

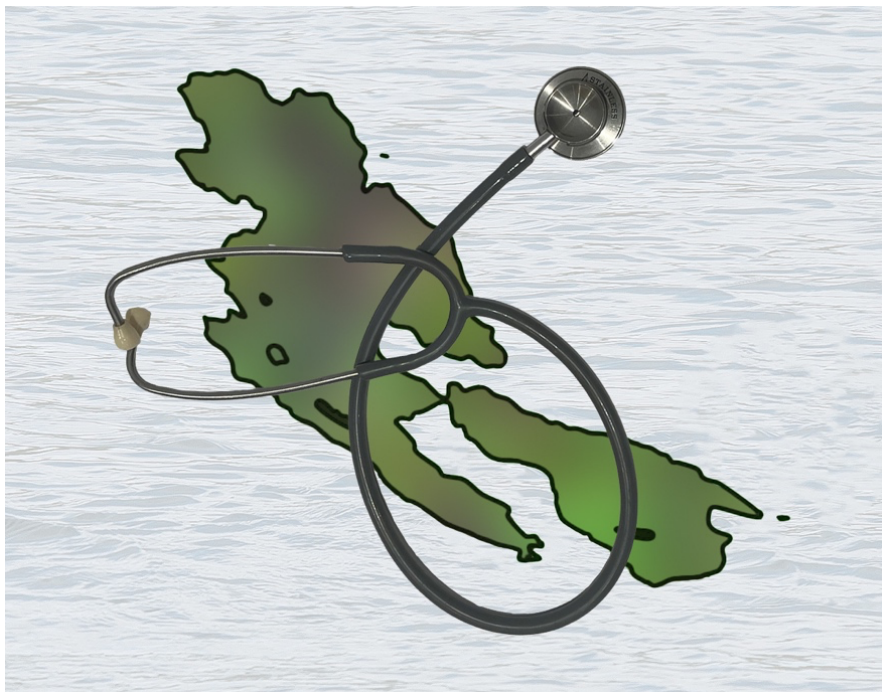


Community Survey 2024

Health & Wellness Services Needs

Pender Islands

Condensed Report



March 2024

**Pender Islands Health Care Society
Communications Committee**

Acknowledgments

We are thankful for assistance from many individuals and groups.

The Pender Islands Health Care Society (PIHCS) supported the survey with stellar administrative assistance, funding, insightful feedback on survey design, and in getting the word out about the survey itself.

We thank Dyan Dunsmoor-Farley of the Gabriola Island Health and Wellbeing Collaborative for generously sharing her expertise and feedback particularly in the initial survey design stages.

Numerous individuals and community groups were instrumental in sharing the survey link with their members and associates, and in encouraging uptake. The Public Library’s computers were offered for the public to use, and paper copies were distributed in several gathering places on Pender.

And finally, we are most appreciative of all 728 Penderites’ gift of time to take the survey. We asked to hear the voices of the community, and they spoke up. Their invaluable feedback, including written comments, helped identify themes and areas of concern to assist in planning.

Notes:

1. In this report, our community may be referred to as the Pender Islands, Pender Island or the Penders. Unless specifically noted as North or South Pender Island, the above terms reflect both islands together as one community.
2. References to 2021 Census data are specific to North and South Pender Islands.



We acknowledge with respect and gratitude that we live, work and play on S,DÁYES, known in English as the Pender Islands, which is part of the larger unceded traditional territories of the WSÁNEĆ First Nations. The WSÁNEĆ people are also known as being part of the Coast Salish First Nations, and have lived on these lands for thousands of years.

Table of Contents

1 Executive Summary	4
2 Context	5
2.1 Population.....	5
2.2 Health Care on the Pender Islands.....	5
2.3 Purpose & Goals of Survey.....	5
3 Survey Methodology	6
3.1 Design.....	6
3.2 Distribution and Response.....	6
3.3 Analysis	6
4 Results.....	7
4.1 Demographics (Questions 1-12).....	7
4.2 Awareness and Use of Health Services on Pender (Questions 13-24)	8
4.3 Awareness and Use of Wellness Services on Pender (Questions 25-30)	10
4.4 Mental Health (Questions 31-34).....	12
4.5 Resilience and Health (Questions 35-39)	13
4.6 Priorities for Health and Wellbeing (Questions 40-43)	14
5 Implications and Recommendations	16
5.1 The Top Three Priorities.....	16
5.2 The Following Were Not Far Behind	16
5.3 Recommendations for the Immediate Term.....	16
5.4 Next Steps	17
6 Appendices	18
Appendix A: The Pender Islands Health Care Society	18
Appendix B: PIHCS Programs and Services	19
Appendix C: History of the Pender Islands Health Care Society and Health Centre	20
Appendix D: Community Organizations, Groups and Services on Pender Island.....	21
Appendix E: The 2024 Health and Wellness Needs Survey, February 2024	22
7 References.....	23

1 Executive Summary

In early February 2024 the Pender Islands Health Care Society (PIHCS)¹ launched a comprehensive health care needs survey to help identify service gaps and community priorities.

Community engagement was excellent, with 728 responses, (26% of our population) and a remarkable 2,871 written comments. The response demographic mirrored 2021 Census data, indicating the survey reached and represents the island population. Slightly more women than men responded when compared to Census gender distribution.

Generally, health and wellness services on Pender are reported to meet most or some of the needs of most residents. However, there was dissatisfaction with the availability of or accessibility to some services.

Top community priorities included:

- Access to an additional primary care provider, and reduced wait times
- Improved access to lab services
- Expanded mental health and allied health services and coverage

Other top concerns included:

- Seniors' supports and aging in place
- Emergency response, urgent and after-hours care
- Difficulties travelling off Pender for medical appointments
- Financial stress and housing challenges
- Substantial confusion regarding how to access services

Recommendations arising from the survey include:

- Redoubling efforts to recruit an additional family physician
- Seeking laboratory accreditation, improving availability of services
- Advocating for more social work, mental health, addictions, counselling and allied health services
- Enhancing established seniors' support services, and exploring new services
- Improving communications with the community (pamphlets, newsletters, open forums)
- Seeking funding for a health services navigator
- Establishing community and stakeholder advisory groups
- Exploring benefits and synergies of a Primary Care Network with other Outer Gulf Islands

In late February 2024, preliminary results were shared in a community meeting, where comments reflected the same themes and priorities. In early May, another open community meeting will share final results and a progress report.

PIHCS will continue advocating for appropriate funding, offering public engagement and feedback opportunities, working on building advisory groups and liaising with other islands.

¹ See Appendices A and B for PIHCS mandate and a short history

2 Context

The Pender Islands Health Care Society (PIHCS) facilitates access to primary health care and complementary services to support the health and wellbeing of the Pender Islands community. PIHCS is governed by a volunteer board of directors who appoint an executive director, responsible for the day-to-day operations of the Society. The goal is quality, accessible health care and wellness support for the community.

2.1 Population

As of 2021, Pender was home to 2773 people, 20% more than in 2016. The median age (half the population is younger than this, and half is older) on North Pender is 61.6 years, and on South Pender 65.5 years, both much higher than the provincial median of 42.8 years. Pender also is seeing more young families, with a marked rise in the number of children from 2016 to 2021². The number of residents over 65 in the Outer Gulf Islands (Pender, Mayne, Saturna and Galiano), is predicted to increase over the next 20 years.³

2.2 Health Care on the Pender Islands

The Pender Islands Health Centre includes a medical and a dental clinic, an urgent treatment room, space for allied health practitioners and an ambulance bay. PIHCS owns the building, and all practitioners run independent practices, renting space. The Centre hosts community nurses and a part-time public health nurse. Providers include physicians, a nurse practitioner (NP), dentist, chiropractor, audiologist, acupuncturist, and massage therapists. One physician position (out of 2.5 FTE) remains unfilled. Another NP is to be added this spring. PIHCS also partners with other groups to facilitate various wellness activities. There is a private pharmacy and a private physiotherapy service in the community.

Pender Island is rural and remote, and dependent upon ferries; specialty services are available only off-island. After-hours availability of physicians is limited, and the on-call doctor may be on another island. Urgent care patients may travel by ferry to receive care at Saanich Peninsula, Victoria General or Royal Jubilee Hospital, on Vancouver Island. Urgent evacuations are by water taxi or helicopter.

Pender, Galiano, Mayne and Saturna (Outer Gulf Islands) are exploring forming a Primary Care Network (PCN) with some shared services, leveraging commonalities to advocate for appropriate service levels.

2.3 Purpose & Goals of Survey

The survey aimed to assess community perception of health and wellness services and gaps, and related priorities going forward; community engagement and feedback can help services respond to needs⁴.

The goals of the survey were to:

- Identify current gaps in health and wellness services, and evaluate status of identified priorities
- Use qualitative data (written comments) to add context and nuance to quantitative results
- Use data to support appropriate levels of funding
- Demonstrate that community concerns are heard and can be acted upon
- Determine next steps to address community needs

A coincidental outcome of the survey was increased awareness of health services on Pender, and a desire for more information. PIHCS is committed to sharing results with the community.

² Statistics Canada Census Profiles, 2016 & 2021

³ BC Community Health Service Area (CHSA) Health Profile (Version 2.0), 2023

⁴ BC Ministry of Health Public Engagement Framework, 2018

3 Survey Methodology

3.1 Design

The survey, anonymous and voluntary, included 43 questions, chosen to reflect previously identified community concerns and to explore emerging issues and their effect on health and wellness. Demographic information was compared, where possible, with data from the 2021 Census.

Questions were designed to avoid bias and leading influences. Boxes for narrative input were plentiful, and added depth to the answers. There was a combination of multiple choice (check one), multiple options (check all that apply), and rating scales (e.g. from satisfied through to dissatisfied). Many included the options Prefer not to answer and Would need more information to answer.

Survey questions were reworked, reviewed and tested, rewritten, and re-ordered. As with any survey, a balance was struck between getting enough data, and having a survey short enough for people to actually complete. Each question was reviewed for its relevance to the goals of the project.

3.2 Distribution and Response

The survey was available online through the Society website⁵, with paper copies placed at the Health Centre, the Community Resource Centre, the Food Bank and the Community Hall. Sixteen paper copies and 712 online responses were returned. Community groups and partners were extremely helpful in getting the word out.

Advertising included the monthly Pender Post, social media, posters at various gathering places and bulletin boards, and staffed information tables at the Saturday Market and at the Island's main shopping area, the Driftwood Centre. The survey was open for two weeks from Feb. 1-15, 2024.

3.3 Analysis

There were 728 responses in total (26% of the population). Some respondents skipped some questions; the final completion rate was 91% (24% of the population). Assuming that this represents a random sample of the population, this is enough to generate a confidence level of 95% with a margin of error of 3.33% (meaning that if the survey were conducted 20 times, 19 of those times would show the same results within 3.33% on each side of the mean).

Answers to many questions were cross-referenced – for example, comparing how people of different ages responded to particular questions. Due to rounding and the skipped questions, not all percentages add up to 100%.

Analysis of qualitative responses included examining the frequency of certain words, ideas or themes, and tracking consistency among questions. Reading, re-reading, grouping and re-grouping 2871 comments was a formidable task; every comment represented someone's thoughts, experiences and opinions.

⁵ <https://penderislandhealth.org>

4 Results

4.1 Demographics (Questions 1-12)

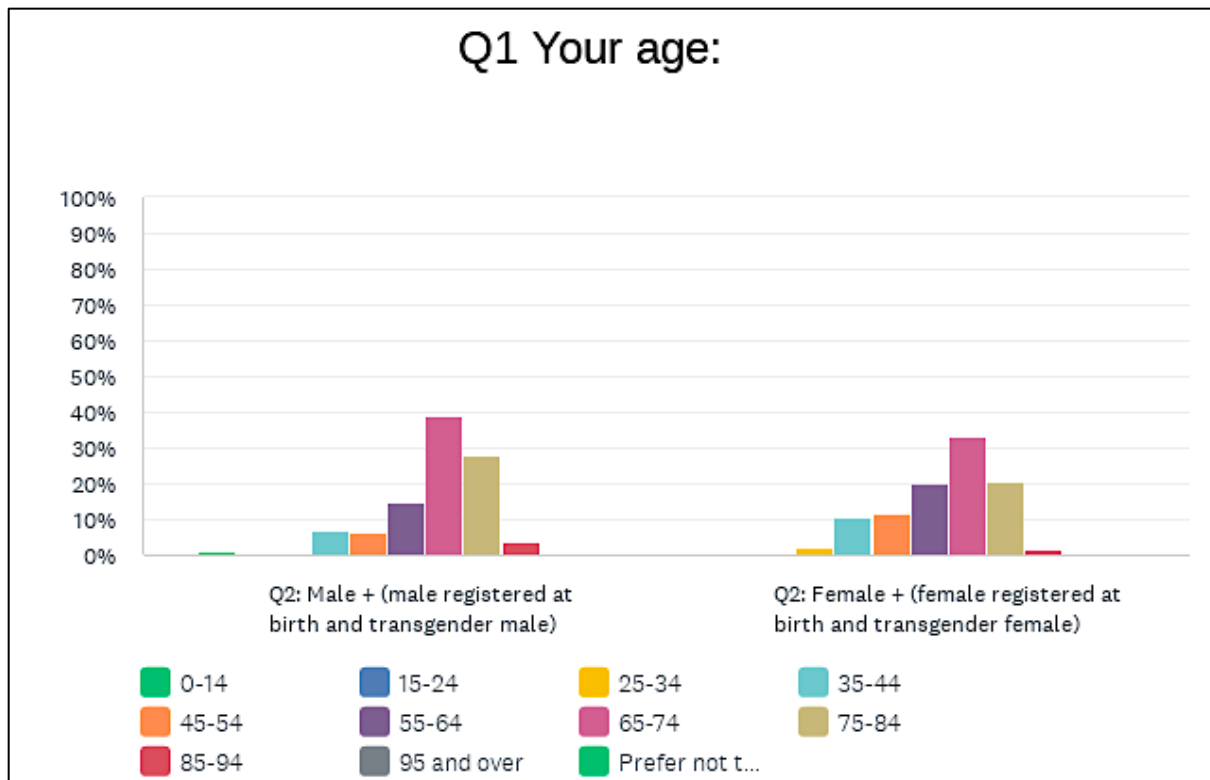
Demographic information was collected to determine how responses varied with factors such as gender, age, income, household makeup, and others. Responses were consistent with Census 2021 data, except there were more responses from females and from those with higher education.

General characteristics of the majority of survey participants:

- 65 years or older - 60% (*)
- Female - 60% (**)
- On North Pender - 90% (*)
- Full-time residents - 87%
- On Pender more than 10 years - 55%
- In a two-person household - 67% (*) 54% (
- Have no children in the house - 83% (*)
- Own their home - 90% (*)
- Household income level of more than \$60,000 - 57% (*)
- Retired - 60%
- Have higher education - 54% (**); slightly higher on S Pender (*)

(*) Indicates this is consistent with Census 2021 data

(**) higher than census 2021

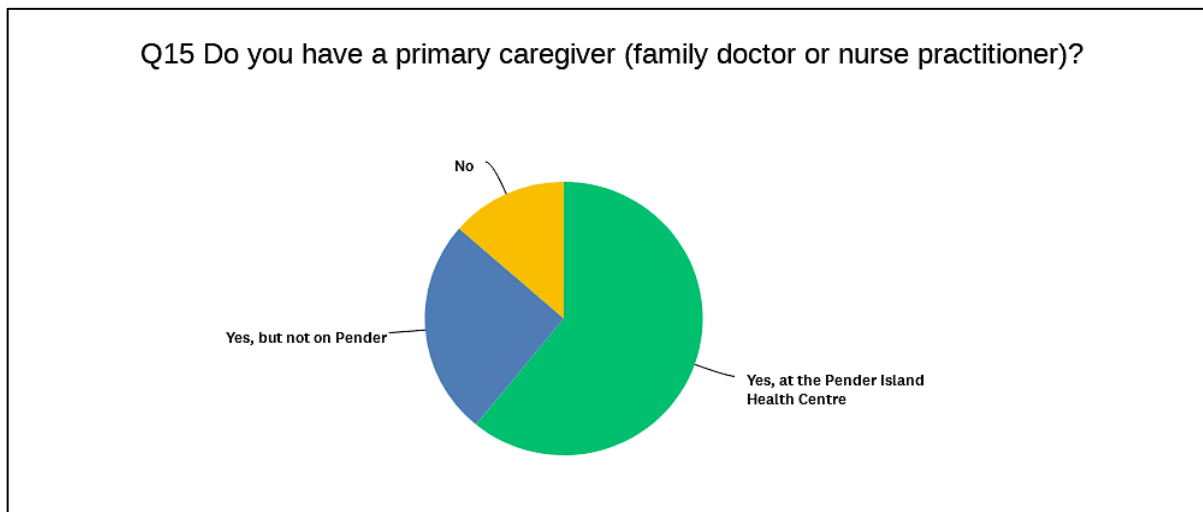


Question 9 asked respondents whether accommodation or shelter costs were greater than 30% of income. There was a marked difference between renters and owners, and a significant change in renters’ responses over the past few years. Census 2021 shows 13% of Pender owners and 34% of tenants spending more than 30% of their income on shelter⁶. But in this 2024 survey, the reported numbers are 13% and 72%, respectively. Significant financial stressors can affect physical and mental health⁷.

4.2 Awareness and Use of Health Services on Pender (Questions 13-24)

Over half of survey respondents read about local health services in the monthly *Pender Post* and just under half use social media more. A majority of comments requested a regular email newsletter. For general health information or advice, 811 (HealthLink) was frequently cited as extremely helpful in determining how urgent an issue might be, and what to do about it.

Two thirds of respondents are registered at the Health Centre, and most of these (87%) are satisfied with this primary care. One quarter go off-island for primary care, due to being part-timers here or having a longstanding relationship with their current (off-Pender) doctor. Over half of these with off-island care said they would switch to Pender when capacity allows. Over 13% of all respondents have no primary care at all, on or off-island, and of those, 60% are on the waitlist here. Frustration and a desire for more information were expressed regarding the waitlist and access to urgent care. One third of the comments expressed confusion about their status following one physician’s retirement. People with expectations equivalent to urban walk-in clinics were unsatisfied. All patients registered with the Health Centre were able to make non-urgent appointments, mostly within a two-week window.



The waitlist to become attached to the Health Centre, updated in February 2024, stands at approximately 365. Several individuals state they have been on the waitlist for years. Patients who were previously on the patient panel of our retired physician are still considered attached to the clinic, although they are currently awaiting resolution of their status to an attached panel of a provider.

⁶ Census 2021

⁷ Social Determinants of Health: Canadian Perspectives, D. Raphael, 2016

There was a general satisfaction rate of 89% with urgent care. Three quarters of respondents who are registered at the Health Centre were seen on the same day, and 19% were seen within two days. Over half of unregistered respondents did not try to make an urgent appointment. Of those who did, the majority were seen on the same day but others were unable to get in. Comments expressed confusion around what constitutes urgent care (non-life-threatening, but needing immediate care).

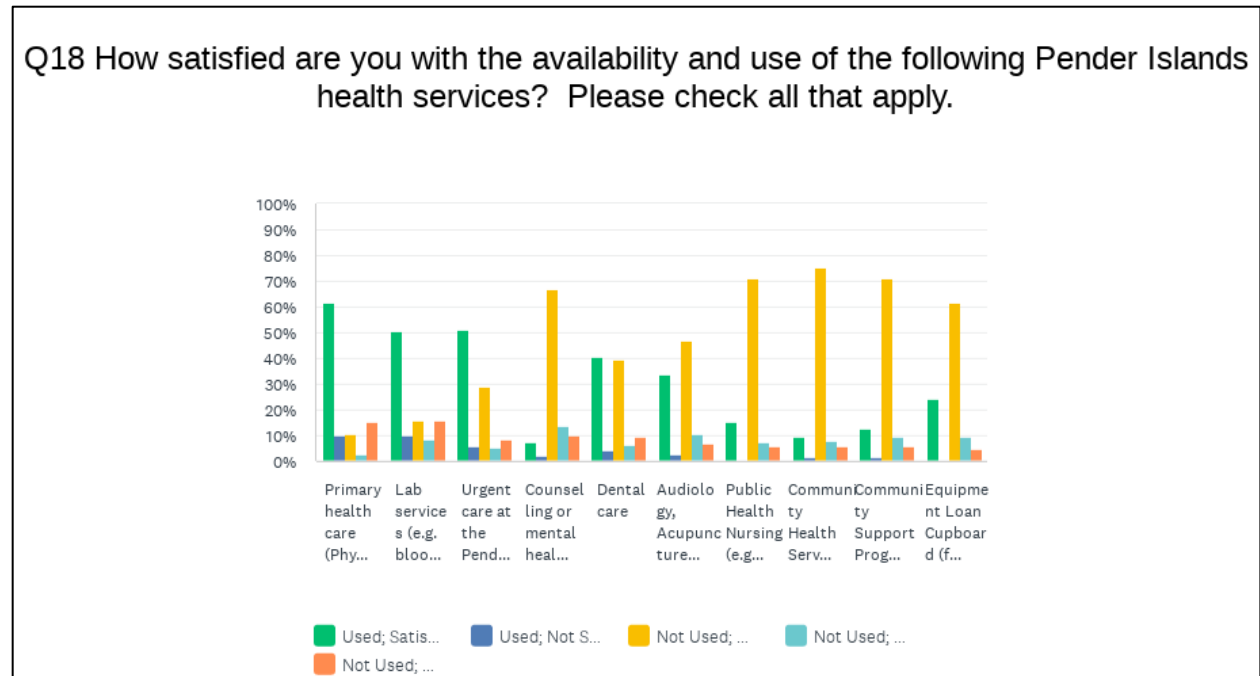
“I would like to be on the wait list but don’t know how to apply.”

“Have been very impressed with the services we have received. Do wish that more services were available on Pender, and that urgent care was accessible on weekends ...”

“Access to primary care and lab services often have long wait times or are unavailable.”

Lab services garnered a 72% satisfaction rate. Comments cited limited local availability and the inconvenience of accessing services off Pender, especially during the working day.

Mental health and counselling services are reported to be inadequate and difficult to access. Over 9% of respondents utilized these services, and a quarter of these were dissatisfied. Another 9% indicated they hadn’t used these services due to difficulty accessing them, and 13% were unaware of the services offered. Cost, off-island or on-island, was frequently listed as a concern.



Just under half of respondents used on-island dental care, with a 90% satisfaction rate.

Those using allied health services (audiology, acupuncture, massage, chiropractic care) reported an 85-95% satisfaction rate. However, 13% of individuals aged 35-44 rated these services as difficult to access and 17% of those aged 55-64 were not aware of the services. Response patterns did not differ by gender.

Public health nursing satisfied 95% of respondents. Ages 25-44 had the highest proportionate use.

About two thirds using community health services (home nursing, home medical support, palliative care) were over 65 years of age; 87% were satisfied with access and use. Comments included a desire for more nurses, equipment and time with patients. Respite care for family caregivers was strongly desired.

Of the 89 respondents using community support programs (Better at Home, exercise classes, volunteer drivers, volunteer income tax assistance), 90% reported satisfaction with accessibility and use. Comments included gratefulness for these services and a wish for more.

The vast majority (99%) of those using the free loan of equipment from the Health Centre reported satisfaction and comments indicated thankfulness for the service.

Over half of respondents regularly travel off Pender to access hospital or diagnostic services and specialists (including eye care and dental care), and almost half use off-island lab services. For medically necessary trips authorized by their primary care provider or specialist, two thirds use the Travel Assistance Program (TAP) to cover the ferry cost. Some find it difficult to set up and use, and 12% indicated they were not aware of the program. Travel for services such as optometry and dentistry is not covered.

About one quarter of respondents reported returning to Pender after discharge from hospital. Two thirds of these found services on Pender adequate for their continued recovery. One third said available services did not meet their needs. Several reported lack of follow-up from their specialist or primary caregiver.

First responders and emergency personnel, mentioned in several comments, were greatly appreciated.

4.3 Awareness and Use of Wellness Services on Pender (Questions 25-30)

Wellness programs, though well-received, were often inconvenient for working individuals, and many are geared to older age groups. There was limited awareness of self-help groups, mental health and counselling options, especially in the 25-44 age group. Requests for more affordable counselling and therapy, which received a 66% satisfaction rate, were common. Chronic pain, mental stress, anxiety, and financial strain were identified as significant issues. Additionally, a quarter of respondents, mainly older individuals, expressed plans to move off Pender due to limited health services as they age.

In general, women were significantly more satisfied than men with opportunities for physical exercise, health and learning opportunities, and with availability and accessibility of counselling and mental health services. There were no statistical differences between North and South Pender responses.

Mobile mammography services had mixed reviews, mostly around scheduling, and there were requests for more services and opportunities to be available at convenient times for working people and families.

The Speaker Series saw 12% (mostly older age groups) attending or viewing the videos. Previous topics include Type 2 diabetes, the human genome and health, cardiovascular disease in women, and healthy aging to avoid frailty. Comments asked for better advertising and suggested ideas for future talks.

“I wasn’t aware of this series, but now looking forward to checking them out. I’d be interested in topics such as immune system, women’s health, gut health, early detection/screening for cancer.”

“Brain health, staying fit and active, the immune system, cholesterol, blood pressure, first aid.”

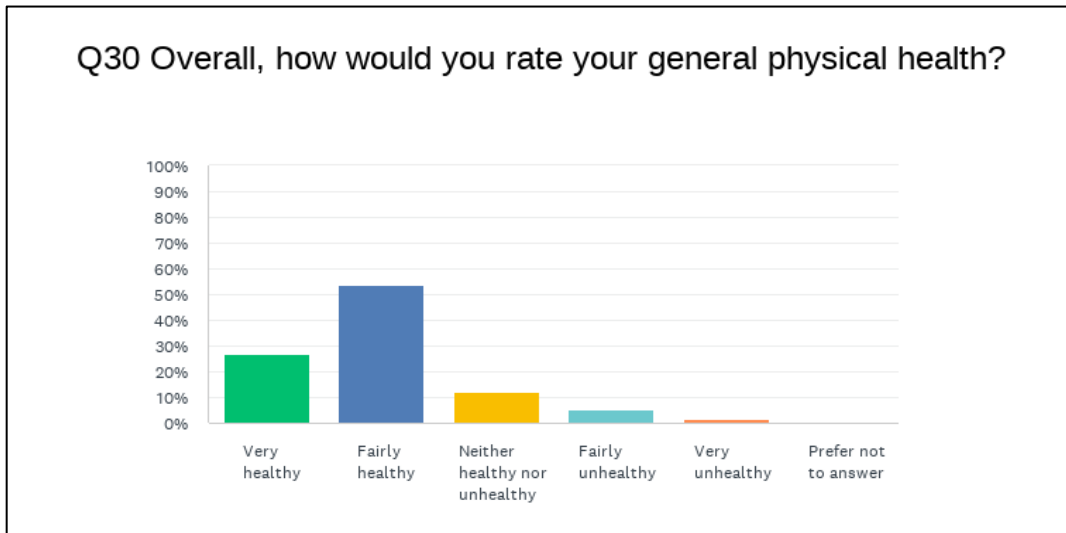
“Senior men’s health issues discussion group, with male speakers addressing health concerns.”

“Didn’t know they were videotaped! Will take a look.”

Lack of access to primary care impacted 40% of respondents and half were impacted by delayed or inconvenient lab work. Those with lower income levels reported a higher incidence of chronic pain, mental stress, worsening physical health, financial stress, inappropriate housing and loneliness.

One quarter of respondents reported plans to move off Pender within 10 years, mostly due to limited on-island care as they age. Many survey commenters said they would prefer to stay if supports were in place. Interestingly, 30% of those aged 25-34 plan to move off Pender within 2-5 years.

In rating their own general physical health, 81% said they were either very healthy or fairly healthy. In comparison, 91% within the four Outer Gulf Islands Community Service Area (CHSA) reported general good health.⁸ Comments included living with chronic conditions but still experiencing good general health. A significantly higher proportion of women than men reported being fairly unhealthy.



⁸ BC Community Health Service Area (CHSA) Health Profile (Version 2.0), 2023

4.4 Mental Health (Questions 31-34)

Responses to questions dealing specifically with mental health on Pender Island were informative, heart-breaking and uplifting, all at the same time. In this section of the survey, more than 90% of our population reported not using mental health services on Pender.

About 10% reported seeking services. Of these, one third found the services on Pender very helpful, another third somewhat helpful, and the other third not very or not at all helpful. Cross-referencing analysis showed that more than twice as many females as males sought care, whether on Pender or off, and significantly more females (almost three times as many) found family and friends to be helpful. A significantly higher percentage of younger individuals (ages 25-54) utilized these services than older respondents, and reported them as less helpful.

"I would like to see a counsellor to keep my mental health strong, but can't afford to do this privately..."

"I don't know what services the island has in regard to mental health."

"[I am] using off-island counselling that is covered by my employer."

"Stigma and cost is huge."

"I am grateful for the counselling sessions; they have helped me."

Off-island services and telephone help were tied for top place in helpfulness. For almost half of the respondents, family and friends were the chief source of help with mental health issues. Self-help, from meditation to exercise, was very close behind and helpful to 40% of those who responded.

Community programs such as the community lunches, access to the arts, and opportunities to socialize were mentioned as helpful in maintaining mental health.

For those not seeking support for their mental health concerns, money was a big factor, with the cost of counselling being mentioned frequently. Second to that were fears about confidentiality when seeking help on such a small island. The comments section brought to light the difficulty of paying for counselling when having to take time off work for sessions only offered during the day.

In rating personal overall mental health, 82% reported it to be very good or fairly good. Significantly more males than females reported very good mental health. 10% reported being neither healthy nor unhealthy mentally, and nearly 6% indicated fairly poor or very poor mental health. Comments mentioned living with stress, depression, anxiety, grieving and PTSD. As a comparison, Community Health Service Area (CHSA) data for all four outer Gulf Islands shows almost 20% of respondents self-reporting their general mental health as 'poor.'⁹ (That data was collected in 2021, so should be viewed within the context of COVID-19).

When asked what services could be of help, many said that (apart from having more counselling or therapy available) having a primary physician on island would relieve a great deal of stress. Others hope to see fitness and health classes in the evening for those who work, with the cost being subsidized. One

⁹ BC Community Health Service Area (CHSA) Health Profile (Version 2.0), 2023

suggested a pamphlet listing island services would be very helpful as it can be difficult navigating what's available. In fact, difficulty understanding and navigating health services in general was a common thread throughout the survey. Peer-support groups were frequently mentioned as being desired.

4.5 Resilience and Health (Questions 35-39)

Pender Island is a diverse and vibrant community, with scores of groups, clubs, societies and activities¹⁰. This eclectic diversity is a community strength, and adds to the resilience of the island.

Resilience and health are interrelated, and questions in this section looked at their intersection. Answers revealed an optimistic community. Nearly 50% of both men and women marked themselves as somewhat optimistic about our ability to work together as a community. And in the category of very optimistic were 30% of the male respondents and nearly 40% of women.

The comments add context and identify some challenges, with references to the same old volunteers doing all the work and looking desperately for new helpers. Changes in the community, whether perceived or actual, have some people worried that the influx of newcomers in the last few years has changed 'who' the island is. Social media are cited as places that can either highlight divisions or bring people together.

Many responses mentioned the habit of checking in on each other and being there to help. Almost 20% of respondents indicated they are at least a little bit lonely. Three quarters are fairly or very confident in the community's ability to show care and compassion for the more vulnerable, and to respond to emergencies. There was less confidence in providing health care services, and in the islands' general ability to respond to climate change or housing needs.

A few respondents took issue with the questions themselves, saying they were outside PIHCS's mandate.

"In the 30 years that [we] have spent on Pender, the community has always risen to the challenges and needs...Whether the newcomers will keep up the tradition remains to be seen."

"I volunteer in several areas; it is harder to obtain new volunteers from the people moving to our island."

"I know people can say Penderites have strong opinions. But I've seen countless examples of people coming together in this community to support one another."

"There's an interesting mix of polarity and collaboration."

"I have confidence in our little community and have been impressed by our ability to come together in tough situations."

¹⁰ See list of community groups in Appendix D

4.6 Priorities for Health and Wellbeing (Questions 40-43)

Doctors, doctors, doctors! As expected, access to a physician or nurse practitioner was overwhelmingly checked as very important by both males (88%) and females (92%), while the remainder marked this as at least somewhat important. The vast majority ranked this as the top priority for regular primary care, urgent care, and reducing wait times. Many feel that everyone (regardless of full-time or part-time residency, and whether or not registered at the Health Centre) should have access, with some suggesting a walk-in clinic rather than physicians servicing only their own patients.

The next priorities were expanded lab and diagnostic services, mental health care, supports for seniors, and emergency response (including evacuation). Several requested more allied health practitioners and expanded clinic hours.

Lab service and mental health care, in particular, were rated as much more important in this survey than in 2012. One half of those accessing local mental health services said some of their needs were met, a third said their needs were not met, and the remainder (13%) were satisfied.

Some respondents remarked on limited availability of dental services on Pender; one commented that with no direct billing to dental insurance, it's difficult for low-income people to use.

Regarding other services, many said while they themselves do not currently need some of them, it is very important to have these services available on-island to maintain a healthy community. They may not need these services now, but they anticipate a future need.

Programs to maintain and enhance wellness were appreciated but not well understood, and not always convenient for working people or those with families.

Better communication was desired, regarding information on what is offered through the Health Centre.

The Last Word

The last question gave respondents a comment space where they could share whatever was on their minds. And they did, with 148 female and 90 male survey respondents having plenty to say.

Concern about the scarcity of doctors and gratefulness for the Health Centre were evenly weighted. There was both praise and criticism of the survey, clinic staff, care providers, and the PIHCS.

Suggestions for additional services included optometry, X-ray facilities, more sophisticated mental health counselling, psychology and psychiatry, subsidized fitness classes for those under 55, care for people with neurodiversity, trauma-informed care, free physiotherapy, support groups for various chronic conditions, midwifery, social dance and a transport service similar to Handy Dart. Some of these may fit with the Health Care Society's mandate and others are a better fit for community groups on Pender to facilitate. The lack of affordable housing is a constant backdrop to the community's profile. The island's independent pharmacy and emergency responders were mentioned with praise and respect.

The survey elicited mixed reactions, with some praising its comprehensiveness while others felt that PIHCS had overstepped its bounds. The society is grateful for *all* the feedback, as it reflects the valued thoughts and opinions of the community. These insights are crucial for the volunteer board, health services staff and associates as they strive to facilitate access to care and programs for the community.

“Thank you for considering the community’s input.”

“I am happy with the care provided but would love to know that we have physicians in place going forward to meet the needs of the community.”

“Facilities and equipment will need to be updated...”

“Please be more realistic and provide basic services with decent referral services to ‘the big city’ like every other rural area in Canada does.”

“Going forward, the PIHCS should concentrate on health care. Concerns about climate change, indigenous relations and housing are tangential to the provision of health care.”

“Currently, the emphasis should be on providing primary physical and mental health care. Complementary and alternative services should only be provided if they have minimal impact on primary care services. If we ever reach the point where we have adequate primary care services, then I would love to see a broader range of services provided.”

“We need another doctor or a health care team. So do the other Gulf Islands. Perhaps there are opportunities to join forces and tackle the problem collectively...just a thought.”

“This survey was a bit too long!”

Half the island is made up of part time people. We don’t want to take a full-time patient spot, we just want access when we need it.”

“In the 20 years that I have lived here I have seen the health care services improve. Keep up the good work, everyone!”

5 Implications and Recommendations

The high response rate was similar to that of a 2005 survey, and more than double the response rate of 2012. Clearly, health and wellness services are important to island residents who want to be heard and also want to hear more. Some issues identified on earlier surveys are still with us.

5.1 The Top Three Priorities

- Adding an additional family physician and nurse practitioner for regular primary care, urgent care, and after-hours needs. This was also the top priority in 2005 and 2012
- Better access to expanded lab services
- Mental health and counselling services – the volume of passionate responses pleading for more affordable, confidential and comprehensive services marked this as a broadly significant issue

5.2 The Following Were Not Far Behind

- Supports for aging in place
- Continued and comprehensive emergency response
- Coverage/funding for physiotherapy and other allied and complementary health services
- Assistance in understanding and navigating the health care system
- Expanded, convenient and affordable wellness programs to maintain and enhance health

Overall, the findings echoed health-care concerns identified throughout BC’s rural communities¹¹

As expected, travelling off Pender for various specialist and other medical appointments was described as stressful, expensive, time-consuming and difficult, whether for families and working people or retired seniors. Realistically, much of this stress is not something that can be addressed by changes to the operation of the Health Centre. However, it is plausible that an overall improvement in the general health and wellness of our population, combined with more services here, could reduce the frequency of some of those trips – that’s a goal worth aiming for. Some respondents mused about the potential for Pender to become a ‘blue zone,’ a region with a particularly healthy and long-lived population. Many comments indicated a general lack of awareness about how various services operate, and how to access them. There was mixed opinion about the community’s resilience to challenges.

5.3 Recommendations for the Immediate Term

- Continue and expand efforts to recruit and retain primary care providers – this will help address wait times, access to urgent care, and continuity of care
- Improve lab services (renovate lab, seek accreditation, recruit more available staff)
- Advocate for funding and personnel for social work, mental health, addictions and counselling services, health services navigator, and allied health services
- Advocate for and establish more supports for seniors
- Establish community and stakeholder advisory groups with PIHCS
- Improve communications with community (pamphlets, email newsletters, open forums)
- Explore synergies and benefits of a Primary Care Network with other Outer Gulf Islands

¹¹ Advancing Community Engagement in Healthcare in Rural BC: a Gap Analysis, CRHR, BCRHN, 2024

5.4 Next Steps

Preliminary summary survey results were presented to the public on February 24, 2024.

The final report will be presented in early May at another public meeting. At this time, community members may add more feedback. The report will also be available on the PIHCS website. To help avoid post-survey disengagement or disillusionment, the Society will maintain open communication with the community, and continue to work actively on identified priorities.

Meanwhile, consultation continues with Island Health, the Ministry of Health and Primary Care Network stakeholders. The Pender Islands Health Care Society is vigorously advocating for appropriate, adequate and improved funding to optimize the delivery of robust health and wellness services to the Pender community. At the same time, the PIHCS is committed to continue facilitating access to care.

PIHCS operates in an environment of province-wide health-care challenges and competes for scarce resources. All other rural and remote health-care centres are in the same boat. What PIHCS can do is position ourselves to be as attractive as possible to potential health practitioners who might consider working on Pender. That includes providing an outstanding health centre with up-to-date facilities and excellent administrative and management services to support the health practitioners. It also includes co-operation and leadership within the emerging Outer Gulf Islands Primary Care Network.

To address some of the local social challenges, like transportation, housing, food security, and elder care issues, we need to maximize synergies through collaboration with existing island groups & organizations. We also need to keep the community informed of progress and challenges as health-care delivery models in the province undergo change.

This Survey 2024 has provided the necessary input to focus on the most critical gaps within the constraints of fiscal responsibility under a set of realistic goals that are achievable within the constraints of Pender's rural and remote situation. Action on recommendations arising from survey results has already begun, starting with expanding the search for a physician, working on the minutiae of the lab accreditation process, an improved communications strategy, application for a health services navigator, and meeting with other Outer Gulf Islands. Additional recommendations may arise with more consultation and collaboration with stakeholder groups.

Should efforts for adding more health and wellness services and personnel be successful, it is probable that over time, further expansion and renovation of the Health Centre will be required, meaning more rounds of fundraising.

PIHCS is committed to the health and wellness of the community, and looks forward to celebrating successes and addressing challenges, with community members as partners.

6 Appendices

Appendix A: The Pender Islands Health Care Society

From PIHCS Strategic Plan 2020-2025

Vision: Quality, accessible healthcare and wellness support for the Pender Island community.

Mission: To facilitate access to primary health care and complementary services to support the health and wellbeing of the Pender Island community.

Values:

- Reliable and quality service: Fostering a space where services are reliable and meet the needs of the community
- Respect and inclusion: Providing a safe and accessible space for community members, especially those who need it most
- Grounded and pragmatic: Using a pragmatic approach to ensure the sustainability of the organization
- Community-centred: Serving the community is the ultimate goal. PIHCS was founded based on community needs, and will continue to operate in this spirit

Activities:

- Seeks and manages funding to support the access to and delivery of health and wellness services
- Manages a facility to house medical services, allied health professionals and wellness practitioners
- Facilitates the delivery of complementary programs that promote the health and wellbeing of community members
- Engages the community to assess health and wellness needs and to involve them in fundraising efforts to support the delivery of high-quality care
- Advocates for improved health services provided by health agencies in the province and health region

For more details about the PIHCS Strategic Plan 2020-2025, please refer to the PIHCS website at:

<https://penderislandhealth.org/documents>

Appendix B: PIHCS Programs and Services

For more details, please refer to the PIHCS website at:

<https://penderislandhealth.org>

Health and Wellness Services

Medical Clinic
Dental Clinic
Audiology
Chiropractor
Massage Therapy
Acupuncture
Public Health Nursing
BC Ambulance Services
Alcohol and Drug Counsellor
Community Health Services (Community Nurses and Home Support)

Closer to Home:

- Lab Services
- Mental Health Service
- Community Support
- Crisis Worker

Community Partners/Programs

- Better at Home (United Way of BC)
- Seniors Wellness & Exercise Programs (Maintain Your Independence)
- Food Security Programs & Active Aging (Southern Gulf Islands Neighbourhood House)
- Community Volunteer Program

Appendix C: History of the Pender Islands Health Care Society and Health Centre

PIHCS has a long history of providing quality health and wellness services for residents of North and South Pender Islands. In the 1960s, Bishop Michael Coleman retired to Pender and saw the need for a clinic. After his sudden death, the Pender Lions Club established PIHCS in 1970, with the intent of building and operating a health centre.

By 1979, the community had raised \$60,000 from local donations and, after years of lobbying for government funding, received a BC Gaming Grant of \$85,000. The following year, land was generously donated by the Marler family and construction began immediately, much of it with local volunteer labour.

In May 1981, the Bishop Coleman Health Centre opened its doors with a medical clinic, dental office, waiting room and three additional offices shared by health-care providers. Over the next 13 years, an ambulance station and a new east wing, housing home support and alternative therapies, were built.

In 2008, a \$1.4 million expansion doubled the size of the facility with a new medical wing, urgent treatment room and interior renovations. The community donated \$700,000 of this, \$600,000 came from the CRD, and \$142,000 was received from Island Health.

In 2023-2024, accessibility was improved with a new front door system, wider hallways, and accessible washrooms and shower. Also completed was attic duct work, drainage improvement, a new septic system and a major IT upgrade. Grants and donations made this work possible, and PIHCS had to dip into its contingency reserve fund. As an aging building, the Centre will require further upgrades and renovations in the near future, such as improvements to the fire suppression system and remodeling of the laboratory area. As the population and its needs grow, the Centre will likely need to be expanded again to create appropriate capacity.

For more details about the history, please refer to the PIHCS website at:

<https://penderislandhealth.org/documents>



Appendix D: Community Organizations, Groups and Services on Pender Island

(With apologies to any that may have been missed)

Services and Resources

Outer Gulf Islands RCMP
 Pender Island Emergency Program
 Pender Island Ferry Advisory Committee
 Pender Island Fire and Rescue
 Pender Island Food Bank Society
 Pender Island Lions Club
 Pender Island Parks & Recreation Commission
 Pender Island Public Cemetery
 Pender Island Public Library
 Royal Canadian Legion
 Seniors Advisory Committee
 SGI Community Resource Centre
 SGI Neighbourhood House
 Southern Gulf Islands Community Economic Sustainability Commission
 The Pender Post

Services, Societies and Committees

Community Hall (PI Recreation & Agricultural Hall Association)
 Epicentre
 Gulf Islands Food Co-op
 Magic Lake Property Owners' Society, Water & Sewer Committee
 Moving Around Pender (MAP)
 Nu-to-Yu
 Pender Animal Welfare Society (PAWS)
 Pender Earth – Climate Café
 Pender Island Chamber of Commerce
 Pender Island Recycling Society
 Pender Islands Conservancy
 Pender Islands Farmers' Institute
 Pender Islands Health Care Society
 Pender Islands Housing Society
 Pender Islands Museum Society
 South Pender Historical Society
 Winter Market & Farmers' Market

Faith Organizations

Anglican Church – Parish of Pender & Saturna Islands
 Baha'i Faith Community of Canada
 Caregivers Support Group
 Common Table Fellowship in Christ
 Pender Island Community Church
 St. Teresa's Chapel – Roman Catholic

Clubs, Sports and Activities

Badminton, Baseball, Bridge, Karate, Walking, Volleyball, Tennis, Pickleball, Soccer, others
 Green Angels Woodchoppers
 Pender Island Garden Club
 Pender Island Golf Club
 Pender Island Otters Swim Club
 Canadian Power and Sail
 Pender Island Yacht Club, Junior Sailing Association
 Socrates Café
 Youth Club
 Youth Sports Association

Arts, Theatre and Music

Pender Highlanders Pipe Band
 Pender Island Art Society
 Pender Island Celtic Music Society
 Pender Island Community Choir
 Pender Island Concert Society
 Pender Island Quilters' Circle
 Pender Photo Club
 Pender Solstice Theatre Society
 PIJazz
 Ptarmigan Arts
 Speakeasy
 Three on the Tree Production Society
 Pender Young Violins

Education

Pender Island Child Care Society – Dragonfly
 Child Care & Family Resource Centre
 Pender Islands Elementary-Secondary School

Appendix E: The 2024 Health and Wellness Needs Survey, February 2024

The survey asked 43 questions, organized into six sections, as summarized below.

Demographics (Q01 – Q12)

Demographic information was collected to inform us how responses might vary with factors such as gender, age, income, household makeup, residence type, and others. Where possible, this data was compared to 2021 Census data. If we know (in community terms, not individually) who needs what services, we are in a better position to plan for and facilitate access to them.

Awareness and Use of Health Services on Pender (Q13 – Q24)

The Pender Islands Health Care Society exists to serve the community to facilitate access to quality, accessible health care and complementary services. We wanted to hear respondents' perspectives and comments on those services.

Awareness and Use of Wellness Opportunities on Pender (Q25 – Q30)

Examples of wellness activities include preventive health care, physical activity and exercise, socialization, immunizations, management of chronic conditions, learning about health issues or health screening.

Mental Health - An Important Component of Overall Health (Q31 -Q34)

Mental health and physical health are strongly linked and are equally important. Strong mental health helps us thrive and cope with stressors. Lack of sleep, mood disorders like depression or anxiety, stress, behavioural disorders and misuse of drugs or alcohol are just some challenges to our mental health. Respondents' answers will help identify what services Pender needs.

Resilience & Health are Inter-related - Coping with Stressors or Crisis (Q35 – Q39)

Many factors affect resilience, such as challenges to basic needs like food, shelter, income, and social needs. More severe stressors might include illness, earthquake, wildfire, pandemic, etc. Individual strength and resilience, as well as community infrastructure might be required to overcome these difficulties. Respondents' answers will help us collaborate with the community to improve resilience.

Your Priorities - Overall Health and Wellbeing (Q40 – Q43)

These questions asked for feedback to identify priorities, and to plan for the future. Every opinion matters.

7 References

- BC CHSA Health Profile Version 2.0 © _2023 PHSA
- BC Emergency Health Services Data - *MPDS Volumes in BC Communities, 2016-2022*, and *Pender Islands Transport Events 2021-2023*
- BC Ministry of Health, *Patient, Family, Caregiver and Public Engagement Framework 2018*
- Centre for Rural Health Research, BC Rural Health Network, 2024. *Advancing Community Engagement in Healthcare in Rural BC: A Gap Analysis to Improve Community Involvement in Healthcare Planning*,
- *Health and Wellbeing on Gabriola, Mudge and DeCourcy Islands – Looking to the Future, 2023*
- Health Canada Annual Report 2021, *Sustainable Development Goals*
- *Mayne Island Health Centre Association Community Consultation Survey, 2022*
- Office of the Seniors Advocate, *Resilient and Resourceful: Challenges Facing BC's Rural Seniors* Feb, 2024 <https://www.seniorsadvocatebc.ca/app/uploads/sites/4/2024/02/OSA-Rural-Seniors-FINAL-LOW-RES.pdf>
- Raphael, D., *Social Determinants of Health: Canadian Perspectives*, 2016
- Statistics Canada, *Census Profiles 2021, 2016*
- Taylor et al., 2016 *Leveraging the Social Determinants of Health: What Works?* <https://doi.org/10.1371/journal.pone.0160217>
- World Health Organization, *Social Determinants of Health* https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1

The following documents can be found at <https://penderislandhealth.org/documents>:

- The 2024 survey reports and the 2005 and 2012 survey reports
- Strategic plan 2020-2025
- A more detailed history of PIHCS

Please refer to the PIHCS website at <https://penderislandhealth.org/> for the following:

- Current practitioners and programs
- News items