

Community Needs  
**ASSESSMENT**  
Summary Report

2019

**DETAILED REPORT  
OF FINDINGS:**  
Final Survey







As a resident of Haldimand and Norfolk Counties, you are invited to participate in a survey regarding your experience with local health and social services. We are interested in your experience with the Health Unit and Social Services, also known as: the Haldimand Norfolk Health and Social Services (HNHSS) Department and whether it meets your family’s needs. This is a research project conducted by Kate Bishop-Williams, Chimere Okoronkwo and others from HNHSS. The survey will take about 15 minutes to complete. This survey helps the Community Needs Assessment researchers to identify strengths, limitations, and gaps in current health and social services programming.

Your participation in this survey is entirely voluntary. You have the right to refuse to participate in the study, or to refuse to answer any question. You are able to end the survey at any point, if you wish, without penalty.

If you choose to complete the survey, you will be entered into a draw to win one of three \$25 gifts cards to a local grocery store. Your participation in this study will have a positive impact more broadly as we learn more about how HNHSS serves the community and what other needs your family and community may have.

There are no known risks to you for participating in this study beyond those encountered in daily life. Should you find any question upsetting, feel free to skip the question. Mental health support numbers are provided at the end of the survey, should you need them.

All survey answers will private and confidential, and will only be used by members of the research team at HNHSS. Your answers are anonymous (you will not be asked for identifying information). This data will be carefully stored to protect all information obtained. The resulting paper or electronic files will be locked or password protected and encrypted.

To complete the survey by phone, please call: 519-426-6170 X 3274. French and Spanish versions of this survey are also available by calling.

If you have any questions about this survey or the Community Needs Assessment that it helps with, you can contact the lead researcher or the chair of the Research Advisory Review Board for HNHSS:

**Kate Bishop-Williams**

Program Evaluator and Data Analyst  
QPAP  
519-426-6170 X 3274

**Chimere Okoronkwo**

Director: QPAP  
& Chair of the Research Advisory Review Board  
519-426-6170 X 3751

If you are over the age of 18 and consent to participating in this study, please select the check box below.

- I am over the age of 18, I have read the information provided to me above, and I consent to participate.

### Part 1: Demographics

This section asks basic questions about who you are.

Which town do you live in?

- Caledonia
- Cayuga
- Delhi
- Dunnville
- Hagersville
- Jarvis
- Langton
- Long Point
- Port Dover
- Port Rowan
- Port Ryerse
- Simcoe
- Turkey Point
- Waterford
- Indigenous Reserve Lands
- Haldmiand County, outside of listed towns.
- Norfolk County, outside of listed towns.
- I do not live in Haldimand or Norfolk Counties.

What are the first 3 digits of your postal code? \_\_\_\_\_

In what year were you born? \_\_\_\_\_

What gender do you identify as?

- Male
- Female
- I identify as: \_\_\_\_\_
- Prefer not to answer

What is the highest level of education you have completed?

- Less than high high-school diploma or equivalent (e.g. General Education Diploma (GED)).
- High-school diploma or equivalent (e.g. GED)
- Trade diploma or certificate
- College, CEGEP (Quebec) or other non-university certificate or diploma
- University certificate or diploma (up to three years)
- Four-year university degree
- Post-graduate diploma or degree(s)
- Prefer not to answer

What language is spoken most often in your home?

- English
- French
- Spanish
- Low-German
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

Were you born in Canada?

- Yes
- No, please specify country where you were born: \_\_\_\_\_
- Prefer not to answer

If you were not born in Canada, in what year did you first come to Canada? \_\_\_\_\_

What was your total household income, after income taxes, in 2018?

- Less than \$20,000
- \$20,000 to less than \$30,000
- \$30,000 to less than \$40,000
- \$40,000 to less than \$50,000
- \$50,000 to less than \$60,000
- \$60,000 to less than \$70,000
- \$70,000 to less than \$80,000
- \$80,000 to less than \$100,000
- \$100,000 to less than \$150,000
- Greater than \$150,000
- Unsure
- Prefer not to answer

Including yourself, how many people live in your household?

Adults, 18 years and over: \_\_\_\_\_

Children, 17 years and less: \_\_\_\_\_

How many dependents rely on you financially (includes children, seniors, other adults, for any reason): \_\_\_\_\_

What is your current employment status?

- Employed for wage (includes salary, contract work, parental leave, vacation, strike, etc.)
- Self-employed
- Unemployed
- Family caregiver (includes those working less than 20 hours per week)
- Student (includes those working less than 20 hours per week)
- Retired (includes those working less than 20 hours per week)
- Receiving Ontario Works
- Receiving Ontario Disability Support Program
- Unable to work (includes those on disability)
- Prefer not to answer

## Part 2: Self-Identification

This section asks questions about how you see yourself and your living situation.

Please **select all** of the statements that you believe represent you.

- I am a single parent who solely supports my household.
- I have a child or children who are 6 years old or less.
- I have children between 6 and 18 years of age.
- I have children over the age of 18 who rely on me financially.
- I have adult relatives or friends who rely on me financially.
- I am currently pregnant.
- None of the above apply to me.
- Prefer not to answer.

Please **select all** of the statements that you believe represent you.

- I am a visible minority.
- I am a religious minority.
- I am an Indigenous person.
- I identify as LGBTQ2S+ or gender non-conforming.
- I identify as a person with a disability.
- I identify as the caregiver of a person with a disability.
- I feel socially isolated where I live.
- I feel that I have no or little social support network.
- None of the above apply to me.
- Prefer not to answer.

Please **select all** of the statements that you believe represent you.

- I am addicted to alcohol.
- I am addicted to drugs.
- I am addicted to tobacco.
- I have experienced sexual and/or domestic abuse.
- I consider my romantic relationship dangerous.
- I have been arrested, with cause, in the past 12 months.
- I experience depression/ anxiety.
- I experience other, non-depression, mental health difficulties (such as Post Traumatic Stress).
- None of the above apply to me.
- Prefer not to answer.

Please **select all** of the statements that you believe represent you.

- I have used services at a food bank in the past 12 months.
- I have been homeless or forced to couch surf in the past 12 months.
- I have lived in the home of a friend or family because I had nowhere else to go in the last 12 months.
- I have accessed affordable or social housing in the past 12 months.
- I have required affordable or social housing in the past 12 months, but been waitlisted.
- I live in a low-income household (i.e. below the poverty line).
- None of the above apply to me.
- Prefer not to answer.

Please **select all** of the statements that you believe represent you.

- I have difficulty reading.
- I am a seasonal agricultural worker who only lives in Canada for part of the year.
- I have been unemployed, not by choice, in the past 12 months.
- I have accessed Ontario Works or ODSP in the past 12 months.
- I have difficulty maintaining employment.
- My job is dangerous.
- I feel I am qualified for a better job than I can get.
- I feel there are not enough job opportunities for me here in Haldimand and Norfolk.
- I struggle to find childcare for work.
- I struggle to find transportation for work.
- I feel that more education would help me get a better job.
- None of the above apply to me.
- Prefer not to answer.

### Part 3: Communities of Haldimand and Norfolk Counties

This section asks questions about your community, your community’s needs, and your community’s attitudes about available programs and services from Haldimand Norfolk Health and Social Services.

Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unsure
Haldimand-Norfolk is a good place to raise a family.	0	0	0	0	0
Haldimand-Norfolk is a good place to grow old.	0	0	0	0	0
Haldimand-Norfolk is a safe place to live.	0	0	0	0	0
Haldimand-Norfolk is a safe place to be my true self.	0	0	0	0	0
I know how to find the health services that I need for myself or my family in Haldimand-Norfolk.	0	0	0	0	0
I know how to find the social services that I need for myself or my family in Haldimand-Norfolk.	0	0	0	0	0

What services do you think are needed to improve the health of yourself, your family, and/or your community? Please choose your top three by marking a “1” in the first column, a “2” in the second column, and a “3” in the third column.

First	Second	Third	
___	___	___	Easier access to healthy foods
___	___	___	More food safety and food skills training
___	___	___	More affordable healthy food options
___	___	___	More mental health services
___	___	___	More recreational opportunities
___	___	___	More safe places to walk and/or play
___	___	___	More services for substance misuse (alcohol or drugs)
___	___	___	More opioid misuse rehabilitation services
___	___	___	More culturally appropriate health services (e.g. translated information)
___	___	___	More youth-focused healthy activities (e.g. fitness)
___	___	___	More senior-focused healthy activities (e.g. fitness)
___	___	___	I don't know
___	___	___	Other, please specify: _____
_____			Prefer not to answer

What services do you think are needed to improve the social health of yourself, your family, and/or your community? Please choose your top three by marking a “1” in the first column, a “2” in the second column, and a “3” in the third column.

First	Second	Third	
___	___	___	More accessible mental health services
___	___	___	More recreational opportunities
___	___	___	More accessible services for substance misuse (alcohol or drugs)
___	___	___	More employment supports
___	___	___	More housing supports
___	___	___	More healthy childhood development programming
___	___	___	More financial and budget information for families
___	___	___	More affordable legal aid or supports
___	___	___	More skills training (e.g. organizational skills)
___	___	___	I don't know
___	___	___	Other, please specify: _____
_____			Prefer not to answer



What health supports or services do you need to keep you and/or your family healthy? **Please choose your top three (3).**

- |   |  |
|---|--|
| <input type="checkbox"/> Breastfeeding support  | <input type="checkbox"/> Infections disease information (e.g. tuberculosis, salmonella)                            |
| <input type="checkbox"/> Cancer screening   | <input type="checkbox"/> Nutrition/ healthy eating supports (e.g. menu or label reading, food skills training)     |
| <input type="checkbox"/> Dental services for children and youth (e.g. screening and cleaning)   | <input type="checkbox"/> Prenatal care   |
| <input type="checkbox"/> Dental services for adults (e.g. screening and cleaning)               | <input type="checkbox"/> Testing or treatment for sexually transmitted infections (e.g. HIV/AIDS, HepC, chlamydia) |
| <input type="checkbox"/> Dental Services for seniors (e.g. screening and cleaning)              | <input type="checkbox"/> Tobacco cessation support   |
| <input type="checkbox"/> Exercise or physical activity opportunities                            | <input type="checkbox"/> Vaccination and immunization services   |
| <input type="checkbox"/> Falls prevention for older adults                                      | <input type="checkbox"/> Vector-borne disease information (e.g. Lyme disease, West Nile virus)                     |
| <input type="checkbox"/> Falls prevention for children  | <input type="checkbox"/> Vision services   |
| <input type="checkbox"/> Family planning or sexual health support (e.g. birth control, condoms) | <input type="checkbox"/> Other, please specify: _____  |
| <input type="checkbox"/> Food safety training   | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> Hearing services   |  |

What health topics or issues would you most like to receive education or information about? **Please choose your top three (3).**

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol and other drugs  | <input type="checkbox"/> Infections disease information (e.g. tuberculosis, salmonella)                            |
| <input type="checkbox"/> Animal bites and rabies  | <input type="checkbox"/> Injury prevention   |
| <input type="checkbox"/> Breastfeeding support  | <input type="checkbox"/> Nutrition/ healthy eating (e.g. menu or label reading, food skills training)              |
| <input type="checkbox"/> Cancer prevention  | <input type="checkbox"/> Positive parenting  |
| <input type="checkbox"/> Dental services for children and youth (e.g. screening and cleaning)   | <input type="checkbox"/> Prenatal care   |
| <input type="checkbox"/> Dental services for adults (e.g. screening and cleaning)               | <input type="checkbox"/> Sun safety/ ultraviolet radiation exposure  |
| <input type="checkbox"/> Dental services for seniors (e.g. screening and cleaning)              | <input type="checkbox"/> Testing or treatment for sexually transmitted infections (e.g. HIV/AIDS, HepC, chlamydia) |
| <input type="checkbox"/> Distracted driving   | <input type="checkbox"/> Vaccination and immunization  |
| <input type="checkbox"/> Exercise or physical activity opportunities                            | <input type="checkbox"/> Vector-borne disease information (e.g. Lyme disease, West Nile virus)                     |
| <input type="checkbox"/> Falls prevention for older adults                                      | <input type="checkbox"/> Vision services   |
| <input type="checkbox"/> Falls prevention for children  | <input type="checkbox"/> Other, please specify: _____  |
| <input type="checkbox"/> Family planning or sexual health support (e.g. birth control, condoms) | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> Food safety training   |  |
| <input type="checkbox"/> Hearing services   |  |

What mental health supports or services do you need to keep you and/or your family safe? **Please choose your top three (3).**

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol misuse support                    | <input type="checkbox"/> Quitting smoking             |
| <input type="checkbox"/> Drug misuse support                       | <input type="checkbox"/> Safe injection sites         |
| <input type="checkbox"/> Opioid-specific misuse support            | <input type="checkbox"/> Suicide prevention           |
| <input type="checkbox"/> Home visiting for new parents             | <input type="checkbox"/> Support circles              |
| <input type="checkbox"/> Mental health supports (general)          | <input type="checkbox"/> Other, please specify: _____ |
| <input type="checkbox"/> Post-partum support (i.e. after new baby) | <input type="checkbox"/> Prefer not to answer         |

What mental health topics or issues would you most like to receive education or information about? **Please choose your top three (3).**

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol misuse                   | <input type="checkbox"/> Overdose response and naloxone administration |
| <input type="checkbox"/> Available community services     | <input type="checkbox"/> Quitting smoking                              |
| <input type="checkbox"/> Drug misuse                      | <input type="checkbox"/> Safe injection sites                          |
| <input type="checkbox"/> Healthy relationships            | <input type="checkbox"/> Stress management and coping skills           |
| <input type="checkbox"/> Low-risk drinking guidelines     | <input type="checkbox"/> Suicide prevention                            |
| <input type="checkbox"/> Low-risk cannabis use guidelines | <input type="checkbox"/> Other, please specify: _____                  |
| <input type="checkbox"/> Mental health and/or depression  | <input type="checkbox"/> Prefer not to answer                          |
| <input type="checkbox"/> Opioid misuse                    |  |

What social supports or services do you need to keep you and/or your family healthy? **Please choose your top three (3).**

- |  |   |
|--|---|
| <input type="checkbox"/> Access to education or more schooling | <input type="checkbox"/> Financial aid for housing          |
| <input type="checkbox"/> Affordable housing services           | <input type="checkbox"/> Homeschooling supports or training |
| <input type="checkbox"/> Children's services                   | <input type="checkbox"/> Homelessness prevention            |
| <input type="checkbox"/> Disability applications support       | <input type="checkbox"/> Safe housing supports              |
| <input type="checkbox"/> Early childhood development           | <input type="checkbox"/> Violence prevention services       |
| <input type="checkbox"/> Employment skills training            | <input type="checkbox"/> Other, please specify: _____       |
| <input type="checkbox"/> Employment search support             | <input type="checkbox"/> Prefer not to answer               |
| <input type="checkbox"/> Employment application assistance     |   |

What social topics or issues would you most like to receive education or information about? **Please choose your top three (3).**

- |  |  |
|--|--|
| <input type="checkbox"/> Access to education                                   | <input type="checkbox"/> Employment application assistance                 |
| <input type="checkbox"/> Available children’s services                         | <input type="checkbox"/> Financial aid for housing                         |
| <input type="checkbox"/> Help for completing government applications and forms | <input type="checkbox"/> Homelessness prevention (e.g. housing strategies) |
| <input type="checkbox"/> Completing disability applications                    | <input type="checkbox"/> Safe housing supports                             |
| <input type="checkbox"/> Early childhood development                           | <input type="checkbox"/> Other, please specify: _____                      |
| <input type="checkbox"/> Employment skills training                            | <input type="checkbox"/> Prefer not to answer                              |
| <input type="checkbox"/> Employment searches                                   |  |

Where do you get most of your health information? **Please choose your top three (3).**

- |   |   |
|---|---|
| <input type="checkbox"/> Doctor/ health care provider (e.g. nurse)  | <input type="checkbox"/> Social media (e.g. Facebook, Instagram, Twitter) |
| <input type="checkbox"/> Family or friends                          | <input type="checkbox"/> Telehealth                                       |
| <input type="checkbox"/> Faith community (e.g. church)              | <input type="checkbox"/> Websites   |
| <input type="checkbox"/> Hospital                                   | <input type="checkbox"/> Workplace  |
| <input type="checkbox"/> Library                                    | <input type="checkbox"/> Written materials (e.g. newspaper, magazines)    |
| <input type="checkbox"/> Media (e.g. television, radio)             | <input type="checkbox"/> Other, please specify: _____                     |
| <input type="checkbox"/> Public Health Unit (including the website) | <input type="checkbox"/> Prefer not to answer                             |
| <input type="checkbox"/> School or formal education                 |   |

Where do you get most of your social services and supports information? **Please choose your top three (3).**

- |   |  |
|---|--|
| <input type="checkbox"/> Doctor/ health care provider (e.g. nurse)  | <input type="checkbox"/> Social media (e.g. Facebook, Instagram, Twitter)                    |
| <input type="checkbox"/> Family or friends                          | <input type="checkbox"/> Social services buildings (i.e. while attending for other services) |
| <input type="checkbox"/> Faith community (e.g. church)              | <input type="checkbox"/> Telehealth  |
| <input type="checkbox"/> Hospital                                   | <input type="checkbox"/> Websites  |
| <input type="checkbox"/> Legal supports (e.g. lawyer, legal clinic) | <input type="checkbox"/> Workplace   |
| <input type="checkbox"/> Library                                    | <input type="checkbox"/> Written materials (e.g. newspaper, magazines)                       |
| <input type="checkbox"/> Media (e.g. television, radio)             | <input type="checkbox"/> Other, please specify: _____  |
| <input type="checkbox"/> Public Health Unit (including the website) | <input type="checkbox"/> Prefer not to answer  |
| <input type="checkbox"/> School or formal education                 |  |

Based on your experience, what would help you to find and maintain (stay in) your housing on a long-term basis? **Please choose your top three (3).**

- Help finding housing
- Help finding a job
- Financial help to afford rent
- Financial help to afford utilities
- One-time financial help to afford rent deposit
- Housing with accessibility features for persons with physical disabilities
- Housing with health-related supports
- Information on my rights and responsibilities as a tenant
- Help to deal with discrimination of landlords
- Child care so I can work or go to school
- Other, please specify: \_\_\_\_\_

### Part 4: Personal and Family Health

The following questions ask about your overall health and the health of your family/ household. This includes services you have accessed, challenges you face, and more.

How would you describe your overall health?

Poor       Fair       Good       Very good       Excellent       Unsure       Prefer not to answer

How would you describe the overall health of your family/ household (i.e. considering everyone together)?

Poor       Fair       Good       Very good       Excellent       Unsure       Prefer not to answer

Who are your primary healthcare providers? **Select all that apply.**

- Doctor
- Nurse practitioner or nurse
- Dentist
- Optometrist
- Chiropractor
- Physiotherapist
- Naturopathic doctor
- Traditional healthcare provider (e.g. herbalist)
- Dietician
- Psychiatrist
- Psychologist
- Pharmacist
- I do not have a health care provider
- Unsure
- Other, please specify: \_\_\_\_\_
- Prefer not to answer

Are there healthcare providers that you would like to be able to see but have been unable to access?

- Yes, please specify healthcare provider type: \_\_\_\_\_
- No
- Prefer not to answer

Where do you usually go when you are sick? **Select all that apply.**

- Doctor's office
- Hospital emergency room
- Walk-in clinic
- Other, please specify: \_\_\_\_\_
- Community health centre
- Prefer not to answer
- Family health team

Are there barriers that prevent you from accessing healthcare services? **Select all that apply.**

- Cost of services
- Hours that do not fit my schedule
- Cultural or religious beliefs
- I cannot find a health care provider
- I am unsure where to go
- Unsure
- I am unable to find transportation
- Other, please specify: \_\_\_\_\_
- Fear (e.g fear of hospitals or diagnosis)
- I do not face any barriers
- Language barriers
- Prefer not to answer

Please **select all** of the statements that are true for you.

- I smoke cigarettes or use tobacco daily.
- I have been exposed to second-hand smoke indoors in the past 12 months.
- In the past 12 months, I have used marijuana or other cannabis products.
- I have used vaping products (e.g. Juul) or e-cigarettes in the past 12 months.
- I am aware of the low-risk drinking guidelines for men and women.
- I have one or more drinks most days.
- I exercise for at least 30 minutes at least 3 times per week.
- In the past month I have been on a diet or attempted to lose weight.
- I have access to a wellness program through my employer.
- In the past month, I have been hungry because I could not afford food.
- In the past month, I have made unhealthy eating choices for my family due to cost.
- In the past 12 months, I have experienced depression, anxiety or other mental illnesses
- In the past 12 months, I have experienced a mental health emergency.
- None of the above apply to me.
- Prefer not to answer.

On an average day, how many servings of fruits and vegetables do you eat? \_\_\_\_\_

Example servings

½ cup of fresh, frozen or canned fruits or vegetables

½ cup 100% juice

1 cup of leafy raw vegetables or salad

1 whole piece of fruit.

Do you support the addition of fluoride to public drinking water to prevent tooth decay?

- Yes
- No
- Unsure
- Prefer not to answer

Please **select all** of the statements that apply to you.

- In the past 12 months I have used tanning equipment (e.g. tanning bed or lamp).
- I always use sunscreen or protective clothing for planned time in the sun.
- I take extra precautions when a heat advisory is issued.
- I carry a refillable water bottle with me.
- In the past 12 months, I received a flu shot.
- I visit the dentist at least once per year for a check-up.
- I brush my teeth at least twice per day.
- I floss at least once per day.
- I visit the doctor yearly for a check-up.
- I always wear a helmet when riding a bike.
- In the past 12 months, I have used a cell phone while driving (i.e. not hands-free).
- In the past 12 months, I have used alcohol before or while driving.
- In the past 12 months, I have used cannabis or other drugs before or while driving.
- None of the above apply to me.
- Prefer not to answer.

Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unsure
I can access healthy foods for myself and my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have basic skills to prepare healthy meals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haldimand and Norfolk needs more access to active transportation opportunities, like bike lanes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haldimand and Norfolk needs stricter legislation about smoking in outdoor spaces.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haldimand and Norfolk needs stricter legislation about smoking in indoor spaces (e.g. apartments).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haldimand and Norfolk needs more mental health support services and counselling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haldimand and Norfolk needs more available resources to support individuals who misuse alcohol and drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haldimand and Norfolk needs more available resources to support individuals who want to quit smoking.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Haldimand and Norfolk residents need to be more aware of dangers of distracted driving.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Part 5: Personal and Family Social Supports

The following questions ask about your overall social supports and the social supports of your family/ household. This includes services you have accessed, challenges you face, and more.

How would you describe your overall social support network (i.e. do you have family or friends to help you in an emergency)?

Poor       Fair       Good       Very good       Excellent       Unsure       Prefer not to answer

How would you describe the overall social support network of your family/ household (i.e. does your family have family or friends to help you in an emergency)?

Poor       Fair       Good       Very good       Excellent       Unsure       Prefer not to answer

Who are your primary social supports (i.e. members of your social support network)? **Select all that apply.**

- Case manager or case support worker (i.e. any type)
- Doctor/ healthcare provider
- Family
- Friends
- Neighbours
- Psychiatrist
- Psychologist
- Religious community
- Other, please specify: \_\_\_\_\_
- I do not have a social support network.
- Unsure
- Prefer not to answer

Are there social supports providers (e.g legal clinics) that you would like to be able to access but have been unable to?

- Yes, please specify social supports provider type: \_\_\_\_\_
- No
- Unsure
- Prefer not to answer

Where do you usually go when you are in crisis (i.e. need social supports)? **Select all that apply.**

- Doctor's office
- Case manager's office
- Community health centre
- Family's home
- Friend's home
- Hospital emergency room
- Legal clinic
- Neighbour's home
- Police station
- Social services offices
- Phone a hotline or professional
- Other, please specify: \_\_\_\_\_
- I do not go anywhere to seek help in crisis.
- I have not had a crisis.
- Prefer not to answer

Are there barriers that prevent you from accessing social services? Select all that apply.

- Cost of services
- Cultural or religious beliefs
- I am unsure where to go
- I am unable to find transportation
- Fear (e.g. I am not ready to discuss the problem)
- Language barriers
- Hours that do not fit my schedule
- I cannot find a health care provider
- Stigma of accessing services
- Privacy concerns
- Long waitlists
- Unsure
- Other, please specify: \_\_\_\_\_
- I do not face any barriers
- Prefer not to answer

Please indicate your level of agreement with the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unsure
I can access safe housing for myself and family.	0	0	0	0	0
I can access affordable housing for myself and family.	0	0	0	0	0
Haldimand and Norfolk needs more affordable housing.	0	0	0	0	0
Haldimand and Norfolk needs more social housing shelter space.	0	0	0	0	0
Haldimand and Norfolk needs more employment services.	0	0	0	0	0
Haldimand and Norfolk needs more income support services.	0	0	0	0	0
Haldimand and Norfolk needs more childcare services.	0	0	0	0	0
Haldimand and Norfolk needs more adult education services.	0	0	0	0	0
Haldimand and Norfolk is full of economic opportunity.	0	0	0	0	0

### Part 6: Environment

The following questions ask about your local environment and changes that may influence your health or social interactions.

	Yes	No	Unsure	No answer
Do you consider a safe environment important for your health?	0	0	0	0
Do you feel that climate change is impacting your local environment?	0	0	0	0
Do you feel that climate change is impacting your family's health?	0	0	0	0
Would you like more information about how climate change impacts Haldimand and Norfolk?	0	0	0	0
Do you have access to air conditioning in your home?	0	0	0	0
Do you regularly check for ticks after outdoor activities?	0	0	0	0
Do you feel prepared if there were a climate emergency (e.g. flood) in your area?	0	0	0	0



## Part 7: Use of Available Health and Social Services

This is the last section of the survey. This section will ask you about your awareness of the services we provide at Haldimand Norfolk Health and Social Services (HNHSS).

How familiar are you with health or social programs offered by HNHSS?

- Not at all familiar
- Somewhat familiar
- Very familiar
- Unsure
- Prefer not to answer

In the past 12 months, which of the following HNHSS health services or programs have you used? **Select all that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> Brought in a water sample for testing   | <input type="checkbox"/> Obtained medication (e.g. tuberculosis)   |
| <input type="checkbox"/> Read brochures and other printed information  | <input type="checkbox"/> Reported an animal or animal bite   |
| <input type="checkbox"/> Dental clinic (e.g. including school)   | <input type="checkbox"/> Received first aid training   |
| <input type="checkbox"/> Vaccination clinics (e.g. including school)   | <input type="checkbox"/> Received medical screening (e.g. tuberculosis)  |
| <input type="checkbox"/> Filed a complaint about a health inspection site (e.g. pools, restaurants, spas)          | <input type="checkbox"/> Reported a dead animal for post-mortem testing  |
| <input type="checkbox"/> Attended a prenatal class   | <input type="checkbox"/> Attended a workplace wellness program   |
| <input type="checkbox"/> Attended an information class about healthy lifestyles (e.g. food preparation, self-care) | <input type="checkbox"/> Was interviewed by a nurse or other staff about exposure to foodborne or infectious disease |
| <input type="checkbox"/> Breastfeeding support/ lactation consultations  | <input type="checkbox"/> Follow HNHSS social media pages for updates   |
| <input type="checkbox"/> Home visits for new parents   | <input type="checkbox"/> Entered a HNHSS contest or completed a survey (e.g. excluding this survey)                  |
| <input type="checkbox"/> Spoken to a nurse or nurse practitioner   | <input type="checkbox"/> Visited the HNHSS website (e.g. including checking for inspection reports)                  |
| <input type="checkbox"/> Obtained condoms or sexual health support (e.g. birth control)                            | <input type="checkbox"/> I have not used any HNHSS health services in the past 12 months.                            |
| <input type="checkbox"/> Attended Quit Clinics (e.g. quit smoking help)  | <input type="checkbox"/> Prefer not to answer.   |

In the past 12 months, which of the following HNHSS social services or programs have you used? **Select all that apply.**

- |  |   |
|--|---|
| <input type="checkbox"/> Read brochures and other printed information                  | <input type="checkbox"/> Follow HNHSS social media pages for updates                                |
| <input type="checkbox"/> Accessed Ontario Works for assistance with finding employment | <input type="checkbox"/> Entered a HNHSS contest or completed a survey (e.g. excluding this survey) |
| <input type="checkbox"/> Accessed Ontario Works for employment-related training        | <input type="checkbox"/> Visited the HNHSS website  |
| <input type="checkbox"/> Reported misconduct to Children’s Services                    | <input type="checkbox"/> I have not used any HNHSS social services in the past 12 months.           |
| <input type="checkbox"/> Accessed housing support                                      | <input type="checkbox"/> Prefer not to answer.  |

Based on the HNHSS health or social supports you have used in the past 12 months, please rate the following:

	Strongly Disagree	Disagree	Agree	Strongly Agree	Unsure	Not Applicable
It is easy to provide feedback to HNHSS.	0	0	0	0	0	0
It is easy to seek assistance from HNHSS.	0	0	0	0	0	0
I have always received good service from HNHSS.	0	0	0	0	0	0
I feel that HNHSS shows they care.	0	0	0	0	0	0
I trust that HNHSS has accurate, up to date information.	0	0	0	0	0	0

Do you have regular access to the internet?

- Yes, at home
- Yes, outside of my home
- No
- Prefer not to answer

How would you most like to receive information and updates from HNHSS? **Please choose your top three (3).**  
Note that you are not being asked to share any contact information.

First	Second	Third	
___	___	___	Email
___	___	___	Website
___	___	___	Social media (e.g. Facebook)
___	___	___	SMS Text messaging
___	___	___	Print materials available at HNHSS
___	___	___	Print materials mailed to you from HNHSS
___	___	___	I would not like to receive HNHSS related information
___	___	___	Other, please specify: _____

How did you hear about the Community Needs Assessment Survey? **Select all that apply.**

- Facebook ad
- Twitter
- Email
- HNHSS website
- Poster
- Radio ad
- Friends, family, or a co-worker
- Newspaper
- Other advertisements
- Other, please specify: \_\_\_\_\_

Do you want to share anything else with HNHSS?  
\_\_\_\_\_

**Closing Statements:**

Thank you for taking the time to complete this survey. Your answers will inform current and future programming and planning at HNHSS.

If any questions have caused you undue stress, please call Canadian Mental Health Services (CMHA) at 519-426-2093 for mental health supports.

To be entered into a draw for \$25 grocery store giftcards, please fill in the small paper form from the survey staff.



