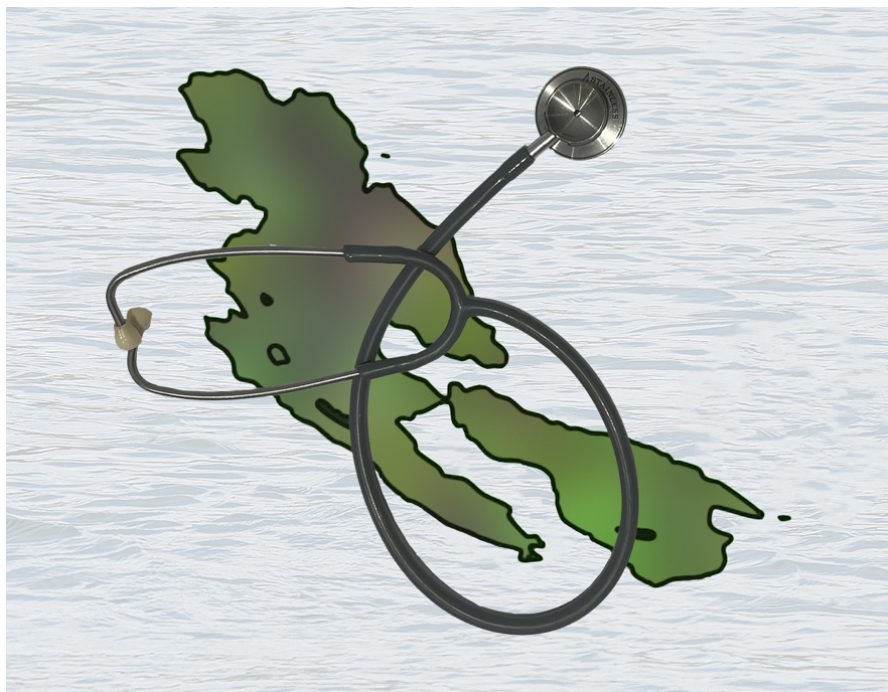




Community Survey 2024

Health & Wellness Services Needs

Pender Islands



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 part of the Coast Salish First Nations, and have lived on these lands for thousands of years.

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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 were reported to meet most or some of the needs of most residents. However, there was dissatisfaction with availability or access to some services, particularly primary care, lab and mental health or counselling.

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
- Navigating the health-care system
- Expanded, convenient and affordable wellness programs to maintain and enhance health
- Difficulties travelling off Pender for medical appointments

Recommendations arising from the survey include:

- Redoubling efforts to recruit an additional family physician
- Seeking laboratory accreditation, improving availability of lab services
- Advocating for expanded social work, mental health, addictions, counselling and allied health
- Enhancing established seniors' support services, and exploring new services
- Advocating for a health services navigator
- Improving communications with the community (pamphlets, newsletters, open forums)
- 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 consultation and feedback opportunities, working on building advisory groups and liaising with other islands.

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

Overall, the high participation rate in the survey is a hopeful sign; residents are engaged and interested in the community’s health and wellness. Next steps are important to begin making needed changes and validating the trust shown by Penderites in completing the survey. We told them their voice matters, and it does. We must continue to be both energetic and transparent in our efforts to meet their needs and honour that trust.

The detailed survey report, and a condensed version, are available on the PIHCS website: <https://penderislandhealth.org/documents>.

2 Context

The mission of the Pender Islands Health Care Society (PIHCS) is to facilitate access to primary health care and complementary services, to support the health and wellbeing of the Pender Islands community. The goal is quality, accessible health care and wellness support for the Pender Islands community.

The Society owns and manages the health care facility, rents space to the practitioners and provides administrative support to the medical clinic. PIHCS enables the delivery of complementary health programs, seeks and manages funding, engages the community to assess health and wellness needs, and advocates for improved health services.

PIHCS is governed by a volunteer board of directors who appoint an executive director, responsible for the day-to-day operations of the Society.

Consistent funding is critical to the continued operation and viability of the Health Centre. In 2021, a public referendum to include the Health Centre on the tax roll was overwhelmingly supported, and this predictable funding, used for operational expenses, contributes to financial security for the provision of services. Grants and donations continue to be essential. Overhead costs for the physicians have historically been underfunded by the province.

2.1 Pender’s Population

The population is increasing, with a changing demographic profile. As of 2021, the full-time population of Pender was 2773 people, 20% higher 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, much higher than the provincial median of 42.8 years. An aging population has increasingly complex health-care needs. We’re also seeing more younger families, with a 50% increase in the number of children from 2016 to 2021.² The number of residents over 65 in the four Outer Gulf Islands (Pender, Mayne, Saturna and Galiano), is predicted to steadily increase over the next 20 years.³

Pender Island has numerous vibrant and diverse groups and organizations, from art to conservation to gardening, music and sports⁴. Many residents volunteer and are active with more than one group. The Pender Islands Elementary/Secondary School serves about 130 students from Kindergarten to Grade 9. Older students take the daily “school boat” (water taxi) to a secondary school on neighbouring Saltspring Island.

² Statistics Canada Census Profiles, 2016 & 2021

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

⁴ See list of community groups in Appendix E

2.2 Health Care on Pender

This section describes at a high level the situation with health care on Pender at the time when the survey was conducted. 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 Health Centre hosts physicians, nurse practitioners (NP), community nurses and a part-time public health nurse, funded by Island Health. Private providers include dentist, chiropractor, part-time audiologist, acupuncturist, and two massage therapists. PIHCS also partners with other groups to facilitate various wellness activities.⁵ There is a private pharmacy and a private physiotherapist in the community.

The medical clinic has been operating ‘short,’ leading to less than optimal continuity of care. One physician position (out of 2.5 FTE) remains unfilled despite active recruitment efforts, and the clinic has been grateful for the support of a part-time local physician in conjunction with locums. However, inconsistent locum availability has led to difficulties dealing with patient demand, and there have been days when there was no after-hours emergency care on the island. We are hopeful that recent changes to the pay structure for rural physician locums⁶ will address some of these difficulties. There is one full-time NP and another NP is to be added this spring. Locum coverage for NPs is practically non-existent; the addition of a second NP to the Health Centre will allow them to cover for one another.

Sixty-one percent of Penderites have a primary care provider here on the island (either a physician or NP), 25% go off-island, and 14% of our residents have no primary care provider at all. The waitlist to become attached to the Health Centre, updated in February 2024, stands at approximately 365. Some have been waiting several years. The 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. Our primary care providers estimate at least 20% of their time goes to urgent care cases (minor injuries, severe illness onset, etc.), especially during the summer, when the island population surges. This has an impact on the availability of regular primary care appointments. Urgent care patients may be advised to take the ferry to receive care elsewhere.

As Pender is a small rural and remote island community, specialists and specialty services are available only by going off-island. There is no public transit on Pender, so patients are reliant on driving and ferry service to access medical care. There is very limited after-hours availability of physicians; the on-call doctor may be on another island altogether.

Pender patients may be sent to Saanich Peninsula, Victoria General or Royal Jubilee Hospital, all on Vancouver Island. Patients travelling by ferry may utilize Travel Assistance Program (TAP) vouchers. (As of March, 2024, the Emergency Department at Saanich Peninsula Hospital remains closed overnight from 10 pm to 7 am.) There is no overnight ferry service. For emergency evacuation, a water taxi or helicopter can be used.

From 2021 to 2023, the number of medical emergencies and life-threatening or time-critical events on Pender (involving calls to 911) rose by 14-50 per cent, depending on the services required. The annual number of evacuations off the island (by helicopter, water taxi, ferry or private boat) rose in those two

⁵ See Appendix B for list of Health Society services

⁶ BC Ministry of Health Rural General Practitioner Locum Program, Dec., 2023

years from 116 to 173.⁷ First responder, ambulance and fire response systems on Pender are much appreciated and well-used.

With Pender’s older-than-average population, the proportion of patients needing complex care is higher than average. Social work and mental health counselling do not meet the needs of the community. An additional RN to fulfill clinic nursing and some urgent care would relieve some of the burden on the physicians and NPs.

The Office of the Seniors Advocate acknowledges that despite the resilient nature of people who live in rural BC, more support is needed, namely a cohesive plan spanning all domains of healthy aging, including housing, transportation, income, health care and community supports, to ensure that rural seniors receive equitable levels of support to those in urban settings. This will allow them to age well in their home communities⁸.

Pender, Galiano, Mayne and Saturna (the Outer Gulf Islands or OGI), are exploring forming a Primary Care Network under the province’s proposed PCN structure. Each island has its own unique culture, and poor inter-island ferry schedules are a formidable barrier, but some shared services may be feasible, and commonalities may be leveraged to advocate for equitable and appropriate services.



⁷ BC Emergency Health Services (BCEHS) Pre-Hospital Event Volumes

⁸ Resourceful and Resilient: Challenges Facing BC’s Rural Seniors, Office of the Seniors Advocate BC, Feb. 2024

2.3 Purpose & Goals of Survey

The primary purpose of the survey⁹ was to assess the community’s perception of health and wellness services and gaps, and priorities going forward. Community engagement not only informs future planning, but also promotes respect and inclusion¹⁰; PIHCS’s ultimate goal is to serve the community.

The most recent health-care service needs surveys were done in 2005 and 2012.¹¹ Many of the 2024 survey questions mirrored those of earlier versions, as longer-term data allows evaluation and comparison of needs, progress on issues, and ongoing concerns. Unfortunately, many of the same concerns are still with us.

The goals of the survey were to:

- Identify current gaps in health and wellness services across several parameters
- Use qualitative data (comments) to add context and nuance to quantitative results
- Use data to support appropriate levels of funding
- Evaluate progress on identified priorities from earlier surveys
- Demonstrate that community concerns are heard and acted upon
- Determine next steps to address community needs

With the strong survey response, PIHCS is able to demonstrate its investment in community-driven priorities to the Ministry of Health, Island Health and PCN decision-makers, and to advocate for appropriate levels of funding and support. Ultimately, the goal is improved health and wellness support.

A coincidental outcome of the survey was increased awareness of Pender’s health services, and a desire for more information. This is congruent with other studies, showing that rural communities would like to see better engagement with health-care planners, and better mechanisms of communication¹².

3 Survey Methodology

3.1 Design

The survey included 43 questions, both quantitative and qualitative. Questions were chosen to reflect previously identified community concerns as well as to examine emerging issues and their effect on health and wellness.

The survey was voluntary, and all respondents were anonymous. IP addresses were not collected. Demographic information was compared, where possible, with data from the 2021 Census. Apart from a slightly higher than Census response rate from females, the survey did indeed reflect the makeup of North and South Pender.

Questions were designed to avoid bias and leading influences. Comment boxes for narrative input were plentiful, and these comments 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’

⁹ See Appendix D for synopsis of survey sections, and a link to the complete set of questions

¹⁰ BC Ministry of Health Public Engagement Framework, 2018

¹¹ PIHCS Community Survey Reports 2005 and 2012

¹² Advancing Community Engagement in Healthcare in Rural BC – A Gap Analysis. Centre for Rural Health Research and BC Rural Health Network, 2024

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, re-ordered and re-tested. As with any survey, a balance was struck between gathering sufficient data, and releasing a survey short enough that people would actually complete it. Each question was reviewed for its relevance to the goals of the project.

Recent surveys on Gabriola and Mayne Islands¹³ were also helpful in identifying themes and areas to explore.

SurveyMonkey™, the survey platform, has ISO 27001 certification, the most globally recognized information security standard, enabling Pender residents to complete the survey online, anonymously.

3.2 Distribution and Response

The survey was available online¹⁴ for completion on a home computer, a Pender Public Library computer, tablet or smart phone. Paper copies were available at the Health Centre, the Community Resource Centre, the Food Bank and the Community Hall, with secure collection boxes or envelopes.

Advertisements were placed in the *Pender Post* and on social media, and over 20 posters were put up at various gathering places and bulletin boards. On three occasions, members of the survey team and the PIHCS board staffed information tables at the Saturday Market and at the island’s main shopping area, the Driftwood Centre. Community groups and partners were extremely helpful in getting the word out to their members, patrons and associates with encouragement to take the survey. PIHCS board members sent out numerous individual emails to their friends and associates with explanatory posters and encouragement to take the survey.

The intent was to reach everybody; however, it is inevitable that some were either not aware or chose not to participate. Therefore, we are cognizant of potential response bias.

The survey was open for two weeks, from February 1-15, 2024, and collected 728 responses, including 2871 qualitative comments. The number of fully completed surveys was 662 (a 91% completion rate). Based on a population of 2773 residents, this represents a respectable 24% of the population completing every question. 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).

3.3 Analysis

Answers to many questions were cross-referenced – for example, comparing how people of different ages (or another parameter) responded to particular questions. This was helpful in determining themes or consistencies along demographic or other measures, and in identifying which groups have particular

¹³ Health and Wellbeing on Gabriola, Mudge and DeCourcy Islands – Looking to the Future, 2023; and Mayne Island Health Centre Association Community Consultation Survey, 2022

¹⁴ Survey was accessible online through PIHCS website, <http://penderislandhealth.org>

opinions, needs or insights. Due to rounding and some skipped questions or parts of questions, not all percentages may add up to 100 per cent.

Analysis of qualitative responses included examining the frequency of certain words, ideas or themes, tracking consistency among questions and among various demographic parameters. Comments that were common to more than one question were also grouped and analyzed. Reading, re-reading, grouping and re-grouping all 2871 comments was a formidable task; every comment represented someone’s thoughts, experiences and opinions, and each was taken seriously. Comments often referred to personal challenges, specific experiences and insights, and they rounded out and helped explain many of the quantitative answers.

Some respondents skipped some questions or only partially completed some questions. The average time spent to take the survey was under 20 minutes. The highest number of responses came in the first few days of the survey, with another small increase toward the last couple of days.

Survey answers and comments represent the Penderites who participated in the survey, not necessarily the entire population.



4 Results

4.1 Demographics (Questions 1-12)

Demographic information was collected to determine how responses varied with factors such as gender, age, income, residence type, 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% (*)
- 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 (*)

(*) consistent with Census 2021 data

(**) higher than Census 2021 data

Question 1 – Age

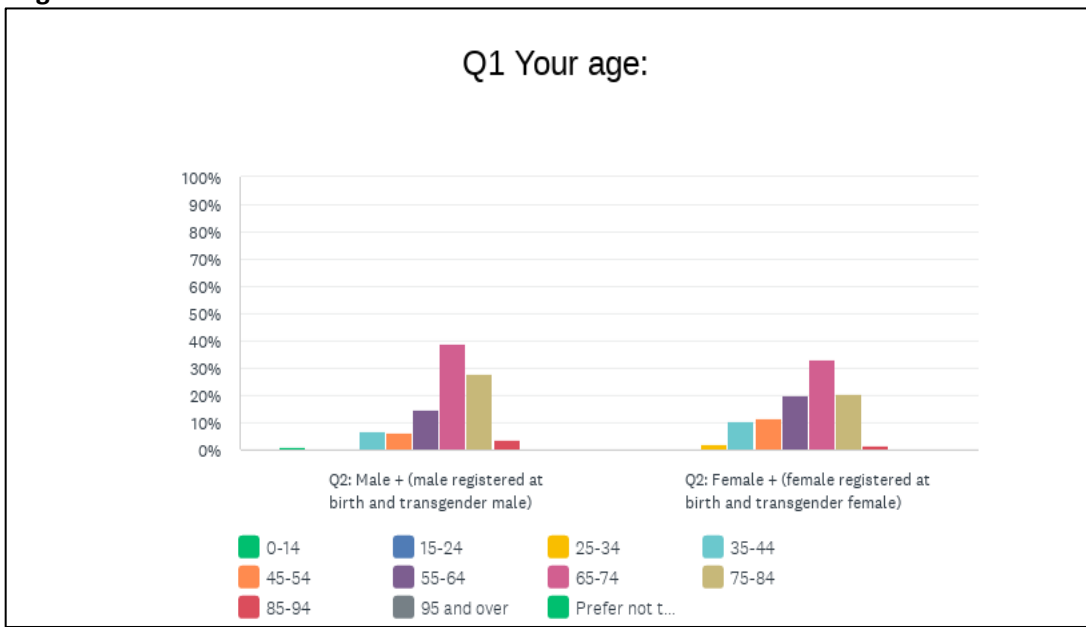
Question 2 – Gender

Roughly 60% of respondents reported being 65 years or older and about 60% reported being female. Three respondents preferred not to answer the age question and 14 respondents preferred not to answer the gender question.

Age Range	Number	Percent
Less than 25	7	1%
25 - 34	13	2%
35 - 44	68	9%
45 - 54	71	10%
55 -64	131	18%
65 - 74	252	35%
75 - 84	165	23%
85 - 94	16	2%
95 and older	1	
Prefer not to answer	3	

Gender	Reponses	Percent
Male	271	37%
Female	433	60%
Non-binary	8	1%
Prefer not to answer	14	2%

Age and Gender Distribution



Question 3 – Location of Current Residency

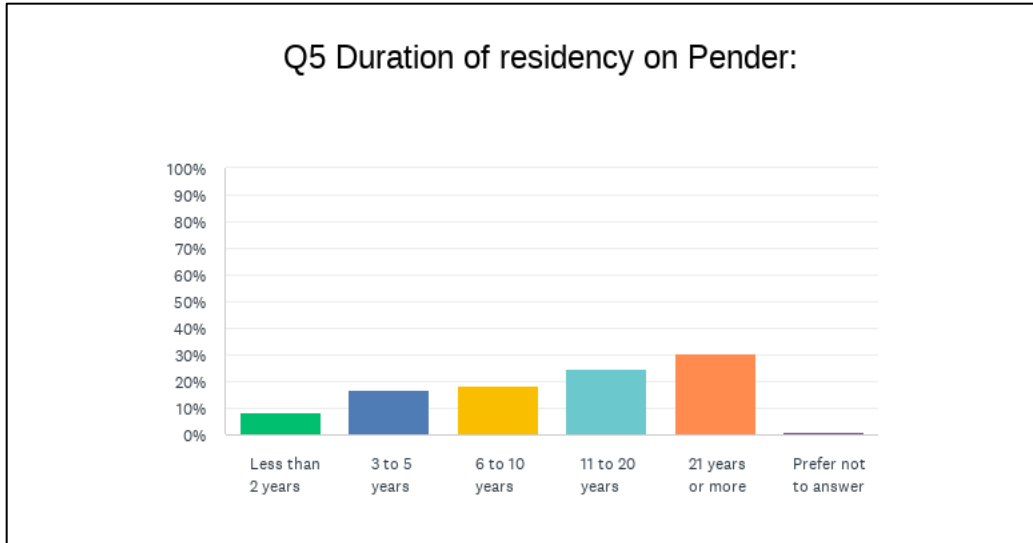
About 90% of the respondents (626) were from North Pender and the balance (68) from South Pender. Six respondents preferred not to answer.

Question 4 – Full-time vs. Part-time Resident

About 86% of male respondents stated they were full-time residents versus 88% of female respondents. There were six respondents who preferred not to answer.

Question 5 – Duration of Residency on Pender

About 55% of the respondents (402) have lived on Pender for more than 10 years and 30% have lived on Pender for more than 20 years. There were six respondents who preferred not to answer.



Question 6 – Household Size

About two thirds of respondents live in a two-person household. There were five respondents who preferred not to answer.

Household Size	Number	Percent
One person	120	17%
Two persons	484	67%
Three persons	58	8%
Four persons	40	6%
Five or more persons	18	3%

Question 7 – Household Composition

About 83% of respondents live in a household with no children. Fifteen percent have children at home. Five respondents preferred not to answer.

Household Composition	Number	Percent
Household with no children	589	83%
One parent with children	15	2%
Two parents with children	71	10%
Multi-generational household	21	3%
Living with non-relatives	8	1%

Question 8 – Own or Rent Accommodation

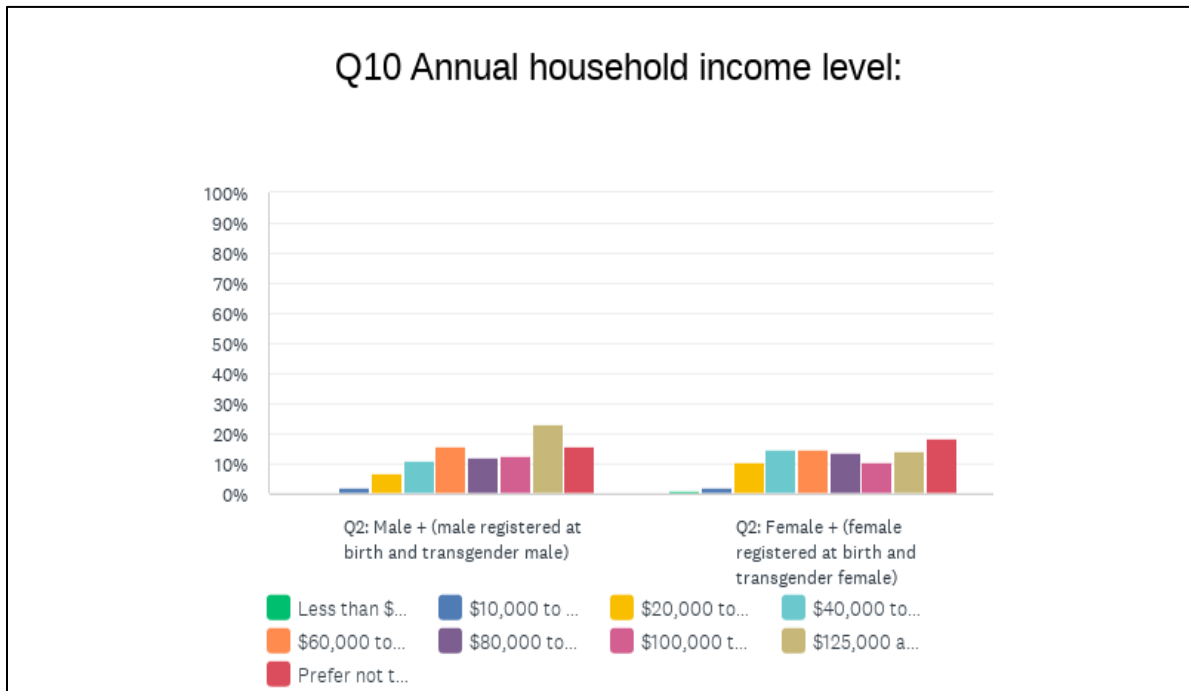
About 90% of respondents (650) own their property. Eight percent of respondents (58) rent their accommodation. 16 respondents preferred not to answer. These results are close to 2021 Census data, which lists South Pender ownership at 86% and renters at 14%, and North Pender at 87% and 13% respectively. However, there was a disproportionately higher number of responses from owners when compared to Census numbers.

Question 9 – Accommodation Costs Greater Than 30 % of Income

Responses to this question highlighted definite differences between owners and renters. Overall, 18 % of respondents (129) said their accommodation costs are greater than 30% of their income. About 75% of respondents (544) stated No to this question. Forty-nine percent of respondents preferred not to answer. This question was asked because financial stress can affect physical and mental health and wellbeing¹⁵. There is a marked difference in answers between renters and owners. The 2021 Census data shows that on Pender in 2020, 13% of owners and 34% of tenants spent more than 30% of their income on shelter¹⁶; on this 2024 survey, the reported numbers are 13% and 72%, respectively. This increased financial stressor on renters is recent, and significant.

Question 10 – Household Income Level

A breakdown of household income level by gender shows that males reported a significantly higher proportion than did females of income greater than \$125,000. There was no significant gender difference for the other household income levels. About 18% of respondents, or 132, preferred not to answer. South Pender shows a slightly higher household income than North Pender; this aligns with Census 2021 data.



¹⁵ Social Determinants of Health: Canadian Perspectives, D., Raphael, 2016.

¹⁶ Census 2021

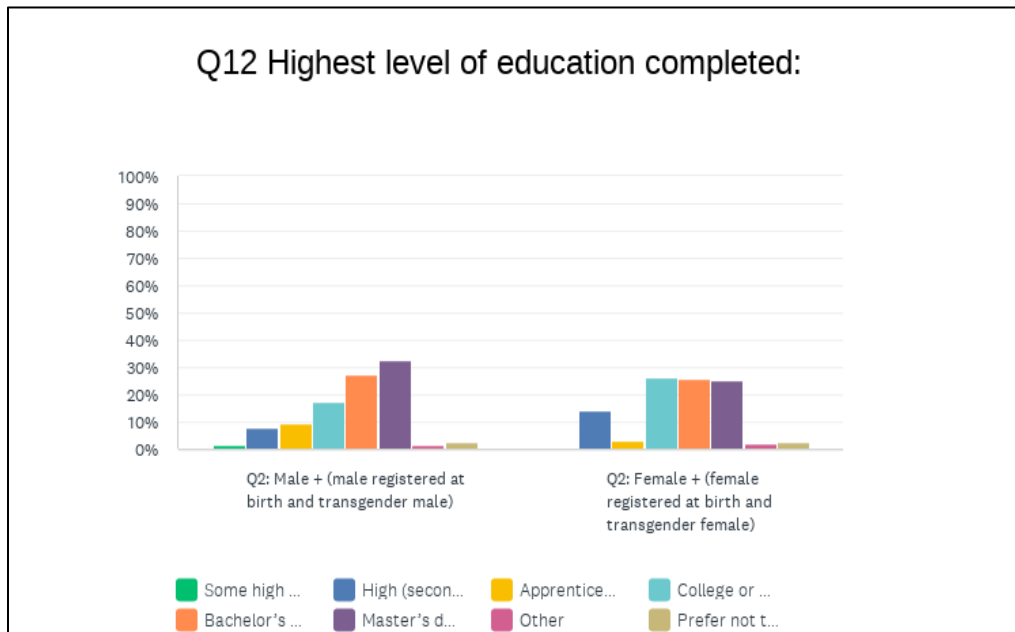
Question 11 – Employment Status

Sixty percent of respondents (436) reported being retired. Three percent (21) preferred not to answer.

Employment Status	Number	Percent
Employed full-time	99	14
Employed part-time	46	6
More than one job	27	4
Self employed	86	12
Unemployed	9	1
Retired	436	60
Prefer not to answer	21	3

Question 12 – Highest Level of Education Completed

About 54% of respondents reported having a degree; 26% have a Bachelor’s degree and 28% a Master’s degree or higher. South Pender respondents show a slightly higher percentage than North Pender with a Bachelor’s degree or higher. Three percent (18) preferred not to answer.



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

Section Summary

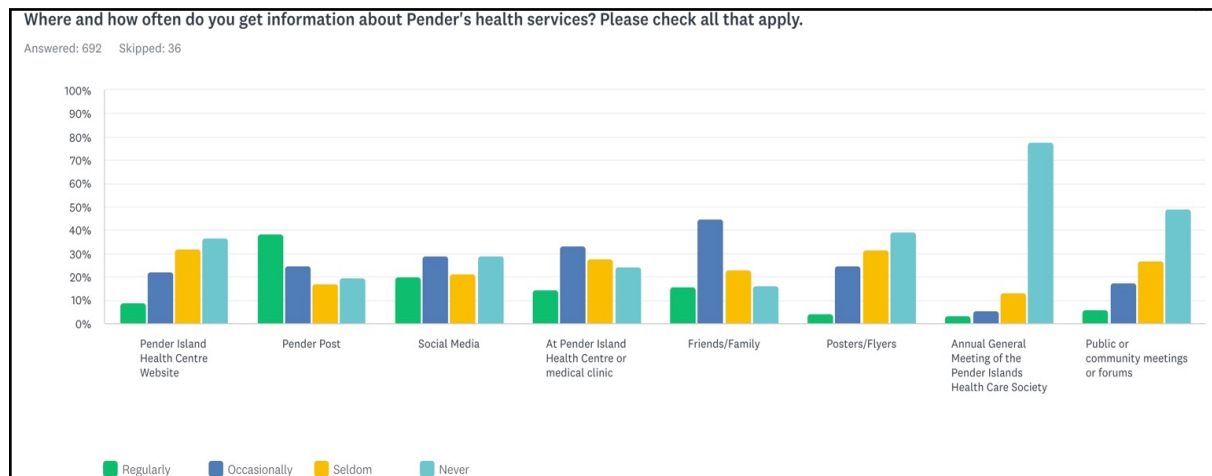
Over half of Pender’s residents read about health services in the monthly *Pender Post* and just under half use social media more. A majority of comments requested a regular email newsletter. For general

health information and 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 those (87%) are satisfied with primary care here. One quarter go off-island for primary care, mainly due to being part-timers here or having a longstanding relationship with their current (off-Pender) doctor. Over half of these said they would switch to Pender when capacity allows. Sixty percent of those without any primary care at all 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 the one physicians’ retirement. People with expectations equivalent to urban walk-in and urgent care clinics were unsatisfied.

There was a clear indication that mental health and counselling services were felt to be inadequate, expensive, and difficult to access. There were wishes for more community health services at home. Twenty percent of respondents identified themselves as members of PIHCS, and 80% as non-members (**Question 13**). Membership is free for residents but is not automatic as they must sign up to become a member. Several were unaware of Society membership.

Question 14 explored how Pender residents learn about health and wellness services. The monthly *Pender Post* and social media were the top sources, with 38% regularly reading the *Post* and 20% using social media regularly. Many residents requested a monthly email newsletter for better communication. Other suggestions included informative pamphlets for newcomers and mailouts through Canada Post. The chart below illustrates where respondents typically get their information.



Questions 15, 16, and 17 investigated primary care usage, waitlist status for primary care, and willingness to switch to Pender when capacity becomes available. 61% of respondents had a primary health care provider on Pender, 26% had off-Pender primary care, and 14% had none at all. One third of the comments expressed confusion about their primary care status following one physician’s retirement, and many comments aired frustration with wait times.

The current wait list at the Health Centre, updated in February, 2024, stands at approximately 365 (February, 2024). A fifth of those with an off-island provider and 60% with no provider at all are on the waitlist, with half waiting over two years. One commented that they had just moved to the top of the list after more than three and a half years. Among those with off-island providers, just over half expressed likelihood to switch to Pender when capacity allows. Those choosing not to switch cited part-time residency or comfort with current care.

Question 18 asked about satisfaction levels with the availability and use of Pender health services. 692 people answered this question, and 36 skipped it. There were 161 written comments, with a mix of compliments and criticisms. A summary chart follows the question breakdown below:

- **Primary care:** There is high satisfaction (87%) among those whose primary care provider is on Pender. This is a slight increase from an 84% satisfaction rate in 2012. Many respondents reported difficulties getting the care they need, especially during seasonal population surges. (In summer, providers report a 20% increase in visits by unattached patients.)
- **Lab Services:** 72% of registered Pender patients were satisfied with lab services but 13% were dissatisfied. Limited hours and capacity led to long wait times and off-island referrals. The lack of adequate lab services was mentioned in comments throughout the survey.
- **Urgent Care:** Two-thirds of attached patients and half of those with off-island primary care had used urgent care services, with a high satisfaction rate of 89% in both groups. About a third of all groups did not require urgent services. Among those without any primary care, over a quarter utilized urgent care, with 80% expressing satisfaction; another quarter said they would have, but could not get urgent care on the island when they needed it. Some commenters desired a mix of urgent care and walk-in facilities, and expressed dissatisfaction with off-island referrals for urgent care. Comments conveyed confusion around what constitutes an urgent issue (non-life-threatening, but needing immediate care).
- **Counselling or Mental Health Services:** Half to two thirds of all attachment groups (Pender primary care, off-Pender primary care, and no primary care) reported not requiring this service. 10-20% of all groups were unaware of the service, and 8-16% described difficulty accessing the service. Almost one third of attached patients who did access counselling or mental health services were dissatisfied. Questions 31-34 (Mental Health) elicited many comments on availability, quality and cost of mental health services. Clearly, this is an area showing a service gap. Community Health Service Area (CHSA) data shows 19% of adult residents reporting binge drinking, and 19.5% reporting poor mental health¹⁷.
- **Dental Care:** 42% reported using this with 90% satisfied and a desire for more availability.
- **Allied Health (Audiology, Acupuncture, Massage, Chiropractic Care):** Satisfaction levels across all age groups, genders, and attachment statuses to the Health Centre ranged from 85 to 95%. However, differences emerged in perceived difficulty of access. For instance, 13% of individuals aged 35-44 cited access difficulties, while fewer than 5% of those aged 65-74 did so. Interestingly, 17% of individuals aged 55-64 were not aware of these services. Response patterns did not vary significantly by gender.
- **Public Health Nursing:** Ninety-five percent of respondents using Public Health Nursing expressed satisfaction these services. Ages 25-44 had the highest proportionate use.
- **Community Health Services (Home Nursing, Home Medical Support, Palliative Care):** Of the 71 respondents who reported using these services, almost two thirds were between the ages of 65 and 94; 87% of all users reported being satisfied with access and use. Comments included a desire for more nurses, equipment and time with patients. Respite care for family caregivers was also strongly desired.

¹⁷ BC Community Health Service Area (CHSA) Health Profile (Version 2.0), 2023

- Community Support Programs (Better at Home, Exercise Classes, Volunteer Drivers, Volunteer Income Tax Assistance): 90% of the 89 people using these services reported satisfaction with accessibility and use. Comments included gratefulness for these services, and a wish for more.
- Equipment Loan Cupboard: The vast majority (99%) of those who have used the free loan of equipment from the Health Centre reported satisfaction and the comments indicated thankfulness for the service. Nine percent were not being aware of it, and 5% cited difficulty with access.

Overall, access to primary care and lab services emerged as the most problematic areas, causing the highest levels of dissatisfaction among respondents. Additionally, access to urgent care services and counselling were reported to be very challenging.

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

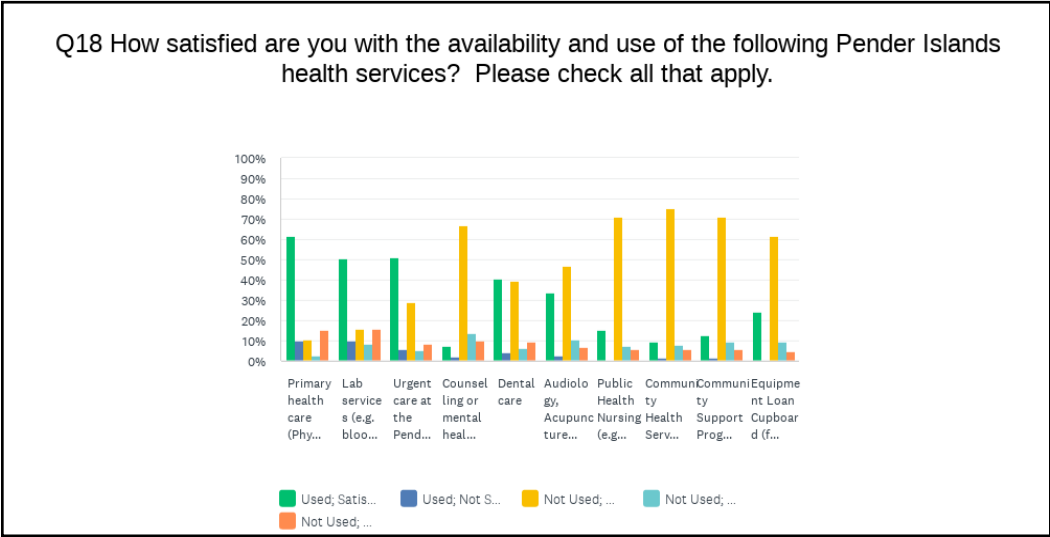
“Have been very impressed with the services we have received. Do wish that more services were available on Pender, and that urgent care was accessible on weekends...”

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

“It would be nice to know what is available to people that live here and are not able to access the health centre.”

“Getting lab work done is almost impossible; usually go off island.”

“Home nursing staff absolutely amazing.”



Making Appointments:

Response to **Questions 19 and 20**, about making appointments, was emphatic, with a total of 200 comments. Both urgent and non-urgent care remain difficult issues due to lack of capacity and seasonal population surges. Respondents with expectations equivalent to urban walk-in clinics were unhappy.

Question 19 – Non-urgent appointments: More than a quarter of respondents did not attempt to schedule a non-urgent appointment. Among those who did try, over half secured appointments within

two weeks, and most of the rest within 2-4 weeks. All 416 who were registered patients were able to make appointments, mostly within a two-week window. Non-registered respondents typically had to wait longer, if they were able to make an appointment at all. Comments revealed a range of emotions and observations, with some expressing frustration over inconsistent access and the two-hour midday break, and others offering compliments on access and care.

From non-attached, for non-urgent appointments:

“They won’t see me because they are not accepting new patients.”

“It’s been infuriating, to say the least.”

“I would love to make an appointment, but I’m waitlisted, so I can’t.”

From attached patients, for non-urgent appointments:

“They are attentive and listen well to make sure it’s non-urgent, and do the best they can to fit you in appropriately.”

“Varies a lot. Sometimes I can get in in a couple of days, sometimes in a couple of months.”

“I feel grateful to have a doctor here, but sometimes having to wait 2-4 weeks allows a minor health issue to turn into a major health issue. I also feel guilty asking for an appointment, knowing how busy the doctors are.”

“Reception and administration have improved.”

Question 20 – Urgent appointments: Two thirds of attached patients reported making urgent appointments. Most of those (75%) were seen on the same day, and 19% were seen within two days. Over half the unattached 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. 43 respondents skipped the question.

From attached patients, for urgent appointments:

“I had a medical emergency. Arrived by ambulance. Seen immediately. Sedated for pain and promptly transported by boat to waiting ambulance at Sidney dock. Excellent response!”

“On-call doctor was on Galiano Island.”

“Had a bad cut requiring stitches. Got in at 4 pm the same afternoon. Very pleased with quick attention.”

From unattached, for urgent appointments:

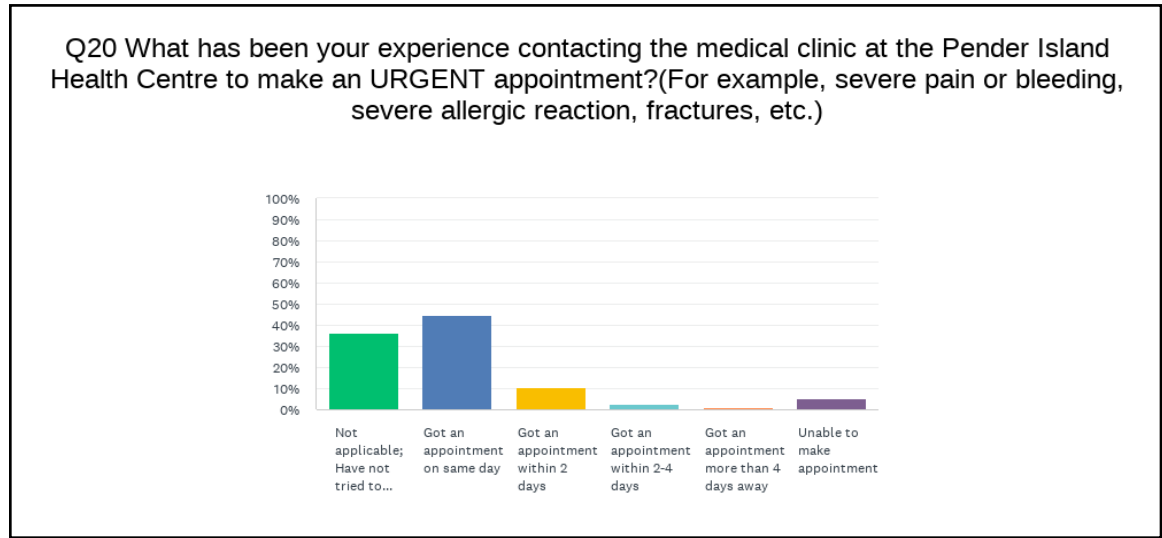
“Great response fitting me into a hectic schedule.”

“Used twice. Once I got in right away and once I was unable to make an appointment.”

“I was told no walk-ins, but was seen within one hour.”

“As part-time residents, would we have access to the medical clinic if we had an urgent health issue?”

Overall, urgent care needs were reported to be dealt with quickly and effectively, although there was concern regarding after-hours urgent care. Respondents with off-Pender primary care who needed urgent care reported far more positive than negative experiences. Respondents without primary care commented in approximately equal numbers about feeling lucky to have not needed urgent care, having great difficulty and frustration making an urgent appointment, and being grateful when urgent care was received. As noted above, understanding varies regarding what constitutes an urgent situation.



During the summer, the island population more than doubles. Clearly, some of these visitors and part-time residents will, at times, also require urgent care.

Question 21 asked respondents about their use of information or support services: HealthLink 811, Emergency 911, Suicide/Crisis Helpline, other support lines (e.g. gambling, addictions, mental health), online or virtual provider, or none of the above. A text box provided additional space.

Ages 25-44 called 811 for health information and advice more than other age groups, and used support lines and online or virtual providers more. Age groups 35-44 and 56-84 used 911 more than others. 811 (HealthLink) was frequently cited as extremely helpful in determining how urgent an issue might be, and what to do about it. Mental health and counselling services were described as fractured and hard to navigate.

Question 22 looked at which off-island services are most used by residents. Over half regularly travel off Pender to access hospital or diagnostic services, specialists (including eye care and dental care), and very close to half use off-island lab services. Some comments:

“Would use Pender for blood work if available.”

“[Off-island for] dentist and optometrist, mostly.”

“We miss the eye doctor!”

Question 23: For medically necessary off-island trips authorized by their primary caregiver or specialist, two-thirds of respondents use the Travel Assistance Program (TAP).

Twelve percent indicated they were not aware of the program. TAP is not applicable for optometry, dentistry and several other services but only for essential off-island medical travel; comments highlighted some confusion about the program’s parameters, and some found the paperwork difficult.

“TAP is a great program!”

“Too much admin.”

“It should be made available for off-island eye care.”

“Unable to use, as primary care physician is off-island.”

Question 24: Post-hospital discharge – about one quarter of respondents reported returning to Pender after discharge from hospital. Two-thirds found services on Pender to be adequate for their continued recovery. However, one-third said that 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)

Section Summary

Wellness programs, though well-received, were found to be inconvenient for working individuals, and many are geared to older age groups. There was confusion about physician assignments and limited awareness of self-help groups. Requests for more affordable counselling and therapy were common, and chronic pain, mental stress, and financial strain were identified as significant issues. Lack of access to primary care, lab services and comprehensive counselling services raised concerns among respondents, while satisfaction was high with immunization and pharmacy services (the pharmacy is independent of the Health Centre). One quarter of respondents, mainly older, expressed plans to move off Pender due to limited health services as they age.

Question 25 asked respondents how satisfied they were with various wellness services, including consideration of factors like awareness, ease of access, cost and convenience. An open comment box was provided for respondents to add other services or opportunities, and to expand on their answers.

In general, women were significantly more satisfied than men with opportunities for physical exercise, health and learning opportunities, and more satisfied with availability and accessibility of counselling and mental health services. Answers also indicated a lack of awareness or understanding of many services. There were no statistical differences between answers from North and South Pender.

Q25 How satisfied are you with the following Pender Islands wellness opportunities? Please check all that apply.(Consider any factors like awareness, access, cost, convenience, etc.)

	USED; SATISFIED	USED; NOT SATISFIED	NOT USED; NOT REQUIRED	NOT USED; NOT AWARE OF IT	NOT USED; DIFFICULT TO ACCESS	TOTAL
Programs for better nutrition	2.91% 19	0.92% 6	58.44% 381	31.90% 208	5.83% 38	652
Opportunities for physical activity	26.65% 174	4.75% 31	41.50% 271	21.29% 139	5.82% 38	653
Opportunities for socialization	25.73% 167	1.85% 12	49.31% 320	17.87% 116	5.24% 34	649
Health education and learning opportunities (e.g. speakers, outreach teams)	14.33% 93	1.08% 7	55.01% 357	24.65% 160	4.93% 32	649
Programs for smoking cessation	0.16% 1	0.31% 2	86.23% 551	8.45% 54	4.85% 31	639
Programs for substance use (addiction, binge or excessive alcohol use, etc.)	0.78% 5	0.31% 2	85.98% 552	8.10% 52	4.83% 31	642
Groups or programs for self-management of chronic conditions	1.40% 9	0.93% 6	75.16% 484	18.01% 116	4.50% 29	644
Availability and accessibility of counselling and mental health services	6.07% 39	2.95% 19	70.45% 453	13.53% 87	7.00% 45	643
Disease prevention services (e.g. immunizations, health screening)	47.92% 311	2.00% 13	34.67% 225	10.63% 69	4.78% 31	649

Question 26 asked respondents whether they had attended (or viewed online videos of) the Speaker Series. These free talks are offered a few times a year, on various health topics. Twelve percent had attended or viewed the videos, mostly in the older age groups. Previous topics have included Type 2 diabetes, the human genome and health, cardiovascular disease in women, and healthy aging to avoid frailty. 122 enthusiastic written responses indicate a high degree of interest in this program, with requests for better advertising, and ideas for future talks. Suggested topics included brain health (dementia, mental health, memory and resiliency), chronic pain, aging, the immune system, and more. Increasing attendance has moved the series to the Community Hall, a larger venue.

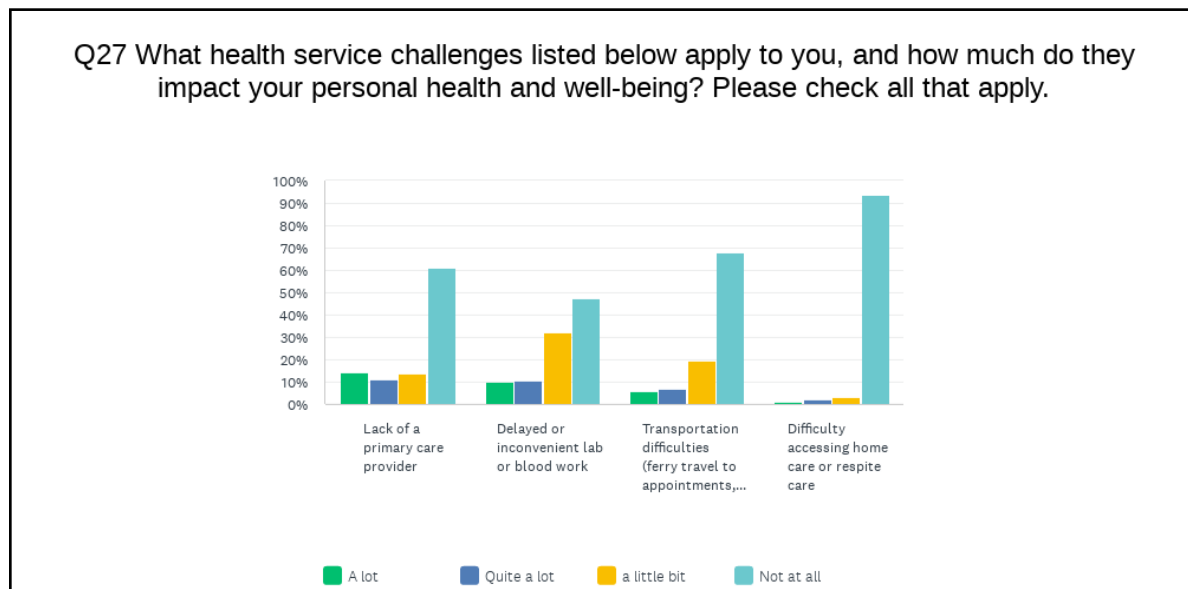
“I wasn’t aware of this series, but now looking forward to checking them out. I’d be interested in topics such as immune system, women’s health, gut health, early detection/screening for cancer.”

“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.”

Question 27 asked how much respondents were impacted by the lack of a primary caregiver, delayed or inconvenient lab work, transportation difficulties, or difficulty accessing home care or respite care. There were 55 written comments. A quarter of respondents were impacted either a lot or quite a lot by the lack of a primary caregiver, and a further 14% experienced a little bit of impact. Sixty-one percent indicated they were not at all impacted. Those who were not affected by the lack of primary care on Pender typically used off-island primary caregivers or stated they did not require one.

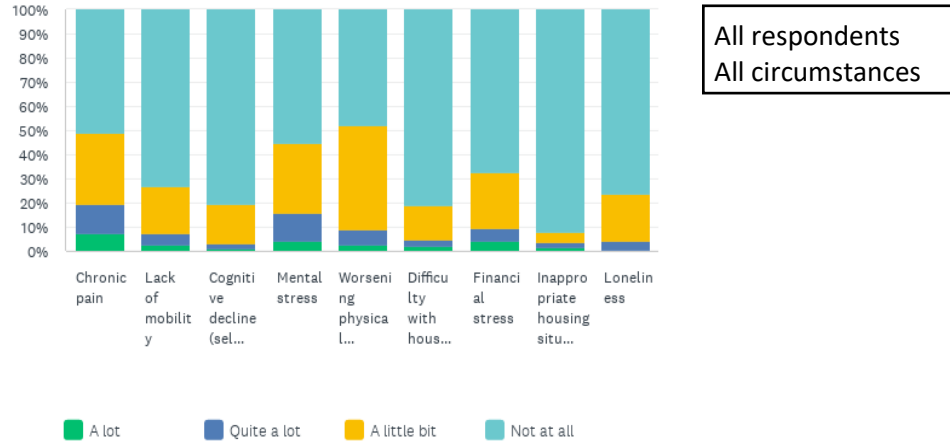
Twenty percent were impacted a lot or quite a lot by delayed or inconvenient access to laboratory services such as blood tests, and a further 32% were impacted a little bit. Comments about transportation frequently cited stress about the reliability and financial burden (time off work) of ferry travel for medical or lab appointments off-island. Access to home support and respite care was a source of stress for 6% of respondents. (In Question 24, 10% indicated they used home supports; therefore, over half of users of home supports may be experiencing difficulty accessing these services.)



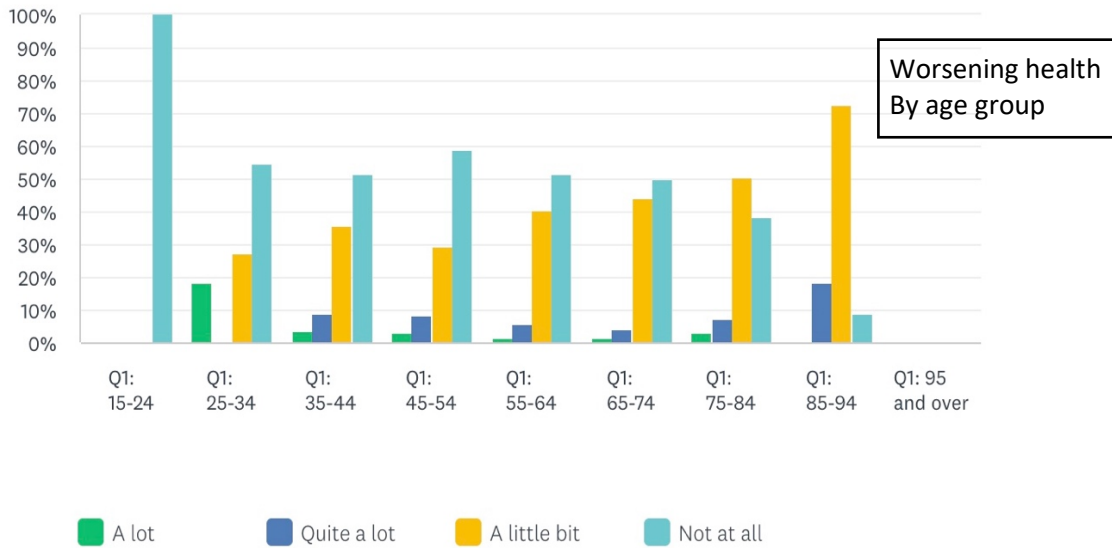
Question 28 explored the impact of personal health issues and other challenges. The list included health issues of chronic pain, mobility, cognitive decline (self or other), mental stress, worsening physical health, difficulty with household tasks, as well as issues of financial stress, inappropriate housing, and loneliness. Health and wellness can be influenced by, among other things, non-medical factors like income, education, housing, food security and access to services. More than one can multiply the effects of these stressors.

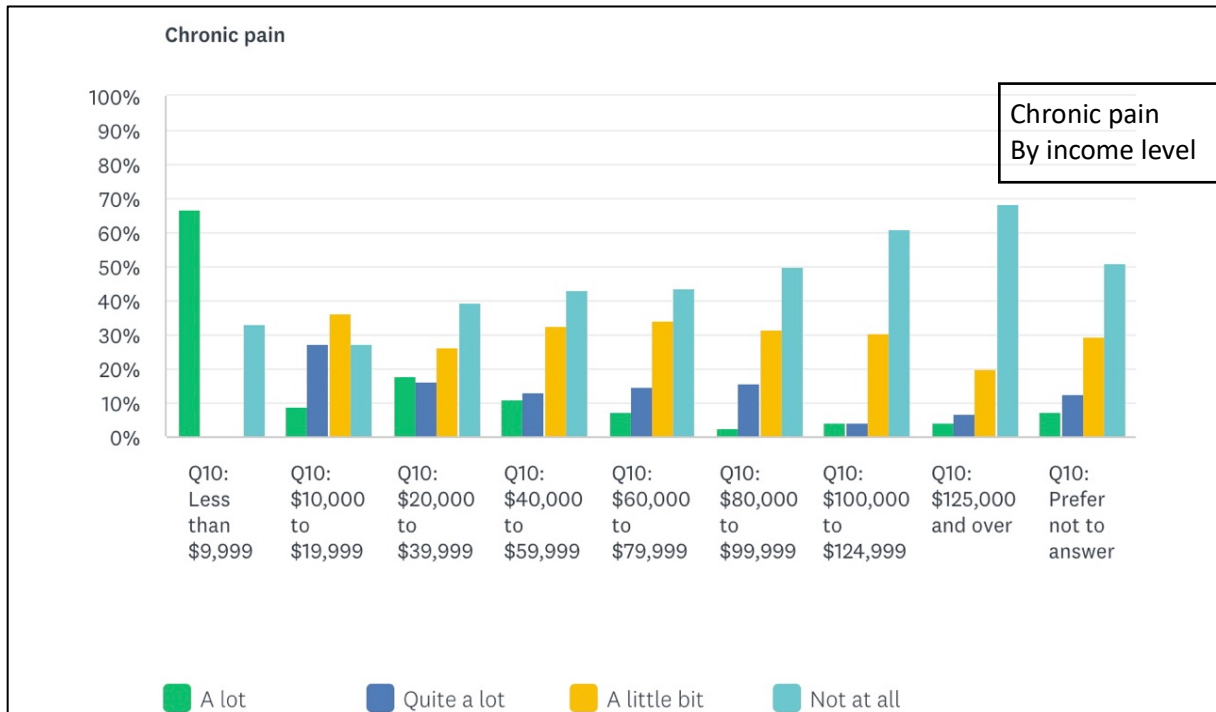
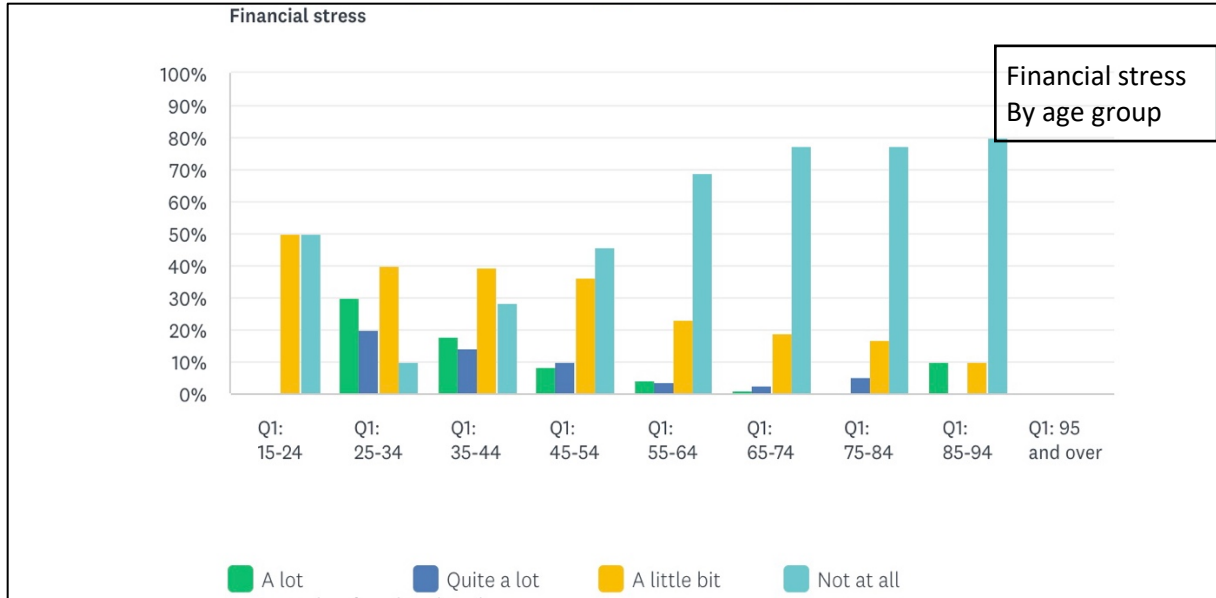
Respondents with annual income of less than \$40,000 (about 10% of total respondents) reported being more impacted by chronic pain, mental stress, worsening physical health, financial stress, inappropriate housing situation and loneliness than those with higher incomes.

Q28 Which personal circumstances listed below apply to you, and how much do they impact your personal health and wellbeing? Please check all that apply.



Worsening physical health





Financial stress impacted a wide younger age group (25-54 years) and a narrower older group (85-94 years) more than other Penderites responding.

Question 29 asked respondents if they were considering moving off Pender due to limited on-island health-care services. Three-quarters plan to stay, with the remainder evenly divided between those planning to move within two to five years, or within six to 10 years. It is not uncommon for aging residents to eventually move from Pender to be closer to medical facilities or family. Despite this, many survey commenters said they would prefer to age in place and would stay if supports were in place. Moving is stressful, expensive, disruptive to continuity of care, and takes one away from friends, neighbours and established activities. Some indicated a desire to remain until they can leave “feet first/in a

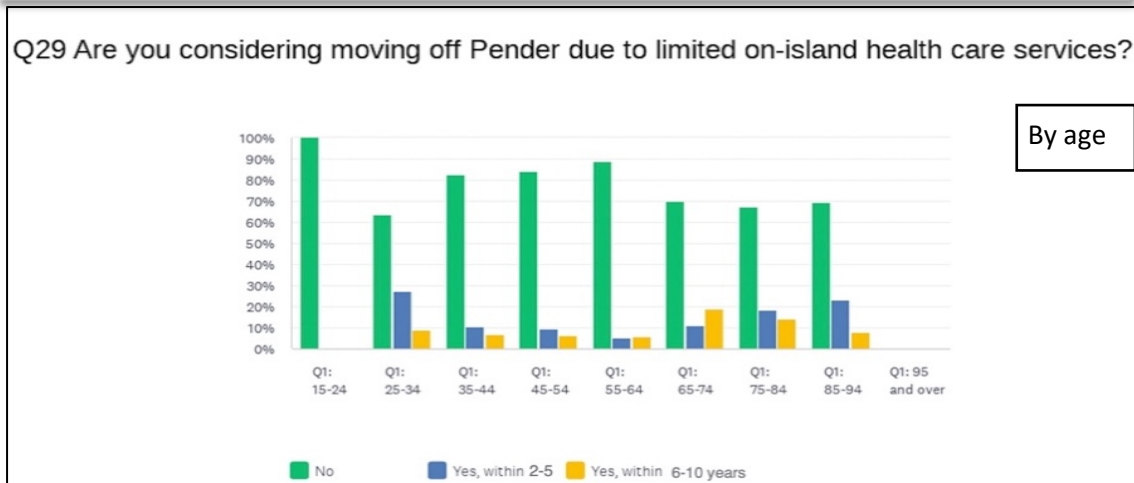
box,” and others said they are already planning for an eventual move. Over 50% of combined older age groups 65-94 plan to move off Pender within two to five years; and, interestingly, almost one-third of those aged 25-34 have the same time frame. The number of responses from the lower age group was small so is not statistically significant but is intriguing, nonetheless. In the 104 written comments to this question, common threads were lack of primary care and distance to specialists or hospitals.

“Not leaving unless my health situation changes.”

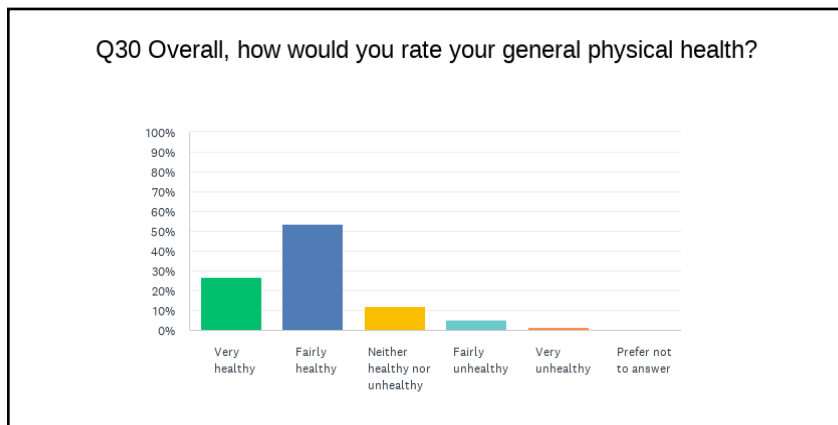
“To obtain access to services and recreation without the need of a vehicle.”

“Not right now, but things will very likely change in the future as we age.”

“I am already moving off Pender due to being unable to find affordable stable housing here.”



Question 30 asked respondents to rate their general physical health, with 81% saying they were either very or fairly healthy, 12% neither healthy nor unhealthy, and 7% fairly or very unhealthy. In comparison, 91% within the four Outer Gulf Islands Community Service Area (CHSA) reported general good health.¹⁸ There were 62 written comments. Comments included living with chronic conditions but still experiencing good general health. A significantly higher proportion of women than men reported being fairly unhealthy.



¹⁸ BC Community Health Service Area (CHSA) Health Profile (Version 2.0), 2023

4.4 Mental Health (Questions 31-34)

The responses to **questions 31 to 34**, dealing with mental health on Pender Island, were informative, heartbreaking and uplifting, all at the same time. Over 90% 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 shows 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 aged 25-44 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."

"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."

Interestingly, off-island services and telephone help were tied for top place. But for almost half of the respondents, family and friends were the chief source of help with mental health issues. Self-help, such as meditation or exercise was very close behind, helping 40% of those responding.

The comments varied but pointed to physical activities being very helpful as well as community programs such as the community lunches, access to the arts, and opportunities to socialize.

Question 32 asked why people were not seeking support for their mental health. Money was a big reason, with the cost of counselling being mentioned frequently. Second to that were fears about confidentiality and anonymity when seeking counselling 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.

For a personal perspective, **question 33** asked respondents to rate their overall mental health, with 82% reporting it to be very good or fairly good. Ten percent reported being neither healthy nor unhealthy mentally, and nearly 6% indicated fairly poor or very poor mental health. Comments mentioned living with stress, anxiety, depression, grieving and PTSD. As a comparison, Community Health Service Area (CHSA) data for all four outer Gulf Islands combined shows almost 20% of respondents in 2021 self-reporting their general mental health as 'poor.'¹⁹(This data was collected in 2021, so should be viewed within the context of the impact of COVID-19).

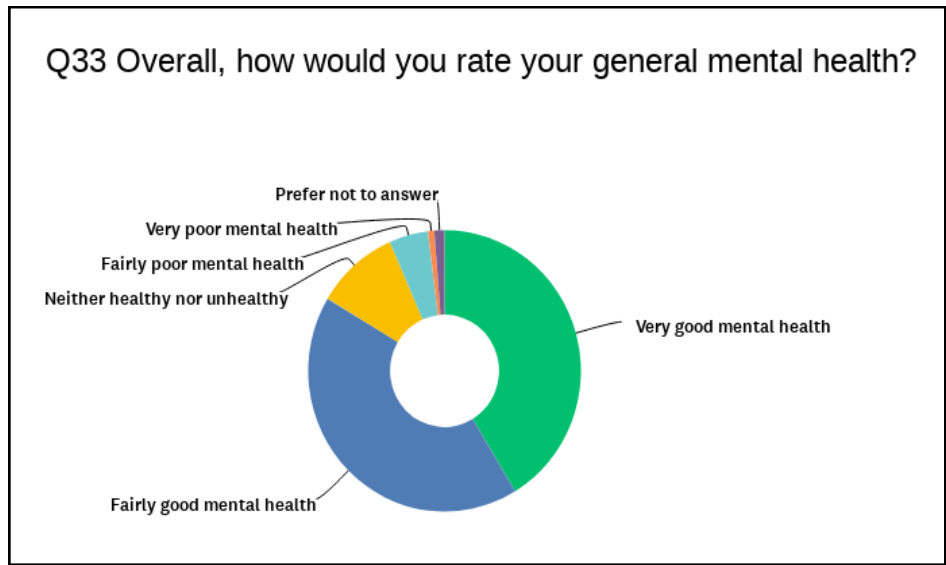
¹⁹ BC Community Health Service Area (CHSA) Health Profile (Version 2.0), 2023

“Stress and anxiety are fairly high.”

“Slowly recovering from very poor mental health. Stable housing, access to health care and a livable basic income would help A LOT.”

“I’ve used services in the past and now have personal mechanisms to deal with life issues.”

“I have a good outlook and can see myself in perspective.”



Question 34 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 evening fitness and health classes for those who work, with the cost being subsidized. One respondent suggested a pamphlet listing island services would be very helpful as it can be difficult navigating what’s available. Difficulty understanding and navigating health services in general was a common thread throughout the survey. Peer-support groups were repeatedly mentioned as desirable.

4.5 Resilience and Health (Questions 35-39)

The Pender Islands form a diverse and vibrant community, with scores of groups, clubs, societies and activities²⁰. This eclectic diversity is a community strength and adds to the resilience of the islands. Resilience and health are interrelated, and questions in this section looked at their intersection. Understanding the strengths of the community is helpful in sharing information with other community groups, planning collaborations and advocacy for resources so that services are complementary and not duplicate or unnecessary.

Answers revealed a community optimistic about working together though challenges were also identified, especially in the comments. A few respondents took issue with the questions themselves saying they were outside the PIHCS mandate.

²⁰ See list of community groups in Appendix D

Question 35 asked how optimistic respondents were about Pender’s ability to work together as a community. There were 638 responses, and 66 skipped the question. Nearly 50% of both men and women marked themselves as somewhat optimistic about our resiliency and ability to work together as a community. And the true optimists, 30% of men and nearly 40% of women, put themselves into the very optimistic category. About one-tenth responded that they would need more information to judge.

Different age groups showed varying responses. Those between 35-54 years old were significantly less optimistic than older age groups.

Comments added context, 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 worried that the influx of newcomers in the last few years has changed who we are as a group. Social media was mentioned as having the ability to either highlight divisions or bring people together.

Question 36 asked respondents to rank their confidence in Pender’s abilities to respond to general emergencies, climate change, housing needs and food security, and ability to provide needed health services, responding to future pandemics, indigenous reconciliation, community involvement in decision-making, and showing care and compassion for the more vulnerable among us.

About 75%, across all age groups, were fairly or very confident in Pender’s emergency response capacity. Older age groups showed more confidence than younger in Pender’s ability to provide needed health-care services. Confidence in responding to climate change was mixed across all ages, and there was a definite lack of confidence in the island’s ability to respond to housing needs. Very few had high confidence in food security, and fewer than half were even fairly confident in this area.

There was general confidence in Pender’s capability to respond to future pandemics or similar crises. Most were very or fairly confident in our ability to engage in indigenous relations and reconciliation, though about one third stated they did not know enough to have an opinion in this area. On the involvement of the community in decision-making, about one half were very or fairly confident, with younger age groups less confident. Three quarters of respondents were very or fairly confident that the community exhibits care and compassion for the more vulnerable among us.

“This is interesting – I am an optimistic person generally, so I am surprised about my response to this. I find the island is very divided these days on how things should be done. There are increased costs and a lack of skilled workers who can afford to live here. For us to be self-sufficient, which is the bottom line in emergency situations, I am not very optimistic these days.”

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

“Some of these issues are irrelevant for Pender – climate change, Truth & Reconciliation, pandemic response – they go well outside Pender’s responsibilities.”

“Great island with good professionals and volunteer support.”

“There is an interesting mix of polarity and collaboration.”

In **question 37**, which asked whether respondents had someone to reach out to if they were experiencing difficulties, many responses mentioned the habit of checking in on each other and being there to help. Ninety percent indicated they definitely or probably had someone to reach out to.

Question 38 asked about participation in community activities, including donating, volunteering, attending and organizing. Forty percent donate regularly or occasionally to local organizations, and about 60% volunteer regularly or occasionally. Comments mentioned avoiding groups due to health risks, wishing more volunteers would step up, and time constraints.

Question 39 asked for a ranking of respondents' own personal resilience, with 95% identifying strong or adequate resilience. Friendships emerged as a positive force in the comments.

"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."

"I can still bounce back but am finding it is harder and takes longer."

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

Question 40 - For Your Individual Health, How Important Are the Following to You?

Access to a Physician or Nurse Practitioner

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 checked this as at least somewhat important. Of those respondents with an off-island family doctor, 78% ranked primary care access as very important, and 16% as somewhat important.

"Access to adequate primary health care is essential to living on Pender for me."

"Because my family doctor is off-island, I need to know I have access here on Pender in case urgent care is needed."

"Access to doctors and primary care is #1 for me."

As to the remaining health services covered under Question 40 (see below), a large number of respondents said while they themselves do not currently need some of the services listed, they think it is very important to have these services available on-island to maintain a healthy community. While they may not need these services now, they anticipate a future need.

Below, asterisks* show where a significantly higher proportion of females than males rated the service as very important rather than somewhat important.

Mental Health and Addictions Services

Fifty-four percent of respondents (342) checked mental health and addictions services as very important or somewhat important. *

Additional Health Services

These includes services provided by independent practitioners such as chiropractic therapy, massage therapy, audiology, acupuncture, as well as government-funded services such as community health nursing.

About 86% of respondents (538) indicated these additional health services are very important or somewhat important. *

Supports and Services for Seniors

Seventy-four percent of respondents (468) indicated services for seniors are very important or somewhat important. *

“We are very supportive of the clinic now being supported by the property tax, even though we may be forced to defer the tax payments until we sell our property in the future.”

“All these services are important, but not to me personally.”

“Support services for disabilities, which includes me.”

“While I don’t use [many of these services], they are ALL important to me, as they improve the quality of life in the community.”

“Way too much priority is given to seniors.”

“Support for seniors will become increasingly important to me in coming years.”

Supports and Services for Parents

About 42% of respondents (263) checked these as very important or somewhat important.

Supports and Services for those with Disabilities

About 53% of respondents (329) indicated services for those with disabilities are very or somewhat important.

Supports and Services for Care-givers

Fifty-five percent of respondents (343) checked these services as very important or somewhat important.

Supports and Services for Children and Youth

About 47% of respondents (294) indicated services for children and youth are very important or somewhat important.

Some respondents expressed the view that dental care is part of health care. Many respondents over several questions throughout the survey expressed the view that an optometrist would be of great benefit to residents.

“It is so very important to have Pender Health services here. Thank you to the Board and all employees for all the education.”

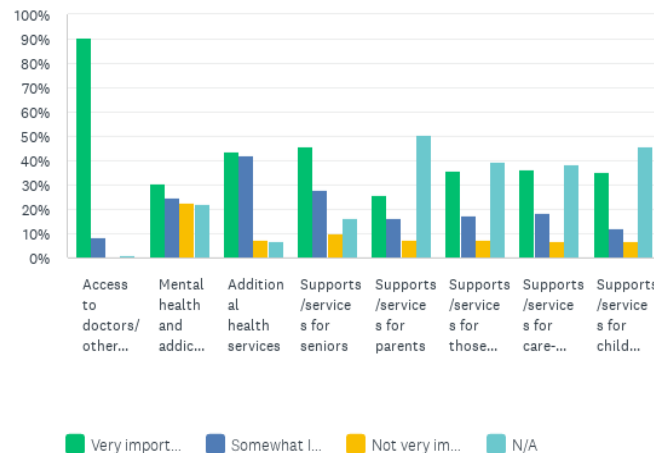
“...I feel that such services are VITAL to the health of the community...”

“It helps to know the support exists when you envision a day when you may need it.”

“Pender Island will never be a vibrant society with so few amenities for so many tax dollars. Everything is uncoordinated and the Islands Trust places the environment ahead of consideration for the well-being of residents. This creates shorter term residency than would normally exist in a community that has more adequate services. There is no encouragement of new and innovative businesses or rental housing. More and more services are lost over the years despite a growing population. E.g. no bank, virtually no professionals and few tradespeople. These circumstances do not promote a vibrant, healthy community.”

“It helps to know the support exists when you envision a day when you may need it.”

Q40 For your individual health, how important are the following to you?(PIHCS manages the Pender Island Health Care Centre to house medical services, allied health professionals and wellness practitioners, who operate independently. Other services and supports may be outside the current scope of PIHCS).



Question 41 - How Well do the Following Pender Services Meet your Health and Wellness Needs?

Primary Care (Family Physician, Nurse Practitioner)

Forty-one percent of respondents (264) stated these services meet their needs and 27% (173) stated these services meet some of their needs. About 20% of respondents (127) stated their needs are not met. About 13% of respondents (86) checked N/A. Cross-analysis showed that most of the latter were those receiving off-island primary care.

Along with better continuity of care, some respondents would like services from a naturopathic doctor, and to see doctors integrating with and referring to more allied and alternative providers. A couple of people stated they are falling behind with regular annual checkups.

“Have not had an annual health exam in five years.”

“Recently aware of resources, so this has improved.”

“We need a physiotherapy program.”

“Although primary care does meet my requests, I avoid care because of the lab work I will have to do, which is a challenge.”

Other Care (dental, massage, acupuncture, chiropractic, other)

About 29% of respondents (187) stated these services meet their needs and 32% (210) stated these services meet some of their needs. About 10% of respondents (63) stated their needs are not met. Twenty-nine percent (190) checked not applicable.

Several respondents indicated they cannot get dental services on Pender. One mentioned that the dental office does direct bill for dental insurance, making it difficult for low-income people to use.

Home Care

Nearly 92% of respondents (579) checked not applicable. For 3% (18), home-care needs were met, and another 2.5% stated these services meet some of their needs. Another 3% (19) stated their needs are not met. These responses indicate that for two thirds of those using home-care services, their needs are not completely met.

In addition to the tick-the-box responses, several comments requested expanded home care services, including overnight services. Many respondents indicated they do not need home care services now, but anticipate a need later in life.

Programs to Help Prevent Illness and Maintain Wellness (primarily vaccination clinics?)

About 9% of respondents (56) stated these services meet their needs and 24% (157) said these services meet some of their needs. About 6% (39) stated their needs are not met. Over half (390) checked not applicable.

Mental Health Care

About 75% of respondents (483) checked not applicable. About 3% (20) stated these services meet their needs and 12% (76) said these services meet some of their needs. But 10% (61) stated their needs are not met.

As indicated in other parts of this survey, mental health services are an important part of health care and for those who need mental health support, not all of the required services are met.

Other Services Wanted and Information Collected and Summarized from Written Comments:

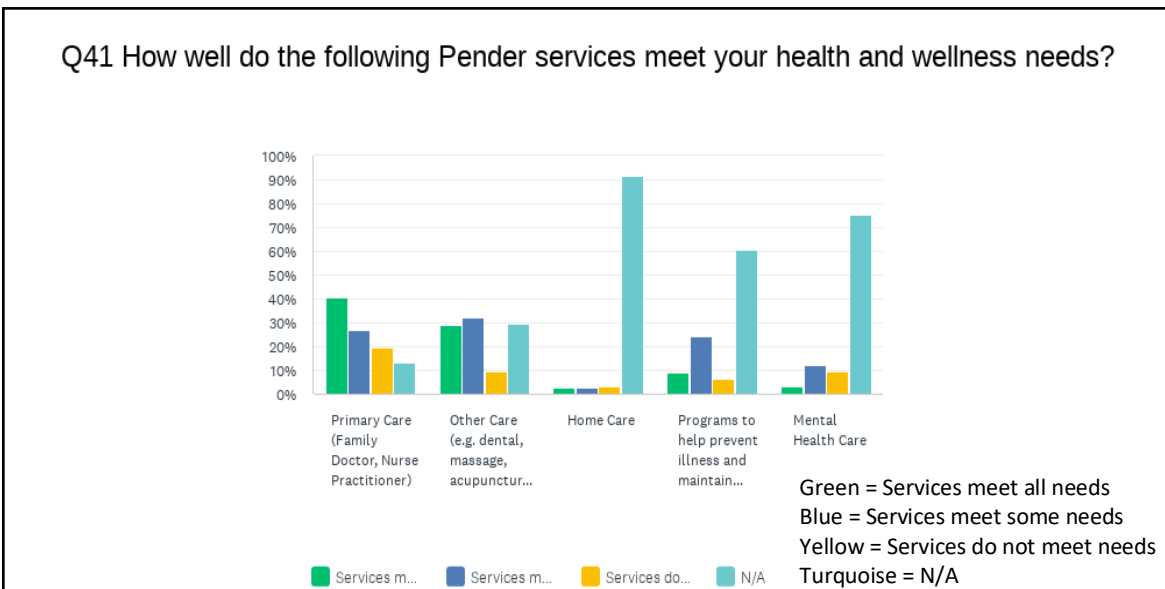
- Fitness classes for those under 55; more Tai Chi
- Care for people with neurodiversity
- Trauma healing
- More sophisticated mental health counselling
- More physiotherapists, physiotherapy services for the disabled
- Optometry services
- Help in home for basic cleaning
- Social dance for community building, mental wellness and prevention of loneliness
- Diabetes management support group
- More lab services and other diagnostic services, e.g. x-ray
- Psychiatric services
- Safe space for those fleeing abuse
- Support for women during menopause
- Transportation service like the Handy Dart

“In more than 22 years I have rarely used the services. When I have, they were excellent; particularly pharmacy and urgent care.”

“It would be great to have a walk-in clinic for those who do not have a doctor or whose doctor is off -island.”

“... would like to have a doctor again. I am pleased with the Dental Services, Massage, Foot Care, Physiotherapy and other services we have available.”

“Services are at capacity or unavailable.”



Question 42, asking residents to list their top three priorities, offered no surprises for the top answer. Primary care providers, doctors and nurse practitioners topped the list. Access to a physician or nurse practitioner was rated as very important by both males (88%) and females (92%), and at least somewhat important by the rest. Many feel everyone on the island, regardless of full-time or part-time residency, and whether or not registered at the Health Centre, should have access to care, with some suggesting a walk-in clinic rather than physicians servicing only their own patients.

The next priorities were expanded lab and diagnostic services, supports for seniors, and mental health care. Emergency response (including evacuation), urgent care and more allied health practitioners were not far behind. Several commenters requested expanded clinic hours. Lab service and mental health care, in particular, were rated as much more important in this survey than in 2012.

Concerns were expressed about the high cost of food, with some suggesting a school lunch program. Some would like to see services allowing a woman to give birth on the island. Others would like to see more community events draw seniors out of their homes, and low-cost housing is high on the wish list. Travelling off Pender for medical appointments was cited as difficult, costly and inconvenient.

Many comments indicated while they themselves do not currently need some of the services, it is very important to have them on the island to maintain a healthy community. They may not need the services now, but anticipate a future need. Programs to maintain and enhance wellness were appreciated but not well understood, and not always convenient.

Better communication was desired regarding information on what is offered through the Health Centre and throughout the community.

In summary:

Top community priorities:

- Adding an additional family physician and nurse practitioner to reduce wait times and improve access to primary, urgent and after-hours care
- Improving access to lab services
- Expanding mental health and allied health services and coverage

Other top concerns:

- Seniors’ supports and aging in place
- Emergency response
- Navigating the health care system
- Expanded, convenient and affordable wellness programs to maintain and enhance health

Comparison to previous survey results:

	2005	2012	2024
Priority #1	Additional doctor (primary and urgent care) and reduce wait list	Additional doctor/NP, increase coverage hours, reduce wait for clinic and lab	Additional physician/NP (for both primary & urgent care), reduce wait list
Priority #2	Ambulance Service	X-ray capacity on wish-list	More access to lab services, Seniors’ supports
Priority #3	Pharmacist	General expansion of services	Improve mental health supports, more allied health

Question 43 gave respondents the last word, a comment space where they could say whatever they wanted. And they did. 148 who identify as female and 90 who identify as male had plenty to say.

Concern about the scarcity of doctors and gratefulness for the Health Centre were evenly weighted. While we expected to hear about our lack of doctors, the number of complimentary comments (94) about the Health Centre, the services and the PI Health Care Society indicated many feel that PIHCS is on the right track. PIHCS did not escape unscathed though, with 18 levelling some harsh criticism of everything from doctors’ performance to front desk staff right down to how the board operates.

Of those who commented about the survey itself, positive comments outweighed the negative by a factor of three, and there were thoughtful suggestions about ways a future survey might be improved. Some praised the breadth of the survey while others thought PIHCS had overstepped its bounds into areas outside its concern. Others were surprised there were no specific questions about ambulance and first responder services.

Many had suggestions about what they would like to see in our future. 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 within 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. Some would like to see more comprehensive information on what exactly is offered through the Health Centre, whether through social media, newsletters or pamphlets.

The island’s emergency responders and independent pharmacy were praised and received respectful comments.

But there also were comments citing a lack of respect for patients’ confidentiality and hoping for more education of front desk staff triage and their role at the clinic.

“If at any time we lose our primary care physicians and have to rely on locum doctors, we need residences to house [them].”

“The Health Care Society should be looking into an expansion to the Health Centre, dedicated to Hospice Services.”

“I would like to see a movement toward opening up the clinic doors to more health-giving options (e.g. music therapy, osteopathy, traditional Chinese medicine, cranial-sacral, Reiki/Shiatsu, naturopathy, homeopathy, etc.) so it feels like more of a community resource. .. and an authentic team with respectful open attitudes. I’ve known few examples of doctors referring patients to the ‘alternative’ services offered in the same building.”

“I think finding and retaining full time doctors is central to delivering quality primary care. I think it’s important not to over extend but to focus on maintaining what is essential now and in the future.”

“Keep on going as you’ve been doing. Getting better all the time.”

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

“In considering stress, your survey mentions little about living in a digital computerized world...I find it very difficult (scams, passwords, only access may be online, social media, artificial intelligence)...Does the medical profession feel it has any role to play, on behalf of seniors or anyone else, in all this?”

“Moved to Pender only a few months ago, so don’t yet have enough knowledge/have used the system to answer this question.”

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 could reduce the frequency of at least some of those trips – that’s a goal worth aiming for.

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 Key Findings – 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 who also want to hear and learn more.

5.1 Top Community Priorities

The top community priorities were not a surprise, except perhaps the strength of response regarding the need for expanded and improved mental health services.

- Adding another 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 on-island lab services.
- Mental health and counselling services – the volume of passionate requests for more affordable, confidential and comprehensive services marked this as a pressing and broadly significant issue.

5.2 Other Priorities

Other priorities that were prominently expressed in the comments include the following:

- 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

Although satisfaction levels for most other services were over 80%, many people, especially those without a primary care provider on Pender, reported access to timely health and wellness care can be extremely difficult. 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.

Overall, the findings echoed health care concerns identified throughout BC’s rural communities²¹

5.3 Recommendations

PIHCS operates in an environment of province-wide health care challenges and competes for scarce resources as do all other rural and remote health-care centres. What PIHCS can do is position itself to be as attractive as possible to potential health practitioners who might consider working on Pender.

²¹ Advancing Community Engagement in Healthcare in Rural BC: a Gap Analysis, CRHR, BCRHN, 2024

That includes providing an outstanding health centre supported by up-to-date facilities and excellent administrative and management services. 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, synergies should be maximized through collaboration with existing island groups & organizations. The community needs to be 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. The table below provides a set of recommendations.

Goal	Action	Context
Address primary care wait list & continuity of care, urgent care and after-hours coverage	Continue and increase efforts to recruit and retain more primary care providers	National shortage of practitioners, and Local shortage of housing
Improve lab services, reduce need for patients to travel off Pender	Seek lab accreditation, qualify for funding, recruit lab staff, expanded coverage	Off-island travel for lab services is inefficient for both consumers and overall health system
Adequate mental health resources and overall improved community mental health (demonstrated need)	Seek funding & human resources for improved mental health & addiction counselling/social work services	Lack of awareness of available services, and off-island care is costly and difficult to access
Aging in place/staying on Pender if desired, dignity, enhanced enjoyment of life, connection to community	Enhance access to supports for seniors (staying healthy, home care, Better at Home, respite care, end-of-life care)	Percentage of older population is predicted to slowly & steadily increase
The right service at the right time, in the right place. Knowledge, empowerment and agency for patients	Advocate for a health systems navigator, ensure current care-givers have the information needed for sharing with clients	Uncertainty and lack of personal agency have negative impacts on health and wellness
More comprehensive and holistic community care	Expand allied health care offerings at Health Centre	Team-based care Primary Care Networks, CHCs
Collaboration, consensus on priorities, avoid duplication of services	Establish advisory groups to PIHCS, maintain open communication	All stakeholders - service/care/response providers, consumers, community groups
Two-way communication, Informed, engaged community	Improve & expand communication strategies	Build trust, avoid post-survey let-down
Efficiencies of shared service, advocacy for Outer Gulf Islands	Explore benefits and synergies of a Primary Care Network with the other Outer Gulf Islands.	Opportunity to shape new model of care to suit our community

5.4 Next Steps

Some actions on these recommendations have already begun; results will be achieved on varying time-lines and the Health Care Society is committed to working diligently on the process and toward positive outcomes.

In February 2024, preliminary survey results were shared in a community meeting where comments reflected the same themes and priorities that showed up in the survey.

A follow-up community forum is planned for early May to present survey results, elicit more feedback, and to keep residents up-to-date with structural changes to the provincial health-care system.

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, PIHCS is committed to continue facilitating access to care.

Actions already in progress include securing an additional nurse practitioner, expanding the search for a family physician, working on the minutae of the lab accreditation process, an improved communications strategy, 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.

The work will never be ‘done,’ as there will always be more, better, or healthier ideas, approaches and opportunities to enhance the health of our island; PIHCS looks forward to continuing to work with its stakeholders, the people of Pender, to build on what we already have and to make it better. The Pender Islands Health Care Society will continue to advocate for appropriate funding while offering public engagement and feedback opportunities.

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 service
- 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

This is a brief summary of the document “**5 Year Strategic Plan 2020-2025.**” The full document is available on the PIHCS website: <https://penderislandhealth.org/documents>.

Appendix B: The Pender Islands Health Care Society – Programs and Services



An overview of the services offered at or through the Health Centre is provided below. The easiest way to learn about the full extent of services and supporting information is to visit the PIHCS website (and let the cursor do the walking): <https://penderislandhealth.org>

Health and Wellness Services

Medical Clinic
Dental Clinic
Audiology
Chiropractor
Massage Therapy
Acupuncture
Public Health Nursing
BC Ambulance Services
Alcohol & 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 the 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 finally, after years of lobbying for government funding, received a BC Gaming Grant of \$85,000. In 1980, 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, dentist 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 for 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. \$700,000 of this came from community donations, \$600,000 from the CRD, and \$142,000 from Island Health.

In 2023-2024, additional renovations improved accessibility 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)
 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 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
 Canadian Power and Sail
 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
 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
 Pender Young Violins
 PIJazz
 Ptarmigan Arts
 Speakeasy
 Three on the Tree Production Society

Education

Pender Island Child Care Society – Dragonfly
 Child Care & Family Resource Centre
 Epicentre
 Pender Islands Elem-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

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- 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