



WINDSOR-ESSEX COUNTY **HEALTH UNIT**



COMMUNITY NEEDS ASSESSMENT **SUMMARY REPORT** **2016**

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FOCUS GROUP FACILITATORS

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Glossary

Age-standardized rate

A rate that has been adjusted to account for proportional differences in the age of the population.

Emergency department (ED) visits

Ambulatory visits for unscheduled (health emergencies) care; one individual may account for multiple ED visits.

Indicator

A defined measure of population health which may include statistics for health determinants and health outcomes.

Proportion/percentage

The number of individuals with a health outcome or behaviour in comparative relation to the whole population (e.g., 30% of the population is overweight).

Rate

Also referred to as incidence rate; the number of new health events that occur within a defined population number (e.g., per 100,000 population) in a year.

Significant difference

Statistical testing indicates that there is high enough confidence to conclude that there is a significant difference between two values.

WEC

Windsor and Essex County.



Introduction

WHAT IS A COMMUNITY NEEDS ASSESSMENT (CNA)?

The purpose of a CNA is to identify population needs and to describe factors that should be addressed in order to improve the health and well-being of a given community or population (CDC, 2014; Kazda et al., 2009; NCPH, 2014; ODH, 2014; Stevens & Gillam, 1998). A CNA is generally comprised of three key components including (i) assessment, (ii) dissemination, and (iii) implementation (Briard, 2013; Finifter, Jensen, Wilson, & Koenig, 2005). Information gained from a CNA assists in gauging and assessing the needs of community members and population groups. A CNA should be multi-faceted, consisting of both qualitative and quantitative methods in order to gain a comprehensive understanding of community needs.

BENEFITS

Data obtained through a CNA can be used to guide agency planning initiatives, better informed resource allocation, and improved service offerings. CNAs allow for increased awareness within communities by engaging members in decision making and allowing members to guide program implementation (Kazda et al., 2009), resulting in an increased knowledge of public health activities (CDC, 2014). By accommodating the needs of citizens, health and social services are much more likely to be both effective and cost efficient (Kazda et al., 2009).

PURPOSE

- Obtain a current picture of the health needs of residents in WEC, in particular those of priority populations.
- Allow residents of WEC to have a stronger role in determining what and how public health services are provided in the community.
- Support more evidence-informed decision making regarding the planning of health related programs and services.
- Share results with community partners, helping to improve collaboration and health services in WEC.

Methodology

The CNA consisted of three types of assessments: a quantitative profile of WEC, focus groups consisting of priority populations and key stakeholders, and a community survey.



The CNA adopted a participatory model, with a Planning and Management Committee consisting of key stakeholders from education, emergency services, social services, mental health, and many other sectors, as well as a number of internal WECHU staff driving the process.

Broad inclusion criteria was utilized for all aspects of the CNA. Primary and secondary data were both analyzed by the Epidemiology, Planning, Evaluation, and Quality (EPEQ) Department at the Windsor-Essex County Health Unit. Ethics approval for the CNA was received prior to the launch of CNA data collection, from the Health Unit's Research Ethics and Data (RED) Committee. A Privacy Impact Assessment was also conducted and approval was obtained by WECHU's privacy officer.

Results

QUANTITATIVE PROFILE

This quantitative profile of Windsor-Essex County provides a general overview of the determinants and outcomes related to the health and well-being of the WEC population. The profile is structured around the Ontario Public Health Standards which are guidelines for providing public health programs and services in Ontario. The most currently available health-related data and statistics were reported in this profile and are divided across six main sections: population demographics, general health and well-being, chronic diseases and injuries, family health, infectious diseases, and environmental health.

The key findings and the areas in need of improvement are summarized in the following pages.

SUMMARY OF THE KEY FINDINGS AND AREAS IN NEED OF IMPROVEMENT FROM THE QUANTITATIVE PROFILE

Population Demographics

- There were 403,625 individuals residing in WEC in 2015.
- Compared to Ontario, WEC has an older population (65+ years old) that is projected to increase substantially over the next 25 years.
- Educational attainment is lower in WEC compared to Ontario.
- Poverty is a significant issue in WEC as the local population is disproportionately affected by poverty compared to Ontario.

General Health and Well-being

- In WEC, injury was the leading cause of preventable death among those under 45 years old; cancer was the leading cause among those 45 years old and over.
- Life expectancy was lower in WEC, and rates for all mortalities, premature mortalities, and potentially avoidable mortalities were greater in WEC compared to Ontario.
- The number of physicians per capita in WEC is lower compared to Ontario.



Chronic Diseases and Injuries

- Over 1 in 5 adults in WEC report being a current smoker which is similar to the Ontario estimate.
- The WEC population is disproportionately affected by greater rates of cancer compared to the rest of Ontario.
- The mortality rate for chronic respiratory diseases and lung cancer is significantly greater in WEC compared to Ontario.
- Over 80% of adults aged 45-64 years old in WEC are overweight or obese which is significantly greater than the Ontario average.
- In WEC, there are over 30,000 visits to the emergency department (ED) for injuries each year; but the overall rate of injuries is lower in WEC when compared to Ontario.
- Falls account for nearly 1 in 3 injury-related emergency department visits.
- Intentional self-harm is the leading cause of injury-related death and it accounts for nearly 1 in 4 deaths caused by injury.
- The use of motor vehicle seatbelts and bicycle helmets was lower in WEC compared to Ontario.
- The rate of ED visits for misuse of drugs has been steadily increasing in WEC since 2009; this is being driven by an 83.9% increase in opioid-related ED visits, a 360.0% increase in cannabinoid-related ED visits, and a 122.6% increase in cocaine and other stimulant-related ED visits in WEC.

Family Health

- 34.6% of WEC mothers reported breastfeeding exclusively for 6 months.
- Mothers in WEC were nearly 3-times less likely to use folic acid prior to and during pregnancy compared to Ontario.
- Over 1 in 10 mothers reported smoking during pregnancy in WEC.
- The birth rate and pregnancy rate in WEC was significantly lower than the provincial rate; this may relate to the stagnant population growth.
- The rate of stillbirths was 57.0% greater in WEC compared to Ontario.
- Over 1 in 5 children in WEC are not prepared for school (they are vulnerable in at least one domain of health related to school readiness).
- Children in WEC have greater oral health needs compared to Ontario; nearly 1 in 7 children in junior kindergarten (JK) and Grade 2 have urgent dental needs.



Infectious Diseases

- Infectious diseases cause 2.0% of preventable deaths in WEC.
- Sexually transmitted and blood-borne diseases account for over 2 in 3 cases of reportable diseases in WEC.
- There has been a 30.2% increase in the rate of infectious diseases over the past 10 years in WEC; however, the WEC rate of reportable diseases has consistently remained lower than the Ontario rate.
- Influenza, chlamydia, Lyme disease, syphilis, and salmonellosis were ranked as the reportable diseases that require the greatest priority.

Environmental Health

- The amount of parkland (4.65 hectares per 1,000 population) in the City of Windsor is greater than the municipal standard, the Canadian standard, and the World Health Organization standard.
- Over 1 in 10 public elementary schools in WEC lack an open space.
- Outdoor air quality is worse in WEC when compared to Ontario; nearly 1 in 4 elementary schools and 2 in 5 long-term care homes in WEC are within a traffic-related air pollution zone.
- The percent of households that exceed safe radon levels is **1.7**-times greater in WEC compared to Ontario.
- In the past 10 years, there were more heatwaves and tornadoes in WEC than any other health unit region in Ontario.
- The population density for WEC is greater than the population density for Southwestern Ontario.
- Compared to Ontario, WEC has a greater proportion of older residential dwellings (over 1 in 3 dwellings in WEC were built more than 50 years ago).



CNA Community Survey

The 2016 Community Needs Assessment Survey was available for completion electronically (via FluidSurvey) and in hard copy. Electronic surveys were available in English and French, while the hard copy survey was available in English, French, and Arabic. All residents of WEC were eligible to participate in this anonymous community survey. A total of 1,441 individuals responded to the survey.

The survey consisted of five parts: demographics, self-identification, Windsor-Essex: Our community, personal and family health, and Health Unit services. The key findings from the Community survey can be found in this section.

SUMMARY OF THE KEY FINDINGS FROM THE COMMUNITY SURVEY

Demographics

- 60.9% of respondents live in Windsor
- 75.9% of respondents are female (average age = 46.6 years) and 24.1% are males (average age = 50.5 years)
- 25.4% of respondents have a college, CEGEP or other non-university certificate or diploma
- 24.0% of respondents have a bachelor's degree
- 33.8% of respondents have a total household income after taxes of <\$40,000
- 48.9% of respondents are employed for wages
- 20.9% of respondents are retired

Self-Identification

- 22.6% of respondents have child(ren) between the ages of 6 and 18
- 15.9% of respondents have child(ren) under the age of 6
- 12.9% of respondents live in a low income household
- 8.4% of respondents identify as a visible minority

WEC: Our Community

- The following are the top three responses identified by respondents as to what is needed to improve the health of their family and/or community:
 - More affordable healthy food options (54.0%)
 - Accessible mental health services (41.2%)
 - More affordable recreational opportunities (37.0%)
- The following are the top five health supports or services identified by respondents as needed to keep themselves and/or their family healthy:
 - Exercise/ physical activity opportunities (57.5%)
 - Dental services for adults (50.0%)
 - Cancer screening (47.2%)
 - Nutrition/ healthy eating supports (38.0%)
 - Mental health support (37.5%)
- The following are the top five health topics that respondents would like education or information about:
 - Stress management (40.7%)
 - Exercise and physical activity (33.2%)
 - Nutrition and healthy eating (32.5%)
 - Mental health/ depression (32.2%)
 - Cancer prevention (31.7%)
- The following are the top three responses as to where respondents receive their health information:
 - Doctor/ health care provider (72.6%)
 - Internet (62.0%)
 - Family or friends (29.1%)

Personal & Family Health

- The top three identified primary health care providers are:
 - Doctor (91.4%)
 - Dentist (60.8%)
 - Optometrist (43.8%)
- The top three identified locations where respondents go when they are sick are:
 - Doctor's office (73.1%)
 - Walk-In Clinic (62.6%)
 - Hospital (20.6%)
- 59.5% of respondents indicated that they do not face any barriers that prevent them from accessing health care
- 20.9% of respondents selected cost of services as a barrier that prevents them from accessing health care
- 46.7% of respondents exercise at least 3 times per week for 30 minutes
- 36.6% of respondents in the past month have been on a diet or did something to lose weight
- 23.6% of respondents are aware of the low risk drinking guidelines
- Female respondents (average=3.5) eat significantly more fruits and vegetables than male respondents (average=2.8)
- 63.8% of respondents support adding fluoride to public drinking water
- 75.1% of respondents brush their teeth at least twice a day
- 71.2% of respondents visit the dentist at least once a year for a check-up
- 69.6% of respondents visit the doctor at least once a year for a check-up
- 49.8% of respondents in the past 12 months have received a flu shot
- 46.1% of respondents take extra precaution when a heat advisory is in effect

Health Unit Services

- 58.5% and 18.2% of respondents are 'somewhat familiar' and 'not at all familiar' with the Health Unit programs and services, respectively.
- 47.1% of respondents haven't used any Health Unit services
- 17.2% of respondents have used the Health Unit flu shot clinic
- 16.5% of respondents have used the Health Unit for beach testing results
- 42.0% of respondents would like to receive Health Unit related information, news, and services on the Health Unit website
- 41.8% of respondents would like to receive Health Unit related information, news, and services by email
- Participants responded that WECHUs role is health promotion and disease prevention. Specifically advocating, and providing information, resources, and education as well as to provide programs, services, and support. There was also a mention of a lack of awareness of the services provided and role of the WECHU.



There were 17 focus groups conducted throughout WEC, collectively 142 individuals participated. The focus groups were designed to give members of priority populations a voice in determining the public health and health related needs in our community, while identifying the strengths and weaknesses related to health service delivery and the well-being of residents of WEC.

Focus groups were recorded and transcribed for the purpose of thematic analysis. The major themes among focus groups were summarized for each question and themes emerging from each priority population were highlighted.

SUMMARY OF THE KEY THEMES FROM THE FOCUS GROUPS

Role of the Health Unit

- Many participants had difficulty answering this question as they were unaware of the types of services the Health Unit provides.
- Two common roles emerged:
 - Engage in health promotion and disease prevention in the form of providing education, information, and resources.
 - Provide programs and services for members of the community.

Major Factors Affecting the Health of Community

- Income and its impact on health was discussed across all groups, often in relation to one's ability to access and afford healthy foods and transportation.
- Mental health was highlighted in a number of focus groups. Specifically the stigma surrounding it, ability to access to services, and stress in general.
- Pollution was also mentioned by many participants.

Greatest Need for Improvement of Health and Well-being

- The consensus across all groups was the need to improve mental health in WEC.
 - Improvements and easier access to services paired with education to eliminate the associated stigma was most commonly referenced.
 - Support for dealing with stress and coping skills were areas also mentioned.
- Residents of WEC need a better health system in terms of access and quality of services offered, as well as reduced wait times in order to improve their health.
- Health Unit needs to make programs and services more visible in the community.
- Access to affordable healthy food and recreation programs.

Areas the Health Unit is doing a Good Job

- Many participants thought that they did not have enough knowledge about the Health Unit to answer this question.
- Dental program, mentioned most often as participants thought the dental screenings done in the school are well done.
- Many groups felt the Health Unit is doing a good job providing sexual health education in the schools.

Barriers and Challenges to Accessing Health and Social Services

- Across groups, participants consistently identified the ability to access services in relation to wait lists, wait times, knowing what services to access or how to access them, and times services are available as barriers to their health.
- Other barriers that were common among groups include transportation, associated stigmas and stereotypes, cost of services, and language.

Prevalent Health Problems in Community

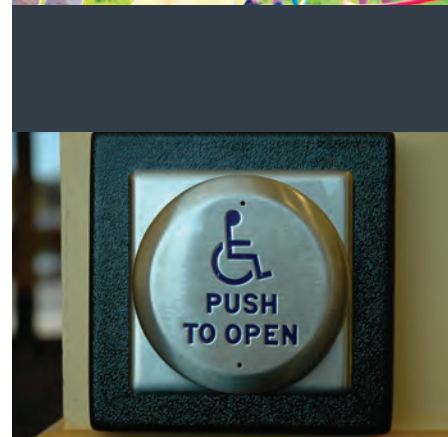
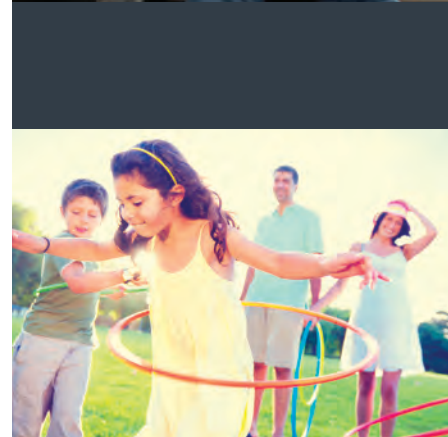
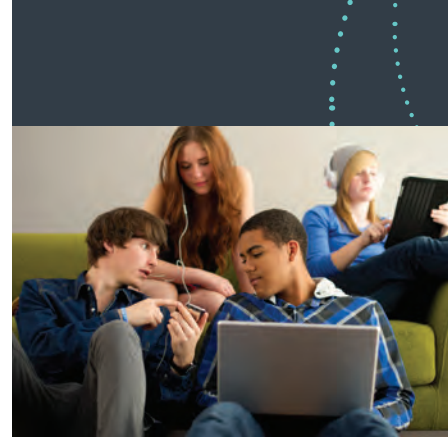
- All focus groups except the older adults group ranked mental health as one of the three most important health concerns.
 - Issues discussed around mental health include: stress, coping issues, depression, and anxiety
- A number of focus groups also ranked poor eating habits as a concern leading to other health issues such as diabetes and obesity.
- Cancer and an increase in sedentary behavior were also discussed in a few focus groups.

Areas Health Unit Can Make Greatest Impact

- General consensus was that the Health Unit needs to provide the community with more information about their programs and services.
- Many of the focus groups emphasized the importance of providing more education to children and youth.
 - Topic areas include: healthy eating, physical activity, and substance (alcohol and drug) misuse.
- Many focus groups felt the Health Unit should do more regarding nutrition; including providing more information on how to eat healthy, prepare low cost healthy meals, and make healthy foods affordable.


Type of Features Important For Health Unit to Have

- Commonly discussed features identified are covered under the Ontario Building Code and Accessibility for Ontarians with Disabilities Act (e.g., wide automatic doors, hallways, and accessible bathrooms).
- Other major themes included the Health Unit being located in a central location, on a bus route, adequate and free parking, and extended business hours making it easier for people to access.





Discussion



To generate this discussion, data from the community needs assessment survey, focus groups, and quantitative profile were compared for commonalities. Results from the three sources were grouped into themes in order to identify the main issues and needs of the residents of WEC.

Themes that emerged from the primary data (survey and focus groups) were then compared to secondary data (quantitative profile) which was used to support and provide evidence for the themes where available. This process revealed five themes:

- Communication and Awareness
- Mental Health
- Barriers to Accessing Health Services
- Healthy Living
- Partnerships and Collaboration



COMMUNICATION AND AWARENESS

Survey respondents and focus group participants highlighted that generally they were unaware of the programs and services offered by the Health Unit. They emphasized the need to better promote public health programs and services to residents in WEC. Overall, focus group participants felt that the Health Unit needs to be more present in the community and make public health services more visible.

Participants from the various focus groups have difficulty determining the role of the Health Unit. It was recognized that the Health Unit needs to clearly articulate how it differs from other organizations to reduce confusion among the public.

On the other hand, focus group participants felt the Health Unit should communicate more efficiently by disseminating information in a timely and effective manner. Many focus groups confused the services offered by the Health Unit with hospital services, especially in the New Canadian focus groups. *Roughly 59.0% of the survey respondents identified themselves as being somewhat familiar with the Health Unit services being offered while only 18.0% were very familiar.* Notably, fewer than 50.0% of survey respondents stated that they have not used any Health Unit services.

Some of the focus groups thought the Health Unit should act as a hub for resources and information. In terms of where participants obtained their health information, **only 12.5% of participants stated the Health Unit.** A high portion (90.9%) of participants, have access to the internet in some capacity and prefer receiving Health Unit information through our website and email. This highlights an opportunity for the Health Unit to raise its profile in the community.

Roughly
59%
of the survey respondents
identified themselves as
being somewhat familiar
with the Health Unit services
being offered while only
18% were very familiar.



MENTAL HEALTH

The need for an enhanced focus on mental health emerged as a strong theme throughout this information gathering process. In general, individuals felt there was a need for the Health Unit and other health related organizations to work together and improve mental health in WEC. Individual's mental health was highlighted as a major factor affecting the health of the community; more specifically, focus group participants highlighted the stigma surrounding mental health, ability to access services, and stress and coping skills as concerns. Focus groups discussed the need for improvement and access to mental health services, paired with education to eliminate the stigma associated with mental health.

The importance of improving mental health in WEC was also highlighted in the results of the community survey. Accessible mental health services (41.2%) ranked second among what survey respondents think is needed to improve the health of their family and community. Mental health support (37.5%) ranked second among the health supports or services respondents identified as needed to keep themselves and/or their family healthy. Stress management (40.7%) and mental health/ depression (32.2%) ranked first and fourth respectively among the topics respondents would like education and information about. The majority of survey respondents (95.0%) were in agreement that WEC needs more mental health support services and counselling.

General mental health and well-being was assessed in the quantitative profile using indicators related to self-reported stress and self-perceived mental health. *In WEC, 23.0% of residents rated most days in life as quite a bit or extremely stressful, and over 1 in 4 workers reported that most days at work are quite a bit or extremely stressful.* Another concerning issue related to mental health in WEC,

is that injury is the leading cause of preventable death among residents under 45 years old. Further, intentional self-harm is the leading cause of injury-related death in WEC; in fact, 1 in 4 injury related deaths are due to self-harm. Mental health issues are also common among new moms in WEC, as 1 in 8 have concerns about their own mental health at birth (including anxiety, depression, or a history of postpartum depression).

Overall, there is a lack of data on mental health, especially in children and youth. There is an understanding that the Health Unit and local organizations should prioritize mental health and develop strategies to understand the underlying issues related to mental health and how best to improve them in WEC.



23% of residents rated most days in life as quite a bit or extremely stressful.



Over 1 in 4 workers reported that most days at work are quite a bit or extremely stressful.



BARRIERS TO ACCESSING HEALTH SERVICES

Several barriers related to accessing health services in WEC were consistently brought up in the focus groups and community survey. More than 2 in 5 survey respondents indicated they face barriers that prevented them from accessing health care. *The cost of services, lack of transportation, and not knowing where to access services accounted for 34.0% of barriers noted by survey respondents.* Other barriers cited by respondents included lack of availability or access to health care providers which included concerns such as long wait times and hours of operation conflicting with work and school schedules. Similarly focus group participants identified concerns

34%

noted cost of services, lack of transportation, and not knowing where to access services as barriers

such as wait lists, wait times, not knowing what services to access or how to access them, and times services are available as barriers that influence their ability to access health care.

While an overwhelming majority of participants in the

community survey *agreed that as clients it was easy to provide feedback (83.0%) and seek assistance from the Health Unit (87.0%),* there are still a number of challenges faced by the Health Unit and other organizations providing programs and services in the community. Focus group participants also discussed the stigmas associated with certain illnesses (often related to mental health or substance misuse) and stereotypes related to an individual's identity creating barriers to accessing health services. As a consequence, individuals feel as though they are not receiving competent care and do not feel the health care environment is welcoming.

The results of the quantitative profile provide additional information on how the lack of health care resources in WEC may have contributed to the barriers faced by residents in the community. *The rate of physicians (general/ family) and specialists in WEC is significantly lower compared to Ontario. Even though 90.6% of WEC residents have a regular medical doctor, 1 in 10 WEC residents do not, and nearly 1 in 10 WEC residents reported not receiving health care when they needed it in the past year.* These statistics are concerning as adequate access to health care is an important determinant of the health of a population. The issue of poverty is also a significant concern in WEC as the proportion of individuals living in low income households is greater for all age groups when compared to Ontario. Nearly 1 in 4 children (0 to 6 years old) live in poverty in WEC. The diverse characteristics of the WEC population can create barriers to accessing public health information and services. By working with community partners to reduce barriers, it is possible to minimize health inequities in the community, both at an individual and population level.



HEALTHY LIVING

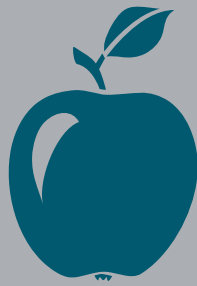
Survey respondents and focus group participants saw health promotion and disease prevention along with providing programs and services for residents as the Health Units main roles. Residents of WEC would like to see more health promotion and education initiatives relating to health, including awareness and education on the benefits of healthy eating, physical activity, and overall healthy lifestyles. The following six themes related to healthy living emerged:

Healthy Eating

Community survey respondents identified more affordable healthy food options (54.0%) as the top issue that needed to be addressed to improve the health of their family and/or community. Nutrition and healthy eating supports (38.0%) ranked fourth among the health supports or services needed to keep respondents or their families healthy. The topic of nutrition and healthy eating (32.5%) ranked third among the topics or issues respondents want more information on. On average, respondents reported eating 3.4 servings of vegetables and fruit daily, compared to the minimum of five servings that are recommended. Female respondents reported consuming significantly more servings (3.5) than male respondents (2.8 servings).

Focus group participants felt the Health Unit could make a greater impact in the area of healthy eating by providing more information and education sessions on ways to eat healthy, how to prepare low cost healthy meals, and making healthy foods more affordable.

A number of focus group participants ranked poor eating habits as a health concern which can lead to many other health issues such as diabetes and obesity. Discussions with focus group participants revealed that the residents of WEC need improved access to healthy food options, and more efforts need to be placed on policies related to income and its impact on health such as being able to afford and access healthy food. An emphasis should also be placed on educating children and youth about healthy eating and addressing poor eating habits.

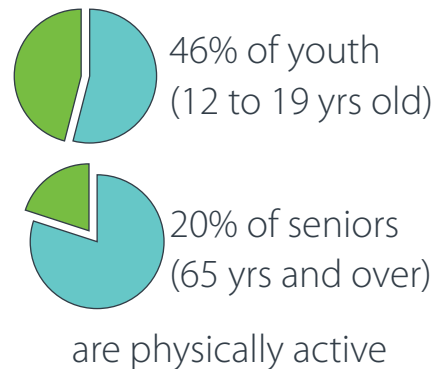


Active Living

Healthy weights, physical activity, and healthy eating are important factors in preventing chronic disease. In addition to accessible and affordable healthy food options, respondents of the community survey also highlighted the need for more affordable recreational opportunities (37.0%) as the third ranking need that will improve the health of their families and/or community. Additionally, exercise and physical activity opportunities were the top rated health support or service with 57.5% of survey respondents indicating they need these opportunities to keep themselves and their families healthy.

In general, data shows that physical activity levels decrease with age as *46.0% of youth (12 to 19 years old) in WEC are active compared to just 20.0% of seniors (65 years and over). Similarly, 47.0% of all residents ages 12 years or older reported spending their leisure time being inactive.*

Furthermore, only 46.7% of the community survey respondents indicated they exercise at least 3 times per week for 30 minutes, compared to the recommended 150 minutes of moderate to vigorous intensity physical per week. The percentage of individuals who are overweight or obese in WEC differed by age group and the percentage increased with age. Notably, 80.1% of older adults (45-64 years old) self-reported being overweight or obese, which is significantly higher than the Ontario average. Furthermore, 36.6% of survey respondents



indicated in the past month they had been on a diet or did something to lose weight.

Participants from the focus groups discussed the need to have more low cost physical activity programs and more health promotion and education in WEC to increase physical activity levels and decrease sedentary behaviours.

Cancer Screening and Prevention

Cancer is the primary cause of preventable death among WEC residents aged 45-74 years old. With an aging population, cancer will continue to have an impact on our community. Residents completing the community survey identified cancer screening (47.0%) as one of the top health supports or services needed for themselves and/or their family to be healthy. Multiple focus group participants felt that cancer was a prevalent health problem in our community. Additionally, participants identified a need for more information and education on cancer prevention (32.0%).

Family Health

Sexual health is an important aspect of family health. Two in three reportable diseases reported in WEC are STIs, and only 50.0% of individuals who engage in risky sexual behaviour (which can increase the risk of getting an STI) used a condom during their previous sexual encounter. While focus group participants felt that the Health Unit was doing a good job raising awareness and providing education about sexual health, they believe more work could be done especially in schools. Healthy development of children is linked to maternal health behaviours. *It is known that over 1 in 10 mothers in WEC reported smoking during their pregnancy* and 0.7% reported drinking alcohol. Adequate folic acid intake is needed for fetal development, but only 10.5% of mothers in WEC reported taking folic acid before and during



over 1 in 10 mothers reported smoking during pregnancy

their pregnancy, which is nearly 3-times less than Ontario. Focus group participants from the male 25 to 45 year old group and new mothers and pregnant women groups discussed that it would be beneficial to have better access to breastfeeding services, support, and information. Participants did mention that programs like Building Blocks for Better Babies are a great resource; however, they would like more access to information and programs for new parents with children 0 to 2 years old. Other topics that were discussed relating to healthy child development include: child safety, the use of electronics, and getting your children to be more physically active.

Substance Misuse

The use of legal substances, primarily tobacco and alcohol, is a major contributing factor for chronic diseases and injuries. Substance misuse was examined in the quantitative profile; it was found that *over 1 in 5 adults in WEC report being a smoker* (17.7% smoke daily and 3.7% smoke occasionally) and over 1 in 3 adults in WEC reported being a former smoker. Approximately 75.0% of survey respondents were in agreement that WEC needs stricter legislation about smoking in outdoor spaces (e.g., near doorways), which is understandable since the most common location for non-smokers to be exposed to smoke

on a daily or near daily basis was identified as public spaces. Similarly, many focus group participants felt the Health Unit should continue to reduce the number of public areas individuals can smoke.

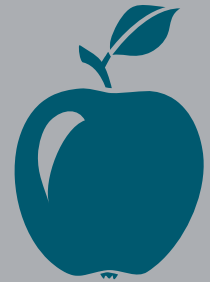


1 in 5 adults
report being a smoker

In relation to alcohol consumption, nearly 1 in 5 residents of WEC reported heavy drinking behaviours (consuming ≥ 5 drinks at one time) each month and 27.6% of WEC residents under the legal age reported consuming alcohol.

For drinking and driving, 5.3% of drivers reported operating a motor vehicle while intoxicated (consuming ≥ 2 alcoholic drinks within an hour of driving) in the past year. The majority of survey respondents were unaware (76.4%) of the Canadian Low-Risk Drinking Guidelines, and were in agreement that WEC needs more resources to help those who misuse alcohol and other substances (91.8%).

Participants in focus groups highlighted drugs and alcohol as major factors affecting the health and well-being of individuals and their families. The focus group participants felt the Health Unit could make a greater impact in the health and well-being of the community by providing more education, awareness, and support for substance misuse in the community, especially to teenagers.



Oral Health

Oral health is an important aspect of health in a community. *Nearly 1 in 7 children in junior kindergarten (JK) and Grade 2 have urgent dental needs.* The results of the community survey indicated that the second most needed health support or service identified by respondents to keep themselves and/or their family healthy was dental services for adults (50.0%). The need to improve dental services for adults, through free or low cost services, was a common theme in the older adult and low income focus groups. Currently, children under the age of 18 are eligible for the Healthy Smiles Ontario program based on certain requirements, however, limited program or services exist for adults in WEC. Only 75.0% of survey respondents reported brushing their teeth at least twice a day, 33.8% of respondents floss at least once a day.

Despite 75.0% of the population of Ontario having access to fluoridated drinking water, residents of WEC do not.

Survey respondents were asked how they felt about adding fluoride to public drinking water as a way to help prevent tooth decay; approximately 64.0% were in favour. More education and awareness may be needed to inform residents about the benefits of fluoridation to overall oral health as 17.8% of respondents did not know if they supported adding fluoride to drinking water.

Nearly
1 in 7
children in junior kindergarten (JK)
and Grade 2
have urgent dental needs.



In favour of adding fluoride to drinking water.

64% yes



18% no



18% not sure





PARTNERSHIPS AND COLLABORATION

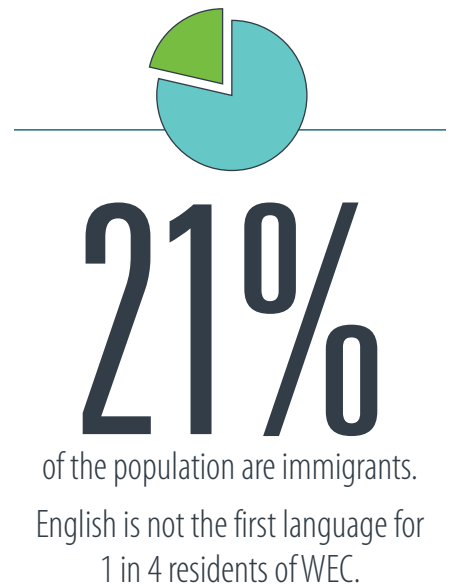
There are often health related needs or issues within WEC that fall outside of public health's mandate (Ontario Public Health Standards) but have an important effect on the overall health and well-being of the community. Through the CNA process it was identified that more collaboration and cooperation between community agencies is needed to ensure the effective delivery of health related programs and services that satisfy the needs and wants of the community.

Focus group participants, in particular, identified the need for the Health Unit and community partners to come together to more effectively address the health needs of the community. For example, the LGBTQ focus group felt that the Health Unit's engagement with community partners needs to be stronger, ensuring all necessary organizations are around the table when dealing with issues and needs in the community to foster a community wide adoption of positive solutions and strategies. Focus group participants also suggested that the Health Unit collaborate with organizations from other health-related areas (e.g., school health, newcomer health, and mental health) and improve priority populations' awareness, access, and uptake of services that are relevant to their needs.

Further, due to the diversity of the WEC population, increasing partner relationships could assist in understanding client

needs and allow the Health Unit, and other agencies, to provide more appropriate and relevant programs and services. Evidence from the quantitative profile highlights the diversity of socio-cultural demographics in our community. *For example, immigrants account for 21.4% of the population of WEC. English is not the first language for 1 in 4 residents of WEC.* The francophone, immigrants, and new Canadian focus groups identified a need to have stronger partnerships to support the unique and emerging needs of newcomers to WEC.

Collaborating with community partners allows the Health Unit to better address the needs of the community, with limited resources and to advocate on behalf of the residents of WEC. For example, needs identified by focus groups that do not fall under public health's mandate but affect the health and well-being of the community include; the provision of



primary mental health care services, dental services for adults, improving housing conditions, and providing financial assistance to help individuals afford medications. Developing and strengthening relationships with community partners could enhance the Health Unit's ability to access diverse priority populations that can be challenging to reach for health promotion and disease prevention initiatives.



Recommendations

The following recommendations were developed as a result of the findings of the CNA, focus groups, and quantitative profile. The recommendations include the need to become a more visible presence in our community while strengthening and building partnerships, focusing on improving mental health and healthy living programs and services in WEC, while reducing barriers to accessing health related services. Activities that address these recommendations may already be in place or in development but could be enhanced with the information provided in this report. The recommendations are as follows:

ESTABLISH A MORE VISIBLE PRESENCE IN THE COMMUNITY.

The Health Unit should develop and implement a comprehensive communication plan. This may include an enhanced media, marketing, and advertising strategy and a public relations strategy to increase awareness of the programs and services offered by the Health Unit.

Continue to expand and promote the Health Unit's internet based communications, including social media platforms and the website to provide the community with easy access to current public health information and events.

Focus on client satisfaction and experience to ensure that the Health Unit is providing on-going value to its clients. This will allow the Health Unit to build community recognition and become a more well-respected, "go-to" health organization.

FOCUS ON IMPROVING MENTAL HEALTH CARE IN THE COMMUNITY.

Develop a formal strategy that outlines the roles and responsibilities of the Health Unit regarding mental health.

Establish formal partnerships with agencies that have expertise in mental health and work with partners to advocate for improved mental health services in the community.

REDUCE BARRIERS TO ACCESSING AND UTILIZING PUBLIC HEALTH SERVICES.

Review and evaluate the delivery of public health services to identify key barriers that prevent the Health Unit from accommodating for cultural differences. This includes language or other requirements such that services are dynamic and evolve to meet client needs.

Develop an organizational policy or position statement to reflect the Health Unit's commitment to improving its cultural competencies, such as a diversity policy, and provide professional development opportunities to support implementation.

Explore opportunities to improve access to health services for residents such as expanding hours of operation beyond standard school and business hours.

COMPREHENSIVE, COMMUNITY-BASED APPROACH TO HEALTHY LIVING PROGRAMS AND SERVICES.

Increase support and resources to better promote healthy lifestyles among individuals and their families, particularly as it relates to healthy eating, active living, cancer screening and prevention, family health, substance misuse, and oral health.

Advocate for policies and built environment changes within WEC that make it easier for residents to make healthy choices, including improved access to affordable

healthy foods, free or low cost recreational opportunities, and fluoridation of the community water supply.

Collaborate with community partners to support enhanced health promotion and advocacy efforts to better assist residents to make healthy choices throughout the community whether they are at home, school, or work.

STRENGTHEN & BUILD PARTNERSHIPS WITH LOCAL COMMUNITY ORGANIZATIONS.

Identify gaps and areas of opportunity related to partnerships and the delivery of public health services in the community.

Collaborate with new and existing community partners to better direct public health and other health services to priority populations in the community.

Conclusion

The results of this CNA will play an important role in shaping the Health Unit's next strategic plan and other organizational planning processes. Similarly, the priorities identified in the Health Unit's strategic plan, informed by the CNA and secondary data sources will filter through the Health Unit's annual operational plan. Overall, the recommendations from the CNA show linkages to current initiatives the Health Unit has already initiated, including:

- 2017-2021 Strategic Plan
- Annual Operational Plans
- Development of a collaborative and comprehensive Mental Health Strategy
- Locally Driven Collaborative Projects on:
 - 1) Building continuous quality improvement
 - 2) Building evaluation capacity within Ontario public health units
 - 3) Assessing child and youth surveillance gaps for Ontario public health units
- Accreditation

Some of the recommendations extend beyond the mandate and services provided by the Health Unit and may be considered by local organizations to improve the health and well-being of the community. The needs identified in WEC are a combination of ongoing and emerging health related trends. WEC is a diverse community, with a wide variety of needs among residents, as a result the Health Unit and other health service agencies must continue to address the needs of the community and build on the strong foundations currently in place.



References

- Briard, S. (2013). *Evidence in-sight request summary: Conducting a community needs assessment*. Retrieved from http://www.excellenceforchildand youth.ca/sites/default/files/docs/st/st_eis_community_needs_assessments_august2013.pdf.
- Centers for Disease Control and Prevention. (2014). *Community Health Assessment and Health Improvement Planning*. Retrieved from <http://www.cdc.gov/stltpublichealth/cha/>.
- Finifter, D. H., Jensen, C. J., Wilson, C. E., & Koenig, B. L. (2005). A comprehensive, multitiered, targeted community needs assessment model: Methodology, dissemination, and implementation. *Family & Community Health*, 28(4), 293-306.
- Kazda, M. J., Beel, E. R., Villegas, D., Martinez, J. G., Patel, N., & Migala, W. (2009). Methodological complexities and the use of GIS in conducting a community needs assessment of a large US municipality. *Journal of community health*, 34(3), 210-215.
- North Carolina Public Health. (2014). *Community Health Assessment Guide*. Retrieved from <http://publichealth.nc.gov/lhd/cha/docs/guidebook/CHA-GuideBook-June2014.pdf>.
- Ohio Department of Health. (2014). *Community health assessment and program planning standards*. Retrieved from <https://www.odh.ohio.gov/~media/ODH/ASSETS/Files/cfhs/child%20and%20family%20health%20services/communityhealthassessmentstandards.ashx>.
- Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science & Medicine*, 90, 24-31.
- Stevens, A., & Gillam, S. (1998). Health needs assessment: Needs assessment: from theory to practice. *British Medical Journal*, 316(7142), 1448.



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