



PENDER HARBOUR **HEALTH AND SOCIAL** **SERVICE NEEDS** **ASSESSMENT**

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urban
matters

PREPARED FOR:

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ACKNOWLEDGEMENT

We acknowledge with deep gratitude that this Health and Social Needs Assessment took place on the traditional and unceded territories of the shíshálh Nation. We recognize the profound connection that the shíshálh people have to these lands, waters, and resources, which have sustained their communities for generations. We are thankful for the opportunity to work, learn, and live on these lands, and we express our respect and appreciation for the wisdom, strength, and resilience of the shíshálh Nation.

1.0 INTRODUCTION

BACKGROUND & PURPOSE

The Pender Harbour Health Service Needs Assessment was prepared to help the Pender Harbour Health Centre (PHHC), local social service stakeholders, and residents better understand health service needs for Pender Harbour/ Egmont. This Health Services Needs Assessment has been driven by the PHHC, as a follow-up to their initial Service Needs Assessment, conducted in 2018. This endeavor is of paramount importance given the dynamic landscape of health care demands and priorities, especially in the wake of the COVID-19 pandemic. The primary purpose is to provide a high-level evaluation of the current health services landscape, identifying emerging health challenges, evolving priorities, and gaps in service delivery.

Pender Harbour/ Egmont is situated within the traditional territory of the shíshálh Nation and also falls within the Sunshine Coast Regional District. Officially referred to as Electoral Area A: Egmont/ Pender Harbour, this area is made up of 1,901 square kilometres of communities situated around Pender Harbour and includes Madeira Park, Beaver Island, Garden Bay and Irvines Landing. To the north are Kleindale, Sakinaw Lake, Ruby Lake, Earl's Cove, Egmont, Skookumchuck Narrows and the waterways up Jervis Inlet.

DEFINING HEALTH & COMMUNITY WELLNESS

The World Health Organization (WHO) identifies the social determinants of health (SDOH) as the conditions in which people are born, grow, live, work, and age, which are shaped by the distribution of money, power, and resources at global, national, and local levels.¹ These determinants include factors such as income and social status, education, physical environment, employment, social support networks, and access to health care. The WHO emphasizes that these social determinants are crucial in influencing the health outcomes of individuals and communities, often driving health inequities where certain populations experience disproportionate rates of illness and mortality due to their social and economic conditions.

The social determinants of health may include:

- Income and Social Status
- Education
- Physical Environment
- Employment and Working Conditions
- Social Support Networks
- Access to Health Services
- Personal Health Practices and Coping Skills
- Healthy Child Development

¹ World Health Organization, 2024

- Biology and Genetics
- Gender
- Culture
- Social Environments
- Food Security
- Housing
- Transportation

The WHO's framework on social determinants of health provides an essential lens through which to assess the characteristics and demographics of communities, households, and individuals. By applying this framework, health assessments can go beyond surface-level observations and consider the broader social and economic factors that influence health. This approach allows for a more nuanced understanding of how specific community contexts, household conditions, and individual circumstances contribute to health outcomes, enabling the development of more targeted and effective interventions.

Incorporating the WHO's framework on social determinants of health into health and social service assessments ensures that interventions are not only treating symptoms but also addressing the systemic issues that perpetuate poor health. This holistic approach is vital for creating sustainable improvements in public health and for reducing the health inequities that exist within and between populations.

2.0 METHODOLOGY

This report was developed with both qualitative and quantitative insights from the following:

- A desk study review of background documents and analysis of demographic and community health data,
- Synthesis and analysis of key findings from community engagement, and
- Review of smart and promising practices from comparable communities.

Gaps identified through an analysis of key findings from the background review and engagement were paired with smart and promising practices. This approach is meant to ensure the final assessment findings are grounded in multiple data sources, providing a well-rounded foundation for the recommendations and next steps outlined in the final report.

BACKGROUND REVIEW & COMMUNITY PROFILE

The background review and community profile, developed in 2022, incorporated a high-level review of background materials, including the 2018 Needs Assessment and other relevant documents, as well as an analysis of key community demographics based on 2021 Statistics Canada Census and BC Stats data. The background review and community profile analysis provided a foundational understanding of the community's current context and informed the direction of the subsequent engagement phase.

EFFECTS OF THE COVID-19 PANDEMIC MEASURES ON DATA ACCURACY

The 2021 census was conducted during the COVID-19 pandemic, a period marked by fluctuating travel restrictions and various income support measures, such as the transition from the Canadian Emergency Response Benefit (CERB) to Employment Insurance (EI), the Canada Recovery Benefit (CRB), the Canada Recovery Sickness Benefit (CRSB), and the Canada Recovery Caregiving Benefit (CRCB). These support programs might have influenced census data in two significant ways. First, they could have artificially increased the incomes of very low-income households, as some households earned more through these benefits than from their regular employment, particularly in cases of minimum wage or part-time work. Second, this inflation in income data could lead to an underestimation of the number of households facing core housing challenges. It's important to note that these limitations apply to all Canadian communities. Considering these data constraints, the 2021 census data related to housing affordability should be interpreted with caution, as it may not offer a fully reliable demographic profile for Pender Harbour and the SCRD.

COMMUNITY ENGAGEMENT

Engagement was facilitated during the spring of 2024, and involved consultation with Pender Harbour/ Egmont residents, local service providers, community groups, and Pender Harbour Health Clinic clients to assess their evolving health service needs and identify opportunities for improvement.

Engagement objectives included:

- Consulting with Pender Harbour/ Egmont residents to understand their health service needs.
- Consulting and collaborating with local partners and collaborators to identify opportunities to meet community need.

WHO WE HEARD FROM

Engagement participants included members of the public who are residents of the Pender Harbour/ Egmont area as well as representatives and designates from service providers, interested parties, and community groups who operate in the area. All responses have been anonymized to respect participant privacy. However, the following 12 organizations consented to having their names listed as engagement participants.

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|--|--|
| ➤ Pender Harbour Community Club | ➤ Pender Harbour & District Health Centre Auxiliary Society |
| ➤ Pender Harbour Health Centre | ➤ Sunshine Coast Recreation Division (Pender Harbour Aquatic and Fitness Centre) |
| ➤ Bargain Barn | ➤ Marina Pharmacy |
| ➤ Rotary Club | ➤ Pender Harbour Food Bank Society |
| ➤ Pender Harbour Community School | ➤ Pender Harbour Volunteer Fire Department |
| ➤ Pender Harbour Elementary / Secondary School | |
| ➤ Pender Harbour Hiking Group | |

HOW WE ENGAGED

Table 1 presents the engagement activity or method, timelines, participants, and approach to the activity or method.

Table 1. Engagement Methods

Date(s)	Activity / Method	Participants	Approach
April 16, 2024	Town Hall	➤ 10 participants in total made up of residents and organization representatives	<ul style="list-style-type: none"> ➤ Two in-person sessions were held on April 16th at the Pender Harbour Community Hall ➤ Posed questions related to challenges, opportunities, gaps, trends and changes, and assets and strengths of social and health services in the Pender Harbour / Egmont area ➤ Facilitated by PHCC staff
April 1 – April 30, 2024	Community Survey	➤ 216 respondents from residents of the Pender Harbour / Egmont area	<ul style="list-style-type: none"> ➤ A virtual and paper format survey were advertised, promoted and distributed to local residents ➤ Collected demographic, health and social data to inform health services planning
April 1 – April 30, 2024	Service Provider Questionnaire	➤ 10 Respondents from service providers and community organizations	<ul style="list-style-type: none"> ➤ A questionnaire and survey were distributed to community groups and organizations to gain input on what organization and community group staff have observed in relation to health and social needs, challenges, and opportunities ➤ Facilitated by PHHC staff
April 1 – April 30, 2024	Pender Harbour Health Centre Client Interviews	➤ 5 Interviews facilitated with PHHC clients	<ul style="list-style-type: none"> ➤ One-on-one conversations with clients about their health needs, challenges, and goals ➤ Facilitated by PHHC staff

SMART & PROMISING PRACTICE REVIEW

Building on the insights gathered from the community engagement and background review, a review of smart and promising practices in similar communities was conducted. This review focused on identifying best practices for program and service delivery that could be adapted to address the identified needs and gaps in the Pender Harbour/ Egmont area. Recommendations within this report are informed by both the background review, community input, and best and smart practices for similar communities.

GEOGRAPHIC SCOPE

Data collected for this report vary in scale based on available data and consists primarily of Statistics Canada census data, BC Stats data, and Health Authority data.

Census data are presented for the Census Subdivision of Sunshine Coast A (Area A), the smallest area that still covers Pender Harbour/ Egmont, pictured below in Figure 1. Where such granular data is not available, it is supplemented by data for the Sunshine Coast Regional District Census Division (SCRD) as applicable.

Health data presented within this report vary based on availability. The most granular scale of health data presented in this report is for the Community Health Service Area (CHSA) – 3333 Sunshine Coast Rural which mostly follows the boundaries for the SCRD, but excludes Gibsons and Sechelt, as shown in Figure 2. Where data is not available for at the CHSA level, data has been extracted from either the Sunshine Coast Local Health Authority, North Shore/ Coast Garibaldi Health Service Delivery Area, or the Vancouver Coastal Health Authority.

EXECUTIVE SUMMARY

This report has been prepared to assist the Pender Harbour Health Centre (PHHC), local social service stakeholders, and residents in better understanding local health service needs. Through an integrated analysis of key findings from a background review and community engagement, this report provides actionable recommendations for improving local health and social services.

COMMUNITY PROFILE

The community profile for this area provides essential context for interpreting health and social service needs. Key findings indicate the following for Pender Harbour/ Egmont:

- **Aging population:** The area has a high median age (61.2 years) and a significant proportion of residents over 65 (40.2%), indicating a likely increase in demand for age-specific health care services.
- **Household composition:** The high number of single-person households may highlight potential challenges in accessing health care and social support due to the potential social isolation and financial constraints commonly associated with these households.
- **Low-income households:** Economic data shows that the median after-tax income in Area A is \$58,400, markedly lower than the provincial median of \$76,000. The area also has a high proportion of households in core housing need, with 20.2% of households spending 30% or more of their income on shelter costs. This economic vulnerability is particularly pronounced among seniors, renters, and Indigenous households.

- **Indigenous population:** A higher proportion of Indigenous residents necessitates culturally sensitive health care services.
- **Population growth:** Rapid population growth is estimated for older adult household categories, which can strain existing health care resources, and requires strategic planning and resource allocation to meet growing health and social care needs.

These demographic and economic trends underscore the need for tailored health and social services that address the unique challenges faced by these communities.

ENGAGEMENT HIGHLIGHTS

Community and service provider engagement highlighted several perceived gaps and needs for social, health, and wellness services, including:

- **A lack of primary care physicians:** A critical shortage of primary care physicians was consistently highlighted alongside the challenges this presents for continuity of care.
- **Transportation barriers:** Transportation is a significant issue, affecting access to health and wellness services, particularly for youth, seniors, individuals with low-income, and those with mobility challenges.
- **Mental health and addiction services:** There is an increased demand for mental health services and addiction and substance use support, especially among youth.
- **Aging population and related services:** The growing number of elderly residents has led to increased demand for services tailored to seniors. Aging-in-place is a common goal, and enhanced support services for seniors are necessary to meet aging needs.

- **Volunteer and community support:** The community benefits from a strong volunteer base and active community groups, however, there is concern over the loss of older volunteers and the increased stress on volunteer-based services.
- **Service accessibility and quality:** Many residents face barriers to accessing health, social, and wellness services due to provider availability, long wait times, and financial costs.
- **Financial stability and food insecurity:** Financial costs and food insecurity are significant challenges for Pender Harbour residents.
- **Communication and coordination:** Improved communication about available services, how to access them, and improved coordination among service providers are essential to address gaps and improve service delivery.
- **Increased demand for services and staffing shortages:** There is a growing demand for health services, compounded by budget cuts and staffing shortages, which negatively impact service delivery and access to care.

RECOMMENDATIONS

This report provides eight key recommendations, each linked to promising practices from other Canadian communities to address the identified gaps and needs:

1. **Establish a Health Steering Committee and Develop Strategic Priorities:** Drawing from the success of the Northern Rockies Community Health Plan Steering Committee, a local health steering committee could guide the development of strategic priorities and advocate for necessary resources.
2. **Develop Recruitment and Retention Incentives for Health care Professionals:** Inspired by the Churchill Health Centre's model, implementing incentives focused on work-life balance, housing, and cultural safety could improve staff retention and attract healthcare professionals to the area.
3. **Develop a Comprehensive Elder/ Senior Support Program:** The GAIN program in Ontario provides a model for a holistic approach to senior care, which could be adapted to meet the needs of Pender Harbour and Egmont's aging population.
4. **Enhance Telehealth Services:** Expanding telehealth services, similar to Ontario's Telehomecare and BC's Virtual Visit programs, would improve access to health care for residents, particularly those with mobility issues or chronic conditions.
5. **Explore Options for Reducing Health Travel Transportation Costs:** Leveraging grant opportunities to subsidize the existing van service could reduce the financial burden of travel for medical appointments, particularly for low-income residents.
6. **Integrate Mental Health and Substance Use Support Services:** Promoting virtual mental health and substance use services through partnerships with organizations like Foundry BC could make these services more accessible to the community.
7. **Strengthen Volunteer Engagement and Support:** Establishing a youth volunteer program in partnership with local schools, modeled after Island Health's Step Up Youth initiative, could engage younger volunteers and ensure the continuity of volunteer-driven services.
8. **Enhance Resource Sharing and Coordination:** The Health Steering Committee can facilitate better resource sharing and coordination among local healthcare providers, improving service delivery and ensuring that resources are used effectively.