

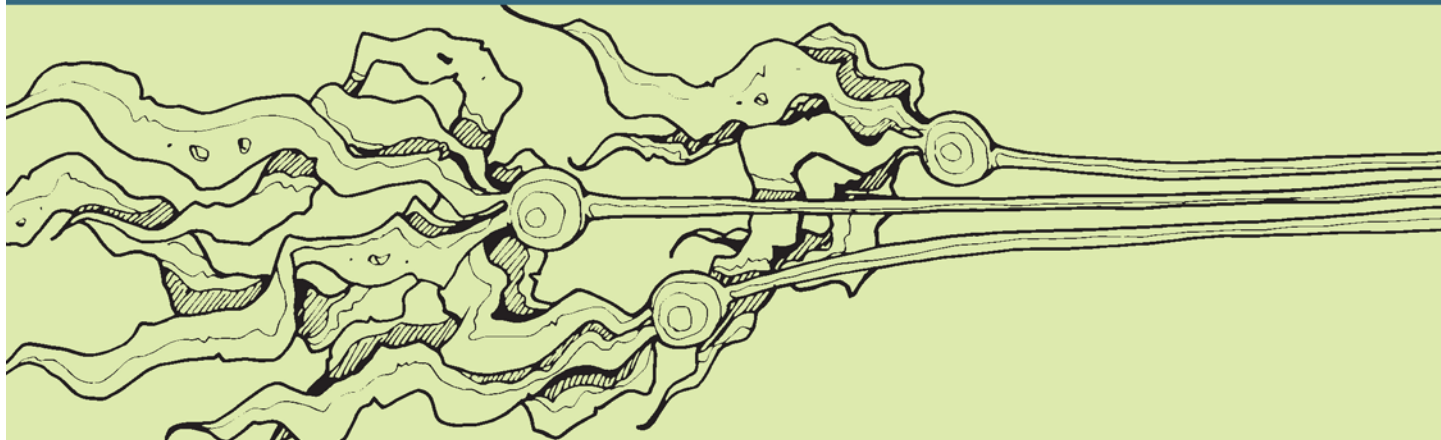
**2016**

# Community Health Survey

## REGIONAL RESULTS

Long Beach Chapter, Rural and Remote Division of Family Practice

**ARE YOU ABLE TO ACCESS  
THE HEALTH CARE YOU NEED?**



**Rural and Remote**  
Division of Family Practice  
Long Beach  
A GPSC initiative

**A GP for Me**

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# About this Report

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The Long Beach Community Health Survey is one of the tools the Rural and Remote Division of Family Practice is using to inform further projects and service delivery planning on the west coast of Vancouver Island. The Survey was developed to engage community members that have been permanent residents on the west coast for at least one year. This includes the communities of Hot Springs Cove, Ahousaht, Opitsat, Tofino, Esowista/Ty-Histanis, Ucluelet, Hitacu, and Macoah as well as the Regional District Area C.

The Long Beach Chapter of the Rural and Remote Division of Family Practice represents the six family doctors that serve this region. The Chapter works directly with Health Authorities and other community organizations to support primary care in the area. The Survey and related reporting were supported through the provincial 'A GP for Me' initiative.

Survey results will be available through the Coastal Family Resource Coalition once the reports are finalized [www.coastalfamilyresources.ca](http://www.coastalfamilyresources.ca).

Information on the Survey methodology and administration are available in the Appendix of this Regional Report.

If you have any questions about this Report, please email: [amacpherson@divisionsbc.ca](mailto:amacpherson@divisionsbc.ca)

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# Regional Results

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# Highlights

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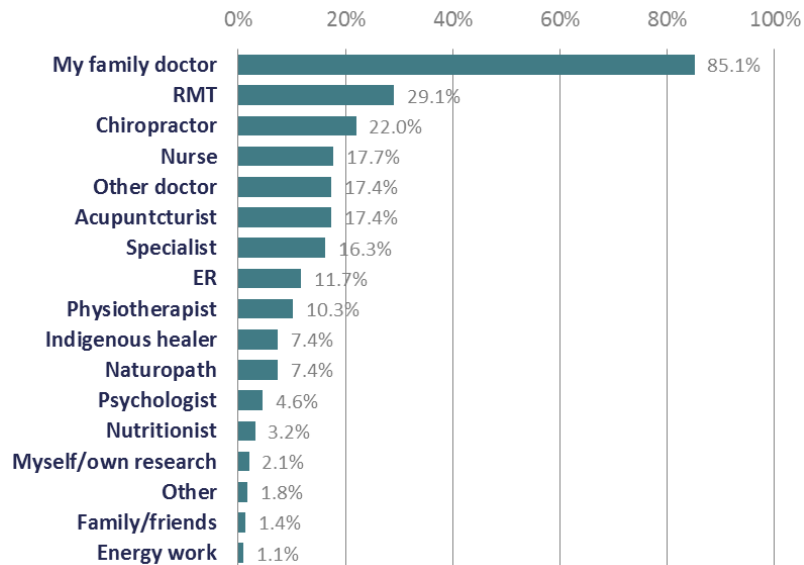
- A large majority of west coast residents have a family doctor on the west coast (92%).
- People primarily rely on their family doctor to manage their primary care (85%), and mental health care (40%) across all communities.
- Ability to have a family doctor varies greatly across communities. Almost all people in Ucluelet and Tofino (90%) have their family doctor in their community. In Ahousaht and Hot Springs, people see a family doctor in their community, but many choose to travel to Tofino to see doctors there. In Hitacu, Opitsat, Esowista/Ty-Histanis, Macoah, and other locations, almost all people (97%) must travel to another community, often for half an hour or more.
- The most significant issues affecting access to a family doctor across all communities are the length of waiting time at the doctor's office, and inability to get a timely appointment. In addition, Ucluelet residents

face limited clinic hours and Hot Springs and Macoah residents face lack of transportation to travel over an hour to clinics.

- Most people (74%) do not think they could see their family doctor the same day for an urgent issue. Almost half of people have used the Emergency Room for a non-emergency, usually because their doctor's office was closed (68%).
- Those who accessed their family doctor in the community where they lived were less likely to visit the ER for a non-emergency (Tofino and Ucluelet) as well as those who live very far from the ER (Hot Springs and Macoah).
- While most people are open to using telehealth (68% regionally) the number varies greatly across communities (45% to 80%) along with those who are unsure (11% to 29%).
- Regardless of where their family doctor is located, the majority of residents want to access care and health education in their own community.
- There was no significant difference in chronic conditions between the overall population and those identifying as Aboriginal.
- The issues of most concern were Physical and Mental Health (~ 70-75% of respondents regionally), which was consistent across communities, with the exception of Hot Springs, where Housing and Employment were of greatest concern.
- Physical and Mental Health were the top issues of concern for ages 35 and older; however, those under 35 were more concerned about Employment and Housing, followed by Mental and Physical Health.
- Those with a chronic condition were slightly more likely to have accessed mental health or substance use services (24% compared to 41%).
- Those who have accessed mental health or substance use services were slightly more likely to use the ER for non-emergencies (38% compared to 50%).
- Services that could most be added or improved are physical therapy (57%), low-risk and local elective birthing services (57%), family support services for patients with mental health/substance use issues (47%), and assisted living for seniors (52%). These choices were common across all communities.
- Topics that people across the region were most interested in learning more about were nutrition (55%), anxiety and depression (51%), and infant/child/parent programs (47%); however, interests varied greatly across communities and age groups.
- Most people are satisfied with their primary care (61%); however, this varies greatly across communities. In general, those with greater range of issues affecting access (not just waiting time or getting a timely appointment, but also transportation and clinic hours) were more likely to be dissatisfied.

# Visiting your family doctor

## Who people rely on to manage their health



## Attachment to a family doctor

Have a local family doctor	272	92%
Have a family doctor somewhere else	6	2%
Do not have a family doctor	19	6%
	<b>297</b>	<b>100%</b>

## The local clinics where people most visit their family doctor

Example: of the respondents that have a local family doctor (n=272), 42.1% visit their family doctor at the Clinic in Ucluelet.

Clinic in Ucluelet	42.1%
Clinic in Tofino	36.0%
Holistic Centre in Ahousaht	6.7%
Clinic in Hot Springs Cove	2.7%
Clinic in Hitacu	0.7%

## Accessing a family doctor in the community where you live

Family doctor is in the community where they live	196	71.3%
Family doctor is in another community	79	28.7%
	<b>275</b>	<b>100%</b>

## Accessing a family doctor, by community

Example: in Ahousaht, 79.3% of people who have a family doctor visit them in Ahousaht, while 20.7% visit them elsewhere

	Ucluelet	Tofino	Ahousaht	Hot Springs	Hitacu	Other
Family doctor is in the community where they live	90.3%	89.8%	79.3%	66.7%	4.2%	3.4%
Family doctor is in another community	9.7%	10.2%	20.7%	33.3%	95.8%	96.6%

## Frequency of visits to family doctor in the last year

Zero	12	4.3%
1 – 3 times	132	47.0%
4 – 10 times	102	36.3%
More than 10 times	35	12.5%
	<b>281</b>	<b>100%</b>

## Travel time to family doctor

< 15 min	183	63.1%
15 – 30 min	62	21.4%
30 – 60 min	28	9.7%
> than 1 hour	17	5.9%
	<b>290</b>	<b>100%</b>

## Typical travel times, by community (by most common answer)

<b>Tofino</b>	< 15 min
<b>Ucluelet</b>	< 15 min
<b>Esowista/Ty-Histanis</b>	15 – 30 min
<b>Hitacu</b>	15 – 30 min
<b>Macoah</b>	30 – 60 min
<b>Hot Springs</b>	15min in community, otherwise >1hr
<b>Opitsat</b>	no typical time

# Accessing care

## Issues impacting access to a family doctor

Note: while the question asked about access to YOUR family doctor, all those who indicated they did not have a family doctor also answered; therefore, the results reflect accessing a family doctor of choice and not necessarily an attached family doctor.

<b>Waiting time</b>	152	61.5%
<b>Timely appointment</b>	117	47.4%
<b>Clinic hours</b>	90	36.4%
<b>Transportation</b>	46	18.6%
<b>Access by phone</b>	24	9.7%
<b>Other issue</b>	12	4.9%
<b>Language</b>	0	0.0%
	<b>247</b>	<b>100.0%</b>

## Top issues by community

<b>Tofino, Ahousaht, Opitsat</b>	Waiting time
<b>Esowista/Ty-Histanis, Hitacu</b>	Waiting time & timely appointment
<b>Hot Springs, Macoah</b>	Transportation
<b>Ucluelet</b>	Waiting time & clinic hours

## Difficulty paying for everyday costs

<b>Yes, always</b>	67	27.1%
<b>Sometimes</b>	144	47.5%
<b>No</b>	88	29.0%
<b>Prefer not to answer</b>	4	1.3%
<i>(like housing, food, childcare)</i>	<b>303</b>	<b>100.0%</b>

## Difficulty paying for prescriptions

<b>Yes</b>	83	27.4%
<b>No</b>	108	35.6%
<b>Not applicable (I have coverage)</b>	97	32.0%
<b>Prefer not to answer</b>	15	5.0%
	<b>303</b>	<b>100.0%</b>

## Ability to see a family doctor same day for an urgent issue

Note: some people chose both community clinic and ER. In this table, only those who solely chose the ER are included under 'Yes, in the ER'

Yes, in a community clinic	77	26.1%
Yes, in the ER	98	33.2%
Not sure	48	16.3%
No	72	24.4%
	<b>295</b>	<b>100.0%</b>

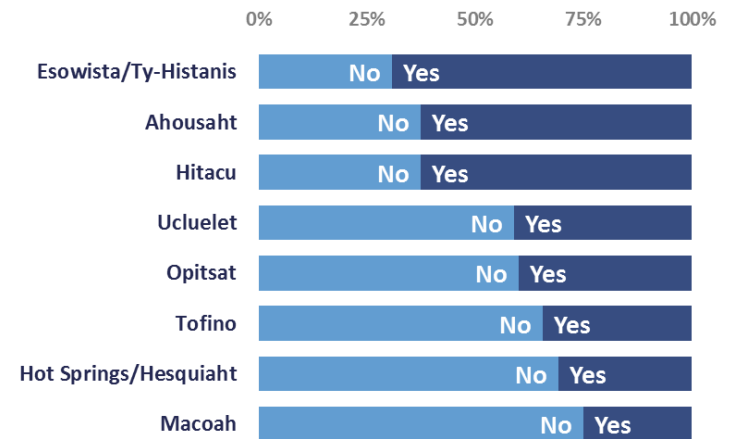
## Use of the Emergency Room

People reporting using the ER for a non-emergency	128	42.2%
Not applicable or no answer	175	57.8%
	<b>303</b>	<b>100%</b>

### Why people used the ER for a non-emergency

Doctor's office closed	87	68.0%
Wasn't sure if it was an emergency	28	21.9%
Convenience	12	9.4%
Couldn't get into my doctor	10	7.8%
I don't have a family doctor	9	7.0%
Wanted another opinion	8	6.3%
Other reason	7	5.5%
	<b>128</b>	<b>100.0%</b>

### Use of ER for non-emergency, by community

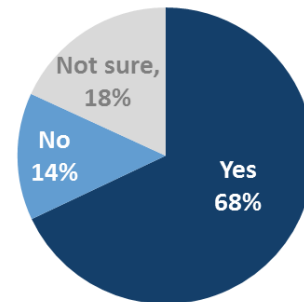


## Best places to access health care education

Compare to % of respondents living in that community

Tofino	94	34.6%	33.0%
Ucluelet	93	34.2%	33.3%
Hitacu	27	9.9%	8.0%
Ahousaht	26	9.6%	10.7%
Hot Springs Cove	12	4.4%	4.3%
Opitsat	7	2.6%	3.3%
Esoiwista/Ty Hystanis	8	2.9%	4.3%
Macoah	3	1.1%	1.3%
Other	2	0.7%	1.7%
	<b>272</b>	<b>100.0%</b>	<b>100.0%</b>

## Willingness to teleconference

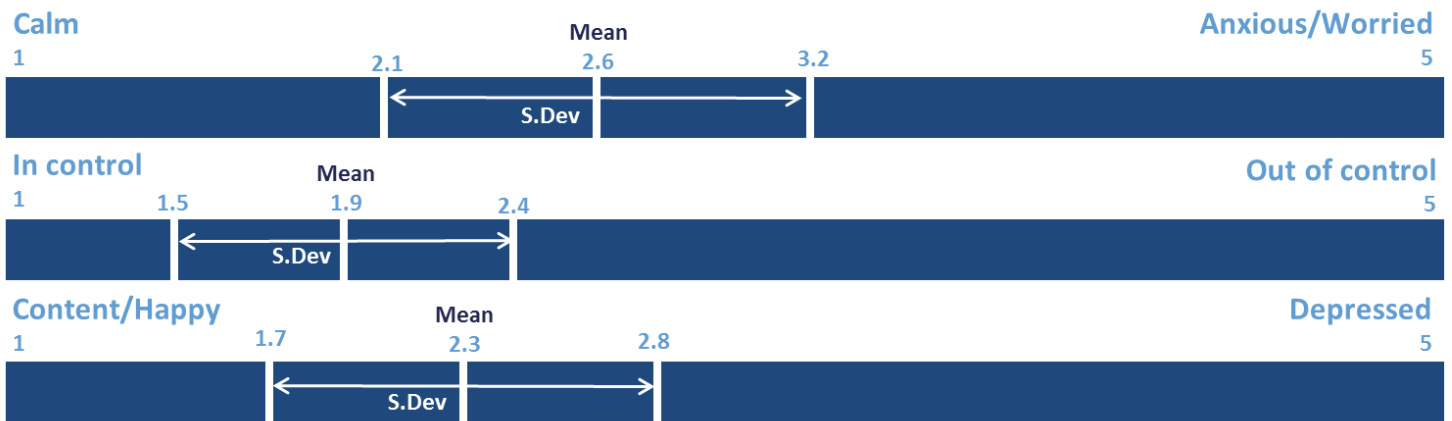


# Your health

## General health

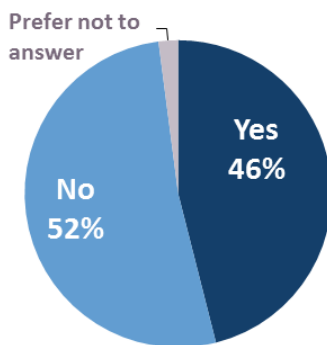


## Personal well-being



## Chronic medical condition

### Proportion with a chronic condition



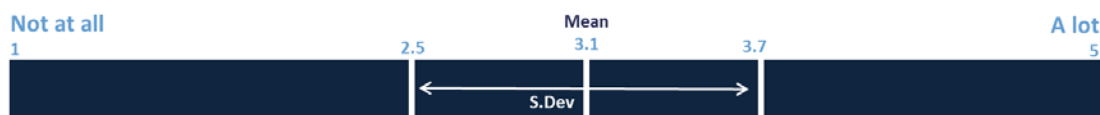
### Age of those with a chronic condition

Example: of all respondents with a chronic condition, 21.1% are age 65+. Of all respondents age 65+, 80% reported having a chronic condition.

Age Group	Count	% of total	% of each age group reporting a chronic condition
below 25	2	1.5%	22.2%
25 to 34 years	18	13.5%	26.5%
35 to 44 years	28	21.1%	34.6%
45 to 54 years	22	16.5%	47.8%
55 to 64 years	35	26.3%	56.5%
65 years and older	28	21.1%	80.0%
<b>Total</b>	<b>133</b>	<b>100.0%</b>	<b>100%</b>

### Interference of chronic condition in every day life

(n=129)

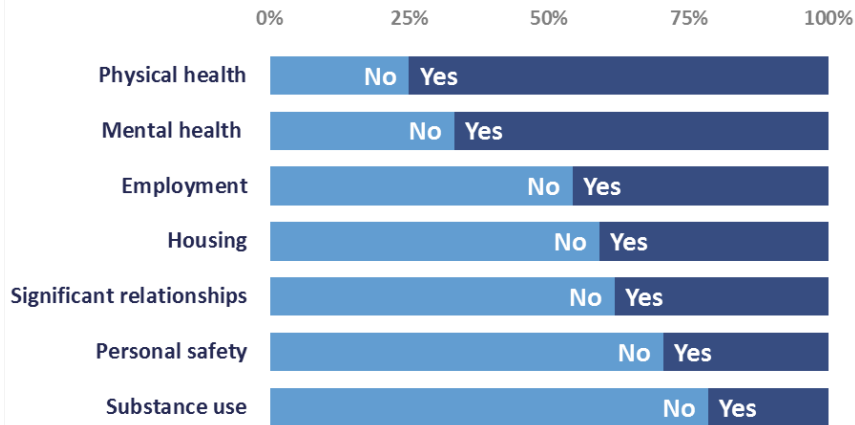


## Use of the ER for a non-emergency based on chronic condition



## Issues of concern

As chosen from a provided list



## Top 3 issues of concern, by community (based on mean)

	Ahousaht	Eswista/ Ty-Histanis	Hitacu	Hot Springs/ Hesquiaht	Opitsat	Tofino	Ucluelet
Physical health	1	1	1	6	3	1	1
Mental health	2	2	4	3	1	2	2
Housing	3	3	3	2	4	4	4
Employment/educat	4	4	2	1	5	3	3
Personal safety	5	4	6	4	7	6	6
Relationships	7	6	5	7	2	5	5
Substance use	6	7	7	5	5	7	7

(not enough responses for other communities <5)

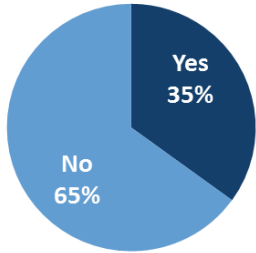
## Top 3 issues of concern, by age (based on mean)

	<25	25-34	35-44	45-54	55-64	65+
Physical health	3	3	1	1	1	1
Mental health	4	1	2	4	2	2
Employment/educat	2	2	3	2	4	6
Housing	1	4	5	3	3	4
Relationships	5	5	4	6	6	5
Personal safety	6	7	6	5	5	3
Substance use	6	6	7	7	7	7



# Mental health and substance use care

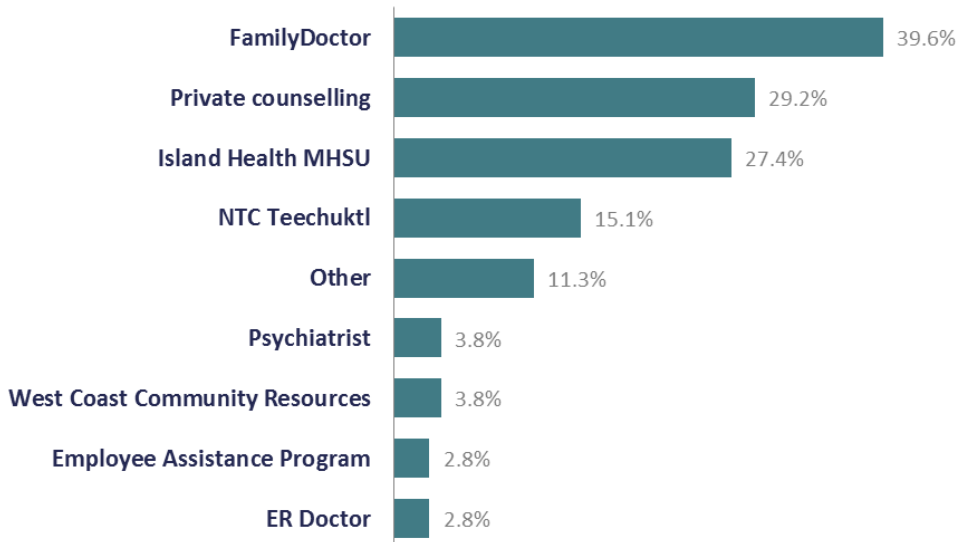
## People who have accessed mental health and/or substance counselling services



<b>Yes</b> = people who selected at least one counselling service they have used (see below for more info on services)	106
<b>No</b> = people who either did not select any counselling services as being used (no response) or indicated that access to counselling was not applicable to them	197
	<b>303</b>

## Counselling services used

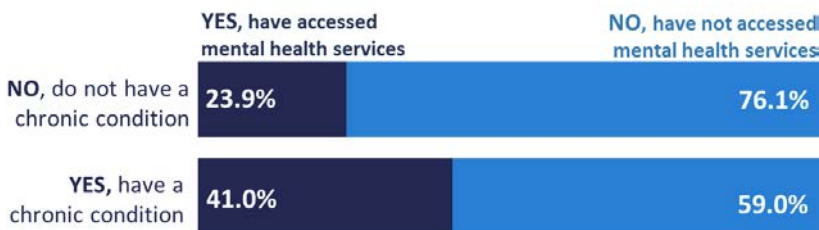
(n=106)



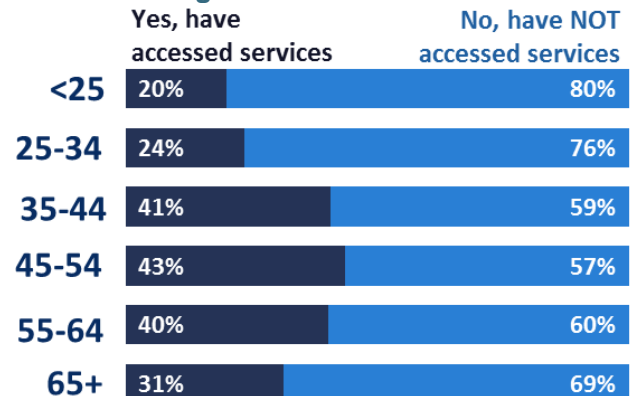
*West Coast Community Resources (WCCRS) and Employee Assistance Program (EAP) were not options that survey respondents could select, but they were included as they were common write-in responses. 'Other' includes family, out of town counsellor, disaster/trauma counsellor, energy work, nurses, yoga, meditation, and 'Bounce Back' or 'Dry Out' programs*

## Use of mental health/substance use services

### based on chronic condition



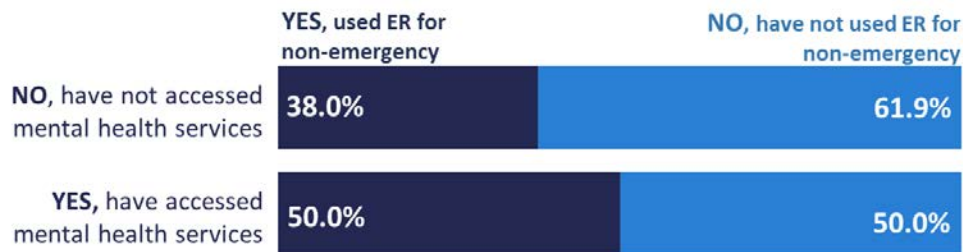
### based on age



## Well-being of those who have accessed mental health services



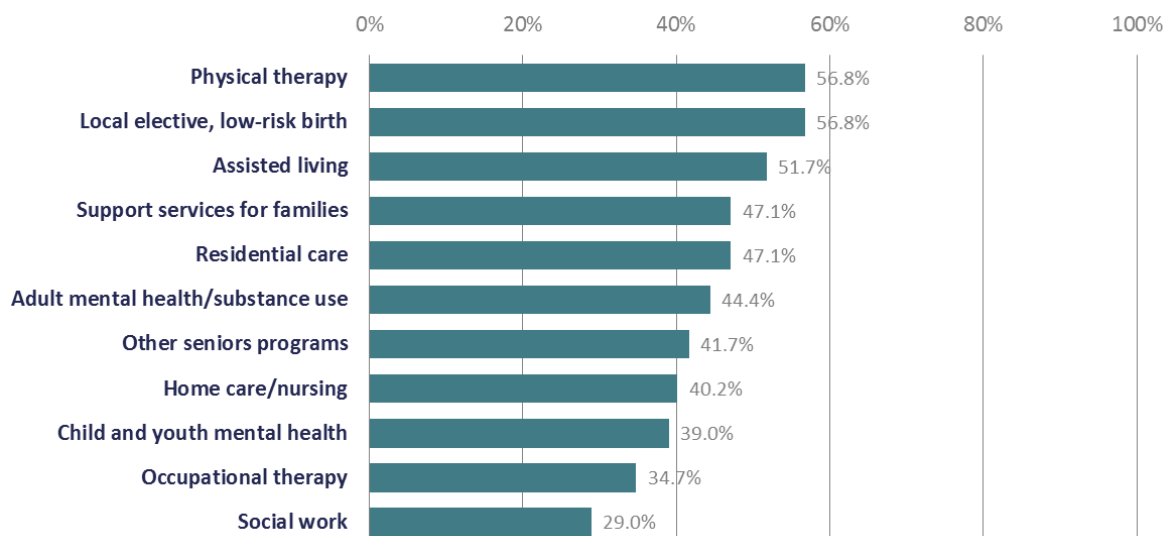
## Use of the Emergency Room for a non-emergency by use of mental health /substance use services



## Community needs

### Services that could be added or improved

Respondents could choose more than one service. Proportions based only on those who chose at least one service

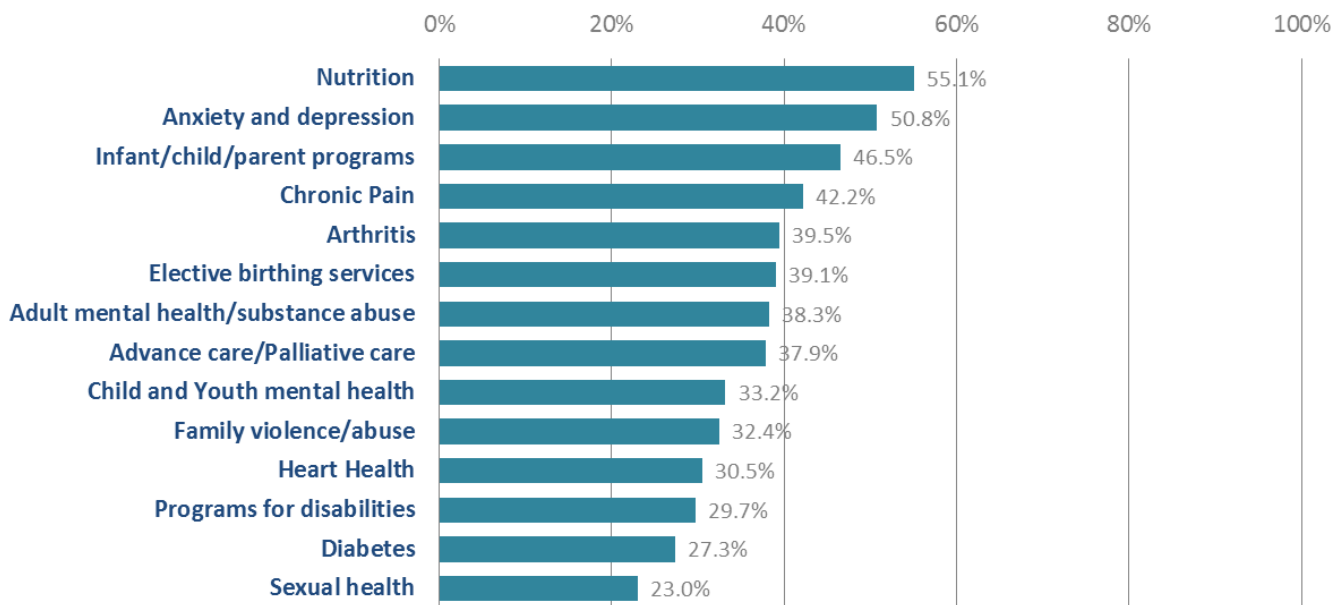


## Top services that could be added or improved, by community, based on most common answers

Up to top 3, depending on number of responses from each community, and distribution. Note: if the same number of people chose two different services, they were considered 'tied' and given the same rank, the next highest service then skipped a rank (e.g. Ahousaht)

	Ahousaht	Esowista/ Ty-Histanis	Hitacu	Hot Springs/ Hesquiaht	Macoah	Opitsat	Tofino	Ucluelet
Physical therapy	1		1	1	1		2	2
Family support services		1			1	1		
Low-risk, local elective birth		2				2	1	1
Senior assisted living	3			1			3	3
Home care/nursing				1				
Senior residential care	1							
Child and Youth mental health			2					
Adult mental health/substance use	3							
Occupational therapy								
Social work								
Other senior programs								

## Health topics people are interested in learning more about



### Topics people are interested in learning more about, by community, based on most common answers

Up to top 3, depending on number of responses from each community and distribution

	Ahousaht	Eowista/ Ty-Histanis	Hitacu	Hot Springs/ Hesquiaht	Macoah	Opitsat	Tofino	Ucluelet
Anxiety and depression	1	2					1	2
Infant/child/parent programs		2	2			1	2	3
Nutrition						1	3	1
Adult mental health/substance		2				1		
Family violence/abuse	2		2					
Advance care/Palliative care		1						
Arthritis	1							
Heart Health	1							
Chronic Pain				1				
Programs for disabilities					1			
Child and Youth mental health			1					
Elective birthing services							3	
Diabetes								
Sexual health								

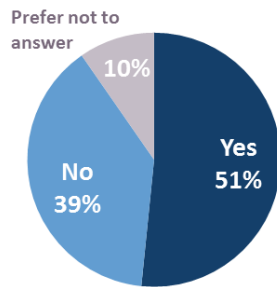
### Topics people are interested in learning more about, by age, based on most common answers

Up to top 3, depending on number of responses from each community and distribution

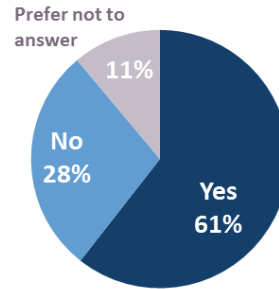
	<25	25-34	35-44	45-54	55-64	65+
Nutrition		3	2	1	2	1
Infant/child/parent programs	1	1	3			
Anxiety and depression			1	3		
Advance care/Palliative care					1	3
Child and Youth mental health	1					
Elective birthing services		2				
Arthritis						2
Adult mental health/substance abuse				2		
Chronic Pain					3	
Heart Health						
Family violence/abuse						
Programs for disabilities						
Diabetes						
Sexual health						

# Care satisfaction

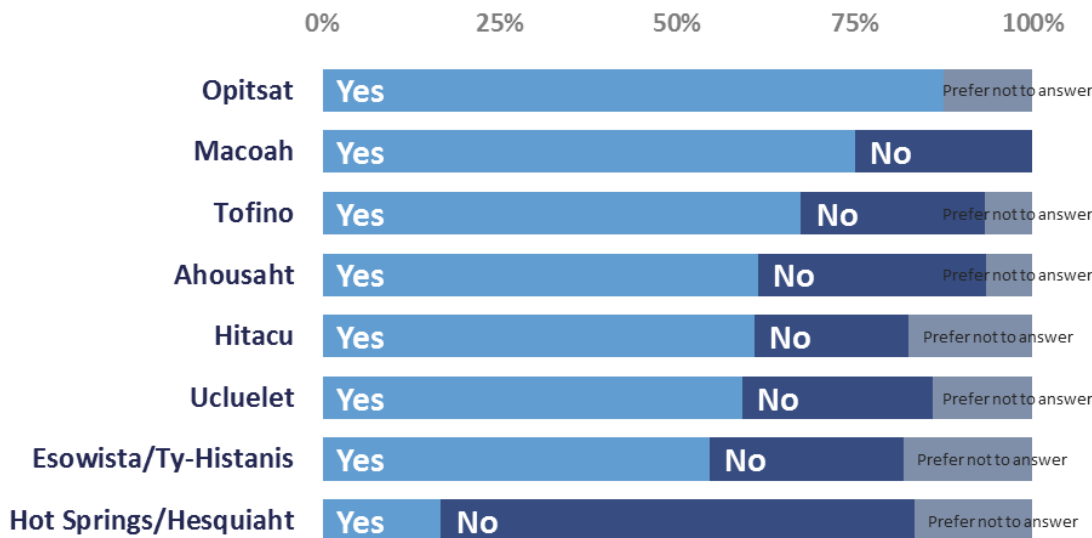
## Satisfaction with counselling services *for those who have accessed*



## Satisfaction with primary health care



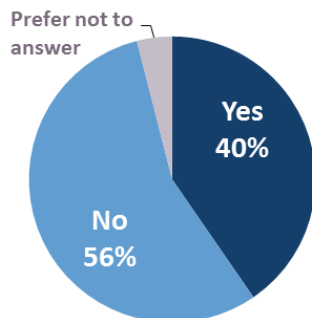
## Satisfaction with primary health care, by community



# Demographic breakdown

TOTAL SURVEY RESPONSES: 303

## Responses by Aboriginal identity



## Responses by community

Estimated population sample  
(based on StatsCan NHS, 2011 population)

Ucluelet	100	33.0%	7.5%
Tofino	99	32.7%	6.1%
Ahousaht	32	10.6%	8%
Hitacu	24	7.9%	15%
Hot Springs/Hesquiaht	13	4.3%	20%
Opitsat	10	3.3%	10%
Esowista/Ty-Histanis	13	4.3%	13%
Macoah	4	1.3%	20%
Area C/Port Albion	5	1.7%	1.3%
Prefer not to answer	3	1.0%	-
	<b>303</b>	<b>100.0%</b>	

## Responses by age

18 to 24 years	6	2.0%
25 to 34 years	68	22.4%
35 to 44 years	81	26.7%
45 to 54 years	46	15.2%
55 to 64 years	62	20.5%
65 years and older	35	11.6%
Below 18 years	3	1.0%
Prefer not to answer	2	0.7%
	<b>303</b>	<b>100.0%</b>

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# Appendix – Survey Methodology

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## Survey Development and Considerations

Drawing inspiration from other A GP for Me patient surveys, the Long Beach Community Health Survey was developed locally, with the rural and remote context of the region in mind. Consulting with a local GP, the questions were developed by the Chapter and reviewed by the A GP for Me project team. The goal of the survey was to collect information that was relevant to local service delivery planning.

Participation in the survey was completely voluntary. Responses were anonymous and confidential, and the results are reported in aggregate. Data is being held securely in Canada for one year and will be deleted (or shredded in the case of paper surveys.) The collection, use and disclosure of personal information is subject to the provisions of the Freedom of Information and Protection of Privacy Act. Divisions of Family Practice Privacy Policy: <https://www.divisionsbc.ca/vancouver/privacypolicy>

If you have any questions about this Report, please email: [amacpherson@divisionsbc.ca](mailto:amacpherson@divisionsbc.ca)

## Survey Administration

The survey underwent a trial launch online in December 2015 through poster advertisement only. The survey was then conducted as below from February 1<sup>st</sup> to April 30<sup>th</sup> 2016 and was promoted through posters, social media, and in local community and organizational newsletters.

It was conducted in three ways:

**Online:** using 'Checkbox Survey Software' [www.checkbox.com](http://www.checkbox.com)

**In person:** surveyors handing out and collecting paper copies at community events, meetings, and locations such as the grocery store

**Drop-boxes:** paper surveys and anonymous drop-boxes located at municipal and band council offices, community centres, health service centres, and other community gathering places

	Online*	In person	Dropbox
Hot Springs		✓	
Ahousaht		✓	✓
Opitsat			✓
Tofino	✓	✓	✓
Esowista/Ty-Histanis	✓		✓
Ucluelet	✓	✓	✓
Hitacu	✓	✓	✓
Macoah		✓	

*\* People from all communities filled out online surveys, however this shows the locations that have regular reliable internet*

## Analysis Notes

- Percentages were based on the number of responses for a given question, unless otherwise noted.
- 'Prefer not to say' or 'Not applicable' responses were not included in the denominator unless otherwise presented.
- If a respondent chose more than one location as a preference for accessing education, their home community was defaulted to.
- For respondents that reported they did not have a chronic condition, any answer to the impact of their chronic condition was not counted.
- Some 'other' responses matched the available selection and were counted as such instead of 'other' The exception is in the accompanying 'Respondent Comments' report where all qualitative comments are provide as is.
- Those that did not provide a response to why they accessed the ER for non-emergencies were assumed to have not accessed the ER for non-emergencies
- Those that did not provide a response to what mental health or substance use services they used were assumed to have not accessed the services. For these respondents, any answers to satisfaction with these services was not counted.
- The option of 'I do not have a family doctor' was not provided for the question asking about the time it takes to get to the doctor. Twelve respondents who indicated they did not have a family doctor answered this question, and their results stay included.
- When asked about barriers to accesss to a family doctor, results include both those that indicated they do and those that indicated they do not have a family doctor as almost all respondents answered this question in either case.