risk factors from the Renfrew County and District Health Unit (RCDHU) found that 62% of Renfrew County residents report that they engage in moderate activity for at least 30 minutes per day, seven days per week. One-third of respondents reported being moderately active for 60 minutes per day, seven days per week. Residents in Renfrew County engage in moderate physical activity in their leisure time at a significantly higher proportion (51%) by almost 10% than the corresponding proportion of people in Ontario (42.6%) and Canada (42.6%)³.

These data suggest that Renfrew County residents are very physically active. Almost 40% (38%) of respondents to our survey reported that they spent most of their days "mostly sitting" while 27% report spending their days "mostly lifting light loads." Other respondents indicated that they spend their days "mostly standing" (16%) and 8% indicate "mostly walking." By contrast, when asked about the time they spend in an average week engaged in physical activity, 65% of respondents report that they are physically active 4 or more hours per week. Thirty seven percent (37)% of respondents report feeling satisfied with their level of physical activity while almost the same proportion (36%) report that they would like to increase their level of physical activity and they would prefer activities either on

their own (28%) or with one other person (31%). Twenty percent (20 %) indicate that they prefer group activities.

The top three reasons that respondents gave for not being as physically active as they would like are:

1. lack of time (42%)
2. lack of energy (35%)
3. lack of motivation (34%)

Top ten reasons that respondents are not as physically active as they would like:

Reason	% of Respondents
1. Not enough time	42
2. Not enough energy	35
3. Not enough motivation	34
4. Illness or Injury	24
5. Not enough facilities nearby	22
6. Too expensive	18
7. No one to go with	15
8. Not enough programs	12
9. Other	10
10. Feeling uncomfortable	9

Some of the "Other" reasons that respondents gave for not being as physically active as they would like included: lack of child care, afraid of injury, not enough skill, no way to get to places to exercise and not enough support.

Respondents that agree with the statement:

"I am satisfied with my current level of physical activity"

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	No Response
10%	27%	23%	26%	10%	3%

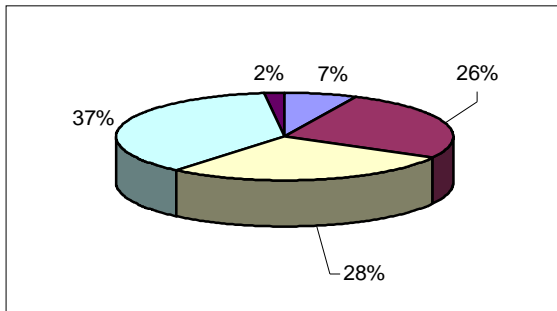
The majority of respondents were age 25-44 years (33%), followed by women age 55 to 64 years (22%) and 45-54 years (21%). In all three age categories more

than 44% of women said that they were not satisfied with their current level of physical activity. For all age categories of the men who responded, the majority were satisfied with their physical activity levels with the exception of men aged 45 to 54 years.

The three most common activities that respondents are already doing include: 1) walking (71%), 2) gardening (56%) and 3) riding a bicycle (30%).

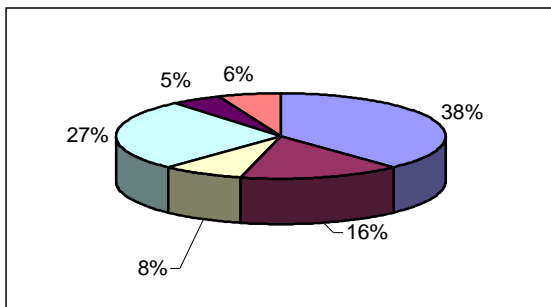
Activities that respondents report that they would like to participate in include attending a fitness class (23%), dancing (18%), yoga (17%) and swimming (17%).

Average time per week spent being physically active:



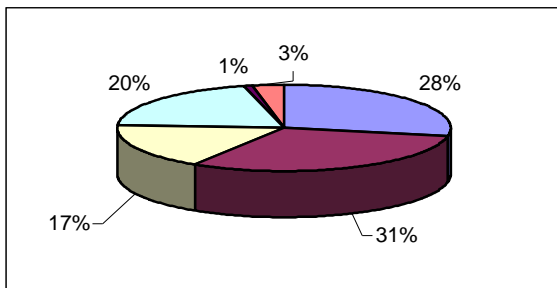
7%	Less than 1 hour
26%	1 to 2 hours
28%	4 to 6 hours
37%	More than 6 hours
2%	No response

Respondents spend most of their days:



38%	Mostly sitting
16%	Mostly standing
8%	Mostly walking
27%	Mostly lifting light loads
5%	Mostly heavy labour
6%	No response

When physically active respondents prefer to be:



28%	Alone
31%	With one other person
17%	With two or three other people
20%	In a group
1%	Prefer not to be active at all
3%	No response

For all age categories for both men and women, the majority prefer to exercise either alone or with one other person as shown above. However, the percentage difference of women who prefer to be active as part of a group compared to those who prefer the company of one person or on their own decreases for each age category after age 54. This suggests that as women get older it is less likely that they have a preference one way or the other regarding the number of people with whom they participate in physical activity. This is helpful information for planning programs to increase physical activity for different gender and age groups.

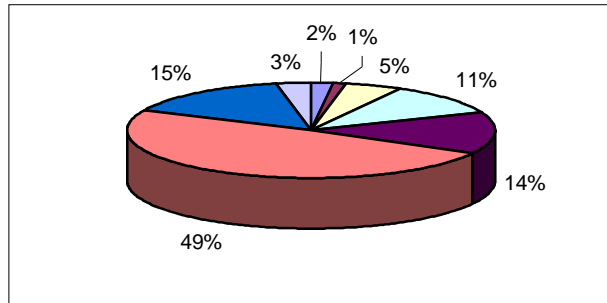
Types and interest in different physical activities:

Activity	Do this now	Would like to do this
Baseball	4 %	5%
Dancing	13%	18%
Fitness class	14%	23%
Gardening	56%	7%
Hiking	16%	10%
Kayaking/Canoeing	10%	10%
Riding a bicycle	30%	11%
Rollerblading	2%	5%
Running	6%	4%
Skating	15%	8%
Skiing	14%	6%
Swimming	26%	17%
Tennis	1%	7%
Volleyball	2%	7%
Walking	71%	9%
Weight lifting	9%	7%
Yoga	6%	17%
Other	17%	7%
No response	5%	n/a

B. Food and Nutrition

Families that eat together at the family table eat healthier⁴. We were interested to know how families spend their evening mealtime and 49% report that they eat dinner together more than 5 nights per week. Fifteen percent (15%) report eating most meals alone and 14% eat dinner as a family 4-5 nights per week. During family meal times 26% of respondents reported that they watch TV, listen to the radio or use the computer 4 or more nights per week. One quarter (25%) of respondents watch TV, listen to the radio or use the computer less than one night a month.

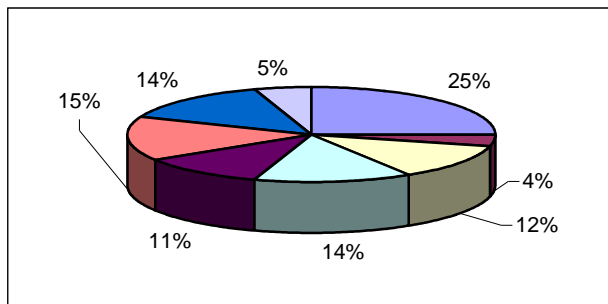
Respondents eat dinner with their family:



2%	Less than one night a month
1%	One night a month
5%	One night a week
11%	2 to 3 nights a week
14%	4 to 5 nights a week
49%	More than 5 nights a week
15%	Eat most meals alone
3%	No response

There is a direct relationship between the number of hours that children watch television and their body weight. Aggressive food marketing influences children to ask parents to buy foods that are less healthy. Children who watch more TV are more likely to eat fewer fruits and vegetables and foods that are higher in fat, energy, salt and sugar. These children are more likely to obese⁵.

When respondents eat as a family, they watch TV, listen to the radio or use the computer:

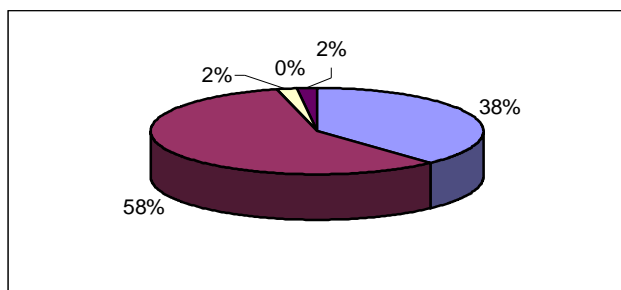


25%	Less than one night a month
4%	One night a month
12%	One night a week
14%	2 to 3 nights a week
11%	4 to 5 nights a week
15%	More than 5 nights a week
14%	Eat most meals alone
5%	No response

Respondents that agree with the statement:
 "It is important for me to choose healthier food more often":

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	No Response
1 %	1%	15%	29%	50%	3%

Respondents eat meals that are mostly:

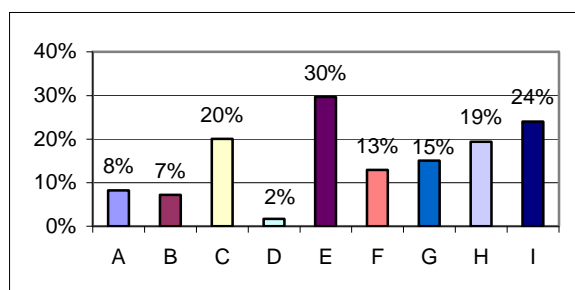


38%	Very healthy
58%	Somewhat healthy
2%	Somewhat unhealthy
0%	Very unhealthy
2%	No response

Most respondents indicate that they feel that their diets are either somewhat healthy (58%) or very healthy (38%) and most disagreed (29%) or strongly disagreed (50%) when asked if they felt that they needed to choose healthier food more often.

It is interesting to note that while most survey respondents reported that they feel they eat meals that are very healthy (38%) or at least somewhat healthy (58%) that two of the top three priorities for the Health Centre to provide focus on nutrition services and programs.

Respondents would make better food choices if they had:



A	8%	Money to buy food
B	7%	Someone to eat with
C	20%	Money to buy better food
D	2%	A way to get to the grocery store
E	30%	More time to make food
F	13%	A chance to learn how to cook
G	15%	A chance to learn how to shop for better food
H	19%	Other
I	24%	No response

When asked what would help them to make better food choices, time to make food (30%) and money to buy better food (20%) were the top two barriers to making healthier food choices. For “H” in the table above “other” comments included:

“A better appetite”

“If I had more interest in cooking i.e. tired of cooking -getting monotonous”

“More willpower”

“Better attitude/motivation and someone to make the food”

“Could buy smaller portions of fresh veggies”

“More healthy, fast choices”

“My spouse won't eat healthy foods so it's hard to cook healthy, because I would have to make 2 meals.”

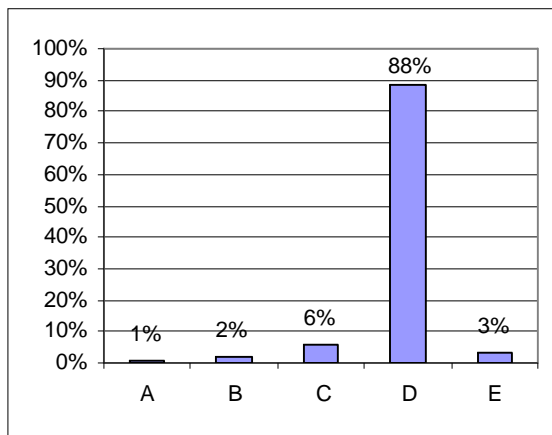
“If local grocery store had better selection”

“Was willing to give up some things that I know are not good for me”

“Chance to get to health food store for organic foods”

“Fewer snacks, especially in the evening”

In the past twelve (12) months someone in my home did not have enough food to eat due to a lack of money:



A	1%	Often
B	2%	Sometimes
C	6%	Rarely
D	88%	Never
E	3%	No response

Eighty-eight percent (88%) of respondents indicated that they have money to provide enough food to eat for those in their home. Although most respondents report that they have enough food to eat, 3 respondents indicated that in the past 12 months they “often” did not have enough food for everyone in their home, 12 people “sometimes” did not have enough and 34 “rarely” did not have enough food. There are still those in our community who are struggling to provide adequate food for everyone in their homes, which may include children.

IX. STRESS AND LIFESTYLE

A. Stress

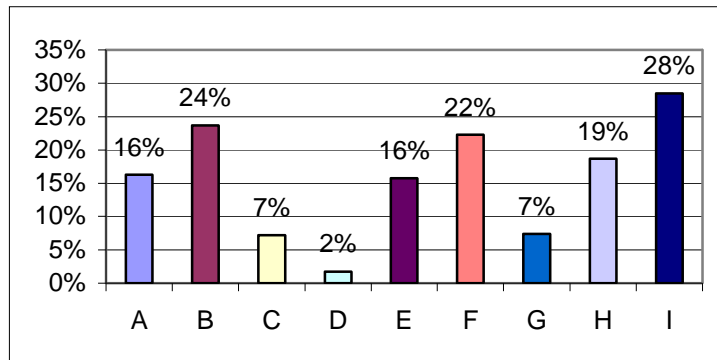
Stress can be positive or negative and both can impact our health, particularly when we do not have healthy ways to manage stress. More than half of respondents, (58%) report that they are not managing their stress levels. Another 27% neither agreed nor disagreed when asked about the importance of managing their stress better. Twenty-four percent (24%) said that talking to a friend or family member would help them to manage their stress. Twenty-two percent (22%) said that joining activities or services that help people learn to relax would help them and 16% said that talking to a counsellor or social worker would help. Services at the Health Centre include counselling by a social worker who is available for day and evening appointments.

Respondents agree with the statement:

“It is important for me to manage my stress better.”

Strongly Agree	Somewhat Agree	Neither Agree nor Disagree	Somewhat Disagree	Strongly Disagree	No Response
28%	30%	27%	5%	3%	5%

Respondents could manage stress better if they:



A	16%	Talked with a counsellor or social worker
B	24%	Talked to a family member or friend
C	7%	Had someone in the community they could talk to
D	2%	Had a way to get to services or groups
E	16%	Could pay for hobbies or services that are relaxing
F	22%	Joined activities or services that help people learn to relax
G	7%	Joined a group to talk to others about the stress they have
H	19%	Other
I	28%	No response

For "H" in the previous table, "other" responses included:

"I have a great church family and God that hears my prayers. I feel that is a great stress reliever."

"Talk to a doctor"

"Had more time and no kids"

"Had fewer concerns about my adult children"

"I have little stress."

"Massage therapy"

"Had more time to myself"

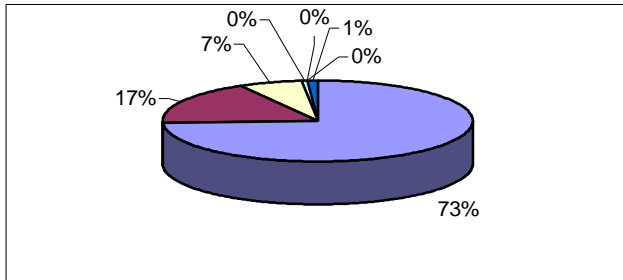
"Had more money"

B. Smoking

Ontarians have recently seen a significant piece of legislation become law with the Smoke Free Ontario Act, which prohibits smoking in all enclosed public places. This is expected to influence more people to quit smoking. If we look at Canadian figures from 2001, the second highest level of smoking is in the rural regions at 32%. Local data from the Health Unit shows the proportion of smokers in Renfrew County to be lower than this figure at 27%. This closely reflects the number of respondents to our community health survey who indicated there were smokers in their households (24%). Seventeen percent (17%) reported that there was one smoker in their home and 7% reported two smokers in their home. Of those with smokers in the home, most (45%) reported that none of the people living in their home smoked inside the house. However, 38% reported that there was one person smoking in the home and 16% reported that two people smoked inside the home. Again, of those who lived with a smoker, 45% reported that one person smoked inside the car and 18% reported that two people smoked inside the car, while 34% reported that no one smoked in the car.

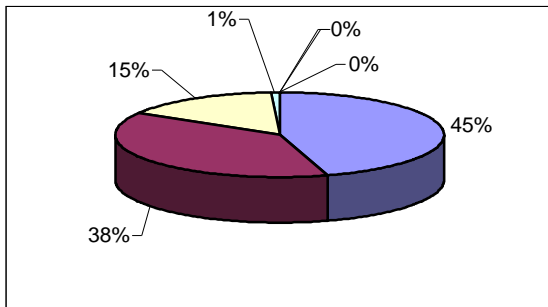
When the data on the age groups of people living in the respondents households was correlated with the smoking items we found that ten percent (10%) or 57 households included children living with at least one smoker. Of these households, 20 (3%) included a smoker that smoked inside the house and 32 (5%) included a smoker that smoked in the car. This suggests that some children in our communities are at serious health risk when considering the information about the effects of second hand smoke on the health of non-smokers, including children who live with smokers.

Number of smokers by percentage in the home:



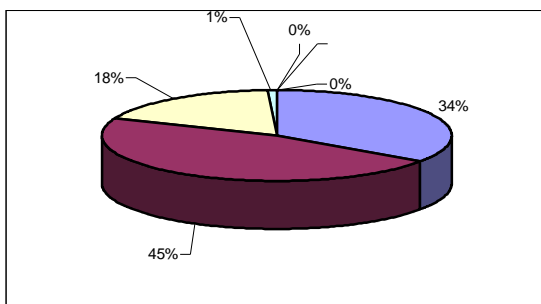
73%	None
17%	1 person
7%	2 people
0%	3 people
0%	4 people
0%	More than 4 people
1%	No response

Number of smokers by percentage that smoke inside the home:



45%	None
38%	1 person
16%	2 people
1%	3 people
0%	4 people
0%	More than 4 people

Number of smokers by percentage that smoke inside the car:



34%	None
45%	1 person
18%	2 people
1%	3 people
0%	4 people
0%	More than 4 people

Other Comments about health:

Finally, we asked if respondents would share any other comments with us about the health of our Whitewater Bromley community. The following list includes a sample of the range of comments we heard.

"More help for children with mental health issues."

"More childcare and physical activities as groups are needed."

"I think we are so very fortunate to have the Health Centre in our small village. It saves many trips to Pembroke, and long waits at the hospital. Keep up the good work."

"Needs more active events - walking group, cross-country group"

"Our community has an increasing number of older people whose needs are different from the new and younger families. We must try to take care of both age groups equally and bring them together to share ideas".

"Mandatory water (wells) testing yearly; Fix the roads to make it safer and easier when engaged in outdoor activity; Re-open the Rink (for card parties, skating); Make the hall available for shower rentals."

"Too many people use 4x4 or snow mobiles instead of being encouraged to be active..no parks, and very few trails."

"Make/offer a challenge to schools and kids to cut out bad food and increase activity levels. A lot of kids are overweight; there should be more involvement at an earlier age. It is hard to do this at home, if the wrong food is available easily at schools."

"Seniors who are isolated at home, especially during winter would benefit from the use of "home exercise programs" or advice either in person, video etc."

"Waste of time and money"

"We have been very pleased with the medical services and personnel at Cobden, and feel fortunate to have such a facility in the area especially since we lost our doctor in Pembroke."

X. COMMUNITY PARTNER SUMMARY OF RESULTS

A. PARTNER ORGANIZATIONS AND SERVICES

The Community Partner Survey was designed as a telephone survey of approximately 20 minutes with 46 different individuals working within the Townships of Whitewater-Bromley or Admaston Regions. They were asked to respond based on their experience with clients, groups or individuals that they worked with or represented. A full list of the community partners is included in the Appendices.

We were interested to know about the community partners perceived client usage of the programs and services currently available in the Whitewater-Bromley Region. The table below lists the top ten priorities for the programs and services that are already available for their clients' use.

Top 10 priorities for programs and services available that clients would use:

Priority	Program/Service
1	Walk-in medical care
2	Medical care
3	Diabetes education and care
4	Dental care
5	Pharmacy
6	Seniors day programs
7	Mental health counselling & support
8	Spiritual/faith support
9	Recycling
10	In-home health care & support

We were more interested to know about the programs and services needed by the clients of our community partners that are not available in our community. The top ten priorities for programs and services that community partners felt are needed are included in the following table:

Top 10 priorities for programs not available that clients would use:

Priority	Program/Service
1	Transportation Service (65%)
2	Dietitian/Nutrition Counselling (65%)
3	Physiotherapy (63%)
4	Walking Programs (61%)
5	Eye Care (61%)
6	Stop Smoking Support (61%)
7	Chiropractor (59%)
8	Support groups for people with chronic disease (54%)
9	Healthy Cooking & Eating Programs (52%)
10	Sports Activities or Clubs (52%)

When asked if there were other programs or services needed that were not listed, the responses included:

Services and programs for children to increase physical activity and reduce screen time

Budgeting and money management information

Pediatrician

Trails system

Dermatologist

Support for Alzheimer's disease

Child abuse support

Water safety

Alcoholics anonymous

Signage for public washrooms or sports clubs and other public facilities

Food shopping on a budget

Workplace Health and Safety Information for self-employed men particularly lumber workers and farmers

Roadside garbage clean-up programs

Affordable child-care

Resources and Equipment Available

Just under half (46%) of the community partner agencies had community space available, particularly churches which offer community use of their kitchen facilities and halls. Other resources available for community use from local agencies include kitchen equipment (33%), photocopier (31%) often on fee-for-service basis, office equipment (22%), computer (20%) and other equipment such as:

Engraver (Renfrew County O.P.P.)

Medical equipment for loan (Cobden Civitan Club)

Funding

The financial support for most of the community partner agencies is through volunteer time (61%), followed by personal donations (37%), local service club donations (26%), Ontario Trillium Foundation grants (15%) and corporate donations (11%). Seventy percent (70%) of the community partner agencies identified other forms of financial support including:

Fee-for-services (11)

Ontario Ministry of Education (7)

Membership fees (2)

Fundraising (2)

Rental income (2)

County of Renfrew (1)

Subscriptions & Advertising (1)

Provincial, per-household grants (1)

Ministry of Community Safety and Correctional Services (1)

Ministry of the Attorney General, Ontario Victim Services Secretariate (1)

Ministry of Culture (2)

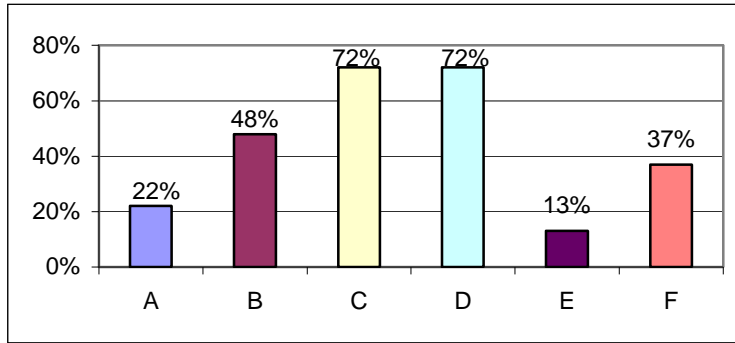
Municipal funding (2)

Bingo Country (1)

Channels of communication used by community partners:

Within their organizations, community partners reach other employees via staff meeting (72%) or word of mouth (72%), e-mail (48%), internal newsletters (22%) or website (13%). Thirty-seven (37%) percent use other modes of communication primarily by telephone but also via bulletin or communication boards, memos, intranet, divisional meetings or board meetings.

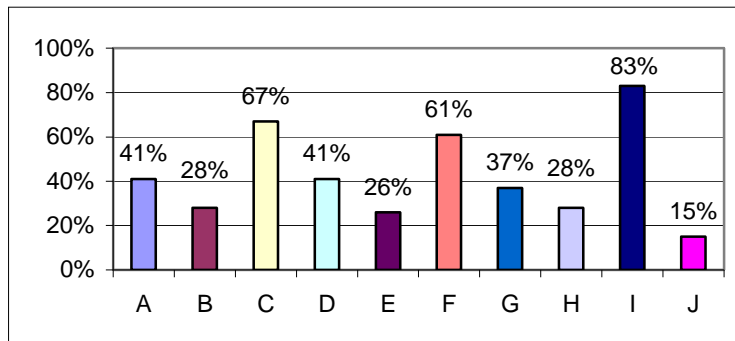
Channels of communication internally:



A	22%	Internal newsletter
B	48%	E-mail
C	72%	Word of mouth
D	72%	Staff meeting
E	13%	Website
F	37%	Other

In contrast, the main channel that community partners use to reach their target groups for service to the public is via the local newspaper (83%). Other channels used include word of mouth (67%), flyers or posters (61%), local radio or external newsletter (41%) and through a website (37%).

Channels of communication to the public:



A	41%	External newsletter
B	28%	E-mail
C	67%	Word of mouth
D	41%	Local radio
E	26%	Through other organizations newsletters/flyers
F	61%	Flyers
G	37%	Website
H	28%	Brochures
I	83%	Local newspaper
J	15%	Other

More than 2/3 (65%) of the community partner agencies do publish either promotional materials or print media. Specifically, most publish a monthly newsletter and other print publications include promotional brochures, notices inserted into property tax bills and flyers. Some partners use computer technology to communicate information via Internet websites or web logs (blogs).

We asked community partner agencies about other organizations they work with to provide community programs and services. We wanted to get an idea of the types and number of different partnerships that community organizations are making. This produced a long list, too numerous to include in full in this report. This indicates a high degree of collaboration between agencies to deliver community services.

Examples of some of the agencies that organizations partner with include:

Crime Stoppers	Grocery stores
Cancer Society	Long-Term Care Residential Service providers
Heart & Stroke Foundation	Farmers Market and many, many more
Veteran's Affairs	
Volunteer Fire Departments	
Schools	

Nearly half (48%) of the community partners interviewed said that they were aware of other service providers similar to their own organization. This may suggest a duplication of services to some extent but many described offering similar services as other organizations but in different catchment areas i.e. schools, churches or for different specified groups of people.

Almost all of the community partners report that they participate in community events (91%). More than half (52%) coordinate some type of community activity while 48% do not. Some of the community activities that community partners coordinate include:

- Relay for Life
- Information sessions/workshops
- Remembrance Day ceremonies
- Community Fun Fairs
- Terry Fox Run
- Customer Appreciation Days
- C.P.R. courses
- Rural Ramble
- Trivia Nights and many more

As part of the process of sharing results with the community we were also interested in developing a print resource that might be used in the future as a promotional tool for our community i.e. flyer, bookmark etc. This resource would describe the benefits or positive attributes of our community as shared with us through our community partner surveys and our focus groups. When asked what was special about the Township of Whitewater Bromley Regions, we heard similar comments to those mentioned in the community health survey including:

"Friendly people, great leadership of volunteers and municipal council, natural surroundings"

"Country living, privacy, friendly neighbours, wild life, heritage and past history, clean and fresh air, you get to see the sky"

"The people who show warmth and sharing, as an outsider I have felt welcomed into the community, love the small town area, people genuinely help others, feels like home, I just love where I live"

"Community spirit that is unbelievable, agriculture production groups are strong, geographic centre of the county, wonderful quality of health services, education considering medical climate, "Admaston-Bromley - what more can you say?"

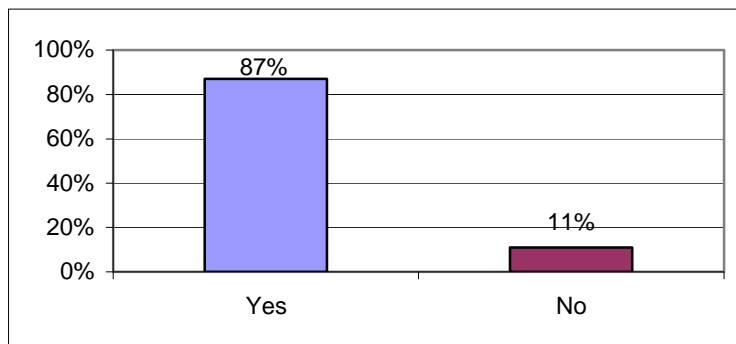
"Great people, support from the community during difficult times or illness, tragedy or accident, affordable housing, easier living at slower pace, the Reeve is wonderful"

"Scenic lookouts, trails, world class rafting resource with the Ottawa River, natural resources are amazing, support of area residents i.e. Cobden Visitors Centre for area, councilors Art Cobb who takes a personal interest in municipal support"

B. RECOGNITION OF THE HEALTH CENTRE AND OUR SERVICES BY COMMUNITY PARTNERS

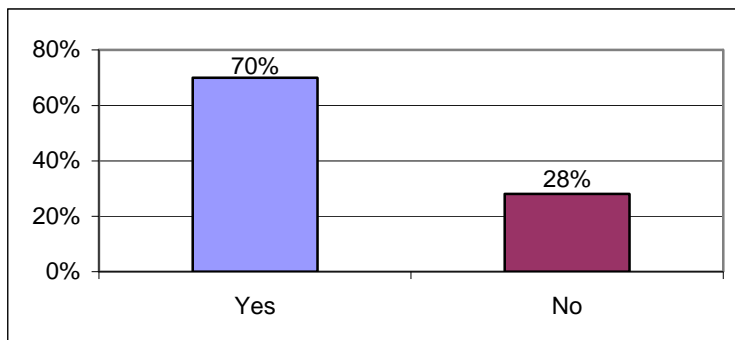
The following graphics have been included to highlight results from the community partner survey relating to recognition of the Health Centre by name and knowledge of the services we provide (See section III for a profile of our Health Centre).

Community Partners that have heard of the Health Centre:



Yes	No
87%	11%

Community partners that know about the health services provided by the Health Centre:



Yes	No
70%	28%

Though most (87%) of the community partners do recognize the name of the Health Centre, 11% did not. Further, almost a third (28%) of those interviewed did not know about the services we provide. This reinforces for us the importance of developing communication and marketing strategies to reach a broader audience in our catchment area regarding the health services we can provide for our community.

Finally, it was enlightening to hear the responses of our community partners when asked what comes to mind when they hear the name of our Health Centre, the Whitewater-Bromley Community Health Centre Satellite. Though most were able to accurately describe that we are a community health centre providing medical and other health services, the following includes some of the other responses given by our community partners:

"What is it?"

"Health services"

"Doctor office"

"Place to go in an emergency"

"Satellite office of the Renfrew County Health Unit"

"I wish it was a shorter name"

"Get blood pressure taken and blood work done"

"Drop-in health services"

"Community-based access to services"

XI. CONCLUSION

This situational assessment helped us to develop a clearer picture of the community profile as well as identifying community priorities. WBCHCS looks forward to taking the next step in our planning process which will be to develop strategic directions that will address some of the identified community needs. WBCHCS is committed to assisting people within the community we serve to achieve the best possible health and well-being.

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XIV. APPENDICES

1. List of Community Partners
2. Map of Whitewater Region
3. Map of Bromley Region
4. Statistics Canada Community Profile for Whitewater Region
5. Statistics Canada Community Profile for Bromley Region