Community Needs **ASSESSMENT** Summary Report

2019

DETAILED REPORT OF FINDINGS:
General Health and Wellbeing

Health and Social Services
Haldimand and Norfolk

Report prepared by Quality, Planning, Accountability and Performance (QPAP)

Acknowledgements

Authors:

Katherine Bishop-Williams
CNA Project Lead, Program Evaluator, HNHSS
Damola Akinbode
Program Evaluator, HNHSS
Jackie Esbaugh
Program Evaluator, HNHSS

Overseeing Committee:

Chimere Okoronkwo
Director of Quality, Planning, Accountability, and Performance, HNHSS
Dr. Shanker Nesathurai
Medical Officer of Health
Marlene Miranda
General Manager and Chief Nursing Officer, HNHSS
Management Team
HNHSS

Acknowledgements:

We would like to thank the team that contributed to the success of this project at HNHSS and across Haldimand and Norfolk counties. Thanks to the individual and agency participants. Thank you to HNHSS staff, especially the Research Advisory Council; Quality, Planning, Accountability, and Performance Department; Communications; and the Health and Social Services Advisory Committee and Board of Health.

Table of Contents

List of Figures

List of Figures

The following reports outlines results of the Haldimand Norfolk Health and Social Services (HNHSS) Community Needs Assessment (CNA) 2019. This section of the report includes detailed results and conclusions about general health and wellbeing in this community.

Community Profile

Community Residents

- Haldimand and Norfolk Counties are defined as rural regions because over 50% of the population in each county live in rural communities (i.e. <150 persons per square kilometer).
- 109,787 residents live in Haldimand and Norfolk counties combined; 45,608 (41.5%) in Haldimand County and 64,044 (58.3%) in Norfolk County.

Overall Health

- The life expectancy in Ontario (81.5 years, both sexes, at birth) is similar to the life expectancy in Canada (81.1 years, both sexes, at birth). Life expectancy in Ontario is higher than all other provinces, except for British Colombia.
- 64% of residents in Haldimand and Norfolk reported that their health is very good or excellent compared to 62% of Ontario residents.
- 13% of residents in Haldimand and Norfolk reported that their health is fair or good compared to 11% of Ontario residents.

- Proportions of immunization among grade 2 and 12 students for mandated vaccine preventable diseases (ISPA) were high. For the province, ISPA compliance varied (data for 17 year olds): measles: 95%, mumps: 95%, rubella: 97%, diphtheria: 77%, pertussis: 72%, tetanus: 77%, polio: 94%.

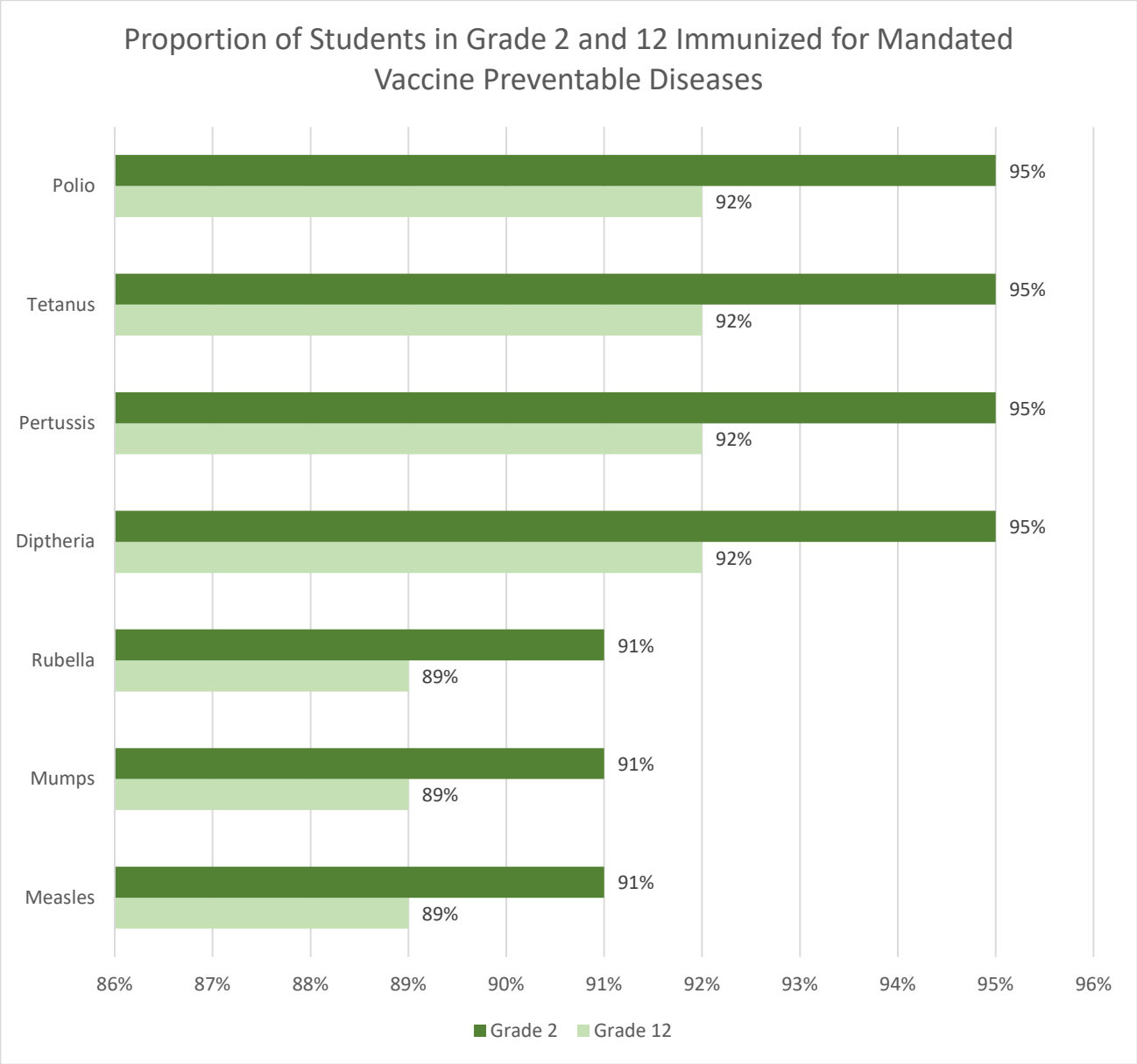

Figure 1. Proportions of students in grades 2 and 12 who were immunized for mandated (ISPA) vaccine preventable diseases.

Food and Dietary Habits

- The self-reported daily consumption of fruits and vegetables was not significantly different in Haldimand and Norfolk than in Ontario. Specifically, 71% (65, 77%) of residents in Haldimand and Norfolk reported consuming four or fewer fruits and vegetables per day, compared to 72% (71, 73%) in Ontario.
- According to the 2018 Nutritious Food Basket Study, the average cost to feed a family of four in Haldimand and Norfolk Counties was $857.17 per month. This represents an increase of 5.8% from 5 years earlier.
- The proportion of the population experiencing food insecurity in Haldimand and Norfolk counties was 11%, compared to 12% in Ontario.
- There are nine food banks or emergency food programs in Haldimand County and eight food banks or emergency food programs in Norfolk County. Additionally, there are four drop-in meal programs available in Haldimand County and six drop-in meal programs in Norfolk County.
- The population accessing foodbanks in Ontario in 2019 increased by 1.8% compared to 2018 and visits to food banks in 2019 increased 4.2% compared to 2018. Local data for foodbank use in Haldimand and Norfolk were not available.
- According to the NutriSTEP Program, 21% of preschoolers (i.e. ages 3-5) were at moderate to high risk for poor nutrition in 2012 in Haldimand and Norfolk counties. Data for the 2016 NutriSTEP program were not available for Haldimand and Norfolk due to low sample sizes.

Physical Activity

- The self-reported proportion of people who are active during leisure time (2013-2014) was 36.2% in Haldimand and Norfolk, which was higher than 30.4% self-reported for Ontario; however, the difference was not statistically significant.
- Self-reported corrected adult combined overweight and obesity rates (2015-2016) were not significantly different in Haldimand and Norfolk compared to Ontario. Specifically, the proportion of the population who self-reported obesity in Haldimand and Norfolk counties was 39% (30, 42%) compared to Ontario (35% (34, 36%)).

Oral Health

- The self-reported prevalence of having visited the dentist in the past 12 months for children ages 12-19 years was the same (85%; 75, 95%) in Haldimand and Norfolk and in Ontario (85%; 83, 87%).
- The self-reported prevalence of having visited the dentist in the past 12 months for adults was 66% (61, 71%) in Haldimand and Norfolk, which was significantly lower than 72% (71, 72%) in Ontario.
- The self-reported prevalence of having visited the dentist in the past 12 months for seniors over 65 years was 61% (52, 69%) in Haldimand and Norfolk, which was similar to 62% (60, 63%) in Ontario.
- The self-reported prevalence of brushing teeth two or more times per day was 77% (42, 81%) in Haldimand and Norfolk, which was significantly lower than the 81% (81, 82%) self-reported prevalence of teeth brushing in Ontario.

- There are 12 dentists in Haldimand County, of whom four provide light sedation services. There are 14 dentists in Norfolk County, of whom two provide light sedation services.
- There is one general dental office in Oshweken that provides a bus service.
- There are no oral surgeons in Haldimand and Norfolk counties.
- There are no orthodontists in Haldimand County and two orthodontists in Norfolk County.
- There are no pediatric specialist dentists in Haldimand or Norfolk counties.

Vision and Hearing Health

- There are nine optometrists in Haldimand County and 13 optometrists in Norfolk County.

Healthcare Providers and Information

- There are 27 doctors in Haldimand County and 36 doctors in Norfolk County.
- There are no delivering doctors in Haldimand County and four delivering doctors in Norfolk County, which includes one obstetrician and three family doctors.
- There are eight practicing midwives in Haldimand and Norfolk counties.

Community Survey Results

Community Respondents

- For detailed demographic data, please see Chapter 2.
- More survey respondents came from Simcoe, Caledonia, and Dunnville than the other communities across the counties.

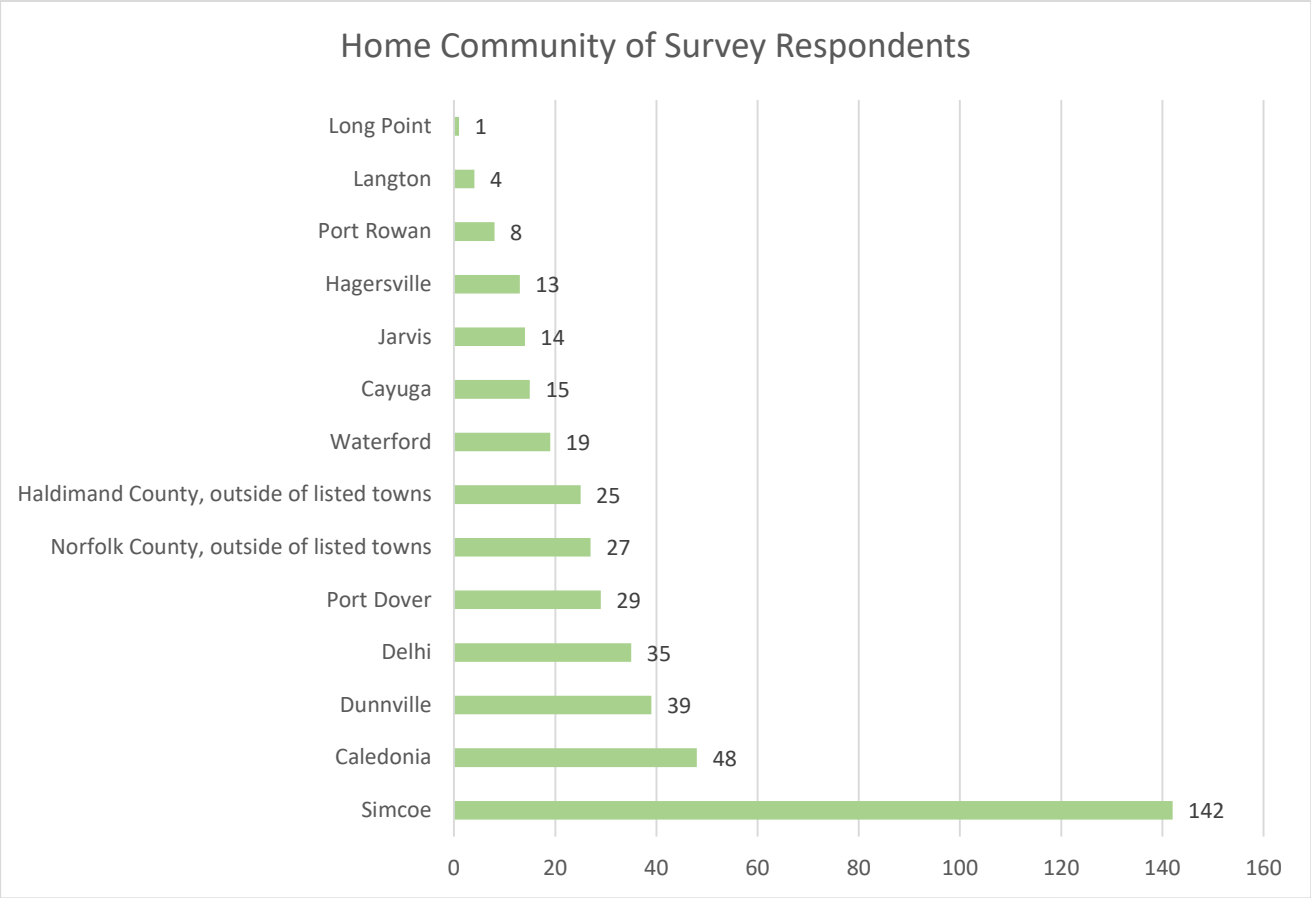

Figure 2. Community locations of survey respondents.

- Survey respondents over-represented females (80%, n=336) compared to males (19%, n=78).
- 25% (n=95) of survey respondents identified as a person with a disability and 10% (n=38) identified as a caregiver of a person with a disability.
- 5% (n=19) of survey respondents identified as a visible minority and 4% (n=18) of survey respondents identified as a religious minority.
- 3% (n=11) of survey respondents identified as LGBTQ2S+ or gender non-conforming.
- 2% (n=8) of survey respondents identified as Indigenous.

Overall Health

- Many survey respondents (43%, n=131) reported they had a very good or excellent personal physical health.

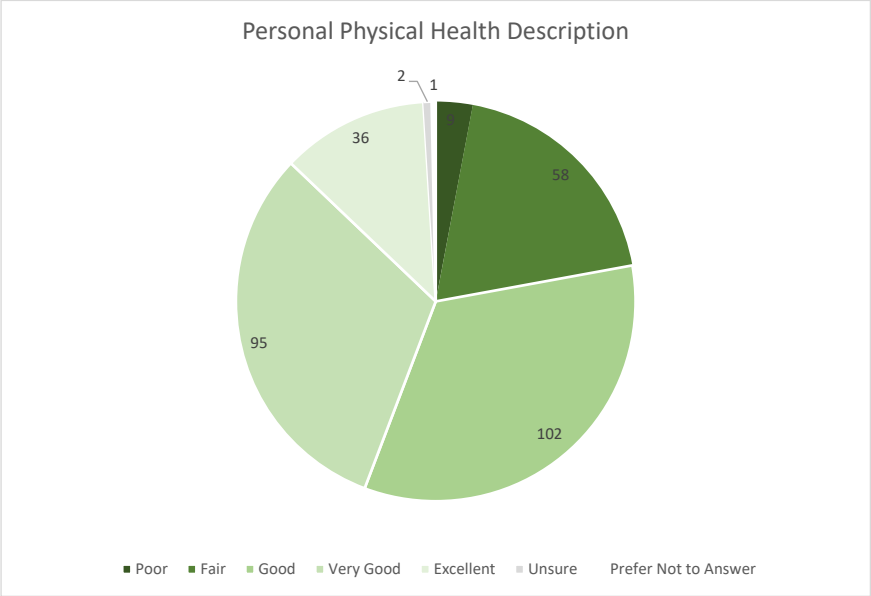

Figure 3. Self-reported personal physical health.

- Many survey respondents (44%, n=132) reported their family had a very good or excellent physical health.

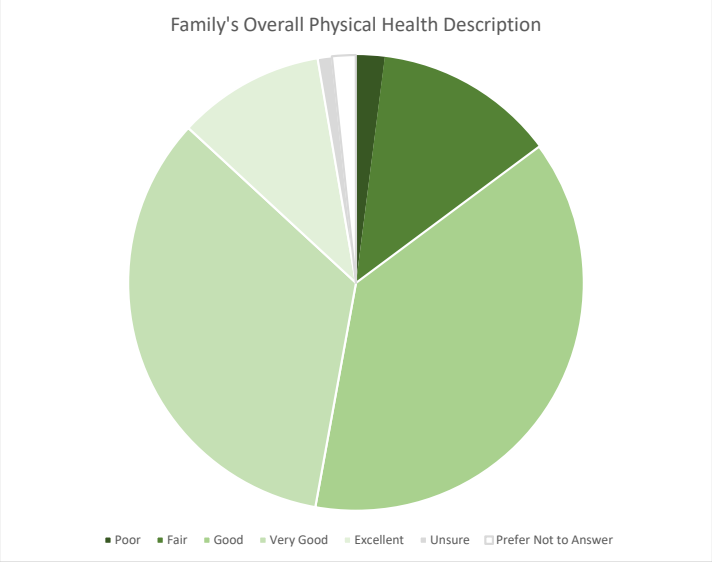

Figure 4. Self-reported family overall physical health.

Food and Dietary Habits

- In the past 12 months, 16% (n=59) of survey respondents reported using food bank services.
- In the past month, 12% (n=37) of survey respondents reported being hungry because they could not afford food.
- In the past month, 26% (n=78) of survey respondents reported being forced to make unhealthy food choices due to cost.
- Survey respondents reported an average consumption of 2.9 servings of fruits and vegetables per day. Further, 24% (n=57) of survey respondents reported an average consumption of 0-1 servings per day.
- When asked to list the top three services that they needed to make or keep their family healthy, survey respondents listed food-related items as some of the most commonly needed services for health. Specifically, 48% (n=152) of respondents ranked more affordable healthy food options in their top three needs, 34% (n=107) of respondents ranked easier access to healthy foods in their top three needs, and 18% (n=58) of respondents ranked more food safety and food skills training in their top three needs.
- 88% (n=257) of survey respondents agreed or strongly agreed that they could access healthy food for their family.
- 30% (n=96) of survey respondents reported needing more nutrition/ health eating supports (e.g. menu or labelling reading) to keep their family healthy. This was also the second most commonly listed topic that survey respondents wanted more education about (27%, n=83).
- 9% (n=29) of survey respondents reported needing more food safety training to keep their family healthy, and 6% (n=18) of survey respondents wanted more information about food safety.
- 97% (n=284) of survey respondents agreed or strongly agreed that they had basic skills to prepare healthy meals for their family.
- In the past month, 35% (n=106) of survey respondents reported having been on a diet or attempting to lose weight.

Physical Activity

- When asked to list the top three services that they needed to make or keep their family healthy, survey respondents listed more recreational opportunities as a top-three need most often. Specifically, 53% (n=167) of survey respondents reported wanting or needing more recreational opportunities to improve their physical health.
- When asked to list the top three services that they needed to make or keep their family's social life healthy, survey respondents listed more recreational opportunities as a top-three need most often. Specifically, 52% (n=165) of survey respondents reported wanting or needing more recreational opportunities to improve their social health.
- Survey respondents ranked more safe places to walk and/or play as a top-three need to keep their family healthy 37% (n=116) of the time.
- Survey respondents ranked more youth-focused healthy activities (e.g. fitness) as a top-three need to keep their family healthy 36% (n=114) of the time, and more senior-focused healthy activities as a top-three need to keep their family healthy 33% (n=105) of the time.
- When asked to list the top three health supports that they needed to make or keep their family healthy, survey respondents listed exercise or physical activity most often (47%, n=150). This was also the most commonly listed topic that survey respondents wanted more education about (37%, n=115).
- 45% (n=136) of survey respondents reported exercising for at least 30 minutes at least 3 times per week.

Healthy and Unhealthy Behaviours

- 8% (n=26) of survey respondents reported wanting more education or information about sun safety or ultraviolet radiation exposure.
- 75% (n=224) of survey respondents reported that they check their bodies for ticks after outdoor activities.
- 43% (n=129) of survey respondents reported they used always used sunscreen or protective clothing for planned time in the sun.
- 53% (n=53%) of survey respondents reported they take extra precautions when a heat advisory is issued.
- 66% (n=200) of survey respondents reported carrying a refillable water bottle with them.
- In the past 12 months, 8% (n=23) of survey respondents reported using tanning equipment.
- 25% (n=76) of survey respondents reported always wearing a helmet when riding a bike.

Oral Health

- When asked to list the top three health supports that they needed to make or keep their family healthy, survey respondents listed dental screening often. 34% (n=109) of survey respondents listed dental services for adults as a top-three need for their family's health, compared to 20% (n=62) for seniors, and 17% (n=55) for children.
- Oral health was a commonly listed top-three education need for survey respondents. 18% (n=56) of survey respondents wanted more education about dental services for adults, compared to 10% (n=32) for children, and 10% (n=31) for seniors.
- 46% (n=138) of survey respondents support the addition of fluoride to public drinking water. However, 33% (n=98) reported they were unsure of whether they support the addition of fluoride to drinking water and 3% (n=8) preferred not to answer.
- 67% (n=203) of survey respondents reported brushing their teeth at least two times per day.
- 63% (n=191) of survey respondents reported visiting the dentist at least once per year for a check-up.
- 29% (n=88) of survey respondents reported flossing their teeth at least once per day.

Vision and Hearing Health

- 24% (n=77) of survey respondents ranked vision services as a top-three need to keep their family healthy. 18% (n=55) of survey respondents reported wanting more education or information about vision services.
- 10% (n=32) of survey respondents ranked hearing services as a top-three need to keep their family healthy. 8% (n=24) of survey respondents reported wanting more education or information about vision services.

Healthcare Providers and Information

- 26% of survey respondents reported wanting more education or information about available community services for mental health.
- The most commonly reported source of health information was a doctor (80%, n=253), and internet websites (52%, n=165).

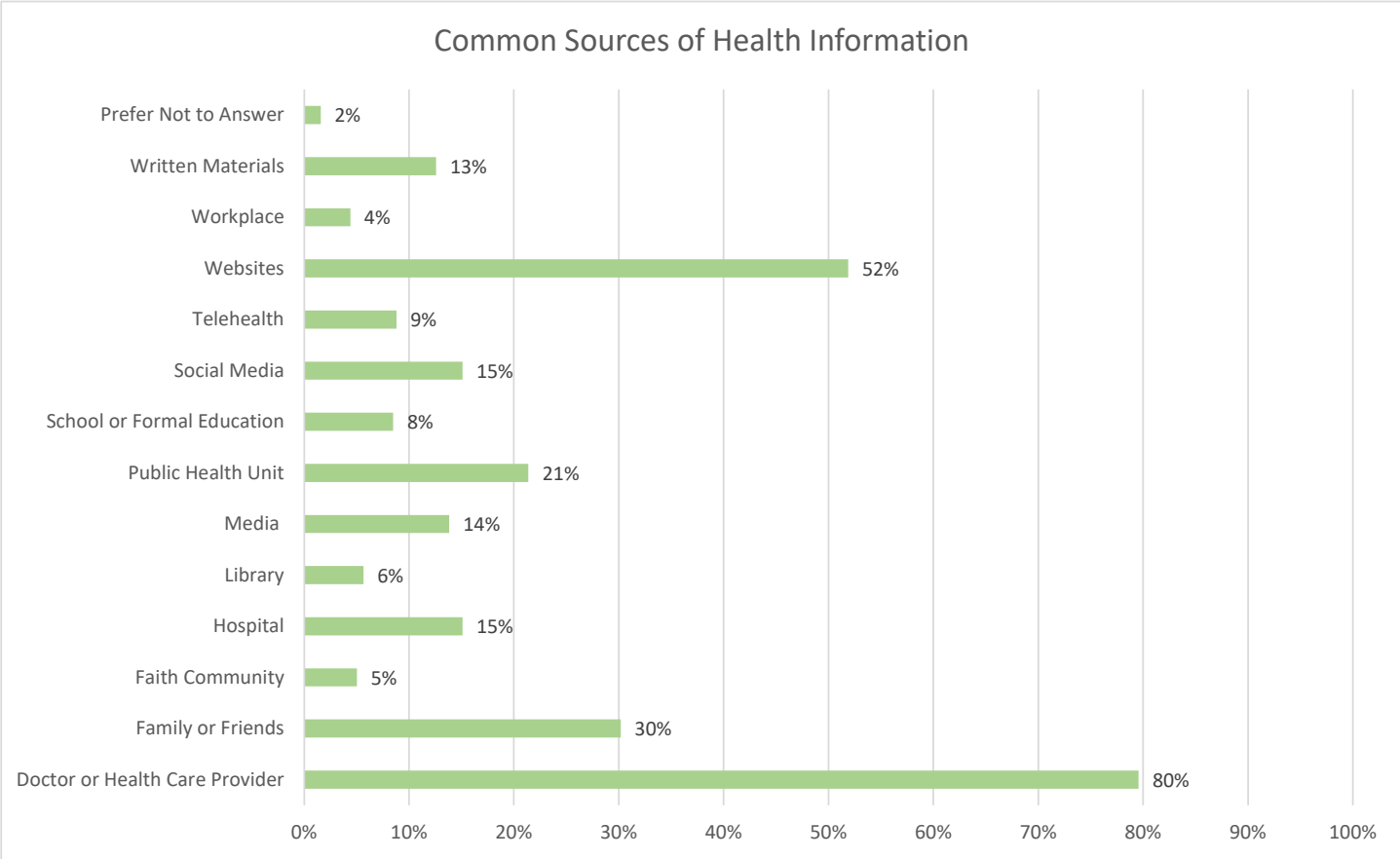

Figure 5. Commonly reported sources of health information.

- 58% (n=176) of survey respondents reported visiting their family doctor at least once each year for a check-up.

- 97% (n=297) of survey respondents reported having a family doctor, while 62% (n=190) of survey respondents reported having a dentist.

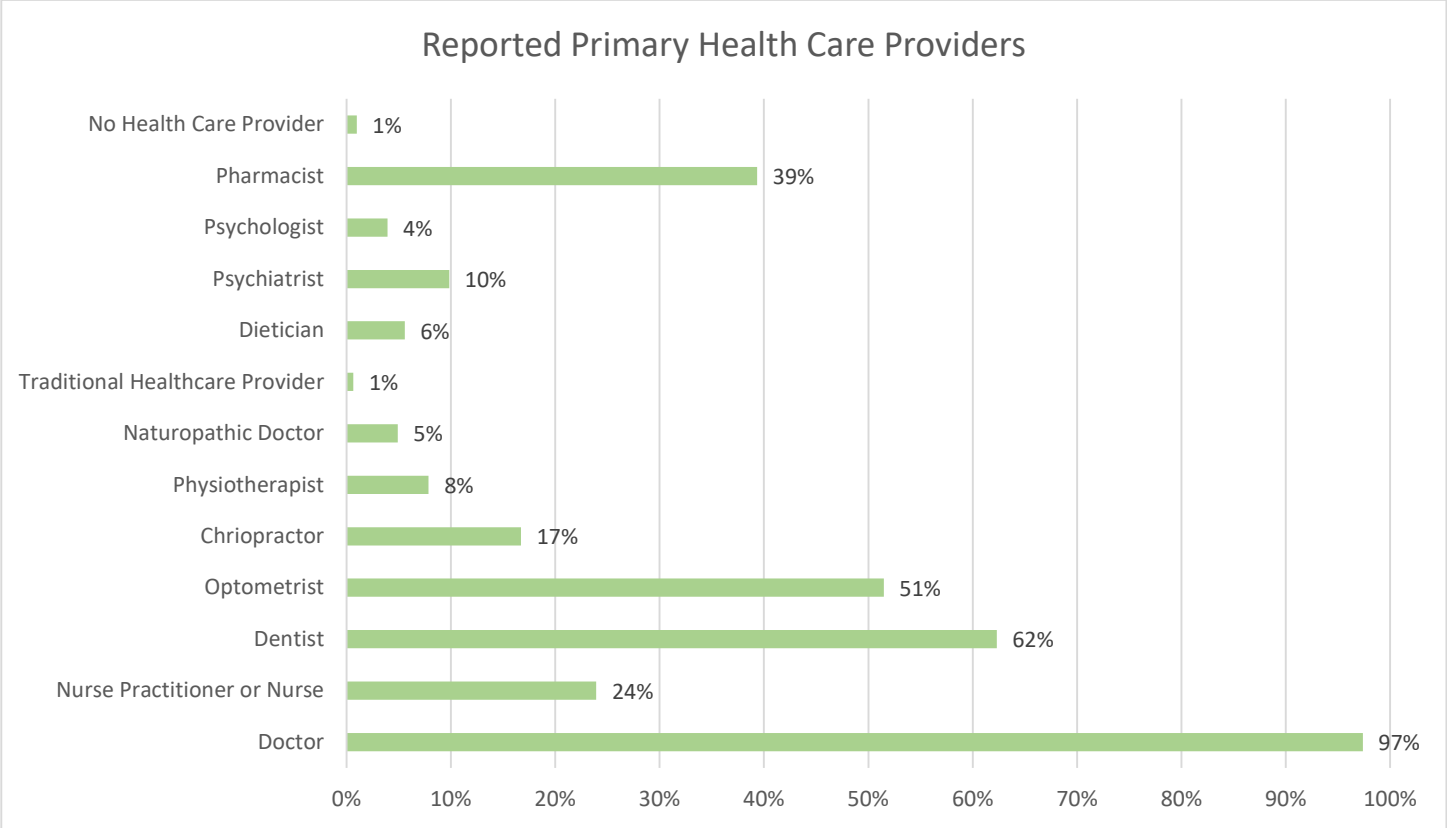

Figure 6. Proportion of survey respondents with various types of healthcare providers.

- Survey respondents most commonly reported attending a doctor's office (86%, n=262) or the hospital emergency department (51%, n=155) when they are sick.

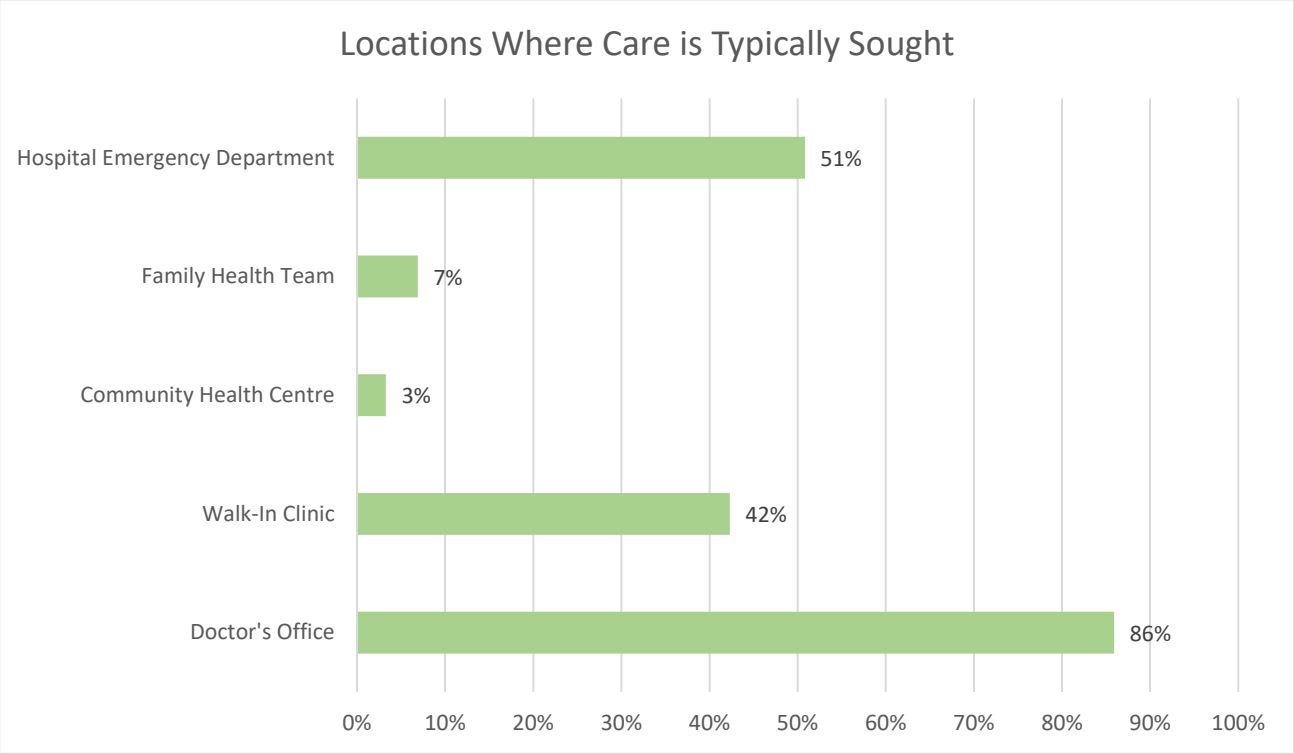

Figure 7. Locations where survey respondents reported most often seeking care when sick.

- 33% (n=103) of survey respondents reported they would like to be able to access a healthcare provider that they have not been able to see. These primarily included family doctors, various specialists (e.g. obstetrician, neurologists, ear-nose-throat specialists), pain clinicians, physiotherapists, dentists, dieticians, mental health professionals, naturopaths, and speech and language professionals.
- Only 33% (n=97) of respondents reported they did not experience any barriers to accessing healthcare providers. The most commonly reported barriers to accessing services were hours of operation (29%, n=86), and cost of services (26%, n=78).

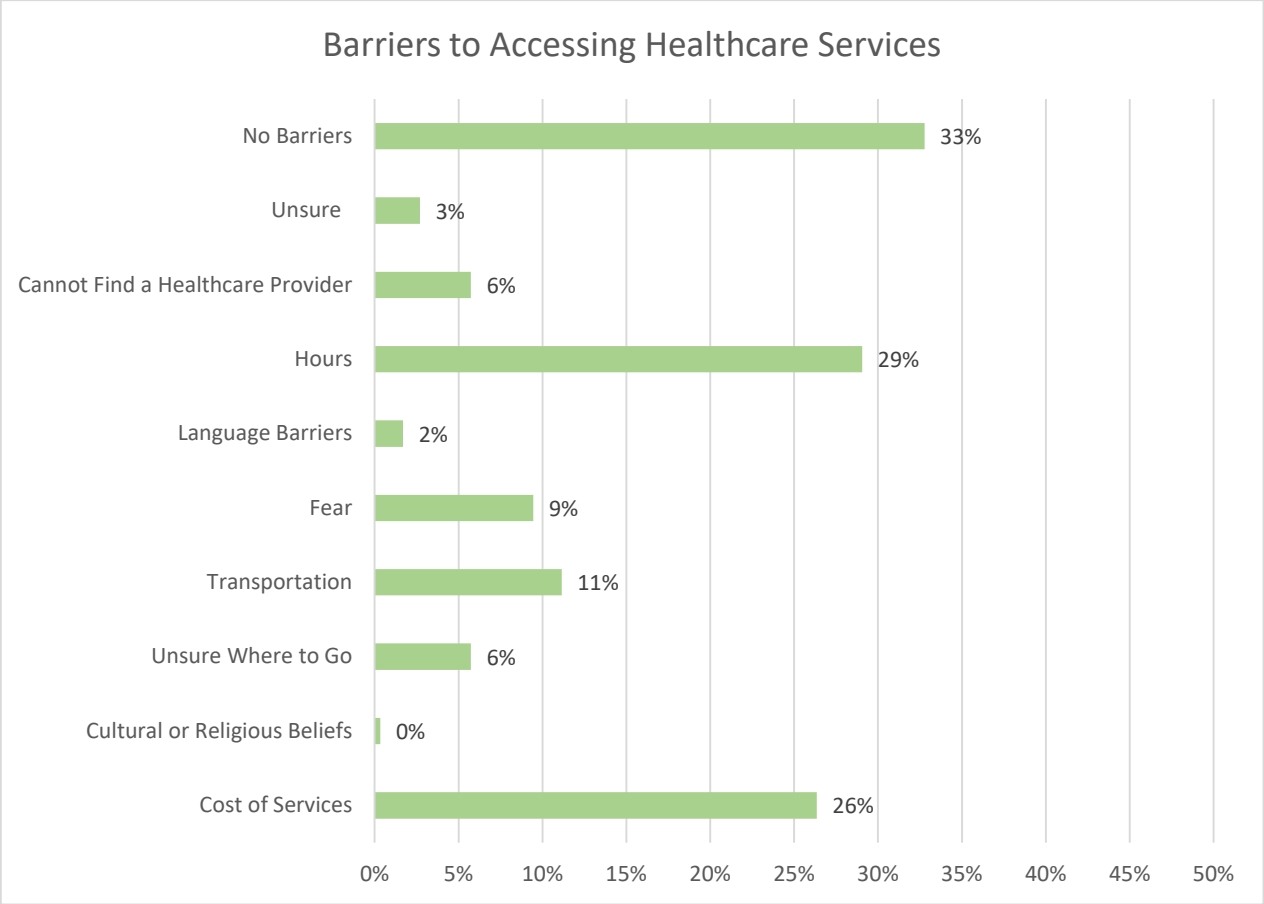

Figure 8. Proportion of survey respondents experiencing various barriers to accessing healthcare provider services.

- 14% (n=43) of survey respondents reported access to a wellness program through their employer.

HNHSS Service and Service Interactions

- 76% (n=231) of survey respondents agreed or strongly agreed that they knew how to find the health services that they needed for themselves and their family in Haldimand and Norfolk.
- When asked to list the top three services that they needed to make or keep their family healthy, survey respondents listed more culturally appropriate health services (e.g. translated information) 13% (n=40) of the time.

- Only 19% (n=56) of survey respondents considered themselves very familiar with the programs offered by HNHSS.

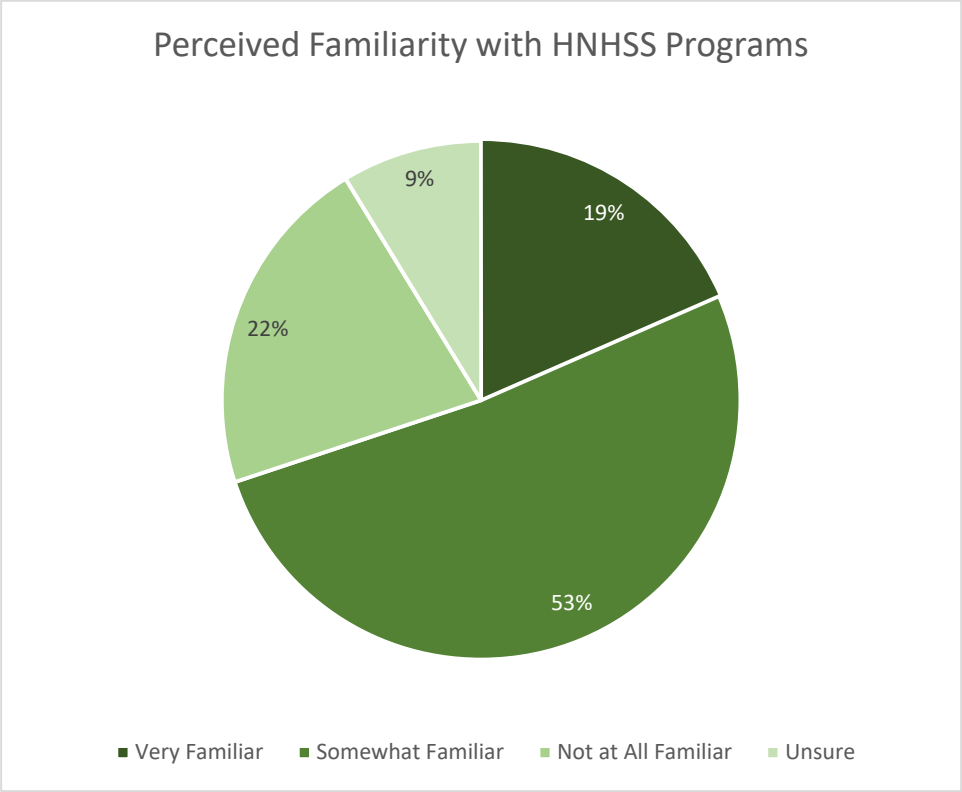

Figure 9. Proportion of survey respondents who identified as very familiar, somewhat familiar, and not at all familiar with the HNHSS programs and services.

- The most commonly reported services used at HNHSS in the past year were printed materials (40%), spoken to a nurse (18%), and used HNHSS websites or social media (15% each).

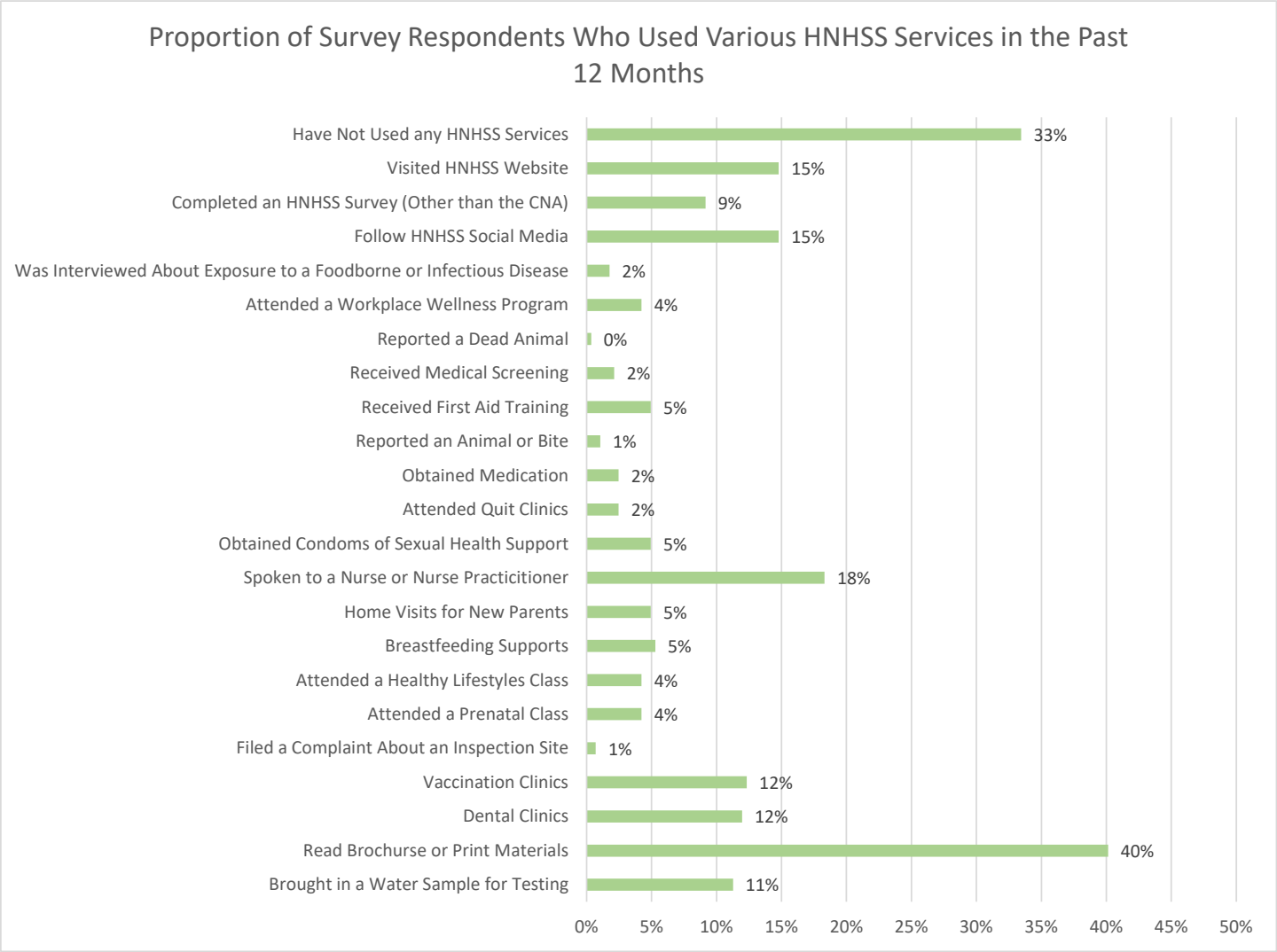

Figure 10. Proportion of survey respondents who reported using various HNHSS services in the past 12 months.

- 39% (n=105) of survey respondents agreed or strongly agreed that it was easy to provide feedback to HNHSS.
- 41% (n=111) of survey respondents agreed or strongly agreed that it is easy to seek assistance from HNHSS.
- 42% (n=114) of survey respondents agreed or strongly agreed that they have always received good service from HNHSS.
- 48% (n=131) of survey respondents agreed or strongly agreed that HNHSS shows they care.
- 50% (n=135) of survey respondents agreed or strongly agreed that they trust HNHSS to have accurate, up to date information.

- The most commonly preferred way to receive HNHSS information was through the website (66%, n=182).

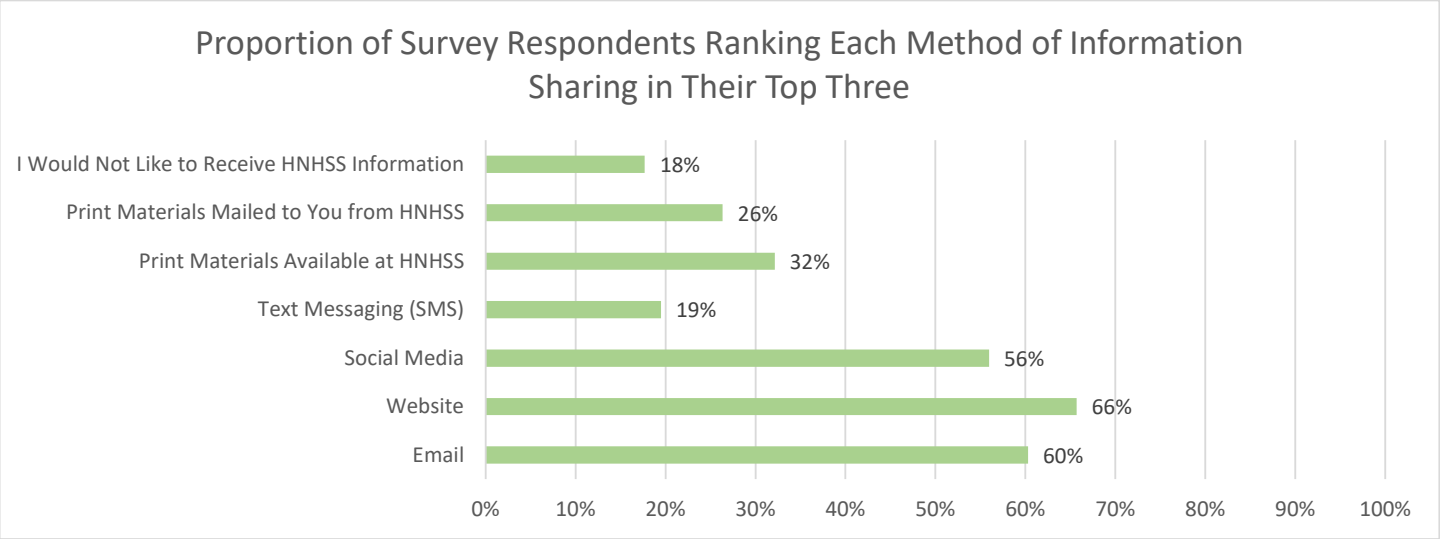

Figure 11. Proportion of survey respondents who ranked each of the various ways to collect information from HNHSS in their top three preferences.

Focus Groups and Interviews

Seven major themes emerged from the qualitative data collected via focus group discussions and interviews: (i) Mental Health and Addictions; (ii) Physical Health; (iii) Poverty; (iv) Housing; (v) Rurality; (vi) Availability of Products and Services; and (vii) Organizational Structures.

This chapter on General Health and Wellbeing discusses the key themes associated with this topic.

Physical Health

Food and Dietary Habits

The most frequently discussed issue around food and diet across the CNA elements was food insecurity and a general lack of access to healthy foods. One participant (KI36) explained the importance of this for HNHSS and the Board of Healthy by describing,

"We are required to monitor food affordability. That's the language in the new standards. And so we utilize the nutritious food basket protocol, the old one. That's the tool we use. And so our dietician does go out and utilize that protocol and does the food cost you? And then we present that data to our board of Health to help inform them with decision making with respect to policies and zoning and bylaws and advocacy to various levels of government. There's healthier eating."

Another participant (KI61) discussed how Haldimand and Norfolk especially struggles with provision of fresh foods, despite being "Ontario's Garden," stating, "The food insecurity issue; I don't know what the issue is, but trying to bring the farm to fork for people who have food insecurity seems like it would be easy in Ontario's garden. And I say it not." Further, this participant (KI61) added, "It appears that there's food available, at least seasonally. Yet we still have people within our own area that have food insecurity issues and it seems Illogical." Later, this participant (KI61) added, "There are issues around food security in Norfolk County. So Ontario's Garden has 11 percent of its residents identifying as having food insecurity. And so those are things that we would need to continue to monitor." Several other participants reiterated similar ideas. For example, one participant (KI22) said,

"I look at our area and I think we are Ontario's food garden and the amount of people that I see who aren't able to afford a good nutritional diet, people who are relying on food banks, people who can't go to food banks because they have such mental health issues, they can't even do a job and the desperate circumstances they are in."

In addition to several concerns about the availability of food and widespread food insecurity in this region (see also Chapter 3), many conversations revolved around access to nutritional supports and dieticians. One participant (KI36) explained the need for dieticians in HNHSS to be available to clients who request their services, saying "Just that access

to a dietician, really, we just get a lot of calls or requests for presentations, wanting to utilize our dietitians about one to one counselling." This participant (KI36) also explained,

"So we get a lot of calls where it's sad because we can't provide one to one counseling. We have walk-ins sometimes where they want to talk to a dietician and maybe they just came from their doctor. And we can't we can't provide that. I would guess that a need in our community is more of that one on one dietician kind of counseling, menu planning for people with chronic diseases."

Physical Activity

With regards to topics of importance for general health and wellbeing, recreation was one of the most commonly discussed topics in the focus group discussions and interviews. Common discussions revolved around the difficulty of being physically active in the communities when recreational opportunities were limited.

One participant (KI63) explained how the residents felt that this was the responsibility of HNHSS in conjunction with the counties, despite how they didn't seem to feel this way in the past by saying, "An expectation as parents is that you provide my child with some type of recreation. Well, is it the community's responsibility to provide recreation for everyone? When we were younger, we used to provide it all day long. I don't know what's happened. There's certainly a change…" However, another participant (KI61) described how the counties were already doing this, "And as a municipality, we provide recreational programs."

One participant (KI21) described recreation as a substantial need because it was otherwise nearly unavailable by saying, "Of community needs? Recreational opportunities… because we don't have any." Later, this participant (KI21) continued, "I travel to Tillsonburg to use their gym or to use their pool because there is no adult pool times here, outside of working hours. So that would be the biggest thing, recreational opportunities for adults, for the working population."

Another participant (KI49) explained how social issues can be partially addressed through provision of recreation, but felt that more was needed locally,

"We've done it from a recreation side. So we have funding programs and we work with local groups to do things like skate parks and things. But it would be really good if we could sort of work and create those same resources and supports for local groups to be able to deal with some of the social issues."

One such issue that participants mentioned directly was the aging population and the need for specific recreation opportunities that reflect their changing physical needs. For example, one participant (KI59) said, "Yeah, I can safely say Norfolk's population is aging. So as far as recreational activities, we have greater part of population is aging. And those parts of the population do like to keep active as well. So that's why we're seeing things such as our aquatic center is [so busy]."

Oral Health

Oral health was a very commonly discussed need for physical health and wellbeing among focus group discussion and interview participants alike.

Several participants explained how dental care was lacking locally and how many clients were experiencing decay and other dental issues. For example, one participant (KI25) explained, "Definitely an incident of decay. Most clients that go on to the program are usually enrolled in the emergency program because we see a cavity. Occasionally, there is pain, or infection resulting from decay most often." This participant (KI25) later added that some patients were coming in for other, non-decay, issues that still required extensive care, "We provide the scaling, but they have to meet some criteria. Those with gingival conditions make them eligible for scaling."

Dental was descried as a major component of good overall health in several discussions. One participant described how oral health was necessary for other components of health, such as diet, saying,

"Dental, becomes a big issue too. A lot of them don't have good dental care so they are missing teeth, or they have very sore teeth. The feedback we got from the granola bars that we were offering is 'can you offer softer ones?' because we have this health food policy at the health unit, granola bars that we purchase have to meet the requirement of that policy and a lot of those were harder. The feedback was 'we can't eat those'. Then shifting to softer granola bars. When it comes to fruits, the times we have had that, we have had bananas, and oranges. Once again, for apples, if you don't have good dental care, it is going to be hard to bite."

Healthcare Providers and Information

The overwhelming consensus among focus group discussion and interview participants was that there was a general shortage of available health care providers and practitioners. This was most pronounced among family general practitioners and among mental health and addictions professionals, such as psychiatrists and counsellors. One participant (KI26) broadly described the issue as one of the greatest community needs, sharing, "I think that sometimes, just access to healthcare providers."

Another participant (KI4) explained the implications of a shortage of family physicians on the system more broadly,

"I know that a lot of people having a hard time processing family doctors so they end up going to emergency. And fair enough to the emergency department, they get inundated and people like to feel like they are not welcome there. This is fair enough because it is for emergencies and they have non-emergency situations, but then again, these people have nowhere to go. … You have a lot of people going to emergency for doctor care."

HNHSS Service, Service Interactions, and Service Use

Participants rarely commented on the service they received or the types of services that they used at HNHSS unless directly asked. When responding, most participants felt that HNHSS could be doing more to meet the needs of the community more fully. For example, one participant (KI48) said, "I don't know that they're necessarily meeting the needs, though, of the community." One participant (KI22) explained how this CNA was a good step to address those needs and find a better way to serve the community, "I think your survey is a huge start. That is absolutely incredible, especially the way it is laid out. It is intuitive and easy to read. The thing I took from it is its very inclusive. At least I didn't feel like I was being lead down a certain way by the questions."

With regards to their experiences with HNHSS, there was mixed feedback that identified both strengths of the organization and weaknesses or limitations. For example, participants shared the following:

(KI32) "I've always tried to treat everybody as courteous and respectfully as possible, but this isn't something that I see with case managers within our agency. Some case managers I see acting very punitive towards clients, disrespectful judging. I've had several clients that have come to me from the other office and told me about case managers yelling at them on a regular basis. Making them cry. Denying them benefits unnecessarily. And I've had to completely rebuild that relationship with that individual because as a case manager of Ontario works, they've already sized me up as being a bad guy who's going to yell at them. And I have to smooth out those wrinkles and tell them, I promise you, I will never yell at you. I always speak to you respectfully and I ask that you always do the same with me. But I don't find that's always the case with every staff member, which I find to be very unfortunate. Some case managers look at the money that they're issuing as their own or from their own pocket, which I find to be really wrong. And I don't know necessarily how to fix those particular issues."

(KI69) "Staff are exceptionally dedicated, some over 40 years."

(KI43) "[Health Unit] interactions are very positive; Vaccines working very well with the health unit; Tick programs very good and smooth with the health unit."

Other participants very closely linked their experiences with HNHSS staff. In those cases, interactions were typically very positive and participants felt they really had a relationship with the work being done here. For example, one participant (KI16) shared,

"I would literally go down the hall and grab [her] and say can you come to my office right now? My client is 4.5 months pregnant and she wants to have an abortion. I have no idea where to send her at that late stage. So she would come in and immediately help. Or I would say something. My client is a drug addict, she's homeless, she has no phone, can you talk to her about sexual health? She would literally just drop everything and come over, amazing person to work with."

Another participant (KI14) shared a similar example by saying, "Personally, in those situations which usually a staff, sometimes [Staff X] and occasionally [Staff Y], those are the people I have worked with the most and they have always been super supportive and they will jump in and help you with the difficult clients."

Additionally, some participants explained that there seemed to be a decreasing use of or uptake of some programs. For example, one participant (KI39) described, "[There seem to be] less people taking prenatal courses." Another participant (KI18) described some of the potential reasons for low program uptake might be,

"I can tell you that, however, locally, our 'sharps for the community' container is actually located on this side of the building, which is outside of the OPP. So I know for a fact that people are not using that here, which is a very little thing that could cause a very big barrier for somebody to access safe disposal of needles. They can also do it in the washroom here. However. Then they have to come in. So I think that that's a barrier."

Finally, several participants shared that some problems with program use and uptake may be related to the barriers that

prevent someone from accessing the program. For example, one participant (KI2) described how hours may limit the use of some programs, saying,

"I understand that the workers need a fair wage and all that stuff I totally appreciate that. But I believe of the chunk of money that we all know, the majority of money goes to wages. I believe that there needs to be a little bit more of a focus to the client. It's not that I'm not saying people don't deserve a fair wage, I don't mean it that way. I think there needs to be money, more money going and time going to the client. And it's not a 9 to 5 Monday to Friday type of a situation…"

Poverty

With regards to general health and well-being, poverty was a very commonly discussed theme. Participants in focus group discussions and interviews commonly discussed the ways that poverty was a stressor on their overall health.

One participant (KI24) described how the needs associated with poverty can impact a person's health and how they can contribute to action by saying,

"When you talk to folks, they know where to go to get food and if anyone came to the church, we would find them food. Not that it meets the needs, because, obviously it is very important and it is challenging for people but I think that there are deeper needs that if they are not met, people will stay stuck in that cycle."

Another participant explained that the needs of clients go beyond universal health care, into areas such as universal pharmacare. This participant (KI12) described how clients can see a doctor if they live in poverty, but if they need a prescription to treat their ailment, they are not able to purchase it:

"And then I look at universal health care and I look at the amount of clients of mine that might be able to go to the doctor. That is wonderful. I can have all of these tests done, because I am unhealthy but I can't afford this drug. And this isn't universal pharma care; this is just universal health care."

Further, another participant explained the relationship between poverty and health from the other direction. This participant (KI16) explained how someone in poorer health or suffering from pain may be forced out of employment as a result, saying, "With the physical health needs, same thing can prevent them from going to seek employment."

Rurality

Many participants described a link between their personal health and well-being and the rurality of where they lived. In particular, nearly all of the mentions of how rurality impacted the physical health (i.e. not mental health and isolation) of the community had to do with the agricultural roots of this region. One key informant (KI11) explained how the agricultural industry was likely the reason that certain uncommon zoonotic infections were prevalent here,

"Anytime where you have a rural community you might be at higher risks for particular diseases that we see seldom but we do see that may be outside of the provincial norm. Like Q fever for instance that is particularly linked to farm ani-

mals or farming. And any of the intestinal disease like crypto, cyclosporidium … I think that might make us a little more unique in the sense that we see maybe more cases, but I don't think we are statistically more significant that the province or health units that maybe represents other populations similar. We have seen, in the past, an increase in proptosis cases for a few years ago, but again, those pockets tend to be fairly consistent across the province."

Other participants reiterated how agriculture may be responsible for other physical health issues, among the general population and the seasonal agricultural workers. For example, a participant (KI15) said,

"The next one is probably skin disease and this is because they keep in contact with pesticides and that is something that sometimes they are openly aware and sometimes they are not. And the fact is not that they spray but the time that the farmers give between the spraying and the workers coming to the field. And most of the time, the time that workers come is quite known, but instead of waiting for 6 hours, they [the farmers] wait half an hour. Then they are exposed to pesticides, which are why skin problems are an issue."

Finally, some participant described how a history of agriculture in the region may impact the health of all, not just farmers, because of the ways that it influences opinions about healthy and economically advantageous behaviours. One participant (KI8) said, "Just regular health needs. And again probably people in these two counties don't like to hear about it but smoking and alcohol use is just a big influence in the resulting health problems."

Availability of Products and Services

The most commonly discussed issues around availability of products and services for general health and well-being were the lack of physicians and other medical professional in the region (see above). However, other concerns related to lack of available products and services healthy foods (see above), recreational opportunities (see above), and programming that provided a general sense of wellbeing and connection in the community. These issues are all tightly linked to concerns participants had about specific components of their health and wellbeing, including healthy eating, physical activity, and feeling happy and connected in their community.

Conclusions

In conclusion, participants described their general health in context of many other themes, especially poverty, access to services, and rurality. Many participants described the ways that their personal health was linked to these social determinants of health. Participants often described how healthy foods and recreational opportunities were some of their top priorities to make their family healthier. These can be considered as directions for future work at HNHSS as we explore the currently available services within the community.

References

Haldimand-Norfolk Health Stats. Haldimand & Norfolk Counties Community Profile 2011. Available from: https://hnhu.org/wp-content/uploads/hn_community_profile_web1.pdf

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: Oral Health Snapshot. Toronto, ON: Queen's Printer for Ontario; 2016 Oct 30 [cited 2016 Dec 1]. Available from: http://www.publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Health-Behaviours---Oral- Health.aspx

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: Self-reported nutrition and healthy weights Snapshot. Toronto, ON: Queen's Printer for Ontario; c2018 [updated 2018 Jul 27; cited 2018 Jul 31]. Available from: publichealthontario.ca/en/DataAndAnalytics/Snapshots/Pages/Health-Behaviours---Nutrition-and-Healthy-Weights.aspx

Ontario Agency for Health Protection and Promotion (Public Health Ontario). Snapshots: Self-Reported Overall Health Snapshot. Toronto, ON: Queen's Printer for Ontario; c2019 [updated 2019 Sept 30; cited 2018 Oct 31]. Available from: https://www.publichealthontario.ca/en/data-and-analysis/health-behaviours/overall-health

Statistics Canada. Census Profile, 2016, Haldimand-Norfolk, Census division, Ontario. Available from: https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CD&Code1=3528&Geo2=PR&Code2=35&SearchText=haldimand%20norfolk&SearchType=Begins&SearchPR=01&B1=All&TABID=1&type=0