

A Healthy Future A Community Health Plan for Chetwynd

2018 - 2020

Table of Contents

1. What is this document?	3
2. Executive Summary	3
<i>Priorities for action</i>	4
<i>Priority 1: Increase efforts to recruit and retain health care providers.</i>	4
<i>Priority 2: Increase access to health care services locally.</i>	4
<i>Priority 3: Improve supports related to mental health and substance use.</i>	5
3. How will this plan be implemented	6
4. How are people feeling about health in this community?	7
5. What topics did we hear the most about?	7
<i>What is working well to support health in our community?</i>	7
<i>What needs to improve to support health in our community?</i>	8
6. Priorities for action	10
<i>Priority 1: Increase efforts to recruit and retain health care providers.</i>	10
<i>Priority 2: Increase access to health care services locally.</i>	11
<i>Priority 3: Improve supports related to mental health and substance use.</i>	12
<i>Full list of possible priorities (15)</i>	13
7. Appendices	14
<i>Appendix A: Participation in Consultation</i>	14
<i>Appendix B: Consultation Questions</i>	15

1. What is this document?

A community health plan has been developed for the District of Chetwynd for the next two to three years. The plan outlines ways to improve the health of people in Chetwynd and area. This work is being led by a Steering Committee that includes:

- Northern Health staff leaders
- District of Chetwynd Councillors and staff
- Local physician leader
- Representative of Sauleau First Nation Health

A community consultation took place in November 2017 and generated a range of views on what priorities for health should be in Chetwynd and area. This involved about 100 people who submitted thoughts through a public questionnaire and another 100 who participated in facilitated meetings and interviews (see Appendix A for lists). In all cases, people were responding to similar questions (see Appendix B for questions).

This plan proposes action on a small number of priorities identified through that consultation and through reviewing previous documents that assessed health and health services.

Not every important issue or idea raised is addressed in this plan. It is wise to create a plan that will be acted on, and not simply be an inspiring huge vision for the future. This plan is meant bold enough to make real change if successful and doable over the next few years. Priorities other than those chosen to act on are described in the report, so they will not be lost.

2. Executive Summary

In the fall of 2017 more than 200 area residents and a wide range of organizational members provided input into the development of a health plan for Chetwynd and area. This was a collaborative effort between Northern Health, District of Chetwynd, Sauleau First Nations Health and local physicians. This Executive Summary describes the chosen priorities for action. Further in the report are more detail on the actions in the plan, information on how it will be implemented, a summary of what was heard from residents, and a longer list of possible priorities.

A large number of possible priorities for action were identified in the consultation process. The Steering Committee created three priorities to initially work on, understanding that a smaller number is more likely to be successfully achieved, with concerted effort. The entire list is included further on in this report — to honour the planning done, and to be sure other opportunities that align with the plan are not lost. The three priorities are described in some detail.

Priorities for action

Note: these are not in order of importance.

Priority 1: Increase efforts to recruit and retain health care providers.

Rationale: Almost every community in Canada is competing for health care providers, such as physicians, nurses and nurse practitioners. Other health workers are also in short supply — and recruitment and retention are particularly challenging in small and more isolated communities such as Chetwynd. The other priorities in this plan rely on having needed staff in place.

Action steps

Recruitment

- Create an ongoing working group that includes Northern Health, District of Chetwynd, First Nations, industry (including Tumbler Ridge) and local business community. Develop a work plan – action suggestions below.
- Coordinate efforts between parties - work together to identify gaps and needs, and collaborate on recruitment efforts, paying attention to spousal employment requirements.
 - Look at available Canadian recruitment data and current best practices (successful communities)
 - Link to Northern Health recruitment staff and processes to enhance efforts, without duplicating
 - Coordinate recruitment advertising, promotion campaigns and events
 - Integrate recruitment into local and area tourism and business promotion

Retention

- Invigorate a community ‘ambassador’ program, finding creative ways to tie newcomers to the community early in their tenure.
 - Plan for physician and nurse practitioner turn-over
 - Plan ahead for a range of other health care providers (nurse, physiotherapists, etc.)
 - Create targeted retention strategies based on individual, and profession-focused preferences
 - Welcome events, link to people with common interests, initiations to activities and events,
 - Provide information on schools, recreation, employment and other family needs

Priority 2: Increase access to health care services locally.

Rationale: While it’s clear that some services cannot be located in this community (or not easily in some cases), it’s also clear that in addition to working to increase locally-based services, there are also ways to increase *access* to care locally, reducing the cost and time to travel, which ranges from being an inconvenience to a significant challenge for area residents.

Action steps

Telehealth

- Increase the use of telehealth by engaging clinic staff, physicians, specialists, patients and families.
 - Develop a clear strategy for promotion and growth in the use of telehealth
 - Ensure physicians, and clinic staff, understand the benefits to telehealth (and challenges in travel)
 - In making referrals, seek specialists who will use telehealth for consults when suitable

Action steps

- Ensure hospital and clinic staff support and technology are effective to increase telehealth use
- Monitor use monthly: numbers, purposes, feedback from users

Visiting health services

- Increase visiting health services to meet community needs and to reduce travel.
 - Determine a short priority list, based on need and opportunity, to attract and retain visiting services in next one to two years
 - Proposed services to consider (from consultation): psychiatry, internal medicine, ophthalmology, physiotherapy, speech language, ultrasound, audiology
 - Remove roadblocks to attracting existing travelling services (equipment, space, staff support, travel arrangements, etc.)
 - Consider available incentives (community, Northern Health, Ministry of Health, Doctors of BC)
 - Include community-based health services as needed, and link with community to promote (dentistry, ophthalmology, physio for examples)

Support patient navigation

- Educate patients and health advocates to ask if telehealth is available for any referral
- Ensure patients make scheduled appointments, in order to make visiting services successful

Increase services based in Chetwynd

- Choose priorities and develop strategies to improve support locally for (examples from consultation below).
- Partner or strengthen collaboration between public (Northern Health) and private health care services, such as physio and speech language therapies.
 - Audiology
 - Maternity services
 - Physiotherapy
 - Speech language therapy
 - Ultrasound (if policies change over two year time)

Priority 3: Improve supports related to mental health and substance use.

Rationale: This issue arose frequently during consultations, with recognition that maintaining good mental health starts with children and goes across all ages. Every person is vulnerable. Struggling to have good mental health is an issue for many in the community, as is the issue of problems arising from substance use and often the two are concurrent. This is an area of work where Northern Health, BC government agencies, local organizations, First Nations and others may improve supports through concerted action.

Action steps

Increase counselling services and improve coordination

- Create a community Mental Health & Substance Use working group with key stakeholders and provide facilitation to:
 - Clarify gaps and identify priority needs, and work to fund and staff missing services, and
 - Improve communication and coordination of existing services (including Inter Professional Team

Action steps

at the Primary Care clinic).

Reduce mental health and substance use problems through prevention

- Work with relevant partners to increase mental health and substance use education and support through the schools in Chetwynd.

Increase access to treatment for area residents.

- Connect to Northern Health to learn results and plans from current assessment across Northern BC.
- Learn from First Nations Health and Saulneau Nations Health about access and resources.
- Ensure area providers understand how the detox beds in the hospital are used and how to access regional treatment facilities such as Northwinds.

3. How will this plan be implemented

There are two structures needed to ensure action on these priorities, and to monitor and guide the work as it moves along: an overview and guiding body, and a staff team with time allocated to work on the activities.

Health Planning Steering Committee

A Steering Committee will continue to guide the work. Its role will be to meet regularly in order to monitor progress on the plan, provide guidance, seek resources as needed, ensure good communications with area residents and engaged local organizations, and champion particular aspects of the work.

Membership:

- District of Chetwynd Council
- Carol Newsom, CAO, District of Chetwynd
- Deanne Ennis, Deputy Director Corporate Administration, District of Chetwynd
- Dr. Rafel Banas, Chief of Medical Staff
- Peter Martin, Chetwynd Site Manager, Northern Health
- Angela De Smit, NE Chief Operating Officer, Northern Health (ad hoc)
- Sarah Gauthier, Health Manager, Sauleau First Nation

Staff facilitation

Three staff members have committed time to develop a work plan for implementing the plan, and for contributing to working group formation, facilitation, research, negotiation among organizations etc. They are Peter Martin (Northern Health), Carol Newsome (District of Chetwynd) and Sarah Gauthier (Saulneau First Nation).

4. How are people feeling about health in this community?

People in Chetwynd and area are proud of their community, and see it as a place rich in resources, even while isolated. There are a richness of events and activities, an amazing recreation centre, and a strong, vibrant core of volunteers and organizations. It's a great place for families, and access to nature and recreation are well-appreciated. This all contributes to health and well-being.

"It's really five minutes to anywhere." – meeting participant

People help each other out and if someone has lived here long enough, they've been through the ups and downs that come with a town dependent on a resource-based economy. Residents are willing to work together to fix problems or to create new ways to improve the community.

When it comes to living a healthy life, some people have a harder time than others — whether due to poverty, illness, disability, mental health issues, substance use problems or isolation. In consultation meetings and interviews it became clear that fellow residents are aware of this and care about it.

*"It's a great place to live if you have the means...and a hard place if you don't."
– West Moberly respondent*

When it comes to health care services, there are concerns. They can be categorized into two ways: there is a worry that there will be a continued diminishment of health care services locally— and there is concern that the government's commitment to providing access to care often means less for remote, rural communities like Chetwynd.

Put simply, residents would like every service possible to be available locally, and when it must be located elsewhere due to specialization, rarity, shortage, or other reasons, they would like improved coordination, information, and greater support to access those services.

Finally, while there is much goodwill toward a project that might lead to improvement in the health of people in Chetwynd, there is also scepticism about this process leading to change.

5. What topics did we hear the most about?

What is working well to support health in our community?

Note: these are the most frequently noted ideas from meetings and survey input

Table 1: Working well for health

"Our biggest asset is where we live." - interviewee

Recreation and activities in abundance:

- Access to the outdoors, in town and beyond, is easy and varied
- The Recreation Centre provides a wide range of facilities and programs and is impressive for a small community
- There are opportunities for recreation for all ages, organized and self-led
- The community has a wide array of welcoming events, for all ages

This is a strong, resilient community:

-
- Chetwynd (and area) makes its way through economic ups and downs
 - People tend to support each other and come together for a common cause
 - People care about those more vulnerable and there are strong groups in place
 - The list of community assets is long: the very active library, new primary care clinic, the hospital, a range of housing options, education resources from pre-school to college)
 - Many not-for-profit organizations – providing services to women, families, those needing food, counselling, housing, safety, etc.
 - Jobs are available: it's a boom-period
 - The Hospital Foundation is growing stronger

Health Services

- There is good access to physicians and/ or nurse practitioners
- There are a range of other services locally, from dentistry, optometrists, physio, massage...
- The hospital remains 24/7 and still has a range of services, including lab and x-ray
- Nurses and other hospital staff are dedicated and helpful
- The health clinic and staff are becoming more integrated and providing good service in one location
- We have strong first responders in our fire and ambulance services
- Telehealth is allowing some health care to be done locally, reducing travel and stress
- There is increasing collaboration between Northern Health, the municipality, and First Nations
- The new First Nation Health Centre is a great resource

What needs to improve to support health in our community?

Note: these are the most frequently noted ideas

Table 2: improvements desired

Improve access to health services locally:

With changes in the way health care is delivered, and with other pressures on the system (recruitment for e.g.), there is a keen interest to have every possible service available locally, without the costs and challenges of travel. A number of approaches were suggested:

- Increase specialists and other services which could travel to the community on a scheduled basis (and improve coordination and promotion of these visits)
- Increase (and monitor) use of telehealth – through promotion, scheduling and outreach to more out-of-town providers
- Work to provide physician / nurse practitioner clinics at West Moberly and Sauleau First Nations
- Ensure access to physicians continues and consider increasing the use of nurse practitioners
- Work on a plan to have what is required to provide maternity services in Chetwynd.

Improve mental health and addictions services:

There is a need for increased support in a number of ways:

- Coordination between agencies and services can be increased in order to identify needed services and address the gaps – collaborate to solve problems
- There are gaps in counselling services (needs of children for example)

Detox and treatment support is limited and extremely important – better access to a treatment centre locally or in the area would be of great benefit

Improve support for those travelling for health care:

There are ways that travel outside the area for health care could be better scheduled and better supported. There are also ways to improve emergency transportation services.

- Improve navigation for travel – support for patients and families for scheduling effectively, information on travel and accommodation options
- There could be accommodation options developed in ‘receiving’ health care sites
- Ambulance capacity could be increased, and air transfer could be more effective

Increase efforts to attract and retain physicians and other health providers:

While there has been success recently in attracting needed physicians and a nurse practitioner, these positions will change over time and there are other key Northern Health positions open, as well as some community-based health services that could be increased. More efforts could include:

- Planning ahead for likely vacancies and ongoing-recruitment efforts
- Ongoing coordination with Northern Health, the District, First Nations, and industry/business to recruit – with spouses and family needs addressed collaboratively
- An active ‘ambassador’ program might assist with retention, as lifestyle, community fit, education and family needs are known to be determining factors in retention

Support the most vulnerable in the community, including low-income populations:

There are people who have a more difficult time living a healthy life in the community. Some improvements identified that would alleviate this for some people include:

- Local and area transportation is extremely limited for those without a vehicle or the ability to drive – this could be addressed through increased transportation options
- While there are housing options, there are challenges accessing subsidized housing and challenges finding rental housing that is affordable with a low income
- Food security is an issue, with a growing need for a food bank and a need to increase the availability of healthy, fresh food for those with challenges
- Access to recreation and cultural activities could be improved, although it was also recognized that some existing opportunities are not being used (rec passes via the library for example)

Support for families and children:

This is a young community and while there are many resources for families and children, some gaps were identified where there could be improvement:

- An indoor playground for 0 to 10 year olds, with a focus on unstructured play
- Increase licensed childcare places
- Early childhood therapies have long waiting lists and often no local resources (assessment, speech/language, psychiatry, support for autism spectrum etc.)

Other ideas raised:

Many other ideas for improving health were raised – some that are about building a healthy community and some are direct health service enhancements. Some of these include:

Health services

- More natural and complementary health services
- Improved customer service from doctors, clinic staff and the hospital
- Create a needle exchange
- A health newsletter to provide information and promote health
- More home support and home care support
- Monitor and report on air quality

Improving the community

- Diversify the economy to smooth out the industry ups and downs and the impact on people
- Provide more activities for teens
- Develop better understanding and supports for LGBTI folks
- Improved sidewalks
- Healthier food alternatives (stores and eateries)

6. Priorities for action

Note: This outlines the priorities that were agreed to pursue to 2020, which are also described in the Executive Summary. Following this is the entire list of 15 possible priorities.

Priority 1: Increase efforts to recruit and retain health care providers.

Rationale: Almost every community in Canada is competing for health care providers, such as physicians, nurses and nurse practitioners. Other health workers are also in short supply — and recruitment and retention are particularly challenging in small and more isolated communities such as Chetwynd. The other priorities in this plan rely on having needed staff in place.

Action steps	Likely to involve
<u>Recruitment</u>	
<ul style="list-style-type: none">▪ Create an ongoing working group that includes Northern Health, District of Chetwynd, First Nations, industry (including Tumbler Ridge) and local business community. Develop a work plan – action suggestions below.▪ Coordinate efforts between parties - work together to identify gaps and needs, and collaborate on recruitment efforts, paying attention to spousal employment requirements.<ul style="list-style-type: none">○ Look at available Canadian recruitment data and current best practices (successful communities)○ Link to Northern Health recruitment staff and processes to enhance efforts, without duplicating○ Coordinate recruitment advertising, promotion campaigns and events○ Integrate recruitment into local and area tourism and business promotion	<ul style="list-style-type: none">▪ Northern Health (local and HR recruiters)▪ District of Chetwynd▪ Saulneau and West Moberly First Nations▪ Chamber of Commerce▪ Industry leader(s)▪ Ministry of Health▪ Doctors of BC
<u>Retention</u>	
<ul style="list-style-type: none">▪ Invigorate a community ‘ambassador’ program, finding creative ways to tie newcomers to the community early in their tenure.<ul style="list-style-type: none">○ Plan for physician and nurse practitioner turn-over○ Plan ahead for a range of other health care providers (nurse, physiotherapists, etc.)○ Create targeted retention strategies based on individual, and profession-focused preferences	

Action steps	Likely to involve
<ul style="list-style-type: none"> ○ Welcome events, link to people with common interests, initiations to activities and events, ○ Provide information on schools, recreation, employment and other family needs 	

Priority 2: Increase access to health care services locally.

Rationale: While it’s clear that some services cannot be located in this community (or not easily in some cases), it’s also clear that in addition to working to increase locally-based services, there are also ways to increase *access* to care locally, reducing the cost and time to travel, which ranges from being an inconvenience to a significant challenge for area residents.

Action steps	Likely to involve
<u>Telehealth</u>	
<ul style="list-style-type: none"> ▪ Increase the use of telehealth by engaging clinic staff, physicians, specialists, patients and families. <ul style="list-style-type: none"> ○ Develop a clear strategy for promotion and growth in the use of telehealth ○ Ensure physicians, and clinic staff, understand the benefits to telehealth (and challenges in travel) ○ In making referrals, seek specialists who will use telehealth for consults when suitable ○ Ensure hospital and clinic staff support and technology is effective and resourced to increase telehealth use ○ Monitor use monthly: numbers, purposes, feedback from users 	<ul style="list-style-type: none"> ▪ Hospital and clinic staff ▪ Physicians and nurse practitioner ▪ Specialized services in Dawson Creek, Fort St. John, Prince George and other referral sites ▪ Saulteau First Nations ▪ Recruitment working group (see above priority)
<u>Visiting health services</u>	
<ul style="list-style-type: none"> ▪ Increase visiting health services to meet community needs and to reduce travel. <ul style="list-style-type: none"> ○ Determine a short priority list, based on need and opportunity, to attract and retain visiting services in next one to two years ○ Proposed services to consider (from consultation): psychiatry, internal medicine, ophthalmology, physiotherapy, speech language, ultrasound, audiology ○ Remove roadblocks to attracting existing travelling services (equipment, space, staff support, travel arrangements, etc.) ○ Consider available incentives (community, Northern Health, Ministry of Health, Doctors of BC) ○ Include community-based health services as needed, and link with community to promote (dentistry, ophthalmology, physio for examples) 	
<u>Support patient navigation</u>	
<ul style="list-style-type: none"> ○ Educate patients and health advocates to ask if telehealth is available for any referral ○ Ensure patients make scheduled appointments, in order to make visiting services successful 	

Action steps**Likely to involve**Increase services based in Chetwynd

- Choose priorities and develop strategies to improve support locally for (examples from consultation below).
- Partner or strengthen collaboration between public (Northern Health) and private health care services, such as physio and speech language therapies.
 - Audiology
 - Maternity services
 - Physiotherapy
 - Speech language therapy
 - Ultrasound (if policies change over two year time)

Priority 3: Improve supports related to mental health and substance use.

Rationale: This issue arose frequently during consultations, with recognition that maintaining good mental health starts with children and goes across all ages. Every person is vulnerable. Struggling to have good mental health is an issue for many in the community, as is the issue of problems arising from substance use and often the two are concurrent. This is an area of work where Northern Health, BC government agencies, local organizations, First Nations and others may improve supports through concerted action.

Action steps**Likely to involve**Increase counselling services and improve coordination.

- Create a community Mental Health & Substance Use working group with key stakeholders and provide facilitation to:
 - Clarify gaps and identify priority needs, and work to fund and staff missing services, and
 - Improve communication and coordination of existing services (including Inter Professional Team at the Primary Care clinic).

- Northern Health clinic
- Community based counsellors
- MCFD
- CMHA
- Sauleau First Nations
- School District
- Industry leader(s)

Reduce mental health and substance use problems through prevention.

- Work with relevant partners to increase mental health and substance use education and support through the schools in Chetwynd.

Increase access to treatment for area residents.

- Connect to Northern Health to learn results and plans from current assessment across Northern BC.
- Learn from First Nations Health and Sauleau Nations Health about access and resources.
- Ensure area providers understand how the detox beds in the hospital are used and how to access regional treatment facilities such as Northwinds.

Full list of possible priorities (15)

From consultation and planning (not in priority order)

1. **Improve access to health care:** Choose priorities and work to offer as many services locally as possible (examples: ultrasound, audiology, maternity, physio, speech language therapy). *in the plan*
2. **Improve access to health care:** Increase efforts at finding and keeping physicians and other health care providers, through collaborative effort with industry/business, health, local government, First Nations etc. Invigorate an ‘ambassador’ approach to ‘lock’ new hires and their families into the community. *in the plan*
3. **Improve access to health care:** Support the Integrated Professional Team (clinic), and increase patient and community understanding of the benefits of the approach (and how it works).
4. **Improve access to health care:** Increase telehealth use and visiting services to Chetwynd and area (increase uptake and coordination of telehealth, and develop concerted strategy to bring more visiting services). *In the plan*
5. **Improve access to health care:** Improve coordination and support for people who must travel for health care (educate providers outside Chetwynd, and provide ‘navigation’ support for patients and families around travel, accommodation and scheduling). *in the plan*
6. **Mental Health and Addictions:** Work with others to create a treatment facility (local or in the NE).
7. **Mental Health and Addictions:** Reduce mental health and addictions problems through prevention (in schools). *in the plan*
8. **Mental Health and Addictions:** Increase counseling services and improve coordination between all providers (NH, agencies, MCFD, First Nations, Clinic, physicians...). *in the plan*
9. **Increase collaboration in health care with First Nations:** Create an ongoing coordination group around health and wellness issues.
10. **Increase collaboration in health care with First Nations:** Work to offer physician or nurse practitioner clinics at First Nations health centres.
11. **Support for vulnerable residents:** Increase transportation options in town and surrounding area (a shuttle service for example).
12. **Support for vulnerable residents:** Ensure adequate low-income housing and full use of it.
13. **Support for vulnerable residents:** Remove barriers (money, travel, stigma, lack of information) for access to recreation and other community activities.
14. **Enhance children's services:** Increase licensed childcare spaces.
15. **Enhance children's services:** Support the community initiative to create an indoor playground.

7. Appendices

Appendix A: Participation in Consultation

More than 200 people participated in an online questionnaire and / or facilitated meetings or interviews.

Questionnaires were received from:

Community	#
Chetwynd	75
Peace River Regional District	16
Saulteau First Nation	4
Other – Terrace (oddly)	1
Total	96

The following meetings and interviews took place:

- Chamber of Commerce
- Clinic and IPT (NH)
- Conuma Coal rep
- Firefighters and BC Ambulance
- Hospital staff (NH)
- Mayor Nichols
- Physicians – Chief of Staff
- Public Meeting
- Saulteau First Nation #1
- Saulteau First Nation #2
- Seniors Coffee Group (at A&W Headquarters)
- Stakeholder group (organizations)
- Steering Committee
- West Moberly First Nation #1
- West Moberly First Nation #2

Appendix B: Consultation Questions

The questions below were asked in some way during meetings, interviews and in the online questionnaire.

A healthy community

People hope for a long and healthy life for themselves and their loved ones. At some time, everyone struggles to be healthy and for some it's a long struggle. A healthy community is a place that supports that hope in many ways – from birth to the end of life. Elements essential for good physical and mental health include:

- Adequate housing, clean water, access to good food and enough money for the basics;
- Transportation and mobility;
- Safety and security (police and fire services for example);
- Physical activity and time outdoors (organized activities like sports or unorganized like hiking, fishing, hunting, biking etc);
- Inclusion: feeling part of the community, the culture, and ability to participate in activities;
- Education and employment opportunities; and
- Access to health care services.

Question 1: When you think of the Chetwynd area today, what are the strengths we have that make this a healthy community? Describe 1 to 3 strengths — be specific and feel free to use examples. *(Please focus on the positive for this question.)*

Question 2: When you think of the Chetwynd area today, what do we need to improve to be a healthy community? Describe 1 to 3 improvements that you think are priorities — be specific and feel free to use examples. *(We ask about health care services separately, so focus on other elements of creating a healthy community here.)*

Health services

Health services include supports important to preventing illness, maintaining good health, supporting people with short-term or chronic illnesses, and easing the final decline at the end of life. Much is provided through government, such as Northern Health, BC Ambulance, and access to physician/nurse practitioners — while some are (mostly) privately offered, such as optometry, physiotherapy and dentistry.

Some are provided locally, and some require travel. Chetwynd is a small community with unique challenges.

When you think of health care services, consider a range, for example:

- Primary care: access to a doctor or nurse practitioner and the other services coordinated for you – from prescriptions, lab tests to mental health or specialist referrals;
- Emergency care: ambulance service, emergency room, trauma stabilization and transport;
- Community health services: home care and home support, environmental health, baby health, mental health and addictions services, etc.;
- Acute and long-term care beds in hospital or facility;
- Specialized care: visiting professionals, Telehealth (video) or travel to other centres;
- Prenatal and post delivery assessment or visits. birthing; and
- End of life support.

Question 3: When you think of health services in Chetwynd today, what do you think is working well? Describe 1 to 3 strengths — be specific and feel free to use examples.

Question 4: When you think of health services in Chetwynd today, what do you think needs to improve? What are you concerned about? Describe 1 to 3 improvements or concerns that you think are priorities — be specific and feel free to use examples.

Your priorities

Striving for good health is a personal effort, a community and cultural part of life, and is also related to health services that a person needs throughout their life.

Question 5: What are 1 to 3 things you would do to make Chetwynd and area a healthier community for everyone?

Question 6: Is there anything else you'd like to say?

Note: This section was only used in the online questionnaire.

Are you aware of these services and activities?

We'd like to know what you know about health and health-related services in Chetwynd. Please check the box next to any service or activity you are already aware of.

I am aware of.... (Check the boxes of those you know about)

Community service or support to help people live well

- | | |
|---|--|
| <input type="checkbox"/> Aboriginal Community Wellness Program | <input type="checkbox"/> Kici-Awasimsak Family Centre |
| <input type="checkbox"/> Axis Family Resources Ltd | <input type="checkbox"/> Mickey's Place Youth Drop-In |
| <input type="checkbox"/> BC Responsible & Problem Gambling Program | <input type="checkbox"/> Ministry of Children & Family Development |
| <input type="checkbox"/> Chetwynd Breast Pump Program | <input type="checkbox"/> Moccasin Flats Métis Society |
| <input type="checkbox"/> Chetwynd Christmas Bureau Society (2003) | <input type="checkbox"/> Northern Lights College |
| <input type="checkbox"/> Chetwynd Resource Corner at the Library | <input type="checkbox"/> Pine Valley Seniors |
| <input type="checkbox"/> Chetwynd Public Library | <input type="checkbox"/> Positive Living North No kheyoh tt"siih"en tt"shena Society |
| <input type="checkbox"/> Chetwynd SDA Community Services | <input type="checkbox"/> Sauteau First Nations – Family and Social Development |
| <input type="checkbox"/> Emergency Food Program | <input type="checkbox"/> Sauteau First Nations – Health Centre Services |
| <input type="checkbox"/> Chetwynd Senior Citizens Housing Society | <input type="checkbox"/> Shriners of BC –Chetwynd Chapter |
| <input type="checkbox"/> RCMP Victim Services | <input type="checkbox"/> StrongStart |
| <input type="checkbox"/> Chetwynd Society for Community Living | <input type="checkbox"/> Success By 6 / Children |
| <input type="checkbox"/> Children Who Witness Abuse (CWWA) | <input type="checkbox"/> Sukunka Group (Chetwynd Social Planning) |
| <input type="checkbox"/> Crisis Prevention, Intervention and Information Centre for Northern BC | <input type="checkbox"/> Tansi Friendship Centre |
| <input type="checkbox"/> Dakii Yadze Centre (Child Care Programs) | <input type="checkbox"/> The Healing Garden & Chetwynd Community Garden |
| <input type="checkbox"/> District of Chetwynd Healthy Community | <input type="checkbox"/> West Moberly First Nations – Health |
| <input type="checkbox"/> District School Liaison For Family Support | <input type="checkbox"/> Women Counselling Support |

Health Care Services

Hospital

- | | |
|---|---|
| <input type="checkbox"/> Acute care | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Long Term Residential Care | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Aboriginal Patient Liaison |
| <input type="checkbox"/> Medical imaging | <input type="checkbox"/> Northern Connections Bus |

Other Health Care Services

- Ambulance services (land and air)
- Dental offices
- Physiotherapist
- Chiropractor
- Massage Therapists
- Optometrist
- Child Youth Mental Health services
- Pharmacy

Clinic and Wellness Centre

- Physicians (GPs)
- Nurse Practitioner
- Social Worker
- Primary Care Nurses (wound care, minor procedures)
- Referrals to specialized services
- Mental Health and Addictions
- Public Health
- Home and Community Care (Home Support, case management, Home Care Nursing)
- Visiting Dietician
- Visiting Occupational Therapist

Chetwynd and area recreation services and facilities

Chetwynd Recreation Centre

- Skating (free on Mondays between 5:15-5:45 pm and toonie Friday 6:45-7:45 pm)
- Fitness: Yoga, TRX, Suspended Fitness Training, Circuits, Cycle Fit, Karate
- Swimming pool (toonie Wednesday 6:30-8:00 pm)
- Indoor Walking Track (free)
- Gym: drop-in, memberships (with after-hours access)
- Climbing Wall (drop-ins, rentals and toonie Tuesday 5:30-7:30 pm)
- Skateboard Park (free)
- Outdoor Fit Park (free)
- Indoor Tennis
- Drop-in Hockey

Other wellness activities and facilities

- Visitor Centre (via Imagine Chetwynd) loans bikes, tennis, racquetball & badminton racquets, balls, snow shoes, cross country skis, fishing rods and more (free)
- Indoor Riding Arena at Pine Valley Exhibition Centre
- Snowshoe and cross-country trails (free)
- Events: Canada Day, Harvest Festival, Music in the Park
- KidSport – subsidized organized sports for families
- Children & Youth: mini athletes, mini chefs, creative play
- Summer Camps
- Fun Events: Skate with Santa, Ghoulish Affair, British Soccer Camp
- Playgrounds in every District subdivision
- 174 kilometres of District-maintained trails
- Soccer Fields at Rotary Park (near airport)
- Ball Fields near Pine Valley Exhibition Centre
- Tennis Court and Pickle Ball at Don Titus Elementary School (free)
- Community Forest Interpretive sites (free)
- Library Programs
- Circus North (free for kids)
- Runs: Terry Fox, Fall Colour and Turkey Trot, Santa Shuffle, 5km Chocolate Fun, Chainsaw ½ marathon
- Youth & Pre-Teen: dances, non-instructional day activities, Off the Wall Court Club, gymnastics
- Outdoor Basketball
- Outdoor Skating in Spirit Park (free)
- Outdoor Volleyball in Spirit Park (free)
- Horseshoe pits at Seniors' Activity Centre
- Biking/Running/Hiking/Walking systems (groomed)

